

Highlights From The States

Step by Step, Building the Best

*Editor: Suzanne M. Beshore, BSN, MS, RN, CORLN
Cameron Park, California*

Every year, across the nation, nurses and nursing organizations endeavor to bring about improvements in health policy. Whether helping to enact legislation to improve the health and safety of nurses and their patients, or to promote candidates who are supportive of issues near and dear to their hearts, nurses are getting things done! This annual “Highlights from the States” article recognizes progress made in health policy all around the country. The legislative process is often described as a marathon, not a sprint. Yet each endeavor, regardless of its outcome, increases public awareness and knowledge and moves the needle closer to the intended goal.

CALIFORNIA:

In 2017, the California Nurses Association (CNA) was the principle supporter of Senate Bill 562, aimed at bringing a single-payer model for healthcare to the state. The bill stalled and eventually died. This year, CNA plans to introduce a similar bill, and they are counting on having the full support of the state’s new governor, Gavin Newsom. As a candidate, Newsom promised that, if he was elected governor, he wanted to “lean in” on efforts to bring “Medicare for all” to California. This is a priority issue for nurses in California. Postings in favor of universal healthcare dominate the CNA Facebook page. Nurses are feeling optimistic about a potential breakthrough this year.

Workplace violence has been identified as a growing concern for nurses. Legislation aimed at addressing workplace violence against nurses has been introduced across the country. California passed their bill back in 2014. Aspects of the bill have been slowly implemented according to time lines established in the legislation. As of April 1, 2018, all healthcare employers were required to have completed staff

training and fully implemented a comprehensive and unit-specific workplace violence prevention plan. Employee training was to include their response plan as well as employee training in de-escalation techniques aimed at defusing potentially violent situations. Time will tell if these efforts have been successful, and what else must be done to improve the situation.

This year, California nurses are celebrating 20 years since the passage of the nation’s first law establishing minimum nurse-to-patient staffing ratios in hospitals, and 15 years since hospitals were required to meet these ratios! CNA and Nurses United continue to work to win safe staffing ratios nationwide. Since its passage, studies have shown that safe nurse-to-patient staffing ratios result in better patient care and outcomes, while reducing job-related injuries and illnesses for nurses.

*Suzanne M. Beshore, BSN, MS, RN,
CORLN*

COLORADO:

In April 2018 Colorado attempted to pass legislation that would establish a policy for the evacuation of surgical smoke in a manner that would prevent human exposure. Surgical smoke results from the use of energy-generating surgical devices that are used in surgery to cut, cauterize or otherwise affect body tissue. These gaseous byproducts have been studied and found to be potentially hazardous to the health of those working in close proximity to where these devices are being used. Many states have attempted to provide legislative guidance for the safe evacuation of surgical smoke in order to protect the health of surgeons, nurses and technicians involved in the care of patients in the surgical environment, where surgical smoke can be commonplace. Like many before them, Colorado was unable to pass

this legislation, as the bill was “postponed indefinitely” by the House Committee on Health, Insurance, and Environment. Despite its defeat, stakeholders on both sides of the issue are continuing their dialogue in hopes of reviving the effort in the next legislative session.

*Suzanne M. Beshore, BSN, MS, RN,
CORLN*

GEORGIA:

During the 2017-2018 legislative session and signed into law by Governor Deal, an exciting event occurred for nursing licensure in Georgia called the enhanced Nurse Licensure Compact (eNLC). As of spring 2018, 31 states have become members of the compact and legislation is active in five other states. As a licensed RN or LPN in Georgia, and if Georgia is your state of residency, you may submit an online application to convert your single state license to a multistate license. Applications received for initial licensure in Georgia are evaluated against the eNLC uniform licensure requirement and eligible applicants are granted a multistate license. From January 19, 2018 to early summer 2018, impressive numbers of 847 LPNs and 5,515 RNs have obtained a multistate license with Georgia as their home state.

*Margaret Chesnutt, MSN, FNP-BC,
CORLN*

IOWA:

2018 Iowa Public Policy Priorities

The four public policy priorities tracked, supported, and monitored by the Iowa Nurses Association in 2018 were aimed at allowing nurses to practice at the highest level of their education and licensure while ensuring safe, high quality healthcare for all Iowans. The legislation surrounding the priorities impacted public health, nurse safety, and patient safety in addition to the healthcare of children, older adults, and women.

