

Political and Legislative Activity: Why Nurses MUST Be Involved

NYSNA Continuing Education

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This course has been awarded 2 contact hours. In order to receive contact hours, participants must read the course material, pass an examination with at least 80%, and complete an evaluation. Contact hours will be awarded for this online course until April 12, 2013.

All American Nurses Credentialing Center (ANCC) accredited organizations' contact hours are recognized by all other ANCC accredited organizations. Most states with mandatory continuing education requirements recognize the ANCC accreditation/approval system. Questions about the acceptance of ANCC contact hours to meet mandatory regulations should be directed to the professional licensing board within that state.

NYSNA has been granted provider status by the Florida State Board of Nursing as a provider of continuing education in nursing (Provider number 50-1437).

No commercial support was received.

How to Take This Course

Please take a look at the steps below; these will help you to progress through the course material, complete the course examination and receive your certificate of completion.

1. REVIEW THE OBJECTIVES

The objectives provide an overview of the entire course and identify what information will be focused on. Objectives are stated in terms of what you, the learner, will know or be able to do upon successful completion of the course. They let you know what you should expect to learn by taking a particular course and can help focus your study.

2. STUDY EACH SECTION IN ORDER

Keep your learning "programmed" by reviewing the materials in order. This will help you understand the sections that follow.

3. COMPLETE THE COURSE EXAM

After studying the course, click on the "Course Exam" option located on the course navigation toolbar. Answer each question by clicking on the button corresponding to the correct answer. All questions must be answered before the test can be graded; there is only one correct answer per question. You may refer back to the course material by minimizing the course exam window.

4. GRADE THE TEST

Next, click on "Submit Test." You will know immediately whether you passed or failed. If you do not successfully complete the exam on the first attempt, you may take the exam again. If you do not pass the exam on your second attempt, you will need to purchase the course again.

5. FILL OUT THE EVALUATION FORM

Upon passing the course exam you will be prompted to complete a course evaluation. You will have access to the certificate of completion **after you complete the evaluation**. At this point, you should print the certificate and keep it for your records.

Purpose Statement and Objectives

Registered professional nurses and other healthcare professionals will learn how best to influence the decision makers who will ultimately support or oppose legislation that impact our professional, as well as our personal lives as consumers of health care. Participants will learn how to communicate personal knowledge, concerns and stories to lawmakers in an effort to impact the legislative process.

At the completion of this learning activity the learner will be able to:

- Define lobbying.
- State how to acquire information about healthcare proposals.
- Describe how a bill becomes a law.
- Identify the various methods of contacting legislators.
- Describe ways to get nursing messages to the general public.
- Review current NYSNA legislative priorities.
- Use the information from the course to become involved in the policy-making process.

Introduction

It's 10:30 p.m. and you're getting ready to go home after a very busy shift in a medical unit. You spot your supervisor heading over to you with that dreaded clipboard. The nurse on the next shift has called in sick again and you're being mandated to work overtime for the third time this week! "I'm so tired!" you think, "How can they do this to me again?" You know that you cannot safely practice for another shift. You tell your supervisor that you heard a law that prohibits mandatory overtime was passed a few years ago and you thought that you couldn't be mandated. Your supervisor states "This is an emergency and you'll have to stay." She also tells you that you'll be charged with patient abandonment if you leave.

Last year, at a staff meeting, you spoke out against the understaffing and the skill mix of the staff on your unit, complaining that patients weren't getting the care they deserve and you feel nervous that you'll make a mistake because of hurrying so much all the time. Your supervisor had some difficulty providing sound justifications for the facility's staffing policies; then she attacked you directly about your time management skills. Since then, you've had your days off denied and you have had to float to other units. You just know you're being targeted because you spoke out.

You've just moved from Oregon back to your hometown in New York State to care for aging and ill parents. As a nurse practitioner in Oregon, you had your own thriving practice, authorized by that state to provide health care without collaboration or supervision from a physician. You've just reviewed information from the New York State Education Department Web site and you're worried now that you won't be able to establish a practice here, since you do not know any physicians with whom to collaborate.

You are a home care nurse who has to discharge a patient today because she is no longer covered by insurance and the family cannot afford to pay for the care out of pocket. You think she might do fairly well, with the help of family, but you know that she could benefit from several more visits. As you walk back to your car, you feel helpless and angry.

Have you or your colleagues experienced these or similar circumstances? What do these scenarios have in common? Would you guess that what is common among the scenarios is the opportunity for political action and legislative activity?

Does the mandatory overtime law, effective July 2009 in New York State, cover the nurse in the first scenario? What are the emergent situations that the Department of Labor has determined an employer can mandate for? What can the nurse do in this situation? Could she really be charged with patient abandonment in that situation?

Would staffing ratio legislation help the nurse in the second scenario? Does this nurse know that the New York State Nurses Association helped to enact Whistleblower Protection legislation in 2003? What recourse does she have right now?

The Nurse Practice Act defines the profession of nursing, including nurse practitioners. In New York State, according to Education Law 140, nurse practitioners must have a collaborative agreement with a physician in order to practice. This may not be the case in other states. In some states, nurse practitioners can practice entirely independently; in others, they must have a supervisory relationship with a physician. Does knowing the details of the Nurse Practice Act in New York State have an impact on the nurse practitioner who has just moved from Oregon?

In the last scenario, would that nurse feel any less helpless if she began advocating for universal health coverage?

Political and Legislative Activity: Why Nurses MUST Be Involved

Ok, so you see the connection. As nurses, our practice is set by the laws and regulations of the state in which we are licensed. Furthermore, health care is impacted—continuously—by the legislative process. Changes in funding, among other factors, directly impact the quality and availability of health care. The legislative process is directly impacted by those who are elected into those roles. So clearly, political processes impact on legislative processes, and as stated previously, legislative processes impact on health care. All of the changes that occur in health care will impact on the profession of nursing and thus the lives of nurses in that state, or country in the case of a federal law.

This course will help the nurse to learn about the process of lobbying, that is, the process of influencing decision makers who impact our professional lives, as well as our personal lives as consumers of health care. Nurses can increase their power first by adding to what we know about healthcare policies and proposals, and then by communicating our knowledge, concerns and stories to lawmakers in an effort to impact the legislative process. Examples throughout this course will be based on New York State.

About the Author

This course was developed by the New York State Nurses Association's Governmental Affairs Department and the Communications Department.

Staff have declared that they have no vested interests.

An Ethical Imperative for Political Action

The American Nurses Association *Code of Ethics for Nurses* (2001) contains several ethical responsibilities that directly address advocacy and political action:

- The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
- The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
- The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Political action and the influence of legislative activity is a way for nurses to meet their ethical responsibilities as registered nurses. There are over 2,700,000 registered nurses in the U.S. (U. S. Department of Labor, 2008)). Nurses make up the largest segment of healthcare providers. In New York State alone there are over 270,000 registered nurses (New York State Education Department, Office of the Professions, 2011)! So, with our numbers so high, why aren't our voices heard?

"Being silent and unknown is a persistent problem in nursing" (Buresh & Gordon, 2000). Nurses have contributed immensely to health care and the health of the population since Florence Nightingale, founder of modern nursing. However, as nurses, we have largely done our work without glory or accolades. The media has contributed to the problem of invisibility in nursing. As nurses, we must seize opportunities to inform elected officials, decision makers, and the general public by sharing our healthcare knowledge and telling our stories.

As nurses, we spend countless hours caring for patients, refining our practices and improving our profession. Our knowledge and experience are valuable assets to the healthcare system that have been hard-earned and are irreplaceable. Yet elected officials make decisions about nursing practice and the nursing profession without hearing from a particularly critical group—NURSES!

Every day, the legislature and state agencies are debating issues that will have a direct impact on the daily practice of nursing. The nursing profession is regulated and funded by state agencies and legislation. Issues including nursing scholarships and safe staffing are being considered in the state legislature at this very moment. The majority of these policymakers know very little about nursing. That is where we, as nurses, come in.

Every nurse who gets involved in the political process strengthens the power of nursing. Through the advocacy of nurses throughout the state, the New York State Nurses Association (NYSNA) has been able to enact legislation that has limited the use of the title "nurse," increased whistleblower protections, established a statewide peer assistance program for nurses, helped to protect workers from "union busting" activities, and banned the practice of mandatory overtime. Many proposals that would have attacked nursing practice and endangered patients have been stopped through political action.

Getting involved is easier than you think. There are many opportunities for nurses to become politically active. Sharing your knowledge about nursing is the most critical step in getting involved. Every nurse who gets involved in the political process strengthens the power of nursing.

What is Lobbying?

Lobbying is an important professional activity for nurses. Although one might think that lobbying is a secret activity carried out by highly paid special interest representatives, lobbying is any effort to influence the decision makers who influence our professional lives.

Members of a democratic society have the right to lobby – to inform, educate, and persuade elected officials. Through effective lobbying techniques, nurses have a say in how funds are spent, which laws are enacted, and what the nursing practice environment will be.

Lobbying is one route to legislative power. Nurses need to learn to increase their power. By learning about healthcare policies and proposals, nurses increase their knowledge about decisions that may impact health care, directly or indirectly. Then, by communicating this knowledge, as well as concerns, to lawmakers, nurses can increase their power.

The History of Legislative Activity for Nurses in New York State

The history of legislative activity for nurses in New York State has mirrored the history of the New York State Nurses Association (NYSNA). The Nurse Practice Act, which describes and protects the distinct nature of nursing, has been at the heart of these legislative activities.

NYSNA was founded in 1901. The first legislative goal of NYSNA was met in 1903, when legislation initiating the regulation of the practice of nursing in New York, sponsored by NYSNA, was signed into law. This law permitted registration of qualified nurses and created the title "RN." Protecting and strengthening this law was the primary focus of NYSNA for the next 35 years. NYSNA hired its first lobbyist in 1931, when NYSNA sponsored a major revision of the Nurse Practice Act. Passed in 1938, it was the first law in the country that mandated licensure for "all who nurse for hire." In 1971, NYSNA introduced a new Nurse Practice Act, which revised the legal definition of nursing. When this bill was signed into law in 1972, **New York became the first state to recognize nursing as a distinct and independent health profession.**

In the 1950s, NYSNA supported legislation providing scholarships for nursing education and regulating commercial nursing registries. In the 1980s, NYSNA's bill providing insurance reimbursement for nursing services became law. In addition to these major initiatives, NYSNA has helped develop and/or lobbied for a wide variety of legislation affecting nursing and health care. In 1991, the NYSNA membership voted to establish a political action committee (NYSNA-PAC) to educate members and work to elect candidates who support the concerns of nurses and NYSNA. In 2008, NYSNA's bill to ban mandatory overtime became law. In 2009, NYSNA's Nursing Care Quality Indicators bill became a law and in 2010, NYSNA's Violence against Nurses bill became a law.

NYSNA has also historically advocated for the healthcare consumer by elevating the standards of the profession and providing a forum for developing policy on nursing practice issues.

New York State Government - Who's Who in Albany

New York State government has a direct bearing on nursing practice; this includes the executive branch and the state legislature.

The Executive Branch. The Governor of New York is the state's chief executive and is charged with a number of responsibilities such as the submission of the state's executive budget, execution and enforcement of state laws, and Commander-in-Chief of New York's military and naval forces. The executive branch of New York State government consists of 20 departments, the maximum number allowed under a constitutional ceiling.

The Governor can be reached by mail, phone, or e-mail form at his Web site:

The Honorable Andrew M. Cuomo
Governor of New York State
NYS Capitol Building
Albany, New York 12224
518.474.8390
<http://www.governor.ny.gov/contact/GovernorContactForm.php>

The State Legislature. The legislative branch consists of the two houses of the legislature: a Senate of 62 members and an Assembly of 150 members. State legislators serve two-year terms of office and are elected in even-numbered years.

The primary function of the legislature is to make laws. Another major function of the legislature is to either pass or revise the Governor's annual budget. The legislature also reviews administrative actions by state agencies to ensure that they conform to legislative intent and authorization.

Legislators provide a variety of services to their constituents. They intervene on behalf of their constituents with a state agency or local government to ensure that needs are being addressed. Through standing and select committees, task forces, public hearings, and joint legislative commissions, the legislature gathers information from individuals and constituent groups to make more informed decisions concerning appropriate legislation.

Legislative leadership is centered in the Speaker of the Assembly and the Senate Majority Leader, who control the resources, organization, and most of the important functions of their respective houses. They also appoint the chairpersons of Assembly and Senate standing committees.

