

Headlines from the Hill

CMA lobbyists discuss hot topics in the states

By Janet Haebler, MSN, RN

Although many states are projecting budget shortfalls for the next fiscal year, patient safety, health care, safe staffing, and nursing advancement will be top legislative priorities for many ANA Constituent Member Associations (CMAs) in 2009, according to participants at a recent annual ANA/CMA lobbyist meeting. At the meeting, lobbyists representing 28 states discussed these and other issues and shared strategies and lessons learned.

Committed to patient safety and addressing workplace issues that have contributed to the nursing shortage, 13 states and the District of Columbia have addressed staffing through legislation, regulations, or both. This year, the governors of Illinois, Washington, Connecticut, and Ohio signed staffing bills into law. All four states opted to use the ANA's model approach, based on a hospital-wide staffing committee in which direct-care nurses collaborate with nursing management to create staffing plans specific to each unit. The staffing committee then creates policies and procedures for adjusting the plans based on patient acuity, staff education and experience, skill mix, and available resources. Oregon and Texas were the first states to adopt the staffing committee model—Oregon through legislation and Texas through regulations.

Texas regulations include a provision for evaluating patient outcomes related to nursing care to determine if the staffing plan is adequate. Using a staffing committee in each hospital acknowledges that one size doesn't fit all. The states rejected legislation that would mandate fixed ratios, fearing a ratio in statutes or regulations could become the maximum. Also, failure to provide for adjustments based on changes in the healthcare environment could leave states with an outdated law.

Passing legislation is just the beginning, however. True success will come when nurses are aware of their rights and responsibilities and are able to fulfill their roles on staffing committees.

The other hot topic for discussion was nursing education advancement. The literature reports the difference that experienced baccalaureate nurses can make in obtaining positive patient outcomes and decreasing mortality. The U.S. military requires baccalaureate degrees for nurses on active duty, while the Veterans Health Administration requires them for nurses who wish to advance beyond entry-level appointment.

The increasingly complex healthcare needs of a multicultural and aging population, expansion of more sophisticated technologies (including pharmacologic and other treatment modalities), and a growing trend toward evidenced-based practice with increased emphasis on case management and use of nurse extenders require competencies that are the hallmarks of baccalaureate nursing education. With that premise, at its 2008 meeting the ANA House of Delegates gave near-unanimous support to a resolution that the ANA advocate for and promote legislative and educational activities that support advanced nursing degrees, with special emphasis on increasing the number of baccalaureate-prepared nurses.

In recent years, several other health professions have advanced their minimum education requirements. Social workers and physical therapists now need master's degrees; by 2020, physical therapists will require doctoral degrees. Pharmacists now must have a PharmD degree (which has replaced the bachelor of pharmacy degree). However, the ANA continues to recognize all educational entries into nursing.

The legislative approach taken by New York and New Jersey builds on a licensed nurse's experience, supporting a commitment to continue formal education while gaining clinical experience. When passed, the bills would require RNs to obtain baccalaureate degrees in nursing within 10 years after initial licensure. (RNs or students enrolled in nursing programs at the time the law is enacted would be exempt from this requirement.)

Educational advancement better prepares nurses to address the changing needs of the healthcare environment and provides a cadre of nurses who can more readily assume nursing faculty roles (and thus help ease the current faculty shortage). Surveys show that many RNs wish to seek advanced education but are thwarted by burdensome work hours, inflexible work schedules, or costly education programs. Many Magnet™ hospitals have addressed these barriers through flexible schedules, on-site classes, and tuition assistance. Pursuing the legislative route instead of a voluntary approach assumes parallel efforts to reduce barriers must occur to attain support in law. Because nurses play a critical role in patient safety and high-quality care, isn't it time to commit to increasing the number of baccalaureate-prepared nurses? Requiring a BSN within 10 years of initial licensure seems like a sound approach. ★

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