

In Review

The American Nurses Association has been in existence since 1896. The following is a compilation of some of the events and happenings of the ANA and the nursing profession since 1896.

1896

On September 2, 1896, delegates from ten alumnae associations met at Manhattan Beach Hotel, near New York City, for the purpose of organizing a national professional association for nurses.

1897

On February 11-12, 1897, the constitution and bylaws were completed and the Nurses' Associated Alumnae of the United States and Canada was organized.

1898

The Nurses' Associated Alumnae of the United States and Canada held its first annual convention.

1900

On October 1, 1900, the first issue of the American Journal of Nursing was distributed.

1901

The first state nurses' associations were organized to work toward state laws to control nursing practice.

The Nurses' Associated Alumnae of the United States and Canada was incorporated under the laws of the state of New York, making it necessary to drop the reference to Canada in the association's title.

The Nurses' Associated Alumnae affiliated with the American Society of Superintendents of Training Schools for Nurses to form the American Federation of Nurses for the purpose of applying for membership in the National Council of Women.

1902

Linda L. Rogers of New York City became the first school nurse.

1903

The first bills concerning registration for nurses were enacted in North Carolina, New York, New Jersey, and Virginia.

1905

The Nurses' Associated Alumnae joined with Great Britain and Germany to become the three charter members of the International Council of Nurses.

1906

The office of Interstate Secretary was created to handle correspondence and assist in organizing state associations.

1907

Mary Adelaide Nutting was appointed professor of institutional administration at Teachers College, Columbia University, and the first nurse to occupy a university chair.

1908

On August 25, 1908, 52 Negro nurses met in New York City and founded the National Association of Colored Graduate Nurses. Martha Franklin of Connecticut, a graduate of the Women's Hospital in Philadelphia, was chosen first president of this group which proposed to work for higher professional nursing standards, the elimination of discrimination, and the development of leadership among Negro nurses.

The Nurses Corps of the United States Navy was founded.

1909

The Nurses' Associated Alumnae cooperated with the American Red Cross in establishing the Red Cross Nursing Service.

The first complete university school of nursing was organized at the University of Minnesota.

1911

The Nurses' Associated Alumnae changed its name to the American Nurses' Association.

ANA established a relief fund for nurses in need of financial assistance.

ANA established an Advisory Council composed of the officers of the national organization and the presidents of state nurses' associations.

1912

ANA purchased all the stock of the American Journal of Nursing Company with the "Journal Purchase Fund" contributed by nurses, plus a note of \$1,600.

American Society of Superintendents of Training Schools for Nurses, founded in 1894, changed its name to the National League of Nursing Education. Membership in the league was extended to headworkers of social, educational, and preventive nursing.

ANA helps to organize the National Organization for Public Health Nursing.

ANA accepted into membership the National League of Nursing Education and the National Organization for Public Health Nursing.

1913

The War Department formally accepted the Red Cross enrollment as a reserve for the Army Nurse Corps and the Navy Nurse Corps.

1914

ANA established the Central Information Bureau for Legislation and Information to supply data concerning the work of state boards of nurse examiners.

1916

The membership basis of ANA was changed from that of membership in the alumnae association to membership in the state association.

Membership in the ANA became a prerequisite for active membership in the National League of Nursing Education.

Nursing organizations and representatives of allied fields organized the National Emergency Committee on Nursing, later part of the Council of National Defense.

ANA was incorporated in the District of Columbia.

ANA delegates authorized the organization of association sections. The first sections to be established were on private duty nursing and mental hygiene.

Through an amendment to the ANA Bylaws, the House of Delegates was created as the governing body of the organization.

1918

Annie W. Goodrich originated the Army School of Nursing. Miss Goodrich also served as the school's first dean.

Upon request of the Committee on Nursing of the Council of National Defense, ANA completed a census of nursing resources of the country.

The American Red Cross discontinued its Town and Country Nursing Service, establishing in its place a Bureau of Public Health Nursing.

1919

In cooperation with the American Red Cross, ANA, NLNE, and NOPHN helped establish the Bureau of Information which helped nurses returning from overseas readjust to civilian life. In conjunction with these activities, the Red Cross provided headquarters facilities in the office of the Atlantic Division of the American Red Cross.

1920

ANA, with the assistance of NLNE and NOPHN, adopted the Florence Nightingale School of Nursing at Bordeaux, France, as the American Nurses' Memorial to the nurses who died in World War I. The school's cornerstone was laid on June 5, 1921.

ANA helped secure legislation granting relative rank to members of the Army Nurse Corps.

ANA appointed a Committee on the Status of Colored Graduate Nurses to establish lines of communication with the National Association of Colored Graduate Nurses.

ANA discontinued its annual conventions in order to support state association conventions in alternate years. ANA's first biennial convention was held in Atlanta with 470 delegates from state associations and 2,179 registrants. Between 1920 and 1928 ANA, NLNE, and NOPHN held their conventions at the same time and in the same city.

In September, 1920, ANA and NLNE established headquarters offices at 156 Fifth Avenue, New York, NY. The American Red Cross continued to finance headquarters activities of the two organizations until July 1, 1921.

1921

On April 15, 1921, the ANA, NLNE and NOPHN moved their offices to 370 Seventh Avenue, New York, NY.

512 student nurses, comprising the first class, were graduated from the Army School of Nursing.

ANA organized a legislative section.

1922

ANA increased its dues from 15 cents to 50 cents per member in order to undertake the financial responsibility of maintaining a national headquarters.

1923

The study, Nursing and Nursing Education in the United States, was published. Financed by the Rockefeller Foundation, the study identified needs of nursing education and public health nursing.

ANA contributed \$16,500 toward the work of the Committee on the Grading of Nursing Schools to study conditions of nursing service, education, and economics.

Agnes Deans was appointed the first paid executive secretary at the national nursing headquarters.

The first special committee on ethical standards was appointed.

Collegiate schools of nursing were established at Yale and Western Reserve Universities.

By the end of 1923, the headquarters operations of the American Nurses' Association and the National League" of Nursing Education had been completely separated.

1924

Committees on legislation and organizational self-analysis were appointed by ANA's Board of Directors.

In January, 1924, the Puerto Rico Graduate Nurses' Association was accepted into ANA membership.

ANA organized a government nursing service section.

1925

The first ANA field secretaries were appointed.

The first meeting of the Kentucky Committee for Mothers and Babies, the parent organization of the Frontier Nursing Service, was held on May 28, 1925.

1926

A tentative code of ethics for nurses was adopted by the American Nurses' Association.

As the result of an amendment to the ANA Bylaws, registered nurse status became a prerequisite for membership.

1927

A group of state nurses' associations organized a Midwestern conference division.

1928

The Committee on the Grading of Nursing Schools published its study on the supply and demand for nurses entitled *Nurses, Patients and Pocketbooks*.

ANA, NLNE, and NOPHN appointed a Joint Committee on the Distribution of Nursing Services.

A group of state nurses' associations organized a southern conference division. By 1929, there were five conference divisions: New England, Middle Atlantic, Midwest, Northwestern, and Southern.

ANA organized a federal government nurses section.

1929

ANA began a study of registries and private duty nursing. Tentative standards for registries were formulated.

ANA endorsed a group insurance plan (annuity, life, health, and accident) offered by the Harmon Association for the Advancement of Nursing.

1930

Linda Richards, "America's First Trained Nurse," died on April 16, 1930, at the age of 89.

In June, 1930, ANA's House of Delegates voted that the national relief fund be discontinued and the existing fund be divided among the respective state associations on a per capita basis according to the 1932 membership.

ANA's Special Committee on Reclassification submitted a brief and specifications for civilian nursing service in the federal government to the Personnel Classification Board.

The Committee on the Grading of Nursing Schools published "The Student Body."

As the result of a bylaw amendment, provision was made for male nurses to become members of the American Nurses' Association.