The State Senate has additional authority to confirm or reject nominations made by the Governor for certain state and judicial offices. The Lieutenant Governor, while not a member of the Senate, is the Senate's President and presiding officer. The Majority Leader presides in the absence of the Lieutenant Governor and is next in line after the Lieutenant Governor in succession to the governorship.

State legislators can be reached in their Albany offices during the legislative session, which runs January through June each year:

The Honorable (Full Name)
State Senator
Room (number), Legislative Office Building or Capitol Building
Albany, NY 12247
518.455.2800 (switchboard)

The Honorable (Full Name)
Member of Assembly
Room (number), Legislative Office Building or Capitol Building
Albany, NY 12248

Political and Legislative Activity: Why Nurses MUST Be Involved

518.455.4100 (switchboard)

State legislators can also be reached in district offices, especially during legislative recess. They can be reached by fax, e-mail and, in most cases, through the Internet. Individual contact information for state legislators can be found at the Senate and Assembly Web sites: <http://www.senate.state.ny.us> and <http://www.assembly.state.ny.us> respectively.

Definitions: Just what are They Talking About at the State Capitol?

Amendment	Changes to a bill, usually to make it clearer and/or less controversial by adding, changing, or deleting certain content. Amended bills are assigned a letter following the bill number for each new version of the bill (A, B, C, etc.).
Bill	A legal proposal that has been introduced by a sponsor and assigned a unique number (sequentially in order of introduction, generally up to 5 digits within a two-year session). The proposal would create, change, or negate one or more laws.
Bill draft	A proposal that has been drafted but not yet introduced.
Calendar	The schedule of bills to be considered for a vote by the full house on a particular date. A bill brought to the full floor for a vote is said to be “on calendar.”
Caucus	Select members of both houses joining to discuss views.
Companion Bill (“same as”)	A bill that has been introduced in both houses of the legislature with the same text (but distinct identifiers), since bills must pass both houses before submission to the Governor; ex. the “Title Protection” bill of 2006 was A5816-A/S6326-A.
Conference	Meeting of the members of one political party in either house.
Chapter	The status of a bill as designated by a unique number (sequentially in order of enactment) once the Governor signs (enacts) legislation into law. Ex. NYSNA’s “title protection bill,” formerly A5816-A/S6326-A, is now recognized as Chapter 323 of the Laws of 2006.
Deliverable	Potential or actual success in achieving a goal sought (ex. introduction or passage of legislation, procurement of funding, etc.).
Departmental Bill	Legislation introduced at the request of a state agency.
Died in Committee	The status of a bill when it fails to “advance,” that is to be forwarded out of a committee, by the end of the two-year legislative cycle. It is null and must be re-introduced in a subsequent session (under a new bill number).
Floor, Full Floor	A session (meeting) of all members of one house of the legislature. Because so few of all of the bills introduced in a session make it this far, the outcome of bills actually brought to the floor for a vote is generally anticipated in advance.
Home Rule Bills	Legislation that requires authorization by local governments prior to enactment.
Home Rule Message	Authorization by local government to enact a state-level bill.
House	One of two bodies of state legislators: the Assembly or the Senate.
One House Bill	Legislation that has been introduced in only one house and does not have a sponsor in the other house.
Legislation	One or more legal proposals that, if enacted, would create, change, or negate one or more laws. Also referred to as a bill or bills.
Legislative Session	A two-year period January (odd-years) through December (even-years), in sync with the electoral cycle, during which a body of legislation is considered by the legislature. Also refers to the period when legislators are “in session” in Albany, January through June of each year.

Legislature	Both bodies of state legislators; the legislative system.
Lobby Day	A special day when a group brings members to Albany to meet with elected officials to discuss issues and concerns.
Lobbying	Educating policy makers about problems, situations, or service gaps and offering legislative solutions to address the issue.
Lobbyist	A person who monitors the legislature and advocates for the interests of a specific cause or group.
LULU	A lump sum bonus paid to legislators for extra work such as committee chairs or leadership posts.
Majority Member	A member of the majority political party in a house.
Marginal Member	A legislator who won election or re-election by a small number of votes or whose district enrollment favors the opposite party and is therefore considered vulnerable to electoral defeat.
Member Item	A budget appropriation sponsored by a legislator for the benefit of his or her constituents.
Memorandum of Support, Opposition, or Concern (MOS, MOO, or MOC)	A document that outlines an organization's rationale for support of, opposition to, or concern about a bill, and requests action (support, oppose, or amend the bill). Such a memo may be forwarded to legislators considering a bill, e.g. to committee members when the bill is on their agenda.
Message of Necessity	The Governor can issue a message of necessity for vital legislation negating the rule that a bill wait three days before it may be voted on.
Minority Member	A member of the minority political party in the house.
Pocket Veto	The rare expiration of a bill passed by both houses without action (enactment or veto) by the governor.
Political Action Committees (PAC)	A group that endorses and/or donates money to support candidates.
Program Bill	Legislation proposed by the Governor's office.
Ranking Member	The legislator representing the minority party on each committee.
Recess	A period during which the legislature is not in session in Albany, whether for holidays or vacations, or from July through the end of the year.
Referred by Committee	The favorable vote by a standing committee that forwards a bill to the next committee that must review it or to the floor to be put on calendar.
Returned to Committee	The return of a bill to a committee for review due to an amendment or due to passage in the complimentary house.
Second Floor	The Governor's office (Executive Chamber).
Session Day	A day (usually Monday through Wednesday from January to June) when representatives are in Albany conducting the people's business.
Sponsor or Prime Sponsor	The legislator who has introduced a specific piece of legislation. In some cases, the sponsor may be a legislative standing committee.
Co-Sponsor(s)	One or more legislators, besides the primary sponsor, who have "signed on" as sponsors, in support of the bill.

Multi-Sponsor(s)	One or more legislators, besides the primary sponsor, who have “signed on” as sponsors, in support of the bill. Fundamentally the same as co-sponsors, multi-sponsors are generally so-designated for signing on significantly later (in relation to the bill’s introduction date).
Sponsor’s Memo	A memorandum by the sponsor that accompanies bill introduction and offers a basic explanation of and rationale for a bill.
Starring a Bill	Action by the Senate Majority Leader to prevent action on a bill.
Third Reading	The calendar status of a bill that has been “aged” (three days) and can be voted on. A calendar number is assigned to maintain the bill’s place on the legislative calendar.
Veto	Action by the Governor rejecting legislation that has passed both houses.
Veto Message	The Governor’s memorandum explaining the rationale for vetoing a bill. While not required to issue a memorandum on each bill enacted, the Governor is required to issue a memorandum for each bill vetoed (except in the case of a pocket veto).
Veto Override	Action in the legislature to reconsider a bill that was vetoed by the Governor. Overriding the Governor’s veto requires support by at least two-thirds of the members of each house.

How a Bill Becomes Law - Step-By-Step Through the Legislative Process

1. Idea for a bill is presented.
2. Bill is drafted, introduced, and assigned a number.
3. Bill is reviewed by committee(s).
4. Bill is debated and voted on by one house. If passed, it is sent to the other house.
5. Bill is reviewed by committee(s) in 2nd house.
6. Bill is debated and voted on by 2nd house. If passed, it is sent to the Governor.
7. Bill is reviewed by the Governor.
 - A. If signed, the bill is effective per the conditions specified (when it takes effect, how much money will be allocated, how it will be enforced, any penalties for violation, etc.).
 - B. If vetoed, the bill then “dies” (and must be re-introduced as another bill, usually with modifications addressing the concerns in the veto message and/or in the subsequent legislative session); OR the veto is overridden by 2/3 majority in both houses, in which case the bill becomes law, effective per the conditions specified.

Structure. To become law in New York State, a bill must pass both houses of the State Legislature—the Assembly and the Senate—and then be enacted by the Governor. The legislative session begins with the Governor’s State of the State Address in January of each year. The legislative session recess usually begins in mid to late June.

Both the Assembly and the Senate use a committee system to review legislative proposals. Standing committees each have a specific area of interest, such as education, health, or labor. The majority party in each house holds the committee chair positions and the majority of each committee’s seats.

Process. Ideas for laws come from many sources: officials, citizens, newspaper articles, and interest groups. To be considered by the Legislature, an idea must be sponsored by an Assemblymember or a Senator. It is then drafted into legal language and is assigned a bill number.

Bills before the State Assembly have “A” before their numbers and bills before the State Senate have “S” before their numbers. The bill is identified by this number throughout the legislative process. Letters appearing after a bill number represent amendments. A bill with an “A” has been amended once, with a “B,” it has been amended twice. There is no limit on the number of amendments that can be printed; it is important to know which is the latest version of the bill.

Some bills in New York State are anonymous; their sponsor is the Rules Committee. Late in each year’s session (usually May through July), an author may be listed after the appearance of the Rules committee. This is merely procedural due to the lateness of the session and written limits on the numbers of bills that can be introduced late in the Session. After the sponsor’s name, some bills indicate that they are part of the Governor’s, Comptroller’s or Attorney General’s program, or they may be introduced at the request of a state agency such as the Department of Health.

The author of the bill is known as the “prime” sponsor of the bill and his or her name appears on most bills. Other legislators may sign on as co-sponsors or multi-sponsors. There is no meaningful distinction between co-sponsors and multi-sponsors. It is important to note if members of the legislative leadership are among the sponsors, such as chairs of committees of jurisdiction.

Prime sponsors give permission to other legislators to co-sponsor or multi-sponsor their bills. Members of the majority party rarely allow members of the minority party to co-sponsor or multi-sponsor their legislation.

The prime sponsor retains all responsibility for the legislation.

- Drafting amendments to bills (except for hostile amendments which require a vote and rarely pass);
- Requesting a committee to include a bill on an agenda;
- Requesting a committee to defer action on an agenda known as “Hold at the Sponsor’s Request;”
- Being the first to speak in support of a bill when it comes before the entire body for a vote;
- Preparing the Sponsor’s Memo, a narrative in plain English that describes the intent of the bill.

Introduction of legislation must meet certain requirements:

- A bill is prepared in Bill Drafting Commission format;
- A sponsor’s memo;
- For retirement bills, a fiscal note from the actuary for the retirement system impacted.

Please note that some local government bills require a “Home Rule Message” granting permission from the municipality affected.

Every bill is assigned to a committee before it can be considered by the full body for a vote. The New York State Legislature does not require public hearings or committee votes for bills. However, a bill sponsor may request a vote by the committee once every two years.

When a bill addresses more than one area of interest or has the potential to affect state expenditures, it may be reviewed by more than one committee. After review, the committee votes on whether to “report” the bill for consideration by the entire house.

The most significant committees for nursing agenda issues at the state legislature are:

- Higher Education – governs professional education and professional licensure/practice acts;
- Health – governs public health law, healthcare facilities, physician discipline issues;
- Insurance – governs payment systems;
- Labor – governs employer/employee rights and workplace issues;
- Codes – generally the second committee bill will go through if it involves penalties;
- Assembly Ways and Means or Senate Finance – appropriations or fiscal impact;
- Rules – determines if a bill will be brought before the entire body for a vote.

Legislation sponsored by a member of the minority party rarely is approved by the majority party. In the Assembly and in the Senate, Democrats comprise the majority party.

Not every bill that makes it to the Senate or Assembly Floor Calendar gets scheduled for a vote. Few bills that get scheduled for a vote are debated; usually they pass “on consent.” Most bills pass without many dissenting votes.

After a bill is passed by one house of the Legislature, it must move through the committee process and be approved in the second house. This sometimes happens simultaneously. If different versions of the bill are passed by the two houses, a conference committee may be convened to work out differences. Rarely does a bill pass both houses if there is no prime sponsor in each house. A bill cannot be scheduled for a vote by the full body until it has been in print for three days, unless the Governor sends a “Message of Necessity” allowing this rule to be waived.

After a bill has passed both houses of the legislature, it is forwarded to the Governor, who will either sign the bill into law or veto it. If the bill is vetoed, the Governor must supply an explanation to the Legislature. The Legislature may override the veto by a two-thirds majority vote of each house.

Political and Legislative Activity: Why Nurses MUST Be Involved

Texts of bills (in either house) are available on both Senate and Assembly Web sites, <http://www.senate.state.ny.us> or <http://www.assembly.state.ny.us>, or by writing to the following addresses to request a copy of a particular bill, according to its number:

Senate Document Room 318
New York State Capitol
Albany, New York 12247

Assembly Document Room 305
New York State Capitol
Albany, New York 12248

The status of a bill can be tracked on the Web at: <http://public.leginfo.state.ny.us> or by calling 800-342-9860. In the Albany area, call 518-455-4218 for the Assembly or 518-455-7545 for the Senate, Monday - Friday, 9 a.m. to 4:30 p.m.

