

**2007-2008
ANA CANDIDATE QUESTIONNAIRE
FOR U.S. HOUSE OF REPRESENTATIVES
AND U.S. SENATE**



American Nurses Association

Candidate's Name _____

Candidate's Committee _____

Office Sought _____ District _____

Campaign Manager _____

Campaign Address _____

Campaign Phone _____ Campaign Fax _____

Web Site _____ E-mail _____

Party Affiliation _____

Candidate's Signature

Date

Please return this questionnaire to:

ANA-PAC
American Nurses Association
8515 Georgia Ave; Suite 400
Silver Spring, MD 20910
Fax: 301.628.5348
Phone: 301.628.5096
gova@ana.org

Overview

A fundamental shift has occurred in the Registered Nurse (RN) workforce over the last two decades. As occupational opportunities for young men and women have expanded, and the working conditions for nurses have deteriorated, the number of young people entering nursing has declined. The number of students graduating from schools of nursing has failed to keep up with the demand for new nurses.

The lack of young people in nursing has resulted in a steady and dramatic increase in the average age of the US nurse. Today, the average working RN is over 46 years old. Many of these nurses are expected to leave the workforce in the next decade.

At the same time, the need for nursing services is expected to continue to increase. America's demand for nursing care is expected to balloon over the next 20 years due to the aging of the population, advances in technology and various economic and policy factors. The Bureau of Labor Statistics reports that registered nurses are projected to create the second largest number of new jobs among all occupations in the time period spanning 2004 – 2014. During this time period, the health care system will require more than 1.2 million new nurses. The Health Resources and Services Administration (HRSA) projects that, absent aggressive intervention, the supply of nurses in America will fall 36 percent (more than 1 million nurses) below requirements by the year 2020.

This candidate questionnaire is designed around the many pressing issues currently facing the nursing profession. As we face the impending nursing shortage it is vital these issues are addressed:

1. What do you know about the work and role of nurses in our nation's health care system?

2. The Nurse Education Programs

Our nation is struggling with a growing shortage of registered nurses (RNs) that impacts our hospitals, long-term care facilities, home health agencies, and public health clinics on a daily basis. Numbering 2.9 million, RNs are the largest health care delivery workforce in the nation; this burgeoning shortage threatens the very fabric of our health care system.

The nursing shortage is already directly impacting patient care. A recent survey of hospitals across the nation concluded nursing shortages are causing emergency department overcrowding, emergency department diversions, increased wait times for surgery, discontinued patient care programs or reduced service hours, delayed discharges, and canceled surgeries. Numerous recent studies have shown that this lack of nurses contributes to medical errors, poor patient outcomes, and increased mortality rates.

In addition, current events are exacerbating this growing crisis. Bioterrorism preparedness efforts rely heavily upon nurses – both as administrators of vaccinations and as first responders. Moreover, the nursing shortage is stressing military health care delivery. The Army, Navy, and Air Force are offering new lucrative RN recruitment packages that include large sign-on bonuses, generous scholarships, and loan forgiveness packages. Yet, neither the Army nor the Air Force has met their active service nurse recruitment goals since the 1990s. The Navy has not met its recruitment goal in four years. Army leaders warned the Senate Appropriations Committee on March 7, 2007 that they were experiencing shortfalls of more than 30% in certain key combat specialties (anesthesia and critical care). In 2005, the Navy Nurse Corps recruitment fell 31% below target. Navy Nurse Corps leaders testified in 2007 that “the Navy Nurse reserve component recruitment and retention continues to be of great concern.” Air Force Nurse Corp leaders testified in 2007 their 15% shortage was “gravely concerning.”

Would you support increased funding for Nursing Workforce Development programs to ensure sufficient numbers of qualified nurses are available to provide a full range of nursing services in all geographic areas?

Yes _____ No _____ If no, please explain.