1931

The Committee on the Grading of Nursing Schools published "What Nurses Learn" and "Who Controls the Schools."

In April, 1931, ANA headquarters was relocated at 450 Seventh Avenue with the NOPHN, NLNE, and seventeen other national health agencies.

ANA, through the Joint Committee on Distribution of Nursing Services, formulated standards of employment for private duty nurses, including standards and terms of employment for nurses practicing in institutional settings.

The American Association of Nurse Anesthetists was organized.

1932

The National League of Nursing Education accepted the function of the Department of Education of the American Nurses' Association, while retaining its own organization.

The Association of Collegiate Schools of Nursing was organized.

1933

The Joint Committee on Distribution of Nursing Services sponsored a survey on hourly nursing service.

1934

The Committee on the Grading of Nursing Schools published the results of its final studies, An Activity Analysis of Nursing and Nursing Schools- Today and Tomorrow.

Cooperating with NLNE and NOPHN, ANA established the Nursing Information Bureau under the administration of the American Journal of Nursing Company.

ANA's House of Delegates approved an eight-hour day for nurses and conducted a national campaign to promote better working hours.

ANA, the Federal Emergency Relief Administration, the Civil Works Administration and state nurses' associations collaborated on a survey of unemployed nurses. ANA also assisted states in funding employment for nurses on relief.

In April, 1934, ANA moved their headquarters operation to 50 West 50th Street, New York, NY.

On July 5, 1934, the inaugural meeting of the ICN Florence Nightingale Foundation was held in London.

The National Association of Colored Graduate Nurses established headquarters in New York City.

As of December 31, 1934, ANA membership totaled 110,598.

1935

ANA appointed a committee to study health insurance proposals and programs and their implications for the nursing profession.

The work of ANA's Legislative Section, organized in 1921, was assumed by the Committee on Legislation.

ANA, NLNE, and NOPHN formed a Joint Committee on Community Nursing Service to help communities plan a more complete nursing service.

Congress enacted the Social Security Act.

1936

In 1934, ANA's Board of Directors appointed a special committee to consider a request to move ANA headquarters to Chicago. This committee explored the distribution of nurses across the country, the expense of relocation, and possible relocation sites. In 1936, the Board recommended that ANA retain headquarters offices in New York in close proximity to other health organizations.

ANA undertook a project to review and restate the function of the association as well as the joint functions of the three national nursing organizations.

The three national nursing organizations established a joint committee to examine the issue of subsidiary workers.

ANA appointed a committee to consider the matter of lay membership and lay participation in the American Nurses' Association.

A committee of the National League of Nursing Education and the Division of Nursing of the Council of the American Hospital Association prepared the Manual of the Essentials of Good Hospital Nursing Service.

1937

The board of directors of the American Nurses' Association appointed a special committee for the purpose of considering the question of nurse membership in unions.

1938

ANA voted to raise \$88,500 for the Florence Nightingale International Foundation, "a perpetual and living memorial to the undying spirit and influence of nursing's great pioneer."

ANA reported on its study of incomes and employment conditions of nurses. ANA recommended a salary schedule for nurses comparable to those of other women workers, a 48-hour week for nurses practicing in institutions, and vacations with pay.

Delegates voted to allow one delegate for every one hundred members of the state nurses' association. Prior to 1938 the voting body at each convention was based on one delegate for every 50 members.

1939

On January 22, 1939, ANA's Board of Directors appointed a special committee for the purpose of considering the possibility of consolidation of the three national nursing organizations.

ANA adopted a policy favoring the licensure of all who nurse for hire.

1940

ANA's House of Delegates offered President Roosevelt its support in any activity in which nurses could be of service to the country.

ANA organized sections for men nurses and general staff nurses.

ANA proposed and became a member of the Nursing Council on National Defense which was formed to coordinate activities of the profession on national and local levels during the national emergency. The council was renamed the National Nursing Council for War Service in 1942.

ANA headquarters office was relocated at 1790 Broadway in New York City.

ANA and NLNE published a Digest of Nurse Practice Acts and Board Rules to facilitate state registration of nurses by reciprocity.

A Joint Committee of the American Hospital Association and the National League of Nursing Education, in cooperation with the American Nurses' Association, published a report on "Administrative Cost Analysis for Nursing Service and Nursing Education."

1941

At the request of the National Nursing Council for War Service, ANA and NLNE made a study of nursing vacancies in U.S. hospitals.

ANA participated in a national survey of nurses conducted by the U. S. Public Health Service.

In light of the fact that New York City was considered a possible target for enemy attack, ANA made arrangements to store valuable historical records in Chicago.

Between 1941 and 1946, ANA assisted in the recruitment of nurses for military service through state and local committees.

1942

ANA's House of Delegates increased the membership dues from 50 cents to 75 cents, effective January 1, 1943.

At the 1942 biennial convention, delegates adopted a motion that every four years the American Nurses' Association, National League of Nursing Education, and National Organization for Public Health Nursing would hold a joint convention.

ANA endorsed a course for volunteer nurses' aides established by the American Red Cross and the Office of Civilian Defense.

ANA published a *Study of Organization, Control, and Financing of Nurses' Professional Registries*.

The National Association for Practical Nurse Education was organized.

1943

The U. S. Cadet Nurse Corps was created in an attempt to bring more students into nursing schools.

ANA obtained a hearing before the U. S. Commissioner of Internal Revenue which resulted in a ruling that the costs of nursing uniforms could be deducted for income tax purposes.

ANA assisted the War Manpower Commission in a study of civilian hospital services.

ANA established a Clearing Bureau on State Board Problems.

The National League of Nursing Education broadened its membership base to include lay members.

1944

ANA worked to secure passage of legislation granting commissioned rank to nurses in military services.

A Statistics and Research Unit was established at the association headquarters.

ANA made a study of the implications of the Social Security Act for nurses.

The ANA Bylaws were amended in order that no officer is elected to the same office for more than two successive terms.

As a result of the action of ANA's Board of Directors in June, 1944, the name and status of the Clearing Bureau on Problems of State Boards of Nurse Examiners was changed to the Bureau of State Boards of Nurse Examiners. One function of this body was to devise methods and procedures for bringing about desirable and reasonable uniformity in relation to standards, regulations, examinations, and records.

ANA organized sections for industrial nurses and administrators of nursing services in hospitals.

The three national nursing organizations adopted a recommendation favoring the expansion of health insurance plans to provide for nursing service, including nursing care in the home. The organizations expressed the belief that, in addition to voluntary effort, governmental assistance was necessary for obtaining adequate distribution of health services.

ANA delegates adopted an amendment to the bylaws which designated the state association as the constituent association of the American Nurses' Association. According to the bylaw revision, registered nurses belonging to state nurses' associations automatically became members of the ANA.

1945

ANA spearheaded a national collection of uniforms and clothing for nurses in war-devastated countries.

ANA organized a campaign to restore the American Nurses' Memorial at the Florence Nightingale School of Nursing at Bordeaux, France.

ANA intensified efforts to recruit nurses for military service as an alternative to President Roosevelt's proposal to draft nurses into military services.

On May 25, 1945, ANA's Professional Counseling and Placement Service was officially organized and incorporated. The service provided counseling and job placement services without fee to all registered nurses, including non-members, student nurses, practical nurses, and employers. Special attention was given to the needs of nurses demobilized from military service.

On September 1, 1945, the Nurse Placement Service, Midwest Bureau, was acquired and reorganized as the branch office of the Professional Counseling and Placement Service of the American Nurses' Association.

ANA analyzed the postwar plans of approximately 60,000 civilian nurses. ANA also cooperated with the Red Cross in analyzing postwar plans of 41,000 Army and Navy nurses.

The National Nursing Planning Committee published a Comprehensive Program for Nationwide Action in the Field of Nursing.

1946

ANA was successful in obtaining professional status classification for nurses from the U. S. Civil Service Commission.