The New York State Government Information Locator Service (NYS ILS) provides a single point of access to information services provided by the New York State government agencies, the State Legislature and the Judiciary. Their Web address is: www.nysl.nysed.gov/ils.

Federal Government Involvement

NYSNA works through our national association, the American Nurses Association (ANA), to advocate for nursing and public health issues with the Federal Government. NYSNA provides recommendations on Congressional endorsements to ANA's Political Action Committee (PAC) and NYSNA members volunteer in Congressional campaigns throughout the state. For more information about nursing issues at the federal level go to ANA's Legislative Action Web page at:

<http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy>

The President of the United States

The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500
Phone: 202.456.1414
Comments: 202.456.1111
Fax: 202.456.2461
Email: comments@whitehouse.gov
Web: www.whitehouse.gov

United States Senate

Honorable (Name)
US Senator
United States Senate
Washington, DC 20510
Phone: 202.224.3121
Web: <http://www.senate.gov>

United States House of Representatives

Honorable (Name)
Member of Congress
US House of Representatives
Washington, DC 20515
Phone: 202.224.3121
Web: <http://www.house.gov>

Federal Bill Tracking

Bill status: <http://thomas.loc.gov/>

How to Become More Informed

There are many ways to become more informed about nursing issues. The NYSNA [Legislative Action Center](#) (also accessible directly from NYSNA's home page: www.nysna.org) has key information about issues that affect the practice of registered professional nursing in New York State as well as information about issues that impact the health of our patients.

The Governmental Affairs Department of NYSNA:

- Advocates for legislation in the interest of the nursing profession, and bills which promote public health.
- Opposes legislation contrary to the interests of the profession and/or the public health.
- Participates in coalition activities supportive of the association's legislative objectives.
- Educates members of the association regarding the political process and promotes members' participation in the association's legislative affairs. Our annual Lobby Day trains nurses to lobby their legislators. A full page of legislative information is included in each edition of *NY Nurse*, NYSNA's official newsletter. An electronic newsletter, the *Legislative Insider* is also sent periodically (about monthly) with updates and suggestions. Political endorsement press conferences and campaign volunteer activities are organized in election years.
- Encourages ongoing relationship-building between RNs and their legislators. A Legislative District Coordinator (LDC) Network (<http://www.nysna.org/advocacy/ldc.htm>), established in 1993, consists of NYSNA members who act as liaisons between the association and New York's 212 state legislators. LDCs also work to support political candidates who are dedicated to promoting NYSNA's legislative goals. The LDC is covered again later in this course, in the section on "Networking."

Utilizing information on the NYSNA Legislative Action Center Web site can help you keep up with the latest developments in nursing-related legislation and electoral information. Throughout the year, the NYSNA public Web site and the NYSNA Legislative Action Center Web site feature information to help members stay informed and get involved:

- Hot Issues – NYSNA e-mails Legislative Action Alerts with links to the Legislative Action Center whenever there are developments in important legislation. This enables members to send messages (e.g., "vote NYSNA's way"), from the site to their legislators.
- NYSNA's current Legislative Program, our agenda of nursing-related issues.
- Summaries of proposed state legislation supported or opposed by NYSNA.
- Candidates NYSNA has endorsed and the Association's endorsement plan.
- Schedules for upcoming workshops.
- Links to other nursing and legislative resources.
- Additional resources, such as position statements, testimonies, full text of the latest issues of *NY Nurse*, information on nursing practice, continuing education courses, and collective bargaining resources.

NYSNA maintains information that can be collated into lobbying packets, including memoranda of support or opposition (MOS/MOO) for priority bills, a list of bill sponsors and legislative committee members, and talking points on specific bills or issues that you can share directly with your legislators or use to customize your message. Memos and talking points are available to active NYSNA members via the Legislative Action Center. Members may also request customized lobbying packets at legislative@nysna.org at no charge; please submit requests at least several days before your lobbying appointment.

There are multiple Web sites listed in the Resource section of this course where nurses can get information related to nursing issues and government relations.

You Can Make a Difference: How to Get Out Your Message

Nurses have important information and stories to share about health care. However, it is important to communicate effectively. Communication includes getting your message to elected officials, other decision makers, to the general population and to your own network.

Communicating with your Elected Officials

Elected officials want and need to know what their constituents think about public policy matters. No legislator is an expert on all issues. Nurses must use their expertise about nursing and health care to educate elected officials so they will be able to make informed decisions about which bills to sponsor and which bills to support.

Legislators are public servants whose “contracts” are reviewed every two years on Election Day. They work for you, their constituent. Your opinions are important, because you have the power to vote your representatives in or out of office!

Legislators want to represent the best interests of their districts. Wherever possible, demonstrate the connection between what you are requesting and the interests of the legislator's constituency. Describe for the legislator how what you are saying can be of assistance to him/her. Where it is appropriate, remember to ask for a commitment (ANA, n.d.).

They listen to their constituents and take action to address the issues that are brought to their attention. Elected officials and their staff expect to receive contacts from constituents.

There are several ways to communicate with your elected officials:

- in person, through a lobby day at the Capitol or a visit to their district offices;
- or by other media, e-mail or letters, phone calls, and faxes.

Office Visit

The office visit is the most underestimated means of communication with your legislators, but with proper follow up, it can also be the most effective. A visit to the legislator's office allows you to visibly demonstrate your interest in what your legislator is doing. You will also have the opportunity to more thoroughly explain your concerns and provide information about nursing. An office visit can be accomplished at the legislator's Albany office or at his or her local district offices.

Refer to the document “Scheduling Lobbying Appointments” (Appendix A) for further instructions:

- Call to schedule an appointment a few weeks in advance. Office numbers can be obtained from the Senate or Assembly Web sites.
- ALWAYS identify yourself as a registered nurse (or nursing student).
- Research the issue and the status of the legislation you want to discuss.
- Contact NYSNA by phone at 800-724-NYRN (6976), ext. 283, by fax at 518-782-9533, or by e-mail at legislative@nysna.org for assistance in researching your issue prior to your meeting.
- Recruit colleagues to go with you. Be on time for your meeting.

Refer to the document “Hints for a Successful Lobbying Visit” (Appendix B) and “Do's and Don'ts of Lobbying” (Appendix C) for further instructions:

- Identify yourself as a registered nurse or nursing student, and a constituent, as applicable.
- State your concerns about the particular issue.
- Provide information to the legislator about nursing.
- Listen carefully to the legislator's views and note any concerns raised.
- Don't worry if you don't have all the answers; you can always follow up later.

- Meet the legislator's staff and ask who the contact is for healthcare issues.
- Sign the guest book in the reception area and remember to sign "RN" after your name.
- Thank the legislator and leave your name and address, plus any print materials you may have on the topic you discussed.

Be absolutely certain to follow up after the office visit:

- Follow-up your visit with a thank you letter that outlines and reviews the important points of your meeting and discussion. Send along any information or supportive documents that may have been requested (ANA, n.d.).
- Sign your letter and provide contact information, so that your legislator can contact you. Always remember to sign "RN" after your name.

Sample Thank You Letter

Your Name and Credentials
Your Street Address
Your City, State and Zip

Date

SAMPLE

The Honorable (Legislator Name)
(Member of Assembly/State Senator)
Rm. 000, (Legislative Office Bldg. or Capitol Bldg.)
Albany, NY (12248/12247)

RE: (Intent, ex. Bill Number and Description or Thank You for Meeting on Date)

Dear (Assemblymember/Senator Last Name):

I would like to thank you for the opportunity to meet with you during the New York State Nurses Association (NYSNA) Lobby Day on April 17, 2012. I appreciate your attention to the many serious healthcare issues facing the legislature this session.

New York State is facing a critical nursing shortage that is being made worse by terrible working conditions, including unsafe staffing levels. These conditions endanger patients' very lives and continue to drive nurses away from the bedside.

I urge you to support the legislation that we discussed, which helps to address these problems:

- ◆ Establish safe minimum nurse-to-patient ratios in acute care facilities and staffing standards in nursing homes.
- ◆ Support a Single Payer Health Plan
- ◆ Support educational advancement for nurses.
- ◆ Require facilities to implement safe patient handling procedures.

I thank you again for your attention to these pressing issues.

Sincerely,
(Your Signature)
(Your Name and Credentials)

Written Correspondence

Written correspondence, whether hardcopy letters or electronic messages, are a tangible way to communicate with a legislator and provide a record for future reference. Timing is important. Letters or e-mails to legislators can be to introduce yourself as a politically active nurse constituent, for example, congratulating them on their election. They can be a courtesy, thanking them for an action or a lobby appointment.

They are also strategic as a response to a few main stages in a bill's progress from introduction to passage and enactment:

- when the bill is introduced,
- when the bill is on agenda for a vote in a committee (on which your legislator serves),
- when an opposed bill begins to advance or a supported bill fails to advance and your professional association encourages you to lobby,
- when the bill is on a calendar for a vote in the full Assembly or Senate,
- when the bill has been delivered to the governor for consideration (signature or veto),
- when the bill has been passed by the legislature and/or enacted/vetoed by the governor (conveying your approval or disapproval).

Writing to them about their voting record serves to keep your legislators "on their toes" because it shows that their constituents are indeed watching what they are doing.

There are some simple guidelines for any written correspondence:

- ◆ Limit each letter or e-mail to only one subject that is easily identified throughout the document. Your letter may be used for future reference, and may need to be categorized and filed, so limiting each letter to one subject makes sense.
- ◆ Employ a reasonable and respectful tone. Keep your message, while personal, relatively formal and simple: avoid clichés, abbreviations, and healthcare or nursing jargon.
- ◆ Include the following key elements:
 - a descriptive, but concise "subject" reiterated in the very first sentence of the message body;
 - the specific bill number (if the bill has been introduced);
 - your identification as a registered nurse or nursing student and a voter, also as a constituent, if applicable;
 - your position, stated succinctly, including your reasons for supporting or opposing the bill;
 - data or anecdotal information that reinforces your position;
 - request for specific action(s) on the bill (vote "yes" or "no," sign on as a co-sponsor, etc.) expressed in straight-forward language;
 - request a written response to your letter.
- ◆ Give credibility to your message. When writing to a legislator, make sure to spell his or her name correctly; use the correct title and address. Use a word-processor to draft your message so that it is professionally formatted and you can check spelling and grammar. Handwritten letters are acceptable, if legible. Make sure to sign your name with the "RN" credential. Always include your address so that the legislator may respond to you.
- ◆ Send courtesy copies of the letter to appropriate recipients, such as the chairperson of the committee in which the bill is being reviewed, as well as to the majority and minority leaders of the house in which it is being considered. If you live or work in New York State, send a copy of your letter and any response you receive to NYSNA, Governmental Affairs Program, 11 Cornell Road, Latham, NY 12110-1499. If you live or work in another state, make sure to send a copy to your state nurses association.

Sample Written Correspondence – Safe Staffing Sponsorship Request

Your Name and Credentials
Your Street Address
Your City, State and Zip

Date

Sample

The Honorable (Legislator Name)
(Member of Assembly/State Senator)
Rm. 000, (Legislative Office Bldg. or Capitol Bldg.)
Albany, NY (12248/12247)

RE:A921/(S4553) “Safe Staffing”

Dear (Assemblymember/Senator Last Name):

As a registered nurse, and a healthcare consumer, I’m asking you to ensure that there are enough nurses assigned to patients to provide quality health care. Studies have shown a direct relationship between the number of patients assigned to a nurse and health outcomes. When there are too few nurses on staff, patients suffer from higher rates of infection, post-surgical complications, pressure ulcers, falls, medication errors, longer hospital stays and even mortality, all of which also drive up costs for facilities. To make matters worse, poor staffing and high patient load puts greater strain on individual nurses, increasing the likelihood of injury, forced overtime, and burnout, driving my colleagues from the profession in a self-propagating vicious cycle.

Include a personal appeal, e.g.: “Last month, one of my nurse colleagues was forced to go out on workers’ compensation for injuries sustained rushing to care for so many patients with so few staff. This further increased the patient load for me and the other nurses. The facility tried to fix the problem by floating nurses from another unit who are not adequately trained in the kind of care we provide. The frustration with the impossibility of providing the level of care that we believe our patients deserve with so few staff is so discouraging that I’ve thought seriously about leaving the position, and even the profession, on several occasions...”