3. Mandatory Overtime

Nurses report a dramatic increase in the use of mandatory overtime as a staffing tool and fear potential consequences for safety and quality of care for their patients. Today, overtime (mandatory and voluntary) is the most common method facilities use to cover staffing insufficiencies. Many nurses contend employers insist they work an extra shift (or more) or face dismissal for insubordination, as well as being reported to the state board of nursing for patient abandonment. A recent ANA survey of nurses across the nation revealed that more than 67% of nurses are working unplanned overtime every month.

Federal regulations place limits on the amount of time that can be worked in other industries whose work directly impacts public safety (e.g., aviation and transportation). Those regulations also set requirements for defined periods of time they must rest/be off duty before returning to work. Health care is exempt from this type of overtime regulation. The American Nurses Association (ANA) is concerned about the impact of mandatory overtime on the ability of our nation's acute care nurses to provide high quality health care services. ANA believes that the elimination of mandatory overtime for the nation's nurses is a critical step in efforts to improve the quality of health care and reduce medical errors. Following are a few facts about the dangers of forced overtime:

- Nurses are, in general, an aging workforce. The average working nurse is over 46 years of age.
- Increased reliance on mandatory overtime has occurred at the same time that patient acuity has increased, the use of sophisticated technology has increased, and the length of stay has decreased. The combination of these factors has created a situation that threatens patient safety.
- 1997 research by Dawson and Reid at the University of Australia showed that “work performance is more likely to be impaired by moderate fatigue than by alcohol consumption.” Their research shows that significant safety risks are posed by workers staying awake for long periods.
- Sleep loss influences several aspects of performance, leading to slowed reaction time, delayed responses, failure to respond when appropriate, false responses, slowed thinking, diminished memory and others.

Question:

Would you support legislation that prohibited the use of mandatory overtime as a staffing tool?

Yes _____ No _____ If no, please explain.

4. Safe Nurse Staffing

During the past decade, health care providers have implemented aggressive measures to reduce the costs of health care. As nurses’ salaries are typically the largest hospital personnel expense, they have been targeted for aggressive cuts. These cost-cutting efforts have often resulted in RN staffing levels that are inadequate to protect the safety and quality of patient care. These changes have occurred at the same time that patient acuity and the use of sophisticated technology have increased, and the length of stay has decreased. Combined, these factors have created a situation that threatens patient safety and contributes to the nursing shortage by driving nurses from the bedside.

Recognizing the important relationship between nurse staffing and patient care, in 2004 the National Quality Forum (NQF) recommended that acute care hospitals track and report the number of nursing hours per patient day for RN, LPN, and unlicensed nurses. This recommendation was among 15 national voluntary consensus standards for nursing-sensitive care endorsed in the document by NQF. In 2005 the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) added its support for the NQF-recommended measures by publishing *Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures*.

Despite this important link to patient care and nurse retention, currently there are no national staffing requirements for acute care settings, nor is there a mechanism for standardized public reporting of acute care staffing

This lack of enforceable staffing standards and quality measurement has allowed dramatic changes in staffing methodology to go unchecked. Many variables—factors including acuity of patients, level of experience of nursing staff, layout of the unit, level of ancillary support—are key to establishing the “right” nurse-patient ratio for any one unit. For this reason, ANA supports a staffing plan approach, which would hold hospitals accountable for the development and implementation of valid and reliable nurse staffing plans.

This is not a one-size-fits-all approach to staffing. Instead, it provides hospitals with the flexibility of tailoring nurse staffing to the specific needs of patients based on factors including how sick the patient is, the experience of the nursing staff, technology, and support services available to the nurses. Most importantly, this approach treats direct care registered nurses as professionals, and empowers them to have a decision-making role in the care they provide.

Question:

Would you support legislation that hold hospitals accountable for the development and implementation of valid, reliable nurse staffing plans, created in coordination with nurses, and based on unit-by-unit circumstances and needs?

Yes _____ No _____ If no, please explain.