1. Accessing mental health services and supports – offering affordable, accessible treatment options and increasing nurse providers through loan repayment and educational funding.
2. Responding to the opioid substance use disorder crisis – expanding access to naloxone, removing barriers that limit non-physician providers from prescribing buprenorphine as part of medication-assisted treatment, and increasing use of prescription drug monitoring programs across state borders by all providers.
3. Supporting efforts to strengthen the nursing workforce – recognizing and addressing the nursing shortage, increasing nursing workforce funding and loan repayment, increasing the number of nursing faculty through loan repayment and educational funding, increasing the number of nurses with higher education, and maintaining full practice authority for advanced practice providers.
4. Supporting efforts to ensure quality healthcare services to Medicaid recipients – advocating for mutually collaborative relationships between Medicaid contractors and all service providers that is responsive to each patient’s needs, offers flexible services, and provides fair reimbursement.

Despite the gains made in Iowa on these priorities in 2018, additional time, effort, and allocated resources must be focused on some of these same priorities in 2019 to ensure Iowa is able to recruit and maintain an elite nursing workforce practicing at the top of their licensure in order to provide evidence-based patient care to the people of Iowa and beyond.

*Michele Farrington, BSN, RN-BC and
Cindy Dawson, MSN, RN, CORLN*

IOWA:

According to the most recent Iowa Board of Nursing quarterly newsletter, no new legislation was introduced this session, but there are always bills proposed that impact healthcare in Iowa.

With the Chapter 124E Medical Cannabidiol act (Dec. 7, 2018) the topic of marijuana guidelines and nursing will be ongoing in this upcoming year.

You may visit the website at the following link: <https://www.legis.iowa.gov/> for more detail on Iowa government topics.

Deborah Strike, BSN, RN, CORLN

MARYLAND:

Maryland Bill SB284

In Maryland, legislation was passed that requires the Maryland Department of Health to implement a pilot program for an adult Medicaid dental benefit. Maryland emergency department visits for chronic dental conditions in 2016 accounted for charges over \$22 million. The current Medicaid dental benefit for emergency room care is limited to palliative interventions only. This bill promotes prevention by enabling adults to establish a dental home, averting costly dental conditions, and reducing the high cost of emergency room visits. Maryland is a model for improving oral health of children with Medicaid and the goal of SB284 is to do the same for adults with Medicaid.

Laurie Turner, MSN, RN, CORLN

MASSACHUSETTS:

Massachusetts voters failed to pass a law on the ballot this past November that would have instituted mandated nurse-to-patient staffing ratios. The state currently has mandated staffing ratios that apply only to intensive-care units. Critics of the law cited concerns over the resulting financial strain, especially for small hospitals. They also lamented the one-size-fits-all approach, saying it could undermine nurses’ professional autonomy and ability to use discretion in determining appropriate staffing. Even some professional nursing organizations opposed the legislation. If the bill had passed, nursing unions that supported the bill placed the overall cost increase at about \$47 million;

the Massachusetts Health Policy Commission estimated cost increases at \$676 million and higher. Proponents of the legislation argued that extra costs would be offset by fewer adverse events, reduced patient stays, and a reduction in nurse turnover and workforce injuries, as has been reported by states who have enacted similar legislation.

*Suzanne M. Beshore, BSN, MS, RN,
CORLN*

NEW YORK:

In case you missed it, on December 18, 2017 the governor of New York signed legislation, known as the BSN in 10 Law, that will require all future registered nurses in the state to attain a bachelor of science degree in nursing (BSN) within 10 years of their initial licensure. New York is the first state to implement this requirement. It is meant to elevate the level of education required for a registered professional nurse, while still allowing all existing nursing programs to continue generating new nurses.

In the on-going debate as to whether or not a BSN should be required for all nurses, the nursing shortage has long been offered as a significant obstacle to enacting such a requirement. The argument is - if we are already struggling to meet demand utilizing all the current options for entry into the nursing profession, eliminating all but the BSN programs would greatly exacerbate the existing problem. In framing the legislation to allow all existing nursing programs to continue to operate, while setting a deadline for advancement to a BSN, New York has allowed for progress towards the goal of baccalaureate prepared nurses, while reducing the impact on the number of nurses entering the profession.

Wisely, the legislation also provides for the creation of a “nursing program evaluation commission” to examine on-going obstacles regarding access to BSN programs including the availability of programs, financial issues, and overcoming barriers encountered by non-traditional, rural, and culturally diverse students. The commission will also examine equivalent alternatives

for obtaining nursing training and experience. Including this commission was a crucial step for the legislation's success and a significant movement towards a paradigm change for the nursing profession.