A921/S4553) would establish minimum safe staffing ratios in acute care facilities and staffing standards for nursing homes. Unions representing healthcare professionals throughout the state have come together on appropriate upwardly-adjustable ratios based on setting and subsequent degree of nursing care required.

The legislature must act to protect patients, recruit and retain nurses, contain healthcare costs, and hold facilities accountable for the quality of care they provide as a direct result of their staffing plans. I urge you to sign on as a sponsor and support this important legislation.

Sincerely,
(Your Signature)
(Your Name and Credentials)

Notes about Electronic Communication

Electronic media has become not only more convenient, but more effective. It is now widely integrated as a legitimate means of communicating your message. Approach electronic messages as professionally as any other: avoid emoticons; abbreviations; improper spelling, grammar, or punctuation; or use of “all caps” (equivalent to “yelling”). If drafting messages from an e-mail editor, refer to the same conventions already referenced for drafting correspondence.

While most retain working e-mail addresses, many state legislators are responding to the increasing use of electronic communication by implementing web-based communication forms. Hosted on their individual Web pages, the forms function similarly to e-mail messages. They often require entry of home address, to confirm whether a sender is a constituent, which helps them filter the influx of messages. You may want to copy and paste your message into a word-processor so that you can save and print for your own records.

Active members of NYSNA can also communicate with their legislators through the Legislative Action Center, described earlier. A member can log in at any time to review NYSNA’s priority legislation, then send messages to legislators. As a bonus, the Legislative Action Center automatically confirms a legislator’s sponsorship status on a selected bill to determine the appropriate message (please sponsor vs. thank you for sponsoring)! While NYSNA posts draft messages (form letters) that members can send as is, messages that are slightly personalized often receive more attention.

Throughout the session, NYSNA will send legislative action alerts to our members via e-mail about special issues that require immediate advocacy. Within the e-mail, NYSNA will include a hyperlink to the Legislative Action Center that navigates members through their personalized log-in, directly to an issue, so that they can easily send a message. Electronic advocacy or “e-advocacy” is becoming a truly essential tool in grassroots legislative campaigns.

Telephone Call

A final method of communication with legislators is the telephone call. Refer to the section of this course entitled “New York State Government: Who’s Who in Albany” to review legislators’ contact information.

Phone calls are most effective as a supplement to other contact, either in person or by written correspondence. For example, you might call as a follow up to your letter thanking the legislator again for holding your lobby appointment. You should also call as a follow up to a written request regarding important legislation: stating that you hope the legislator has received your message, reiterating succinctly the request and the rationale, and offering to be a resource if the legislator wants to follow up.

It’s important to remember that telephone calls are generally taken by a staff member, not the legislator. There are a few tips to maximize your impact:

- Ask to speak with the aide who handles the issue about which you wish to comment.
- Identify yourself as a registered nurse or nursing student, and a constituent, as applicable. Tell the aide you would like to leave a brief message.
- Convey your message as concisely as possible, as the staff member or aide will need to transcribe what you say and relate it to the legislator. Include critical information:
 - the bill number and a few word description of the issue,
 - confirmation of the legislator’s position
 - your position,
 - the most important positive or negative impact of the bill that informs your position – if possible, framing in terms of your own knowledge and/or experience,
 - your request of the legislator (action that should be taken as a result of your appeal), and
 - your request for any follow up (ex. a written response) with an offer to provide further information as needed.

- Leave contact information if you have requested follow up or offered to be a resource.

Sample Phone Call Message

Educational Advancement Bill A1977-C/S2553-B

Hello, my name is _____; I'm a constituent of (Assemblymember/Senator) and a registered nurse.

May I speak with (him/her) or (his/her) health aide about a bill? (I'd like to leave a message...)

I'm calling about (Assembly/Senate) bill (number in corresponding house), the "Educational Advancement" bill. I was glad to note that the (Assemblymember/Senator) is a sponsor. I strongly support this bill, which would require registered nurses earn their baccalaureate within ten years of initial licensure. This bill would grandfather anyone who is already a nurse or in nursing school.

- An increasingly complex healthcare environment emphasizes the need for higher levels of nursing education. In a report to the U.S. Department of Health and Human Services by the National Advisory Council on Nurse Education and Practice cited significant changes in the healthcare environment, including more complex drug therapies and treatment, rapid advances in technology and the growing population of older adults with multiple chronic conditions, as reasons why the nation's basic nursing workforce should hold bachelor's degrees in nursing.
- Nursing baccalaureate programs offer students more knowledge in nursing theory and in the application of evidence-based data, contributing to improved patient outcomes. The Institute of Medicine–Robert Wood Johnson Foundation report on *The Future of Nursing* (2010) states as one of its four key messages, that "nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression." Nurses increasingly work in collaboration and coordination with other healthcare professionals and as their clinical and technical roles expand, they must attain competencies in areas such as community health, public health, geriatrics, research, leadership, and systems improvement if they are to deliver high-quality care. The Institute of Medicine report recommends that by 2020, 80% of RNs possess a bachelor's degree in nursing.
- ◆ Nurses with bachelor's degrees are more likely to pursue master's degrees which are required to become nursing faculty. There is a looming nursing shortage predicted from an increased need for health-related services resulting from an aging population, an expansion in access to health services resulting from healthcare reform efforts, an aging nursing workforce (the average age of RNs in New York State in 2002 was 47 years old), fewer young nurses, and a challenging work environment that contributes to high rates of nurse turn-over.
- ◆ There are many avenues available for RNs who want to earn bachelor's degrees in nursing. Currently, 44 of 47 schools of nursing in New York State offer bachelor's-completion programs tailored for students who are already RNs. Most schools give RNs the opportunity for advanced placement in bachelor's programs, granting as much as 30 credits for previously taken courses in nursing, liberal arts, science, and humanities.

Please ask your leadership to bring this bill to the floor for a vote this session.

Would you please make sure that I get a letter in response to my call today? Let me give you my address: _____. If I can provide any additional information, please let me know. The best number to reach me is _____.

Thank you so much for your time!

Communicating with other decision makers and the general public

Making nursing issues visible to the public puts and keeps nursing in the spotlight. Well known nursing advocates Buresh et al. (2000) recommend informing the media, particularly the news media, about nursing issues and nurses' experiences. One such method of communication is the "Letter to the Editor."

Every newspaper, magazine, and professional journal has some sort of "Letters to the Editor" section. This page provides an opportunity to express your point of view on stories and issues that appear in the publication, or on issues of importance. The editors of newspapers will be especially interested in your reactions to their editorials.

Nurses are encouraged to write letters to the editors of newspapers and other publications. Such letters get nursing's message out and increase the visibility of the profession in policy making arenas, as well as among the public.

On occasion, NYSNA can provide sample letters that you can modify for your own use. However, creativity in writing your own letters, utilizing your own experiences, examples, and stories, is encouraged.

- Consult NYSNA about our position.
- Link your letter to a current hot topic or article that's in the news in your area. The more timely the issue and the more people it affects, the more likely the paper is to run your letter.
- To increase your letter's chances of being published, make it brief and to the point: 200 words maximum. Short sentences. Short paragraphs. Papers have extremely limited space compared to the number of letters they receive.
- In the first sentence, state what the letter is about or to what the letter is responding. For example, one might say, "In your editorial of October 29, 2008 on 'The Nursing Shortage,' you said..." or "In your news article 'Quality of Healthcare Receives Legislative Attention,' the Governor said..." You would then react to the statements and express nursing's point of view.
- Follow the directions on the paper's Web site or editorial page. This is where you will learn the address, the person to whom to send the letter, whether it can be faxed or e-mailed, and what information they require for verification.
- Draft your letter using a word processor to ensure it is readable and your point is clearly understood.
- Sign your letter. Identify yourself as an RN, (a member of NYSNA, as applicable) and identify your healthcare workplace whenever possible (check any facility policies about communication with the media). Include your credentials. You must provide your address and phone number so the newspaper can call you to verify your identity.
- Don't be discouraged if your letter isn't printed. Try again! And again!

Active members are encouraged to monitor regional publications, radio, and television news and forward relevant nursing items to NYSNA's Communications Department. Members can act as spokespersons for nursing, contributing features, replying with letters to the editor, or offering sound bytes for audio and video. They can participate in press conferences, for example announcing the association's endorsement of a political candidate. They can post to Web logs (blogs) or host their own. They may also submit written drafts and high quality digital pictures related to nursing issues or events, to be considered for inclusion in NYSNA publications.

Sample Letter to the Editor – Safe Staffing Ratios

SAMPLE

To the Editor:

I recently saw an inspiring television commercial urging people to enter the nursing profession. As a registered nurse with ___ years of experience, I can assure you that nursing is a very rewarding career.

Unfortunately, working conditions in many hospitals, nursing homes, and other health care delivery settings are making it hard for some nurses to do their jobs.

Nurses know how to make improvements in patient care. We also know how to prevent harm. I've seen disasters avoided only because a nurse rescued a patient at the last second. But it's hard to do that if there are too few nurses on staff.

As New York's legislative session draws to a close, our elected officials must take action on issues of critical importance to health care consumers. The system is not working. Short staffing is putting both patients and nurses at risk. New Yorkers need to know that when they check in to a hospital, there will be enough nurses to care for them, and that they will get the quality care they need and deserve.

"Name, Credentials"

Address

Phone

e-mail

Sample Letter to the Editor – Educational Advancement

SAMPLE

To the Editor:

I am writing to you in regard to a bill currently being discussed at the state legislature. Advancement of Nursing Education is legislation that would require future registered professional nurses to earn baccalaureate degrees in nursing within ten years of their initial licensure in order to re-register to practice in New York State.

As a professional nurse, I know that my colleagues and I need educational experiences that fully prepare us for the increasingly complex health care environments in which we work. On a daily basis, RNs are dealing with new and advanced technologies, medications and treatments, as well as chronic health conditions across age groups.

Bachelor's degree programs provide additional content in key areas of nursing theory and research, and expose students to areas of practice that are not part of associate degree programs, such as public health, home care, and other outpatient settings. The baccalaureate curriculum more thoroughly prepares nurses for working in challenging health care settings in which we now find ourselves. This measure is consistent with the state's overall commitment to encouraging professionals to advance their education and is modeled after the requirement that public school teachers in New York earn master's degrees within five years of initial certification.

I hope both houses of the legislature will pass Educational Advancement of Nursing Education during the 2012 legislative session.

"Name, Credentials"

Address

Phone

e-mail

Networking

Networking is a current “buzz word.” What does it really mean? Networking means making and maintaining connections between people of similar interests. Networks can be formal or informal. An example of a formal network regarding legislative and political action is the NYSNA Legislative District Coordinator Network (explained below). However, each of us also has an informal network as well. We know people in the broad healthcare arena, and nursing specifically, as well as members of the public. Each of us has nursing and healthcare colleagues, friends, family, neighbors, etc. Numbers count. When an issue is of importance, ask persons in your “network” to contact their legislators.

Enlisting Others to Write to Legislators

When enlisting others to write to legislators, be sure to provide all the information they will need. Any reference materials regarding the issue should be attached to your request. For instance, if you have an “Action Alert” from NYSNA asking you to contact your representative on an important nursing issue, distribute it to your network members whenever possible or refer them to a source for the information. Provide the following information to others who will be writing letters:

- why it is important to write (what is at stake, why now is the time to write);
- the deadline for action;
- any background information they will need;
- to whom to write (their own legislator, the committee chair, the speaker of the assembly or senate majority leader, etc.);
- the addresses they will need;
- a sample letter (with a reminder that an original is taken more seriously than a copy or a form letter, but that these are better than not writing at all).

If you are soliciting letters from others at meetings or other gatherings, have them complete the letters at the meeting if possible. Provide stationery, envelopes, and stamps. Then collect the letters prior to the end of the meeting, and mail them yourself.

Enlisting Others to Write Letters to the Editor

In addition to contacting legislators, members of your informal network can also raise an issue important to nursing to the awareness of the general public by writing letters to the editor. Their letters should follow all of the other conventions already described but should focus on their perspectives and experiences as healthcare consumers, patients, and relatives or friends of nurses.

NYSNA Legislative District Coordinator Network

Legislative District Coordinators (LDCs) are NYSNA members who are matched with a legislator in or near the district where they live or work. With support from NYSNA staff, they provide a nurse’s perspective on issues and communicate with their legislator via phone calls, e-mails or letters, and the too-often-underestimated office visit. LDCs also help to mobilize other nurses to advocate for important issues and may represent NYSNA at local campaign fundraisers. For more information, visit: <http://www.nysna.org/advocacy/ldc.htm>.