Would you support legislation requiring the standard, public reporting of nurse staffing levels, staffing mix, and patient outcome by hospitals, ensuring consumers have access to reliable information about the health facilities on which they rely?

Yes _____ No _____ If no, please explain.

5. Barriers to the Practice of Advanced Practice Registered Nurses

The Balanced Budget Act of 1997 (P.L. 105-33) expanded reimbursement opportunities for advanced practice registered nurses (APRNs) by removing geographical and practice site restrictions for Medicare Part B reimbursement, however, APRNs continue to face significant barriers presented by other changes in the health care delivery system. These barriers include: restrictive reimbursement policies of the Medicaid program and of private insurers; state laws and regulations that limit prescriptive authority, require supervision by or collaboration with another health care provider, limit direct

reimbursement, prohibit or limit institutional privileges, and make it difficult to obtain liability insurance.

In addition, as managed care organizations have grown to dominate health care delivery, increasing numbers of managed care organizations have become multi-state corporations which establish their own set of rules. These rules include the exclusion from access to managed care organization provider panels and the imposition of additional practice restrictions. New strategies need to be developed and implemented to promote the recognition of APRNs as cost-effective valuable providers, to counteract these additional barriers and to counteract the increased efforts by organized medicine to limit APRN practice. ANA believes that the solution to the removal of these practice barriers must be addressed at both the Federal and state levels, and in all types of health care systems including Federal systems, private insurers, fee-for-service structures, and managed care.

ANA has consistently supported reimbursement and practice policies to ensure that all nurses are able to participate in health care systems without artificial barriers preventing their ability to practice and to be paid for those services.

ANA supports legislation that prohibits discrimination by individual health plans based on the type, license, class, or specialty of a health care provider. Health plans must be required to make public, in advance, the criteria used to select participating providers and must have a sufficient mix of providers to ensure enrollees have adequate access to covered services. States must not have the authority to impose on any class of health care professionals arbitrary practice restrictions that are not based on the licensure of those professionals. Specific language should direct states to eliminate practices that prevent registered nurses from delivering health care within the scope of their education, abilities, and competence.

ANA supports initiatives that remove arbitrary practice restrictions or prohibit policies that promote barriers for APRN practice including any laws, regulations, or policies that limit or prohibit prescriptive authority, require supervision by another health care provider, limit direct reimbursement, prohibit or limit institutional privileges, and make it difficult to obtain liability insurance.

Question:

Would you support the removal of barriers and discriminatory practices that interfere with full participation by Advanced Practice Registered Nurses in the health care delivery system?

Yes _____ No _____ If no, please explain.

6. Medicaid Coverage of Advanced Practice Nursing

Medicaid beneficiaries should have access to the full range of services provided by APRNs, including case management services. ANA supports an expansion of the Medicaid program to cover APRN services in order to increase under served populations' access to health care.

Prior to 1997, Federal law required state Medicaid programs to cover health care services provided by some advanced practice registered nurses (pediatric nurse practitioners, family nurse practitioners, and certified nurse midwives). Some states opted to cover the services of certified registered nurse anesthetists and clinical nurse specialists.

The Balanced Budget Act of 1997 (BBA, Public Law 105-33) effectively removed the Federal mandate. The BBA created a system for states to move Medicaid beneficiaries into managed care programs, and instituted the use of primary care case managers in the fee for service program. The BBA allows states the option to, or not to, recognize APRNs as primary case managers. In states where physicians only are recognized as primary case managers, advanced practice registered nurse services are not available to many Medicaid beneficiaries. In addition, the BBA failed to require Medicaid managed care plans to recognize APRNs.

Millions of Americans each year go without the health care services that they require because physicians simply are not available to care for them. This problem plagues rural and urban areas alike. Medicaid beneficiaries are particularly vulnerable, since in recent years a number of health professionals have chosen not to care for them or have been unwilling to locate to the communities where many beneficiaries live. APRNs are an exception to this trend; they frequently accept patients that others will not treat and serve in provider shortage areas.