*Suzanne M. Beshore, BSN, MS, RN,
CORLN*

RHODE ISLAND:

On June 13, 2018 the governor of Rhode Island signed legislation into law that required hospitals and ambulatory surgery centers to adopt policies utilizing smoke evacuation systems in order to protect workers from exposure to surgical smoke. Surgical smoke is produced when energy-generating surgical devices are used during surgical procedures to cut, cauterize or otherwise affect body tissue. Use of these devices is a relatively common occurrence in surgical environments. Exposure to this smoke can be hazardous to surgical staff members.

Many state legislatures have sought to enact policies to ensure the safe evacuation of surgical smoke, but Rhode Island is the first state to successfully enact legislation to address this safety issue. Important factors in this legislative success include collaboration between members of the Association of Operating Room Nurses (AORN) and the Rhode Island State Nurses Association (RISNA) to spearhead the legislation; a successful education campaign by AORN members to describe the perioperative environment to legislators and inform them about inherent surgical hazards; and share the relationships generated with legislators over the past few years by AORN local chapter members. There is much to be learned from the success of this comprehensive and collaborative effort.

*Suzanne M. Beshore, BSN, MS, RN,
CORLN*

TEXAS:

Texas Nursing Legislative Update:

The Texas Nurses Association (TNA) has identified a need for more nurses to be involved in areas of public advocacy and elected office. TNA has launched the

"Nurses in Office" initiative to assist nurses interested in running for school board, city council, or other elected offices. SOHN nurses would be a tremendous asset in representing our organization and assisting in public policy.

The biennial 86th Texas Legislature began January 8, 2019. TNA plans to advocate for: protecting nurses in the workplace; full practice authority for APRNs; increased flexibility and full funding for the nursing shortage reduction program; and expanded access and funding of the nursing faculty loan and repayment program. TNA also supports multiple coalitions that include: Coalition for Healthy Minds; Texas Public Health Coalition; Coalition for Health Care Access; and Texas Tobacco 21.

Texas Tobacco 21 is part of the greater Tobacco 21 Coalition that currently includes 22 states, and more than 375 cities and counties. The focus of the coalition is to prevent nicotine addiction in teens. More than 95% of addicted smokers start before the age of 21. The popularity of e-cigarettes/vaping has increased since 2007, with many sweet flavor options that appeal to minors. Youth nicotine addiction is now increasing dramatically and the Texas Tobacco 21 coalition is targeting the retailers and sellers. One year ago, San Antonio became the first locality in Texas to pass a Tobacco 21 ordinance, which became effective October, 2018. HB 1908, that was filed by Sen. John Zerwas (R) to raise the buying age, had been moved to the Senate Public Health Committee but unfortunately died when the last session ended. There is optimism for the 86th session, with strong senate support and over 65 organizations signed on. In San Antonio, funding for enforcement is desperately needed. SOHN nurses are encouraged to check the website www.tobacco21.org and contact their legislators to support raising the age to buy tobacco products to 21 years.

Ann McKennis, RN, CORLN(E)

Mary N. Klein, MSN, RN

VERMONT:

Progress on a bill requiring that every operating room have a registered nurse perform the role of circulator for the duration of every surgical procedure was halted by the Vermont House Committee Chair. The Senate Health and Welfare Committee had unanimously passed the bill, and it was subsequently passed through Vermont's Senate. But the House Committee Chair failed to recognize the need for the legislation, despite the fact that more than 30 other states in the country have passed a similar operating room safety requirement. Proponents of the effort have reason to remain optimistic because of significant support received from many other House committee members. The Association of Operating Room Nurses (AORN) plans to continue to advocate for this and other endeavors aimed at protecting nurses and safeguarding patients and acknowledging that most legislative efforts require several years of effort before finally achieving legislative success.

*Suzanne M. Beshore, BSN, MS, RN,
CORLN*

These examples are just a sample of health policy endeavors from across the United States during the past year. Nursing input is vital to the success of these and other important efforts. Nursing involvement can be crucial for identifying issues, reducing knowledge deficits, contributing to solutions, and providing the passion to keep things moving along, when roadblocks or obstacles arise. As nurses, we practice collaboration every day with co-workers and colleagues to make a difference for our patients. Legislators, lawmakers and health policy leaders are just additional groups of colleagues with whom we can collaborate to make a difference - not just for one patient, but for our community, our state and/or our country. If this sounds worthwhile to you, reach out to your local legislator or nursing organization and get involved!