LDCs establish ongoing professional relationships with legislators, understanding and working to influence legislators’ position on issues that are important to nurses and their patients.

Through their activities, LDCs strengthen their nursing communities and open the political process to nurses who may not have considered the impact legislation has on their daily lives. By increasing nurses’ visibility and familiarity with state lawmakers, LDCs ensure that nurses’ voices are heard on important policy decisions.

Grassroots Program for Students (GPS)

The Grassroots Program for Students takes tomorrow's nurses from the classroom to the Capitol, where many receive clinical hour credit for participating. Students can tour the Capitol and observe the Senate and Assembly during a session. Students can also attend lobbying appointments with their Assembly member or Senator to speak about legislative goals with the assistance of NYSNA staff.

For more information, visit: <http://nysna.org/advocacy/main.htm>

Political Action Committees

The role of a political action committee (PAC) is to support candidates who will represent the group's interests in office. NYSNA has a political action committee (NYSNA-PAC). Leadership of the NYSNA-PAC is vested in an eleven member board of trustees who report to and are accountable to the board of directors of NYSNA.

The PAC trustees make recommendations for endorsements following principles fundamental to the endorsement process. They review candidates' profiles and determine whether to endorse either the challenger or the incumbent or to remain neutral in state-level races. The PAC favors candidates who are nurses or who have a good record on nursing and labor issues. Depending on the level of support, the PAC may coordinate a "get out the vote (GOTV)" effort, for example, sending support letters to nurses in the candidate's district, or soliciting campaign volunteers.

The PAC oversees distribution of PAC funds. The PAC determines individual caps for political contributions, well within legal limits. Some of the funding applies to contributions to the campaigns of endorsed candidates in conformance with New York State Election Law. Throughout the year, some of the funding is applied to candidates through lobbyist and local fundraisers. PAC funding is also used to educate nurses about the importance of political involvement.

Councils on Legislation

The NYSNA Council on Legislation is comprised of ten appointed members answerable to the Board of Directors. The council is charged with reviewing legislation that impacts nurses or patients and determining a position consistent with the association's philosophies. The council evaluates the nursing, healthcare, and political environments and sets priorities for each legislative session accordingly.

Please refer to **Appendix D** for current legislative priorities.

How to Become More Involved

Nurses can advance the nursing agenda by becoming more active at the **local level**:

- Register to vote and vote in every election.
- Read your local newspaper to keep abreast of local health issues. Respond to articles with a Letter to the Editor.
- Follow local activities, including City Council, Town Board, and County Legislature hearings and meetings.
- Join both NYSNA and your district nurses association.
- Ask your State Senator or Assemblymember to participate in a nursing event, such as “Keep Pace With a Nurse.”
- Suggest that your legislators establish health advisory committees and be sure that RNs are represented on them.
- Ask your colleagues, family, and friends to sign a petition.
- Share information about NYSNA’s legislative program with your colleagues.
- Inform NYSNA and the New York State Board for Nursing about illegal practice by unlicensed personnel.

On the **state level**, nurses can be involved in several ways:

- Contact your Assemblymember, Senator, or the Governor about a nursing issue.
- Become one of NYSNA’s Legislative District Coordinators (LDC).
- Learn about NYSNA endorsements before you vote.
- Encourage your family, friends, and colleagues to register and vote.
- Register and vote in every election.
- Vote as if your license depended on it.

On the **national level**, nurses can be involved in several ways:

- Contact your US Senator or Congressman on nursing issues.
- Monitor the American Nurses Association’s (ANA) Governmental Affairs Web site.
- Encourage your family, friends, and colleagues to register and vote.
- Become an ANA N-STAT leader.
- Learn about ANA endorsements before you vote.
- Register and vote in every election.
- Vote as if your license depended on it.

Conclusion

Nurses are valuable professionals in the healthcare system. We have knowledge, skills, experience, and stories which, when shared with decision makers, can have tremendous impact on the political and legislative processes in the states in which we live.

Clearly, political action and the legislative process impact the healthcare environment, the nursing profession, the quality of care delivered, and the lives of nurses and their patients (all healthcare consumers in New York). Nurses, as the largest discipline within health care, can impact the political and legislative processes if only we would make our voices heard. If all of the 270,000+ registered nurses in New York State would speak out, we could make an even greater contribution to the welfare of the nursing profession, as well as to the health of every person in New York State.

SCHEDULING LOBBYING APPOINTMENTS

Please schedule appointments with your Assemblymember and/or State Senator as far in advance as possible, preferably a month or more, as legislators' schedules fill up quickly. Anticipate between 15 to 30 minutes for an appointment.

1. Identify your New York State Senator and Assemblymember.

Visit www.congress.org to find out who represents you in the State Legislature.

2. Call your legislator's office.

Senate switchboard: (518) 455-2800

Assembly switchboard: (518) 455-4100

3. Speak to the appointment secretary.

Introduce yourself and indicate that you are a constituent and, as applicable, an RN, member of the New York State Nurses Association, and/or nursing student.

When you indicate that you will be participating in the NYSNA Lobby Day, you may be scheduled with other participants from your legislative district who have already made an appointment.

4. Ask with whom you will meet, as well as or besides your legislator.

While it is preferable to meet with your legislators, you may be asked to speak to a member of the staff. (Legislators will be in session beginning at 2 p.m., so appointments scheduled for after that time will generally be with staff.) Legislative staff members often have considerable knowledge and influence and can provide significant insight into your legislators' views.

5. Know what issues you plan to discuss, in case asked.

Stick to three or four related nursing priorities. List the bill numbers if available.

6. Confirm your appointment.

Before your visit (at least one week in advance), you may wish to confirm your appointment by calling your legislator's office.

7. Prepare for your appointment.

Please review "Hints for a Successful Lobbying Visit" to maximize your impact.

HINTS FOR A SUCCESSFUL LOBBYING VISIT

There are many ways to lobby a legislator (letters, phone calls, e-mails), but **the most effective way to lobby your legislator is through an office visit**. Discussing an issue with a legislator in person leaves a lasting impression. It shows your interest in the legislator's work and your commitment to the issue at hand.

Scheduling the Meeting

- Refer to "Scheduling Lobby Appointments" for step-by-step instructions.

Preparing for the Meeting

- Research the legislator. The legislator's committee assignments and voting record on nursing issues provide valuable insight into a legislator's interests and viewpoints. A legislator's political affiliation and committee assignments also impact their ability to sponsor and influence legislation.
- Research the issue. NYSNA memoranda of support or opposition and talking points are key resources. Prior to your visit, check the status of legislation by visiting the New York State Assembly or Senate websites.
- Choose one to three bills, no more, to discuss per meeting. Discussing multiple topics will weaken and complicate your message.
- Attend the legislative briefing and consult with NYSNA Governmental Affairs Department staff when participating in a NYSNA-sponsored activity.
- Plan what you will say. If several people are attending the meeting, choose one person to be the spokesperson for the group.
- Know what the opposition is saying. Anticipate the arguments against your point of view and be ready to refute them.
- Put your thoughts on paper. Bring materials with you to the meeting.

Conducting A Successful Visit

- Arrive for your appointment on time.
- Introduce yourself and indicate that you are a constituent and, as applicable, an RN, member of the New York State Nurses Association, and/or nursing student.
- Specify the bill(s) that you came to discuss and your views on the legislation.
- Refer to NYSNA memoranda or talking points and provide copies to the legislator.
- Ask for specific action from the legislator.
- As appropriate, leave a letter that describes your position so the legislator will have a reminder of your visit. Reinforcing the message is as important as delivering the message.

- Thank the legislator for meeting with you and remind the legislator that you are available as a resource on healthcare issues.

Following-Up

- Write a letter to your legislator thanking them for their time. Remind the legislator of the bill(s) or issue(s) discussed during the meeting.
- Notify NYSNA about your visit and any follow-up needed with the legislator. This feedback is important for our daily work with the legislature. This may be as simple as submitting your legislative visit report form.
- Visit www.nysna.org for the latest information on legislation affecting nurses and their patients.

DO'S *and* DON'TS of Lobbying

Do...know your legislators.

Don't...be disappointed if you meet with staff;
they are often as important as the legislator.

Do...know your legislation/topic.

Do...figure out your “ask” ahead of the meeting
i.e., what you want the legislator to do.

Don't...be vague.

Do...practice your meeting beforehand: role-play.

Do...plan on 15-20 minutes for your meeting.

Don't...be late.

Do...let the legislator know that you are a constituent.

Do...stay on message.

Don't...get off topic.

Do...be clear and concise, persuasive and focused.

Don't...let the legislator get off topic.

Do...promise to follow up with accurate information
when you don't know an answer.

Don't...make up answers to questions.

Do...get the legislator to commit to your “ask.”

Don't...leave a meeting without a commitment to your “ask.”

Do...be conciliatory, even if you don't agree.

Don't...negotiate bills or positions during meetings.

Do...leave behind background materials.

Do...debrief with NYSNA staff or an appropriate facilitator.

Don't...leave without making arrangements to submit your individual or
group lobby visit report forms.

Do...follow up with your legislators on your meetings and
throughout the year.

Don't...assume the job is done.



**Safe Staffing Talking Points
A921/S4553**

Safe Nurse Staffing Saves Lives

- The number and mix of nurses in hospitals makes a difference in the quality of care (2001 Health and Human Services). Increasing RN staffing lowers mortality rates, and reduces risk of infection. Patients with post surgical complications are more likely to die (by up to 10%) in hospitals with low nurse staffing.
- The primary contributing factors to medication errors were distraction and workload increases (The US Pharmacopeia report). These factors are related to insufficient staffing.
- A 2002 study published in the Journal of the American Medical Association examined the impact of nurse-to-patient ratios related to surgical case outcomes. The results were indisputable: poor nurse staffing puts patients at risk. In comparing staffing ratios used in Pennsylvania (4:1 vs. 8:1), researchers found that implementing the lower ratio could save 1,000 lives.

Increasing RN to patient ratios is cost effective

- Higher numbers of RNs were associated with decrease in rate of negative patient outcomes. Reduction in patient complications lowers costs to healthcare facilities and society.
- Facilities with Magnet Status have a greater percentage of RNs in the staffing mix. The result is fewer negative patient outcomes and increased patient satisfaction. These facilities have lower incidence of nurse injuries, resulting in lower costs related to workers compensation and sick leave. They have better RN retention rates, resulting in lower costs related to recruitment and orientation. The average length of employment among RNs who work at a Magnet hospital is 8.35 years, roughly twice that of non-Magnet hospitals. Magnet hospitals also report an average nurse vacancy rate of 8.19%, well below the national average of 10.2%.

The state must hold healthcare employers accountable for the provision of effective nurse staffing.

- Facilities must be required to improve staffing when poor outcomes result from insufficient nursing care. Nursing indicators of inadequate staffing include: high rates of nosocomial infections (obtained during stay rather than a cause for admission), post surgical complications, mortality rates, pressure ulcers (bed sores), medication errors, patient falls and above average lengths of stay.
- Current state laws defining adequacy in staffing don't work because complaints about quality of care only result in a finding when there is profound patient harm. State regulations require that facilities "have available at all times personnel sufficient to meet patient care needs" NYCRR 405.3(7). State regulations require hospitals to provide for "the immediate availability of a registered professional nurse for bedside care of any patient." NYCRR 405.

A921

S4553

By Assemblymember Gottfried

By Senator Hannon

**AN ACT to amend the public health law, in relation to
enacting the "safe staffing for quality care act"**

The New York State Nurses Association (NYSNA), representing the interests of registered nurses (RNs) and the patients they serve, strongly supports the above-referenced bill which, if enacted, would authorize the Department of Health to require all acute care facilities and nursing homes to comply with standards for appropriate staffing of nursing and unlicensed staff and to submit an annual and publicly accessible staffing plan to the Department. The bill would also require acute care facilities to maintain staffing records for all shifts; would authorize nurses to refuse work assignments if the minimum staffing is not present; would impose civil penalties on facilities for violating the staffing provisions; and would provide protections for nurses who have been discriminated against for refusing illegal work assignments.