ANA's Professional Counseling and Placement Service issued criteria to guide state units in developing their own placement services.

ANA established a Committee on Employment Conditions of Nurses to explore the association's resources for assisting nurses to obtain needed improvements in salaries and working conditions.

The ANA House of Delegates voted to inaugurate an Economic Security Program, a long-range comprehensive program to stabilize nursing services, improve working conditions, and provide immediate and long-term economic security for nurses in all fields. State nurses' associations were urged to conduct active programs, including collective bargaining for nurses.

The ANA House of Delegates endorsed the 8-hour day, 40-hour week for all nurses and called for the elimination of discrimination against minority groups.

In April, 1946, Raymond Rich Associates was selected to undertake a detailed study of the organizational structure, functions, and facilities of the six national nursing organizations.

ANA delegates adopted the first association platform.

ANA delegates voted to increase the annual dues from 75 cents to \$3.00.

The Hospital Survey and Construction Act (Hill-Burton Bill) was enacted. This bill provided for a five-year federal grant-in-aid program to the states for the purpose of surveying needs, planning, and constructing necessary hospital and health centers.

1947

ANA hosted the Ninth Congress of the International Council of Nurses in Atlantic City.

Army and Navy nurses were granted permanent commissioned officer status.

ANA initiated a long-range public relations program to inform the public and the profession of nursing activities and interests. ANA's public relations department absorbed the Nursing Information Bureau as well as the public relations programs of the other nursing organizations.

The boards of nursing asked ANA to establish a committee of state boards of nursing to devise methods and procedures for bringing about desirable and reasonable uniformity in relation to standards, regulations, records, and examinations.

The first special session of the House of Delegates was convened in Chicago to consider reorganization proposals for the six national nursing organizations.

1948

The Joint Committee on the Structure of National Nursing Organizations presented "A Tentative Plan for One National Nursing Organization."

The World Health Organization was permanently established in Geneva, Switzerland. The International Council of Nurses became the official representative of nurses to the WHO meetings.

ANA celebrated the Diamond Jubilee of Nursing by calling attention to the progress of nursing in the United States.

ANA participated in a study of the Florence Nightingale International Foundation which resulted in the foundation's inclusion as a functional unit of the International Council of Nurses. .

ANA delegates adopted measures (bylaw revisions) to provide direct individual membership for Negro nurses restricted from membership in the state nurses' association.

ANA joined with five other nursing organizations to establish a joint board to facilitate official cooperation on mutual projects.

Esther Lucile Brown published the findings of a study on nursing education in the book entitled *Nursing for the Future*.

ANA delegates amended the bylaws to permit state nurses' associations to grant associate membership to certain qualified nurses who were not in active practice.

The Committee on the Function of Nursing (Teachers College) published a book entitled A Program for the Nursing Profession which dealt with shortages of nursing personnel.

ANA, at the request of the National Security Resources Board, contracted to establish and maintain a biennial inventory of nurses in the United States, Alaska, Hawaii, and Puerto Rico. The first inventory was completed in 1948.

1949

ANA was accredited as an observer to the United Nations.

The Association of Operating Room Nurses was established.

The joint boards of ANA, NLNE, NOPHN, NACGN, ASCN, and AAIN merged to establish the National Nursing Accrediting Service. The first lists of accredited schools of nursing were issued in October, 1949.

The National Federation of Licensed Practical Nurses was established.

The ANA Board of Directors authorized the establishment of a special committee to study the functions of the National Association of Colored Graduate Nurses as they related to the total program of the association.

The Joint Committee on the Structure of National Nursing Organizations offered two alternate plans for reorganization: a one-organization plan and a two-organization plan.

ANA created a committee on films to review and advise on motion pictures and other audiovisual items of interest to nurses.

1950

ANA's House of Delegates adopted an intergroup relations program to work for full integration of nurses of all racial groups in all aspects of nursing.

ANA endorsed a five-year study of all phases of nursing.

ANA adopted a code of ethics for professional nursing.

ANA appointed a committee on nursing resources to meet civil and military needs.

ANA's House of Delegates approved criteria for the evaluation of state economic security programs in relation to ANA policy.

ANA affirmed the nurse's voluntary relinquishment of the right to strike and insisted that this voluntary no-strike guarantee obligated employers to recognize and deal justly with nurses through their authorized representatives.

ANA's House of Delegates approved a policy to guide nurses as to their proper conduct and professional obligations when labor-management disputes occurred in industry or other agencies where nurses were employed.

ANA established a clearinghouse for studies at its headquarters office which provided a central source of information on research projects, completed and in progress, of interest to the profession.

ANA's House of Delegates endorsed a two-organization plan for reorganization of the national nursing organizations.

Between 1950 and 1951, the functions and responsibilities of the National Association of Colored Graduate Nurses were absorbed by the American Nurses' Association.

1951

In January, 1951, the National Association of Colored Nurse Graduates was officially dissolved.

ANA established a professional liability insurance plan.

ANA expanded its Intergroup Relations Program.

ANA made the first five grants from the Studies of Nursing Functions Funds to assist research projects proposed by state associations or agencies in California, Massachusetts, Minnesota, New York, and Rhode Island.

ANA opened a government relations office in Washington, D.C.

ANA representatives attended the fifth session of the U.N. Commission on Status of Women, where the first item on nursing appeared on the agenda as submitted by the World Health Organization. The commission requested the Secretary-General to draw attention of U.N. members to the importance of raising the status and legal protection of nursing in all countries as an important part of improving the status of women.

Contributions of state associations for restoration of the American Nurses' Memorial at Bordeaux, France, reached \$56,138.00.

ANA headquarters were moved to Two Park Avenue, New York City.

On February 6, 1951, ANA filed a statement with the Wage Stabilization Board presenting the views of nurses regarding the establishment of an equitable wage policy to meet the particular problems of professional nurses. On February 20, 1951, General Wage Regulation 7 was issued which substantially exempted employees of nonprofit organizations from wage stabilization controls.

1952

ANA prepared a Manual for an Economic Security Program.

The Mary Mahoney Award, initiated and previously bestowed by the National Association of Colored Graduate Nurses, was presented for the first time at the ANA convention.

ANA's House of Delegates amended the constitution and bylaws to implement reorganization of the national nursing organizations. ANA remained the national membership association for professional nurses and endorsed the establishment of the National League for Nursing and provided machinery for cooperative work with this new organization.

The National Organization for Public Health Nursing and the Association of Collegiate Schools of Nursing were dissolved.

ANA established seven sections, representing occupational groups of professional nurses.

ANA delegates approved an increase in dues from \$3.00 to \$5.00.

ANA's House of Delegates authorized the board of directors to approve legislation for selective service for nurses, if such legislation was introduced during a national emergency.

1953

The National Student Nurses' Association was established.

ANA's Board of Directors adopted a statement on principles of legislation relating to the practice of nursing.

In August, 1953, ANA's Professional Counseling and Placement Services (PC&PS) was reorganized. Major administrative functions were transferred to the Chicago office where counseling and placement activities on the national level were to be centered.

1954

The Virgin Islands Nurses' Association becomes a constituent association of the American Nurses' Association.

As a result of revision of the ANA Bylaws, the ANA Committee on Economic and General Welfare became a standing committee.

ANA delegates adopted a recommendation to "secure information and to develop a foundation or trust for receiving tax-free funds for desirable charitable, scientific, literary, or educational projects in line with the aims and purposes of the American Nurses' Association."

The ANA Board of Directors approved the maintenance of one national committee on legislation.

ANA's House of Delegates created a Committee on Current and Long-Term Goals to prepare a proposed association platform, to develop a statement of long-term goals of the association, and to make recommendations with regard to services which the association could offer its constituencies. In 1955, the board of directors extended the committee's functions to include an inventory of major problems and goals of ANA in priority arrangement.

The first statements on functions were approved by ANA sections, marking the first step in the program of outlining functions, standards, and qualifications for nursing practice.