Question:

Would you support Medicaid coverage of all services that APRNs are legally authorized to perform under state law?

Yes _____ No _____ If no, please explain.

7. Access to Health Care and Coverage for the Uninsured

The United States leads developed countries in healthcare spending, with \$1.4 trillion spent on healthcare in 2001. Yet, the Current Population Survey by the U.S. Bureau of the Census revealed that 41.2 million Americans lacked basic health coverage. Health care costs continue to climb at double digit rates. In 2001 employers faced the largest increase in healthcare premiums since 1992, making it more difficult for small and medium sized employers to provide coverage.

While the problem of health care for uninsured Americans continues to grow more serious, insured Americans often lack access to healthcare as well. Many Americans with coverage can sometimes afford only catastrophic coverage, lacking coverage for basic preventive services such as well-child exams or routine mammograms. In addition, access to health care providers is another barrier to those with insurance. Access to providers is difficult in urban and rural areas, especially for Americans covered by Medicaid. Finally, co-pays and premiums continue to increase, forcing Americans to make choices between healthcare services and medications or other basic necessities.

In 2002, the Institute of Medicine reported in “Care Without Coverage: Too Little, Too Late”, that working-age Americans without health insurance have a greater chance of being sicker, dying sooner, and receive poorer care when in the hospital for acute situations. Lack of insurance, or adequate coverage, prevents patients with chronic illnesses from getting the regular care their disease requires. Americans with diabetes, cardiovascular disease, end-stage renal disease, HIV infection, and mental illness have worse outcomes than those Americans with coverage. In addition, everyone shares the cost of providing care for uninsured Americans. Uninsured Americans and those without coverage for preventive care often seek care at the emergency room, independent of the reason for seeking care. The American Hospital Association states the number of ER visits increased 15 percent nationally during the nineties and according to the National Health Policy Forum, 75 percent of all ER visits that do not result in admissions could be treated at another setting. Uninsured Americans are often left with costly medical bills that they are unable to pay; it is the hospitals, healthcare providers, and entire community that carry the burden of these costs. Unfortunately, even in the midst of high medical costs, all Americans do not have access to affordable, quality healthcare services.

Universal health care was addressed at the federal level during the nineties without resolution. In 1999 the ANA House of Delegates agreed to support a single payor system, through expansion of the Medicare program, as a means of providing universal coverage. “Achieving Access for All Americans” outlined ANA’s proposal for meeting the healthcare needs of all Americans and for ensuring access to comprehensive and preventive medical care.

Question:

Would you support legislation that provides a basic core of essential healthcare services to everyone?

Yes _____

No _____

If no, please explain.

Would you support expansion of the Medicare Program as a means of providing universal healthcare coverage?

Yes _____ No _____ If no, please explain.

8. Environmental Health

The Centers for Disease Control has confirmed the presence of hundreds of potentially harmful chemicals in the blood, urine, and breast milk of the U.S. population. Even more, toxic chemicals have also been detected in umbilical cord blood, indicating the ability of these chemicals to cross the placenta and reach the fetus. The incidence of diseases thought to have an environmental component are on the rise: Asthma prevalence has doubled in ten years; autism has increased more than tenfold; 1 in 6 children are born with a developmental disability; and a woman’s lifetime risk of breast cancer is now 1 in

Question

What is your plan to create a healthy environment in order to reduce the rates of environmental causes of illness?

9. Safe Patient Handling and Movement

On-the-job injuries caused by the strain of lifting and repositioning patients cause 12% of nurses to leave the profession annually. It is estimated that the average nurse working an 8 hour shift lifts 1.8 tons.

Question

If elected, how would you require health care facilities to invest in safe patient lifting technology to reduce the risk of workplace injuries to nurses?

10. Who are your health care resources?

11. Please share any experiences you have had with the health care system that have shaped your perspective on registered nurses, health care, or health care policy (Including involvement with health care non-profits, boards, etc).