Nurse staffing is measured in two basic ways; nurse to patient ratios and nursing hours per patient day. Safe staffing in facilities must be established in order to decrease patient complications and adverse events, improve the quality of care provided, improve the healthcare work environment and ultimately save healthcare system costs through decreased lengths of patient stay, decreased costs of medical malpractice related to avoidable occurrences and decreased rates of nursing staff turnover. This legislation identifies minimum staffing requirements that include specific direct-care nurse-to-patient ratios in acute care units and identifies nursing home staffing standards that specify hours of care per resident to be provided by a specific skill mix, for example certified nurse aides, licensed practical nurses and registered nurses.

Nurse Staffing and Quality - Some facilities in NY are committed to safe RN staffing. A study of high-performing hospitals identifies the maintenance of nurse-to-patient ratios, even during times of workforce shortages, as a key ingredient for improving quality of care.¹ Enactment of the Safe Staffing for Quality Care Act would ensure that this critical element, i.e. maintenance of safe staffing levels, is in place in all facilities and would help New York's hospitals and nursing homes achieve high-performing status.

There is a direct relationship between patient morbidity and mortality, and staffing levels. Research funded by the Agency for Healthcare Research and Quality (AHRQ) has demonstrated that hospitals with lower nurse staffing levels have higher rates of pneumonia, shock, cardiac arrest, urinary tract infections and upper gastrointestinal bleeds; all leading to longer hospital stays, increased post-surgical 30-day mortality rates and increased rates of failure-to-rescue.² Magnet-designated hospitals, which employ safe staffing standards, experience significantly lower patient fall rates of for all unit types except critical care (where the risk for fall is lower), than non-Magnet-designated hospitals.³

The number of patients assigned to an RN has a direct impact on the quality of care that the RN can provide. A 2002 study published in the Journal of the American Medical Association estimates that acute care hospitals routinely employing an 1:8 nurse-to-patient ratio experience five additional deaths per 1,000 patients – and 18.2

¹ Meyer, J.A., Silow-Carroll, S., Kutyla, T., et al. (2004). *Hospital quality: ingredients for success - overview and lessons learned*. The Commonwealth Fund, July 2004.

² Stanton, M.A. & Rutherford, M.K. (2004). Hospital nurse staffing and quality of care. *Agency for Healthcare Research and Quality – Research in Action*, Issue 14. AHRQ Pub. No. 04-0029.

³ Dunton, N., Gajewski, B. & Ammouti, A. (2004). *Nurse staffing and patient outcomes of Magnet & non-Magnet facilities*. Annual Magnet Conference October 16, 2004 Sacramento, CA.

additional deaths of patients as a result of complications - than those employing a 1:4 nurse-to-patient ratio.⁴ These numbers translate into annual prevention of over 6,700 patient deaths and 4 million additional hospital days.⁵

Nursing Workforce Dissatisfaction - In addition to improving patient and resident outcomes, safe staffing and minimum nursing care hours enhance nursing workforce recruitment and retention efforts. Unsafe nursing workloads in New York are leading to high levels of job dissatisfaction, burnout and departures from the profession. Patient acuity levels have increased but there has not been a similar increase in the number of employed licensed nurses.⁶ Nurses working in hospitals with lower levels of nurse staffing are more dissatisfied with their jobs than nurses in hospitals that maintain safe staffing levels.⁷ Of those studied, 43% of RNs who are dissatisfied, reported a plan to leave their job within the next 12 months. In different study, 40% of the RNs surveyed reported dissatisfaction with their jobs; significantly greater than the general level of job dissatisfaction by US professional workers which is 10-15%.⁸ The cost of workers who are dissatisfied and the replacement of nursing staff, represent significant and insidious costs for health care facilities.

In 2004, California became the first state to mandate nurse staffing ratios in hospitals. New analysis reveals that the California mandates are significantly associated with fewer negative outcomes for patients and staff. As Linda Aiken reports in her analysis of outcomes resulting from the California mandate, “[M]ost California nurses, bedside nurses as well as managers, believe the legislation achieved its goals of reducing nurse workloads, improving recruitment and retention of nurses, and having a favorable impact on quality of care.”⁹

Economics of Safe Staffing - Employing safe staffing ratios and minimum nursing care hours makes economic sense. Adverse patient events are not only harmful to patients and families; they cost facilities and federal, state and local government’s money. The cost to care for a hospitalized patient who develops pneumonia increases by \$22,390 - \$28,505, the length of stay in the hospital increases 5.1-5.4 days and the probability of death increases by 4.67-5.5 percent¹⁰. Studies demonstrate that increased nurse staffing levels do not affect the profitability of facilities because while nursing workforce costs may rise, the increase is more than mitigated by overall savings due to improved patient outcomes, reduced costs of medical malpractice that result from adverse events and the reduction in rates - and cost - of nursing staff turnover.

High rates of turnover, particularly among first-year nurses, costs facilities from \$62,000 to \$88,000 per nurse; costs patient access to safe and quality care; and costs the nursing profession by exposing new nurse graduates to high-stress, unsupportive work environments. In 2007, the average nurse turnover rate in hospitals was 8.4 percent and 27.1 percent of *newly-hired* nurses left their jobs within one year of hire.¹¹ As much as 40 percent of *new nurse graduates* leave their hospital jobs within one year of hire.¹² A 2007 report from Pricewaterhouse Coopers’ Health Research Institute estimated that annually, healthcare organizations spent \$300,000 in nurse turnover costs for every 1 % increase in turnover; an average turnover rate of 8.4 % translates to an annual cost of turnover for healthcare organizations of \$2.52 million.

Despite the evidence, staffing levels in New York’s health care facilities are often inadequate and impede the nurses’ ability to provide safe and effective care. Safe staffing will improve the health of New York’s patients, will

⁴ Aiken, L.H., Clark, S.P., Sloane, D.M., Sockalski, J., & Silber, J.H. (2002). Hospital staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association*, 288(16), 1987-1993.

⁵ Needleman, J., Buerhaus, P.I., Stewart, M., Zelevinsky, K., & Mattke, S. (2006). Nurse staffing in hospitals: Is there a business case for quality? *Health Affairs*, 25(1), 204-211.

⁶ Stanton & Rutherford, 2004.

⁷ Aiken, Clark, et al., 2002.

⁸ Stanton & Rutherford, 2004

⁹ Aiken, L.H., Sloane, D.M., Cimiotti, J.P., Clarke, S.P., Flynn, L., Seago, A., Spetz, J & Smith, H.L. (2010). Implications of the California nurse staffing mandate for other states. *Health Service Research*, 45(4), 904-921.

¹⁰ Stanton & Rutherford, 2004.

¹¹ Agency for Healthcare Research and Quality. (2010). Residency program for first-year nurses eases entry into profession, producing well-above average retention rates. *AHRQ Health Care Innovations Exchange*. Retrieved from <http://www.innovations.ahrq.gov/content.aspx?id=1842>

¹² Harasim, P. (November 28, 2010). Nurse residency program hones skills. *Las Vegas Review-Journal.com*. Retrieved from www.lvrj.com/news/nurse-residency-program-hones-skills-110930569.html

ensure positive working conditions that will attract and retain nurses, and will contribute to lower healthcare costs. In an ongoing commitment to public policy that improves the health of New York’s residents, as well as promoting a safer environment for both nurses and patients, NYSNA strongly urges enactment of the “Safe Staffing for Quality Care Act.”

legislative talking points

NEW YORK STATE NURSES ASSOCIATION

Advancement of Nursing Education

A1977-C/S2553-B

NYSNA supports legislation that would require future professional nurses to earn bachelor's degrees in nursing within ten years of their initial licensure in order to re-register to practice in New York State. This measure is consistent with the state's overall commitment to encouraging professionals to advance their education.

While seeking to expand the education requirements for registered nurses (RNs) practicing in New York State, this legislation recognizes associate degree and nursing diploma programs as appropriate ways to enter the profession.

Under the provisions of this bill:

- RNs would continue to be able to enter the profession through associate degree and diploma in nursing programs, which prepare them to take the NCLEX licensing exam and to begin functioning as competent, novice nurses.
- RNs would have ten years following initial licensure to attain bachelor's degrees in nursing. If they did not complete this requirement within ten years, they could request a conditional registration, which permits two additional years to fulfill the requirements.
- This legislation would exempt nurses who are licensed and students who have applied to or are enrolled in nursing school at the time the legislation is enacted.

An increasingly complex healthcare environment emphasizes the need for advanced nursing education.

- In a report to the U.S. Department of Health and Human Services, the National Advisory Council on Nurse Education and Practice has recommended that two thirds of the nation's basic nurse workforce should hold bachelor's degrees in nursing (BSN) or higher by 2010. The report cited significant changes in the healthcare environment, including more complex drug therapies and treatment, rapid advances in technology and the growing population of older adults with multiple chronic conditions. The quantity of information related to health and nursing care is expected to increase more than 32 times within the next 10 years. For example, in the 1960s, RNs were expected to be familiar with 600 drugs – there are now more than 13,000 drugs on the market.
- Of the 31,000 New York state registered nurses who completed a 2002 State Education Department survey, 87% responded that they would recommend the Bachelor of Science in Nursing degree for RNs.
- A 2003 study published in the *Journal of the American Medical Association* found that a greater number of staff nurses with bachelor's degrees resulted in a decrease in patient mortality among surgical patients, improved patient outcomes and shorter lengths of stay.

Political and Legislative Activity: Why Nurses MUST Be Involved

42

©2012, NYSNA. All Rights Reserved. Material may not be reprinted without written permission.

Bachelor of Science in Nursing programs offer students more knowledge in nursing theory and in the application of evidence-based data, contributing to improved patient outcomes.

- A strong foundation in the liberal arts and sciences strengthens students' analytical and critical thinking skills. These skills, which are further developed in BSN programs, better prepare RNs to seek process improvements that address medical errors and other challenges in the healthcare delivery system.
- Students in BSN programs are exposed to clinical settings, such as home care, public health and outpatient clinics, that are not generally available in other nursing education programs. BSN programs also teach leadership skills, which are needed by nurses to effectively monitor and evaluate unlicensed healthcare workers and to participate in problem-solving and activities devoted to quality improvement.
- This legislation is not expected to have a negative effect on the nursing workforce. It is similar to the requirement that public school teachers earn master's degrees within five years of initial certification. Statistics compiled by the New York State Education Department indicate that, despite this requirement, the number of students graduating annually from basic teaching education programs in the state has increased from 18,619 to 24,143 over the past five years.
- Healthcare facilities benefit from having more highly educated RNs on staff. The Magnet Recognition Program conducted by the American Nurses Credentialing Center (ANCC) recognizes hospitals and long term care facilities that demonstrate excellence in nursing services and patient outcomes. Hospitals that seek "Magnet" status must document their support for evidence-based practice initiatives, which generally are conducted by nurses with bachelor's or master's degrees. "Magnet" facilities have reported higher job satisfaction and higher retention rates among nursing staff.

There are many avenues available for RNs who want to earn bachelor's degrees in nursing.

- Currently, 44 of 47 schools of nursing in New York state offer BSN programs tailored for students who are already RNs. Most schools give RNs the opportunity for advanced placement in bachelor's programs, granting as much as 30 credits for previously taken courses in nursing, liberal arts, science, and humanities.
- RN-to-BSN programs do not require as many faculty members as do programs that provide clinical instruction for generic (non-RN) students. Given the current faculty shortage, this can be viewed as a viable approach to advancing nursing education.
- The issue of greater access to coursework is being addressed. Some employers have brought the classroom to the workplace, contracting with area colleges and universities to conduct many types of programs for their employees on site. In addition, the increased availability of distance learning has made it easier for nurses to take courses from their home computers.

A1977-C

S2553-B

By Assemblymember Morelle

By Senator Alesi

**AN ACT to amend the Education Law, in relation to the
educational preparation for the practice of professional nursing**

The New York State Nurses Association (NYSNA) supports the above-referenced legislation which would require registered nurses (RNs) to attain a bachelor's degree in nursing within ten years of their initial licensure as a requirement for re-registration to practice in New York State. This legislation adds an amendment to subsection 6905, subdivision (2) of the Education Law and was modeled after the education requirement for public school teachers in New York State, which requires teachers to earn a master's degree within five years of their initial certification.

Since the introduction of associate degree programs in the 1950s, thousands of nurses have entered the profession through this level of education. Associate degree programs prepare graduate nurses to take the NCLEX-RN® (National Council Licensure Examination for Registered Nurses) and to practice as competent entry-level nurses. However, a position statement issued in 2000 by the American Association of Colleges of Nursing stresses the importance of nurses obtaining a baccalaureate noting that the "Veteran's Administration, the nation's largest employer of registered nurses, has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beyond entry-level" ("The BSN Nurse is Preferred", para. 6).