By 1954, all but one state nurses' association had changed their bylaws to ban discrimination in accordance with ANA's policy.

1955

The American Nurses' Foundation was established as a separately incorporated ANA subsidiary.

The American College of Nurse Midwives was organized.

ANA's Board of Directors approved a definition of the practice of nursing designed to meet the purposes of licensing legislation.

ANA helps pass a bill to commission male nurses in the Reserve Nurse Corps.

1956

ANA presented the association's first public health nurse award to Pearl McIver.

1957

In January, 1957, the boards of directors of the National Federation of Licensed Practical Nurses and the American Nurses' Association approved a statement on the functions of the licensed practical nurse.

Nondiscrimination in minimum employment standards and in contracts was adopted as an economic security goal.

1958

ANA delegates voted to increase the annual dues from \$5.00 to \$7.50.

ANA's Professional Counseling and Placement Services (PC&PS) restricts its placement service to ANA membership.

ANA's House of Delegates endorsed health care as a right of all people and urged the extension of social security to include health insurance for beneficiaries of old age, survivors, and disability insurance.

For the first time in the history of the ANA, a liaison committee was formed with the American Medical Association.

Estimate of the number of professional nurses employed in nursing, 460,000.

Membership in the ANA increased by 9,097 or five percent from 1957 to 1958. The total of 190,463 was the highest recorded since the organization was founded and represented the largest yearly increase in over a decade.

1959

Effective January 1, 1959, ANA's Professional Counseling and Placement Services (PC&PS) operation was restricted to ANA members and first-year professional nurse graduates.

Nurses living abroad were admitted to ANA membership on an individual basis for the first time.

ANA's Board of Directors approved a revised statement on principles of legislation relating to public funds for collegiate nursing education.

In April, 1959, ANA moved its headquarters offices and the Professional Counseling and Placement Services (PC&PS) office, formerly in Chicago, to 10 Columbus Circle, New York, NY.

Requirements for the mandatory licensure of professional nurses were enacted in Maine and New Hampshire.

1960

ANA's Board of Directors authorized the Professional Counseling and Placement Services (PC&PS) committee to conduct a study to evaluate the direct counseling and placement services given to individual members.

ANA published a statement on standards for nursing care in nursing homes.

ANA revised the Code for Professional Nurses.

The passage of the Labor-Management Reporting and Disclosure Act of 1959 (Landrum-Griffin Law) necessitated the ANA Bylaws be amended to allow for convention delegates to be selected by secret ballot and the records pertaining to the elections be preserved for one year.

The House of Delegates adopted a motion that the ANA take immediate steps to secure compulsory social security coverage for nurses in all types of employment.

The House of Delegates adopted a plank to continue to elevate the standards of nursing education by formulating principles of the education essential for effective nursing practice.

1961

ANA's Board of Directors authorized the formation of a committee on nursing service and a committee on nursing education.

ANA's Board of Directors approved a recommendation that a joint committee of the American Nurses' Association and the National Student Nurses' Association for consideration of common interests and goals.

1962

ANA membership dues were increased to \$12.50.

ANA held its first clinical sessions.

The House of Delegates amended the bylaws to restate the purposes and functions of the ANA, adding specific provisions for new functions in the areas of nursing education and nursing services.

In June, 1962, the U. S. Public Health Service contracted with ANA to conduct an inventory of professional nurses. The estimated number of professional nurses employed full and part-time in nursing is 550,000.

By the end of 1962, all state nurses' associations accepted all qualified registered nurses into membership, regardless of race, color, or creed.

1963

ANA received a special project grant of \$10,000 from the National Institute of Mental Health for the purpose of defining the role of the nurse in the community mental health center and making recommendations for continuing education of current practitioners to prepare them to assume this role.

The Surgeon General's Consultant Group on Nursing published a report entitled Toward Quality in Nursing: Needs and Goals.

Between 1963 and 1964, ANA conducted pilot projects on central billing.

1964

In February, 1964, the American Nurses' Association and the American Medical Association co-sponsored a two-day conference on "Medical and Nursing Practice in a Changing World."

The House of Delegates adopted a motion that the board of directors appoints a committee to study and report at the 1966 convention on the feasibility of and/or a plan for the establishment of an academy of nursing.

The House of Delegates adopted a recommendation that ANA continue to work toward baccalaureate education as the educational foundation for professional nursing practice.

Congress passed the Nurse Training Act of 1964, the first federal law to give comprehensive assistance for nursing education.

1965

ANA published policies and recommendations on health occupations supportive to nursing.

ANA's Board of Directors developed a position paper on educational preparation for nurse practitioners and assistants to nurses.

ANA's Board of Directors authorized formation of a liaison committee of the American Nurses' Association and the American Hospital Association.

ANA published Standards for Organized Nursing Services.

1966

Health insurance for the aged became a benefit of the nation's social insurance system as a result of passage of the Social Security Amendments of 1965.

The House of Delegates adopted an organizational plan calling for divisions on practice and commissions on nursing service, nursing education, and economic and general welfare.

The House of Delegates adopted a recommendation that the principle of central billing and dues collection be adopted by the association.

The name of the association's PC&PS service was changed from Professional Counseling and Placement Service to Professional Credentials and Personnel Service.

In September, 1966, ANA's Board of Directors appointed the organizing committees for the divisions on practice and occupational forums and named the first members of the commissions on nursing education, nursing service, and economic and general welfare.

Legislation for comprehensive health planning was enacted into law.

ANA's Board of Directors approved a statement on family planning.

President Johnson appointed the National Advisory Commission on Health Manpower.

ANA was instrumental in having legislation introduced to raise the rank of chief nurses of the armed services nurse corps to top officer rank and to provide for an increased number of nurse officers to attain the grade of colonel, lieutenant colonel, and major or captain, commander, and lieutenant commander.

1967

In January, 1967, the operations of ANA's Legislative Department and the Washington Office were combined to form the Government Relations Department.

A joint committee of representatives of the American Nurses' Association and the American Society of Hospital Pharmacists was established.

The ANA-NLN Careers Program was initiated.

ANA was awarded a \$50,000 grant by the Department of Labor to establish a national program to return inactive licensed nurses to practice through enrollment in refresher courses. To augment this program, ANA entered into a \$99,800 informational and educational contract with HEW/s Division of Nursing.

ANA's *Statement on Psychiatric Nursing* was published.

ANA's Board of Directors authorized a comprehensive study of the state board test pool examination.

ANA's Board of Directors adopted a resolution to support a program of the U. S. Public Health Service which had as its goal the elimination of measles in the United States by the end of 1967.

ANA published Avenues for Continued Learning.

Delegates to the annual National Student Nurses' Association convention voted to support ANA's position paper on nursing education.

ANA published a statement on nursing staff requirements for inpatient health care facilities.

The National Commission for the Study of Nursing and Nursing Education was established.

1968

The Guam Nurses' Association was admitted as a constituent association with "limited constituent status."

The Nurses' Association of the American College of Obstetricians and Gynecologists was established.

ANA's Board of Directors adopted a statement on the health hazards of smoking.

The House of Delegates adopted a recommendation to study state legislation on abortion.

The House of Delegates voted to charge a fee for the association's Professional Credentials and Personnel Service.

The House of Delegates rescinded the association's 18-year-old no-strike policy.

The House of Delegates adopted a new *Code for Nurses* which delineated the ethical principles of practice.

The House of Delegates authorized the establishment of the Congress for Nursing Practice.

ANA published *The Nurse in Research: ANA Guidelines on Ethical Values*.

Interim certification boards held their first meetings.

The American Association of Nephrology Nurses was established.

The American Association of Neurosurgical Nurses was established.

The National Education Association established a Department of School Nurses.

1969

ANA's Board of Directors established a task force to explore more effective ways of meeting the high costs of operating essential association programs.

ANA's Board of Directors appointed an ad hoc committee on ways to enter the academy of nurses.