Research-based evidence shows that in hospitals where there are higher proportions of nurses educated at the baccalaureate level, surgical patients experienced lower mortality and lower failure-to-rescue rates (Aiken, Clarke, Cheung, Sloane, & Silber, 2003). Specifically, the evidence shows that for every 10 percent increase in the proportion of staff nurses with baccalaureate degrees, there is a 5 percent decline in mortality and failure-to-rescue of patients that experience post-surgical complications (Aiken et al., 2003). This improvement in quality and patient safety represents compelling evidence that justifies the adoption of this legislation.

Bachelor's degree programs provide additional emphasis and exposure in areas of nursing theory, which include the incorporation of evidence-based nursing practice, and community and public health issues. The increasing complexity of technology, medications and treatments, and chronic health conditions across the age continuum underscores the need for nurses to continue their education. A strong foundation in the liberal arts and sciences strengthens the analytical and critical thinking skills needed for safe, culturally competent care, as well as providing additional intellectual resources to draw upon. The baccalaureate curriculum provides students with leadership skills that enable them to better supervise and monitor dependent practitioners such as licensed practical nurses (LPNs) and unlicensed assistive personnel (UAP).

The Institute of Medicine—Robert Wood Johnson Foundation report on *The Future of Nursing* (2010) states as one of its four key messages, that "nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (Key Messages section, para. 2). Nurses increasingly work in collaboration and coordination with other healthcare professionals and as their clinical and technical roles expand, they must attain competencies in areas such as community health, public health, geriatrics, research, leadership, and systems improvement if they are to delivery high-quality care. The Institute of Medicine report recommends that by 2020, 80% of RNs possess a bachelor's degree in nursing.

The majority of nursing graduates in NYS are associate degree-prepared. Data from the State Education Department indicates that if not required to do so through the above-referenced legislation, only 20% of these nurses will continue their education and earn a bachelor's degree. The Center for Health Workforce Studies at the University at Albany School of Public Health reports that the current economic environment has created a

Political and Legislative Activity: Why Nurses MUST Be Involved

“competitive nursing job market” (2009). There is evidence that the economy has mitigated the nursing shortage and that acute care facilities, taking advantage of a large pool of nurse applicants, are preferentially hiring baccalaureate-prepared RNs. Significantly, the North Shore-LIJ hospital system now requires newly hired nurses to either hold a bachelor’s degree in nursing, or to earn one within five years. We should not allow the marketplace to generate a two-tier healthcare system that places bachelors-prepared RNs in acute care facilities and associate and diploma-prepared RNs in sub-acute facilities, nursing homes, and other long-term care facilities. This development is not beneficial for patient care, nor is it acceptable for the profession of nursing. All patients and residents should have access to a well-educated, highly-prepared workforce.

There is a looming nursing shortage predicted from an increased need for health-related services resulting from an aging population, an expansion in access to health services resulting from healthcare reform efforts, an aging nursing workforce, fewer young nurses, and a challenging work environment that contributes to high rates of nurse turn-over. The average age of RNs in New York State in 2002 was 47 years old. The nurses that will be affected by this legislation, those not yet practicing and not yet enrolled in nursing programs will earn their bachelor’s degree within ten years of their initial licensure. Nurses with a bachelor’s degree are more likely to pursue a master’s degree, which is a requirement to become a nurse educator. Policy makers must think strategically about confronting the impending crisis in the nursing workforce. New York State will need nurse educators to prepare the necessary nursing workforce and to accomplish this, we must require the educational advancement of RNs.

For nurses who are affected by this requirement in the future, the accessibility of distance learning programs and the availability of state and federal loan forgiveness and scholarship programs will afford them great flexibility in furthering their education. The majority of healthcare institutions provide tuition reimbursement for their employees and many offer academic classes on-site. Academic institutions with traditional bachelor’s degree programs have made accommodations for associate degree and diploma-prepared RNs by establishing articulation agreements and by offering specially-designed RN-to-bachelor’s bridge programs. Additionally, this legislation allows nurses to obtain a conditional one-year registration if they are not able to complete the bachelor’s degree within the designated ten-year period.

New York State is recognized throughout the nation for its high standards in health care and education. NYSNA supports a progressive approach to advancing nursing education, requiring a bachelor’s degree within ten years because it acknowledges the benefits of associate and diploma nursing education, while still requiring educational advancement essential to achieving higher quality patient outcomes and in preparing the next generation of nurses. With this in mind, NYSNA supports the enactment of legislation that would expand the education requirement for the profession of nursing.

References

Aiken, L., Clarke, S. P., Cheung, R. B., Sloane, D. M. & Silber, J. H. (2003). Educational levels of hospital nurses and surgical patient mortality. *JAMA*, 290(12), 1617-1623.

American Association of Colleges of Nurses. (2000). *The baccalaureate degree in nursing as minimal preparation for professional practice*. Retrieved from <http://www.aacn.nche.edu/Publications/positions/baccmin.htm>

Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. National Academy of Sciences, Washington, DC. Retrieved from <http://www.thefutureofnursing.org/IOM-Report>

The Center for Health Workforce Studies, University at Albany, School of Public Health. (March, 2010). *Trends in New York registered nursing graduates, 1996-2009*. Albany, NY: Author. Retrieved from <http://chws.albany.edu/>

legislative talking points

NEW YORK STATE NURSES ASSOCIATION

Safe Patient Handling Talking Points

A1370-A/S2470-A

NYSNA supports legislation that would create the New York State Safe Patient Handling Task Force and a statewide safe patient handling policy for all healthcare facilities in New York.

Safe patient handling policies and practices create a safe environment for patients and healthcare workers by eliminating the injuries that result from manual lifting.

- Outdated methods of manual lifting can cause patients fear, anxiety, and discomfort and lead to the development of skin tears and bruising.
- The use of manual lifting also increases the chance of slips, falls, and drops which lead to patient injury.
- With the implementation of safe patient handling, patients will experience lower levels of depression, higher engagement in activities, greater satisfaction with their care, increased dignity, and improved ambulatory status and range of motion.

Safe patient handling is proven to create a work environment that supports nurse retention.

- Injuries related to lifting and positioning patients is a significant contributor to the nursing shortage.
- The top reason (36%) that nurses leave the profession aside from retirement is to seek jobs that are less physically demanding (American Nurses Association).
- It is predicted that unless this issue is resolved the demand for nursing services will exceed the supply by nearly 30% in 2020.

A statewide safe patient handling policy would mandate the training and education on safe patient handling that many of the state's nurses need to better protect themselves and their patients.

- Ongoing training is key in healthcare settings for nurses to achieve proficiency and comfort regarding equipment use (Nelson & Fragala, 2004; National Institute of Occupational Safety and Health, 2001).
- An evaluation of current practices reveals that 98% of nurses are using the manual patient lifting technique known as the "Hook and Toss," which has been deemed unsafe since 1981 (Owen, Keene, Olson, & Garg, 1995).
- Several studies support the significance of training on equipment related to patient handling for a successful program in injury prevention (Collins, Wolf, Bell, & Evanoff, 2004; Lynch & Freund, 2000; Nelson et al., 2004; Owen, Keene, & Olson, 2002; Retsas & Pinikahana, 2000).

Political and Legislative Activity: Why Nurses MUST Be Involved

46

Examples of safe patient handling programs in New York State that have resulted in a dramatic decrease in injury rates include:

- Kaleida Health, two years post-implementation, has experienced a 77% decrease in lost workdays.
- NYS Veterans' Home at Batavia, three years post-implementation, has experienced a 93% reduction in lost workdays.
- Glens Falls Hospital, five years post-implementation, has experienced a 56% decrease in injuries related to patient handling. They have also experienced a 25% decrease in total workers' compensation costs and a 16% decrease in the amount per workers' compensation claim.
- As of November 2007, Geneva Living Center North had gone 387 days without an injury after implementing a safe patient handling program.

(2010)

References

- Collins, J. W., Wolf, L., Bell, J., & Evanoff, B. (2004). An evaluation of "best practices" musculoskeletal injury prevention program in nursing homes. *Injury Prevention, 10*, 206-211.
- Lynch, R. M., & Freund, A. (2000). Short-term efficacy of back injury intervention project for patient care providers at one hospital. *AIHAJ: Journal for the Science of Occupational & Environmental Health & Safety, 61*, 290-294.
- National Institute of Occupational Safety and Health. (2001). *National research agenda (NORA), 2001* (NIOSH Publication No. 2001-147). Atlanta, GA: DHHS.
- Nelson, A. L., & Fragala, G. (2004). Equipment for safe patient handling and movement. In W. Charney and A. Hudson (Eds.). *Back injury among healthcare workers* (pp. 121-135). Washington, DC: Lewis Publishers.
- Owen, B. D., Keene, K., & Olson, S. (2002). An ergonomic approach to reducing back/shoulder stress in hospital nursing personnel: A five year follow up. *International Journal of Nursing Studies, 39*(3), 295-302.
- Owen, B. D., Keene, K., Olson, S., & Garg, A. (1995). An ergonomic approach to reducing back stress while carrying out patient handling tasks with a hospitalized patient. In M. Hagberg, F. Hofmann, U. Stobel, & G. Westlander (Eds.). *Occupational Health for Health Care Workers*. Landsberg, Germany: ECOMED.
- Retsas, A., & Pinikahana, J. (2000). Manual handling activities and injuries among nurses: An Australian hospital study. *Journal of Advanced Nursing, 31*, 875-883.

A1370-A

S2470-A

By Assemblymember Lancman

By Senator Maziarz

**An ACT to amend the public health law and the education law, in relation to a
safe patient handling policy for healthcare facilities**

The New York State Nurses Association, representing the interests of registered nurses and the patients they serve, supports the above-referenced bill which would create a Statewide Safe Patient Handling Policy for all healthcare facilities in New York State.

This legislation creates an eleven member New York State Safe Patient Handling Task Force within the Department of Health - identifying the composition of the task force and its powers and duties. The bill requires that a report identifying Safe Patient Handling Program elements and recommendations be submitted to the Commissioner of Health by July 1, 2012. The Commissioner of Health in consultation with the task force shall then promulgate rules and regulations for a statewide safe patient handling policy to be made available to all healthcare facilities by January 1, 2013. Facilities covered by this act shall file a plan for compliance with the Department of Health by July 1, 2013 that must be accepted by the Department by July 1, 2014.

Safe patient handling is a comprehensive approach to reducing the use of the manual movement of patients when lifting, transferring and re-positioning. The rules and regulations of A1370-A/S2470-A will require that each healthcare facility's Safe Patient Handling Program include: a written policy statement, management commitment and employee involvement, committees, risks assessments, incident investigation, procurement of engineering controls, lifting and transfer aids or assistive devices, employee training and education on safe patient handling, and program evaluation and modification. Each facility will also establish a Safe Patient Handling Committee to assist with implementation and oversight of the Program.

The Nurses Association places great value in the many benefits that can be derived from safe patient handling programs. Patients benefit through improved quality of care and quality of life by reducing risks of falls, being dropped, friction burns, skin tears, and bruises. Healthcare workers benefit from the reduced risk of career-ending and debilitating injuries; decreased pain and muscle fatigue; and increases in morale, job satisfaction, and longevity in the profession. Healthcare facilities realize a quick return on their investment through reduced workers' compensation medical and indemnity costs, reduced lost workdays and improved recruitment and retention of healthcare workers – including RNs of which the state is experiencing an ever worsening short supply. Further, these benefits will lead to the fiscal improvement of New York's healthcare system.

New York State's patients and healthcare workers deserve the positive outcomes that result from the adoption of Safe Patient Handling policies and practices. To promote quality patient care and a safer work environment for healthcare workers, the New York State Nurses Association strongly urges enactment of this legislation.

legislative talking points

NEW YORK STATE NURSES ASSOCIATION

NYS Single Payer Health Plan
A7860/S5425

Our current healthcare delivery system is broken.

- Almost 2.9 million New Yorkers are uninsured. Of those that do have health insurance, many are under-insured.
- Studies have shown that the uninsured are more likely than those with health insurance to die prematurely, to have their cancer diagnoses later in the disease process, to die from heart failure, heart attack, stroke, or from a severe injury.
- In 2004, the Institute of Medicine estimated that nationally, 18,000 adult deaths a year could be attributed to a lack of health insurance.
- Uninsured New Yorkers rely heavily on the emergency department as their primary access into the healthcare system.
- Many New Yorkers without health insurance will delay treatment until they are so ill, they must lose work time and be hospitalized
- Our current health care delivery system fails to prevent disease. Many residents, uninsured and under-insured alike, have to forgo necessary health care, which increases their risk of illness and disease.