ANA's Board of Directors established a committee to consider questions of interrelationships between the commissions, congress, and board of directors.

ANA issued a statement on graduate education in nursing.

The American Association of Critical Care Nurses was organized.

1970

ANA's Board of Directors adopted a statement on new careerists.

The National Commission for the Study of Nursing and Nursing Education published *An Abstract for Action*, a series of recommendations concerning the improvement of nursing and nursing education.

The House of Delegates approved measures to create a Commission on Nursing Research.

The House of Delegates voted to increase ANA dues from \$12.50 to \$25.00.

The House of Delegates approved a bylaw provision for a new associate member category.

The House of Delegates approved a recommendation that a study be undertaken to find the most desirable location for ANA's national headquarters.

A joint committee was established between ANA's Division on Maternal and Child Health Nursing Practice and the American Academy of Pediatrics to provide an official liaison mechanism between these organizations.

The American Urological Association Allied was established.

1971

The boards of directors of the American Academy of Pediatrics and the American Nurses' Association simultaneously released a joint statement entitled "Guidelines for Short-Term Continuing Education Programs for Pediatric Nurse Associates."

ANA authorized the establishment of a Council of Nurse Researchers and a Council on Continuing Education.

The Nurse Training Act of 1971 included, for the first time, authorization for basic support grants for nursing programs.

ANA was awarded a one-year \$42,000 grant for a project entitled "Identification of Need for Continuing Education for Nurses by the National Professional Organization."

ANA utilized a one-year \$40,000 grant from the National Institute of Mental Health to develop guidelines for drug abuse curricula in nursing education programs.

ANA endorsed a national moratorium on licensure for new health professionals.

The Council of National Representatives of the International Council of Nurses adopted a resolution endorsing the U.N. Universal Declaration of Human Rights and requesting its member associations "to take the appropriate steps to support and implement the objective" of the statement.

The Commission on Nursing Services developed a statement on the essential elements of a health care system.

The Congress for Nursing Practice issued guidelines for certification.

In the first recorded mass resignation over strictly non-economic issues, registered nurses at an Ames, Iowa, hospital resigned in a body when the hospital administration refused to negotiate on issues, including a patient care committee, an orientation program for new staff members, paid educational leave to attend seminars and workshops, and a nursing care committee.

The National Emergency Department Nurses' Association was established.

1972

In February, 1972, ANA's membership publication, *ANA In Action*, was renamed *The American Nurse*.

A contract for \$355,760 to conduct the project entitled "Training of RNs Providing Patient Care in Nursing Homes" was signed with Health Education and Welfare's Community Health Service on June 2, 1972. This contract was designed to improve patient care in nursing homes by upgrading geriatric nursing care through continuing education.

ANA's Board of Directors established a task force to study the financial structure of the organization.

The Orthopedic Nurses' Association, Inc. was established.

In September, 1972, ANA opened its headquarters in Kansas City, Mo.

ANA-AHA sponsored the first joint institute.

ANA's Task Force for Affirmative Action held its first meeting III November, 1972.

The House of Delegates went on record as opposed to institutional licensure which would cover individual practitioners.

1973

The American Academy of Nursing was initiated on January 31, 1973, with the adoption of a resolution by the ANA Board of Directors which designated thirty-six charter fellows, named pro tem officers, and directed that specific action be taken to establish the academy.

ANA was awarded an 18-month \$112,338 contract by the Bureau of Health Manpower Education to obtain statistical and descriptive data on foreign nurse graduate applicants for RN licensure in the United States.

Standards of Community Health, Maternal and Child Health, Geriatric, and Psychiatric and Mental Health Nursing Practice were published. In addition, a generic set of Standards of Nursing Practice was published.

ANA's Commission on Nursing Services revised the Standards for Nursing Services.

The Council on Continuing Education and the Council of Pediatric Nurse Practitioners held their first business meetings.

The National Association of Pediatric Nurse Associates and Practitioners was organized.

Thirty-six charter fellows were chosen for the American Academy of Nursing.

The Federation of Nursing Specialty Organizations was established.

ANA filed charges against the nation's largest university pension underwriter on March 2, 1973, for discrimination on the basis of sex.

ANA's National Retirement Plan was established on April 13, 1973.

Criteria were developed for ANA certification of geriatric nurses, pediatric nurses in ambulatory care, and psychiatric nurses.

In November, 1973, the American Nurses' Association was requested by the Senate Subcommittee on Long-Term Care to prepare a report regarding the problems of providing skilled nursing care in intermediate and extended care facilities.

ANA issued a statement on diploma nurse education.

ANA developed guidelines for the establishment of peer review committees.

1974

Health Education and Welfare's Division on Research, Maternal and Child Health Services, approved and funded ANA's project proposal on the "Impact of Pediatric Nurse Practitioner Programs: An Exploratory and Methodological Study."

In January, 1974, the Standards of Medical-Surgical Nursing Practice were developed for publication.

On April 1, 1974, the American Nurses' Foundation moved its office from New York City to Kansas City.

The Council of Nursing Service Facilitators, the Council of Family Nurse Practitioners and Clinicians, the Council of Advanced Practitioners in Medical-Surgical Nursing, and the Council of Advanced Practitioners in Psychiatric and Mental Health Nursing held their first business meetings at the ANA convention.

The first ANA Honorary Practitioner Award was presented at the forty-ninth convention.

ANA's Task Force on Affirmative Action established an ombudsman's office at ANA headquarters.

ANA's Board of Directors approved the establishment of a Council of School Nurses.

ANA published *Standards for Continuing Education in Nursing* and *ANA Continuing Education Guidelines for State Nurses Associations*.

ANA issued a statement on the scope of practice of pediatric nurse practitioners.

The Nurses' Coalition for Action in Politics was established as a political action arm of the American Nurses' Association.

The Congress for Nursing Practice issued definitions of the terms "nurse practitioner," "nurse clinician," and "clinical nurse specialist."

ANA's Commission on Economic and General Welfare issued a statement on third-party payments for the services of independent nurse practitioners.

The House of Delegates adopted a position on national health insurance which called for a comprehensive system of health insurance benefits for all Americans.

The House of Delegates adopted a motion to examine the feasibility of accreditation of basic and graduate nursing education.

The first ANA Trans-Pacific Nursing Conference was held.

ANA held one invitational conference on accreditation to prepare a formal proposal for a study of the feasibility of accreditation of basic and graduate education for nursing by the ANA.

ANA expanded its programming to offer additional support to constituent associations in implementing economic and general welfare activities.

Ninety-nine registered nurses were certified by ANA for excellence in clinical nursing practice in geriatric and pediatric nursing in ambulatory care.

Three sets of standards were developed jointly by ANA's Division on Medical-Surgical Nursing Practice and specialty organizations: *Standards of Cardiovascular Nursing Practice*, *Standards of Nursing Practice: Operating Room*, and *Standards of Orthopedic Nursing Practice*.

The Commission on Nursing Education drafted standards for nursing education.

Twenty-six ANA members were selected for admission to the American Academy of Nursing.

ANA was awarded a major contract to develop criteria for measuring the quality and effectiveness of nursing care and to recommend ways in which nursing can participate in professional standards review organizations.

ANA received a \$1 million grant to provide thirty-five graduate fellowships in nursing for registered nurses who are members of ethnic minorities. It is a six year project.

1975

ANA held formal ceremonies on January 6, 1975, to honor the first nurses certified by the association.

ANA hosted a second invitational conference on accreditation.

The Commission on Nursing Education completed details on a mechanism to approve nurse practitioner programs which are non-degree granting.

The Commission on Nursing Education formed a National Accreditation Board for Continuing Education Programs and a National Review Committee for Expanded Role Programs.

ANA's report, "Nursing and Long-Term Care: Toward Quality Care of the Aging," was officially presented to the Senate Subcommittee on Long-Term Care.

ANA established a fund to be used to promote ratification of the Equal Rights Amendment.

ANA's Division on Maternal and Child Health Nursing Practice and the Nurses' Association of the American College of Obstetricians and Gynecologists initiated a joint certification program in maternal, gynecological and neonatal nursing.

Ninety-two registered nurses in psychiatric and mental health nursing and twenty-six registered nurses in community health nursing were certified by the association.

ANA was approved for a general institutional assurance for the protection of human subjects by the Department of Health, Education, and Welfare, Office of Protection from Research Risks.

ANA endorsed a campaign for immunization update.

The International Council of Nurses accepted the invitation of the American Nurses' Association to host the council's quadrennial congress in 1981 in Kansas City, Missouri.

The American Academy of Nurses admitted thirty-three members.

1975 marked the seventy-fifth anniversary of the American Journal of Nursing Company.

At the request of the White House and the U. S. Department of State, ANA formed the Advisory Committee on Vietnamese Nursing Personnel.

ANA's Affirmative Action Task Force published "Affirmative Action Programming for the Nursing Profession Through the American Nurses' Association," a brochure outlining a model affirmative action plan.

The Congress for Nursing Practice revised the statements on scope of practice and the model practice act.

ANA's Division on Medical-Surgical Nursing Practice and the Emergency Department Nurses' Association published *Standards of Emergency Nursing Practice*.

ANA's Board of Directors established the Shirley Titus Award in recognition of individual nurse contributions to the association's economic and general welfare program.

In accord with a directive from the 1974 House of Delegates, ANA's Board of Directors approved a fee schedule for accreditation of continuing education activities of state nurses' associations, organizations with approval processes, colleges, and universities.

The Commission on Nursing Education and the Congress for Nursing Practice sponsored a meeting on the accreditation of continuing education programs in nursing and the implementation of standards of nursing practice.

ANA's Division on Medical-Surgical Nursing Practice formed a Task Force on Nursing in High Blood Pressure Control under the National Blood Pressure Education Program.

The executive committees of the ANA and the AMA met in Chicago to explore common concerns. The discussions included national health insurance, Professional Standards Review Organizations (PSRO), National Joint Practice Commission and Joint Commission on Accreditation.

ANA's Affirmative Action Task Force held two regional conferences which focused on improving nursing care and health care delivery for ethnic/minority consumers and on promoting affirmative action programs in nursing.

During 1975, ANA published the following documents: *Standards for Nursing Education, Accreditation of Continuing Education in Nursing, Accreditation of Continuing Education Programs Preparing Nurses for Expanded Roles, Continuing Education in Nursing Guidelines for State Voluntary and Mandatory Systems, Continuing Education in Nursing-Guidelines for Staff Development, and A Plan for Implementation of the Standards of Nursing Practice.*

1976

ANA's report, "Nursing and Long-Term Care: Toward Quality Care of the Aging" was officially presented to the Senate Subcommittee on Long-Term Care.

Nurse Training and Health Services Bill, vetoed by President Ford, is overridden by Congress, recognizing the existing and expanding roles for nurses in delivering health care.

1977

ANA introduces health services bill to expand primary care services and encourages, where practicable in shortage areas, utilization of nurse practitioners in concert with physicians.

Research programs under the Division of Nursing, and adding the Division of Nursing to other divisions of Health Education and Welfare, authorizing a peer review committee for review of nursing research projects by law.

1978

ANA proposes a bill to revise the system of federal funding for mental health, requiring the states to provide comprehensive planning and coordination of programs.

1980

ANA played a major role in getting an amendment passed prohibiting hospitals from using Medicare funds for anti-union activities.

1981

An amendment is passed aimed at keeping hospitals in the Social Security system, reducing Medicare reimbursements to hospitals that withdraw from the system.

1982

ANA leads a coalition opposing an amendment to establish a Medicare voucher system allowing beneficiaries to purchase private health insurance.

1983

Organ Transplant Bill provides grants to existing agencies to improve their ongoing activities, and to establish a computer network to match donors and recipients.

Health professionals training expanded in the Alcohol, Drug Abuse and Mental Health Administration block grant beyond medicine to include other professionals to develop new methods for the prevention, treatment and rehabilitation of individuals who suffer from alcoholism and drug abuse.

1984

Increased health funding for third world nations for primary health care in developing countries and nutritional education is passed by Congress

1985

The National Center for Nursing Research is created at the National Institutes of Health.

Congress allows for direct reimbursement under Medicare Part B to nurse anesthetists employed in hospitals.

Risk retention legislation introduced to help address situations where nurses have their malpractice insurance cancelled and are unable to obtain coverage. This bill facilitates organizations in their attempts to provide insurance to their members.

1986

Anti-drug legislation proposed to develop drug abuse centers, treatment services, and for the study of treatment programs.

The Occupational Safety and Health Administration (OSHA) standard on Hazard Communication standard which had excluded nurses from the definition of "health professional" who were allowed to receive trade secret information in non-emergency situations was corrected to permit nurses and include a move by OSHA to place a nurse in a policy-making role at the agency.

1987

ANA recommends AIDS treatment and testing programs, research and community based health services.

Civil Rights Restoration Act is passed, which means any organization which receives Federal funding is required not to discriminate on the basis of race, age, and gender or physical handicap.

ANA works with the Health Care Financing Administration and Project Hope to develop Community Nursing Organizations site as well as criteria for agencies to serve in the demonstration.

1988

The Nurse Education Act was reauthorized during this time of nursing shortage, targeting undergraduate nursing education programs for increased financial support.

Secretarial Commission on Nursing evaluates the causes and potential solutions to the nursing shortage providing suggested solutions for the recruitment and retention of registered nurses.

The Vietnam Women's Memorial bill authorizes the construction of a memorial honoring women Vietnam veterans.

1989

ANA acts to ensure nursing input to new studies on patient outcomes. The "Effectiveness Initiative" to include all healthcare practitioners in research by Agency for Health Care Policy and Research.

ANA supported increased Federal funding for care of HIV infected adults and children, and also supported a bill mandating the use of universal precautions to protect health care workers from blood borne diseases.

ANA lobbied in support of comprehensive civil rights protection for the disabled.

ANA actively supported direct funding for child and elder care services as well as tax credits to offset dependent care expenses, the also included the authorization of day care centers in the Department of Veterans Affairs' health facilities.

1990

A number of Medicare and Medicaid reimbursement initiatives earned the support of ANA including: Medicare reimbursement for nurse practitioners and clinical nurse specialist in rural areas; direct reimbursement for nurses who provide services to employees and beneficiaries under the Federal Employees Health Benefits Program; Medicaid reimbursement for services provided by family and pediatric nurse practitioners; Medicare reimbursement of nurse practitioner services to nursing home residents.

The reauthorization of health care programs for the homeless receives ANA support.

ANA supported legislation on Capitol Hill to increase funding for nursing education, Federal funding for nursing research and clinically based research; funding for research on effectiveness of care and patient outcomes; funding for nursing initiatives in rural and underserved areas.

ANA lobbied for the reauthorization of health manpower shortage programs and the recruitment and retention programs to increase the number of nurses.

Congress mandated the study of non-physician providers.

1991

The ANA testified several times detailing the need for adequate funding levels for nursing programs (nursing education programs, National Center for Nursing Research); increased funding for AIDS, breast and cervical cancer screening.

ANA sought through military personnel retraining appropriations to include a specific portion of the allocated funds targeted for recruitment into the nursing profession.

The “Older Americans Act” provides authorization for a wide array of comprehensive, coordinated programs, which include nurses, targeting older adults who live in the community.

1992

The “Indian Health Care Improvement Act” supported by ANA, provides opportunities for the training of nurses through the establishment of clinics operated by nurses, nurse midwives, nurse anesthetists, or nurse practitioners in cooperation with accredited schools of nursing, to provide primary health care services to eligible recipients of services of the Indian Health Service.