Single Payer is cost effective.

- Lack of health insurance can create significant financial burdens for families and is also a major contributor to personal bankruptcy.
- Large segments of the population lacking health insurance leads to the inefficient use of segments of healthcare services, e.g. emergency departments, and puts financial strain on the healthcare delivery system.
- Rising healthcare costs in New York have put increasing financial pressure on the privately insured and on the state-funded public health plans.
- New York's current spending level is among the five highest healthcare spending states in the country.

Political and Legislative Activity: Why Nurses MUST Be Involved

49

©2012, NYSNA. All Rights Reserved. Material may not be reprinted without written permission.

- NY Health Plan will achieve savings through the consolidation of healthcare expenditures into a single, publicly-sponsored insurance program.
- This program would eliminate administrative waste, including excess insurance company administration and costs of billing and collecting for hospitals.
- This plan provides stability for New York's hospitals, freeing up resources for patient care. The savings would be used to finance the expansion of health insurance coverage for the nearly 3 million New Yorkers lacking health coverage.

The state must support the goal of a healthcare system that meets the needs of all New Yorkers.

- The NY Health Plan would replace our current system of multiple, inefficient and inadequate plans with a more equitable healthcare coverage and payment system that would save lives and would direct New Yorker's scarce healthcare dollars towards providing universal access to high quality, cost-efficient care for all New Yorkers, regardless of their age, income, health or employment status.

New York State
NURSES MEMO OF SUPPORT
ASSOCIATION Advocating for Patients. Advancing the Profession.

A7860
Assemblymember Gottfried

S5425
Senator Duane

AN ACT to amend the public health law, the state finance law and the tax law in relation to the establishment of the New York Health Plan and making an appropriation to the temporary commission on implementation of the New York Health Plan and providing for the repeal of certain provisions upon expiration thereof

The New York State Nurses Association (NYSNA), representing the interests of registered nurses (RNs) and the patients they serve, supports the above-referenced bill which, if enacted, would establish a comprehensive program of universal healthcare coverage for all residents of New York State. This bill would provide all residents of New York with healthcare coverage without regard to age, income, health or employment status. Benefits would include medically necessary health services including preventive and primary care, hospital care, dental, vision care, prescription drugs, mental health, addiction treatment and rehabilitative care.

Almost 2.9 million New Yorkers are uninsured.¹³ Of those that do have health insurance, many are under-insured. Employer-based health plans that provide coverage through private, for-profit insurance companies create a patchwork system that does not guarantee access to necessary health insurance because beneficiaries may be denied care due to restrictions on provider networks and services. Increasingly, uninsured and under-insured New Yorkers have to forgo necessary health care, which increases their risk of illness and disease. Studies have shown that the uninsured are more likely than those with health insurance to die prematurely, to have their cancer diagnoses later in the disease process, to die from heart failure, heart attack, stroke or from a severe injury. In 2004, the Institute of Medicine estimated that nationally, 18,000 adult deaths a year could be attributed to a lack of health insurance¹⁴.

Lack of health insurance can create significant financial burdens for families and is also a major contributor to personal bankruptcy. In addition, large segments of the population lacking health insurance leads to the inefficient use of segments of healthcare services, e.g. emergency departments, and puts financial strain on the healthcare delivery system.

As is the case across the United States, rising healthcare costs in New York have put increasing financial pressure on the privately insured and on the state-funded public health plans. Personal healthcare spending in New York, across all payers, was \$6,535 in 2004.¹⁵ This spending level places New York among the five highest healthcare spending states in the country.

Under the NY Health Plan, the current system of healthcare coverage would be replaced by a comprehensive program financed through existing federal, state and local sources; from a uniform premium paid by employers, employees, the self-employed and by those with high investment incomes; and from savings that result from doing away with the current, burdensome system, with its vast administrative costs. Patients would have freedom of choice and healthcare decisions would be made by patients and their providers, not by insurance companies.

¹³ http://fiscalpolicy.org/FPI_StateOfWorkingNewYork2011_Part2_20111129.pdf.

¹⁴ Institute of Medicine Report (2009). *America's Uninsured Crisis: Consequences for Health and Health Care*.

¹⁵ US Department of Health and Human Services, Center for Medicare and Medicaid Services (CMS), published tables of estimated state personal health expenditures, <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/res-us.pdf>, accessed November, 2011.

Other states have started on a path towards implementing single payer healthcare reform. In May 2011, Vermont's Governor signed a universal healthcare bill into law, with the goal of creating the first single payer healthcare system for America. Between 2004 and 2008, healthcare spending in Vermont grew at an annual rate of 8%, three percentage points higher than the national rate.¹⁶ Other states working on creating similar single payer health plans include California, Maryland, Oregon, Montana, Minnesota, Pennsylvania, and Wisconsin.¹⁷

The New York Health Plan will save healthcare dollars. Cost control and quality assurance mechanisms incorporated into the plan will constrain healthcare cost increases. In addition, employers, state and local governments, and the self-employed will realize a reduction in their expenditures for employer provided health insurance coverage by paying the lower New York Health Plan premium payment.

The NYS Single Payer Health Plan will achieve savings through the consolidation of healthcare expenditures into a single, publicly-sponsored insurance program. Such a program would eliminate administrative waste, including excess insurance company administration and costs of billing and collecting for hospitals. It also provides stability to New York's hospitals, freeing up resources for patient care. The savings would be used to finance the expansion of health insurance coverage for the nearly 3 million New Yorkers lacking health coverage, and the many million more with inadequate coverage.

Every day, nurses in New York care for patients in the midst of a broken healthcare delivery system. We see uninsured New Yorkers who rely on the emergency department as their primary access into the healthcare system. We care for uninsured New Yorkers who delay treatment until they are so ill; they must lose work time and be hospitalized. Our current healthcare system has failed to prevent disease; to promote health; to protect our children, the disabled or the elderly.

NYSNA supports the goal of a healthcare system that meets the needs of all New Yorkers. The New York Health Plan would replace our current system of multiple, inefficient and inadequate plans with a more equitable healthcare coverage and payment system that would save lives and would direct New York's scarce healthcare dollars towards providing universal access to high quality, cost-efficient care for all New Yorkers, regardless of their age, income, health or employment status.

¹⁶ The Vermont State Health Care Expenditure Analysis Report can be found: <http://www.bishca.state.vt.us/sites/default/files/2008-EA-Report-FINAL.pdf>

¹⁷ A side-by-side comparison of state single payer bills can be found: <http://www.pnhp.org/news/2010/september/side-by-side-comparison-of-state-single-payer-bills>

Resources

The American Nurses Association

- Government Affairs
<http://nursingworld.org/MainMenuCategories/ANAPoliticalPower.aspx>

The New York State Nurses Association

- Governmental Affairs Department
<http://www.nysna.org/advocacy/main.htm>
- NYSNA Legislative Action Center
http://app1.vocusgr.com/WebPublish/controller.aspx?SiteName=NYNurs&Definition=Home&SV_Sction=Home
- Nursing links
<http://www.nysna.org/general/links.htm>

New York State Government

- New York State – <http://www.state.ny.us/> – Links to all state government agencies, information about regulations and legislation, and other useful information for New York residents.
- New York State Assembly – <http://www.assembly.state.ny.us>
- New York State Senate - <http://www.senate.state.ny.us>
- New York State Legislature – <http://www.nysl.nysed.gov/ils/legislature/legis.html> – Search for the status of any bill pending before the New York State Senate or Assembly.
- New York State Board of Elections – <http://www.elections.state.ny.us> – Find candidates for New York state elections and the new congressional and state legislative districts.
- New York State Department of Health – <http://www.health.state.ny.us/>
- New York State Education Department – <http://www.nysed.gov/>
- New York State Department of Labor – <http://www.labor.state.ny.us/>

Federal Government

- The White House – <http://www.whitehouse.gov>
- U.S. House of Representatives – <http://www.house.gov>
- U.S. Senate – <http://www.senate.gov>
- Thomas – <http://thomas.loc.gov/> – Search for the status of any bill pending before the U.S. Congress.

Other Helpful Links

- Project Vote-Smart – <http://www.vote-smart.org/> – Includes biographies, issue positions, voting records, and campaign finances on candidates and elected officials.
- New York City Public Advocate – <http://pubadvocate.nyc.gov/> – Information about New York City services and a list of local elected officials.

References

- American Nurses Association. (n.d.). *Hill basics: Visiting Capitol Hill*. Retrieved from <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Federal/Visiting-Capitol-Hill.html>
- American Nurses Association. (2001). *Code of ethics for nurses, with interpretive statements*. Washington, DC: The author.
- Buresh, B., & Gordon, S. (2000). *From silence to voice: What nurses know and must communicate to the public*. Ithaca, NY: ILR Press.
- New York State Education Department, Office of the Professions. (2011). *License statistics*. Retrieved from <http://www.op.nysed.gov/prof/nurse/nursecounts.htm>
- New York State Nurses Association. (n.d.). *LDC frequently asked questions (FAQS)*. Retrieved from <http://www.nysna.org/advocacy/lhc.htm>
- New York State Nurses Association. (2002). *Lobbying techniques for nurses: A resource guide for political empowerment*. Latham, NY: The author.
- U.S. Department of Health and Human Services, Health Resources and Services Administration. (2004). *The registered nurse population: Findings from the 2004 national sample survey of registered nurses*. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurvey2004.pdf>

Political and Legislative Activity: Why Nurses MUST Be Involved

Course Exam

After studying the downloaded course and completing the course exam, you need to enter your answers online. **Answers cannot be graded from this downloadable version of the course.** To enter your answers online, go to e-leaRN's Web site, www.elearnonline.net and click on the Login/My Account button. As a returning student, login using the username and password you created, click on the "Go to Course" link, and proceed to the course exam.

Note: Contact hours will be awarded for this online course until **April 12, 2013**.

1. Lobbying is
 - A. An activity that is best left to highly trained and specialized individuals.
 - B. A secret activity carried out by well paid special interest representatives.
 - C. Any effort to influence—through informing, educating and persuading-- decision makers.
 - D. All of the above.

2. The American Nurses Association's Code of Ethics for Nurses (2001) supports political action on the part of nurses.
 - A. True
 - B. False

3. According to Buresh and Gordon (2000), "Being silent and unknown is a persistent problem in nursing." Nurses contribute to health care and the health of the population, but largely do so without media attention. In order to influence political and legislative processes, nurses must seize opportunities to inform elected officials, decision makers and the general population by sharing our healthcare knowledge and telling our stories.
 - A. True
 - B. False

4. The New York State Nurse Practice Act, which the New York State Nurses Association introduced, revised the legal definition of nursing when it was signed into law in 1972. New York became the first state to:
 - A. Require nurses to have a baccalaureate degree to enter nursing practice.
 - B. Recognize nursing as a distinct and independent health profession.
 - C. Require nurses to have a collaborative professional relationship with a physician in order to practice.
 - D. None of the above.

5. The New York State Legislature's primary function is to make laws. In order to make informed decisions concerning appropriate legislation, lawmakers gather information in a variety of ways. These include:
 - A. Lobbying efforts from constituent groups and individuals.
 - B. Through committees, task forces, public hearings and joint legislative commissions.
 - C. Both A and B.
 - D. Neither A or B.

6. The process of developing laws in New York State includes all the following EXCEPT:
- A. The idea for a law must be sponsored by a State Assemblyperson or a State Senator; it is drafted into legal language and assigned a bill number.
 - B. The bill is assigned to a committee for review; the committee votes on whether to “report” the bill for consideration by the entire house.
 - C. Both Houses must pass the bill; the Governor either signs the bill into law or vetoes it.
 - D. None of the above.
7. Methods of communicating with lawmakers include writing letters or e-mail messages, phone calls, and office visits.
- A. True
 - B. False
8. It is important to always identify yourself as a registered nurse and as a constituent-if applicable-to your elected officials.
- A. True
 - B. False
9. Which of the following is an effective method, discussed in this course, for nursing to achieve media attention, thereby getting our message out to decision makers and the general public?
- A. Lobbying
 - B. Networking
 - C. Letters to the Editor
 - D. Working for a nursing agency
10. Developing a group, either formal or informal, of both professional colleagues and non-professionals who can be activated to support nursing issues to lawmakers, decision makers and the general public is which of the following?
- A. Lobbying
 - B. Networking
 - C. Letters to the Editor
 - D. Working for a nursing agency