ANA moves its headquarters from Kansas City, MO to Washington, DC.

Legislation entitled the “Health Professions Education Extension Amendments of 1992” shifts the emphasis of health professional education to primary care services.

1993

ANA spearheads intense lobbying efforts and grassroots support enabled nursing programs to receive an increase in the appropriations for specific line items of the Nurse Education Act; nurse practitioner/nurse midwife programs; professional nurse traineeships; and advanced nurse education.

Family Medical Leave Act – at ANA’s urging, Federal agencies include nurses as a category of practitioners able to certify the need for leave.

After many years of effort the Brady Handgun Control legislation passes requiring waiting periods to purchase handguns and proposals to help curb violence against women.

1994

Free immunizations for Medicaid eligible and uninsured children; ANA has been at the forefront of efforts to increase the rate of immunizations for all children.

ANA has success in ensuring language is included in the Statement of Administration Actions clarifying that North American Free Trade Agreement does not permit Mexican or Canadian professionals to practice a licensed profession in the U.S. without meeting all applicable state licensing criteria.

ANA continues to advocate for the re-designation of the National Center for Nursing Research, as a means to highlight the importance of nursing research to scientific bodies of knowledge.

ANA is deeply involved in Health Care Reform.

1995

ANA supports programs for education, skills enhancement and reemployment for nurses through the dislocated worker initiative.

ANA is committed to monitoring the impact of implementation of the General Agreement on Tariffs and Trades (GATT) on the U.S. nursing workforce to ensure that U.S. citizens receive quality care from licensed professionals and to protect the economic welfare of U.S. trained nurses.

The Hatch Act reforms receive ANA support to give federally employed nurses and other Federal workers full political rights.

ANA supports passage of the health insurance portability legislation which requires health insurance companies to guarantee to individuals who lose or leave their jobs can continue to have health insurance coverage; lobbied against inclusion of medical savings accounts for mental health parity in this legislation.

ANA supports the Fair Pay Act to require employers to provide for equal pay for jobs of comparable skill, effort, responsibility and working conditions.

1996

ANA drafted model language, adding whistle blower protections to the Medicare law; supported the maintenance and increase funding of the programs represented in the Indian Health Care Improvement Act of 1992, including programs for alcohol and drug abuse and supports recruitment and retention efforts such as increased special pay, scholarships directed to increasing the number of Native Americans who are providers of health care to Native Americans.

The Illegal Immigration and Reform Act of 1996 includes ANA supported language requiring all foreign health workers, other than physicians, to be certified by the Commission on Graduates of Foreign Nursing Schools or equivalent independent credentialing organization. ANA also successfully argues for the removal of a provision in the law which denied medical care to legal immigrants who tested positive for HIV.

ANA lobbies for legislation which allows Veterans Administration registered nurses and other health professionals to hold a second job outside the Veterans Administration, and receive remuneration for that work.

ANA lobbies for the Minority Health Reauthorization Act to revise and extend programs relating to the health of individuals who are members of minority groups.

ANA's presence on the Internet is launched during the Convention and House of Delegates in Washington, DC with www.nursingworld.org.

Online Journal of Nursing Issues (OJIN) a totally free electronic journal begins. OJIN is hosted on the ANA website and developed in cooperation with Kent State University nursing facility staff.

1997

Home health care advocates, including ANA, win a \$1.7 billion Balanced Budget Act relief package.

ANA works to halt proposals that would drastically cut the Medicare and Medicaid programs.

ANA seeks to ensure that occupational safety and health protections continue to be enforced.

ANA works with the Food and Drug Administration to draft regulations requiring warning labels on all medical devices containing natural rubber latex.

ANA advocates for stricter protective emission limits, specifically the Environmental Protection Agency standards for medical waste incinerators.

ANA secures a provision in the President's Fiscal Year 1997 budget proposal to provide Medicare reimbursement to nurse practitioners and clinical nurse specialist in all geographic locations.

1998

The "Health Professions Education Partnerships Act of 1998" is passed. The bill, signed into law, has been an ANA priority since the previous authorization expired at the end of 1994. It amends the Public Health Service Act to consolidate and reauthorize health professionals and minority and disadvantaged health education programs currently funded under Titles VII and VIII of the Public Health Service Act. The Nurse Education Act programs in Title VII will be restructured to allow for more efficient, flexible and comprehensive Federal financial support for nursing workforce development.

ANA works to achieve adequate funding for the Nurse Education Act and the National Institute of Nursing Research.

ANA achieves the introduction of the "Patient Safety Act".

ANA endorsed legislation to require that handguns be sold with safety locks to prevent unauthorized use and with warnings about the dangers and legal consequences of improperly stored fire-arms.

ANA lobbying efforts defeat amendments that would have revived the H-1A Visa program for nurses immigrating to the U.S.

ANA actively works to ensure that managed care legislation prohibits health care plans from restricting access to appropriate care and restricted communication between providers and patients.

ANA supports the “Patient Right to Know Act” with provisions for anti-discriminatory language, coverage of emergency care and prohibitions of gag clauses in managed care plans.

1999

ANA supports strong patients’ rights legislation, the Norwood-Dingell bill and works to oppose weakening amendments in the bill.

ANA supports and secures passage of legislation in the House and Senate to prevent needlestick injuries through the mandated use of safer needlestick devices.

ANA supports the reintroduction of the Patient Safety Act in the House of Representatives and the Senate, with strong bipartisan support.

ANA advocates for a comprehensive approach to prevention of medical errors to address the systemic causes of medical errors rather than one that blames individuals.

ANA supports and advocates passage of legislation to provide Medicare coverage for the surgical first assisting services of registered nurses.

ANA opposes provisions of pain relief legislation that would impose regulations on clinical practice allowing the Drug Enforcement Agency to investigate and prosecute practitioners on the basis of their intent in prescribing opioids for a patient suffering serious pain or other distress.

ANA supports the reintroduction of legislation in both the House and Senate to provide direct Medicaid reimbursement to all nurse practitioners and clinical nurse specialists.

ANA supports enactment of legislation to reduce the unexpectedly severe budget cuts contained in the Balanced Budget Act of 1997 that placed many home health care providers, skilled nursing facilities and hospitals in serious financial jeopardy.

2000

ANA actively lobbies for increased funding for the National Institute of Nursing Research (NINR), the Occupational Safety and Health Administration (OSHA), the National Institute of Occupational Safety and Health (NIOSH), and the National Labor Relations Board. In addition, Nurse Education Act programs were funded at the same level as they were in 1999.

ANA secures language in the appropriations process for Fiscal Year 2001 that recommends a study on the impact of extended work hours, especially mandatory overtime on registered nurses and patient safety.

ANA supports passage of a House of Representatives strong managed care reform legislation that contains a provision to protect health care workers from retaliation when they advocate for their patients in institutional settings and provisions to require health plans to allow patients to have access to a range of health care providers, with no discrimination against some provider solely on the basis of type of licensure.

ANA is the lead organization of the Community Nursing Organization demonstration project.

ANA supports the reauthorization of the Ryan White CARE Act in the 104th and 106th Congress. ANA secures support for the AIDS Education and Training Centers which provides support for the education of health care professionals. ANA also works to increase funding for all the Ryan White CARE Act programs during the appropriations process.

2001

ANA works to strengthen proposed federal regulations to protect the health record privacy and the use of health information while ensuring that health care providers have the information necessary to treat their patients properly.

2002

ANA supports legislation to protect individuals from adverse consequences of improper release of genetic information.

2003

ANA works with Representative John Oliver (D-MA) to support the June 2003 re-introduction of the Medicaid Nursing Incentive Act (H.R. 2295). This legislation would reinstate the federal mandate for Medicaid coverage of services provided by nurse practitioners, clinical nurse specialists, and certified nurse-midwives.

ANA testifies on the nursing shortage in the Veterans Administration system, emphasizing the need to improve working conditions for nurses and highlighting various programs and legislation supported by ANA to achieve this goal, including the American Nurses Credentialing Center's Magnet Recognition program.

Genetic Information Nondiscrimination Act of 2003. ANA joins with other concerned organizations urging a vote on the Senate version of this bipartisan bill before the House adjourned for the year. ANA has long supported the privacy of medical information, including genetic information and believes that it is critical for genetic nondiscrimination legislation to be passed and signed into law.

ANA provides comments to the Centers for Medicare and Medicaid Services on a proposed rule "Payment Reform for Part B Drugs" published in the August 20, 2003 *Federal Register*. While ANA supports proposed increases in practice expenses, there is concern that these increases do not go far enough to ensure continued access to high quality office-based care, particularly for cancer patients.

ANA lobbies for the Harkin Amendment, which would halt a proposal to change overtime provisions for millions of workers, including nurses, continues to be a controversial sticking point to the Fiscal Year 2004 Labor, Health and Human Services Appropriation bill. The ANA contacted the members of the conference committee to urge them to keep the Harkin provision in the final bill.

2004

A 26% increase in FY 2004 (H.R. 2673) funding was a major victory for nursing, representing the largest single-year increase since 1974. The additional funds allowed Health Resources and Services Administration to expand scholarship, loan repayment, faculty development, recruitment, and retention initiatives.

Medicare and Prescription Drug Modernization Act (MMA). ANA weighed in to support the elimination of gaps in prescription drug coverage, oppose the privatization of Medicare, and to oppose a Senate provision that would deny the Medicare prescription drug benefit to individuals who are eligible for both Medicare and Medicaid.

ANA actively supports a MMA provision that extends needlestick protections to public hospital workers in the 26 states that do not recognize the Occupational Safety and Health Act (OSHA). This provision established a new Medicare condition of participation for these hospitals. Beginning in July 1, 2004, these hospitals will be required to meet the blood borne pathogen standard which requires the use of safety needles and sharps.

ANA supports a provision of the MMA, clarifying the requirements for the use of the Outcome and Assessment Information Set (OASIS) in home health patients. Previously, home health providers were required to gather OASIS information on all patients, regardless of their insurance carrier. The law clarifies that home health agencies need only collect this data for Medicare and Medicaid non-pediatric patients.

ANA supports changes to the Medicare hospice benefit, redefining the role of nurse practitioners to allow nurse practitioners to be designated as the primary provider (or "attending physician") for the hospice patient.

ANA headquarters move from Washington, DC to Silver Spring, Maryland.

ANA was at the forefront of efforts to oppose the formation of association health plans (AHPs), which would allow associations to offer health insurance plans that bypass state-based laws and regulations.

2005

ANA supports the reintroduction of the Patient Safety Act.

ANA supported the introduction of The Nursing Home Staffing Act of 2005 which calls for nursing homes to meet the minimum staffing recommendations for registered nurses (RNs), licensed practical nurses (LPNs) and nursing assistants outlined in a Department of Health and Human Services (HHS) report issued in 2002. The bill also calls for nursing home facilities to maintain records on nurse staffing, which they must submit to HHS.

ANA signs on in support of an amendment by Senators Richard Durbin (D-IL) and Tom Coburn (R-OK) that would have assisted the thousands of nurses and other medical professionals displaced by Hurricane Katrina who are seeking employment in the states to which they were evacuated.

ANA endorses The Emergency Health Care Relief Act of 2005 (S. 1716), a proposal to support health care coverage for hurricane victims.

ANA supports The Patient Safety and Quality Improvement Act of 2005 as a positive first step in developing a culture of patient safety and promoting a commitment to continuous quality improvement.

ANA supports the Flu Protection Act of 2005 (S. 375/ H.R. 813), which offers a comprehensive approach designed to prevent future vaccine shortages and prepare the nation for a potential flu pandemic.

ANA is the author of and coordinates joint testimony submitted to a House committee regarding the Federal Employee's Compensation Act's (FECA's) recognition of advanced practice registered nurse (APRNs) services.

ANA opposes the Small Business Health Fairness Act of 2005 (H.R. 525) which would allow organizations such as trade, industry, and professional associations, as well as chambers of commerce, to sponsor "association health plans" for their members. ANA opposes Association Health Plans because they would pre-empt protections provided by state insurance laws and regulations.

ANA endorsed an amendment that would have restored respirator protections for health care workers. It would have changed the fiscal year 2006 Labor, Health and Human Services, and Education Appropriations Act (Labor, HHS; H.R. 3010) to restore respirator fit-testing requirements enforced by the Occupational Safety and Health Administration (OSHA).

ANA endorsed the Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2005 (H.R. 2716) which would remove barriers that keep advanced practice registered nurses (APRNs) from participating fully in state Medicaid Programs.

ANA endorsed the SHARE Act designed to encourage state licensing boards, hospitals and other health care entities to identify and discipline health care professionals who engage in unprofessional behavior.

ANA supported legislation to address the growing problem of antibiotic-resistant disease by calling for a phased elimination of the non-therapeutic use of critical antimicrobial animal drugs in food-producing animals, and will lower the burden of human anti-microbial resistance.

ANA supported the Medicare Prescription Drug Savings Act of 2005 (S.345 H.R.752) to deliver a meaningful prescription drug benefit and lower prescription drug prices under the Medicare program.

ANA endorsed the Gynecological Cancer Education and Awareness Act of 2005 (H.R. 1245), also known as Johanna's Law. The bill is designed to increase awareness about ovarian, endometrial, and cervical cancers.

ANA supported the goals and provisions of Advanced Directives Legislation while lobbying to ensure that the legislation provides for Medicare coverage of visits to Advanced Practice Registered Nurses, as well as to physicians, to discuss issues surrounding end-of-life care.

ANA supported safe staffing legislation which was reintroduced in both the House and the Senate (S. 71 and H.R. 1372). These identical bills require development of unit-by unit staffing plans in concert with RNs, mandate public reporting of staffing , create whistleblower protections, and establish enforcement mechanisms, including civil monetary penalties, for each knowing violation.

ANA supported the reintroduction of The Safe Nursing and Patient Care Act, a bill which would prohibit the use of mandatory overtime as a staffing tool.

ANA supported legislation that addresses concerns, related to the Administration's newly implemented overtime regulations. The new Department of Labor (DOL) rule that revised the Fair Labor Standards Act (FLSA) in an attempt to clarify overtime exemptions makes it easier for employers to unfairly classify nurses and other workers as ineligible for overtime pay. The legislation would restore the right to overtime pay to any worker who was eligible for overtime before the new regulations.

2006

ANA initiates the "Handle with Care" campaign that aims at preventing potentially career-ending back, neck and musculoskeletal injuries in nurses.

A new official journal of the American Nurses Association is launched, "American Nurse Today" in October.

The Congressional Nursing Caucus and ANA sponsored a luncheon briefing for congressional staff to highlight the importance of including nurse staffing as a quality indicator for America's hospitals.

ANA contributed \$192,000 to the American Nurses Foundation (ANF) to help nurses adversely affected by Hurricane Katrina. ANF is distributing 100% of these funds to ANA's three constituent member associations, Louisiana, Mississippi and Alabama.

ANA lobbied to defeat a proposed U.S. Senate bill (S. 1955) that would have rolled back state laws that protect consumers and ensure their access to care by advanced practice registered nurses.

ANA worked with the Congressional Nursing Caucus to gather support for a letter calling on the U. S. labor and health and human services departments to require states, localities and health care facilities to implement aggressive respiratory infection control programs as part of their pandemic influenza planning.

2007

ANA held a briefing on Capitol Hill to highlight the importance of safe patient handling to congressional health staff.

ANA Board of Directors approved the work of the Congress on Nursing Practice and Economics' *Principles of Environmental Health for Nursing Practice*. This document list 10 principles that are intended to guide registered nurses in providing nursing care in a manner that is environmentally safe.