

The Politics of Nursing Advocacy

That season is upon us again — election season, that is!

Year in and year out, nurses across this fine country of ours exercise one of the core principles of our profession: advocacy. As nurses, we can choose to limit our advocacy to our patients or we can look beyond the narrow confines of our respective professional roles by working with professional associations, unions and other special interest groups to speak out on issues near and dear to us.

In fact, the American Nurses Association (ANA) now includes “advocacy in the care of individuals, families, communities and populations” in its definition of nursing.

Why does this matter, you might ask? As registered nurses, we are a go-to group for elected officials, political candidates and anyone else looking to

sway public opinion, particularly on matters related to health and health-care. Our endorsements matter because people trust us: in a 2011 Gallup Poll asking Americans to rate

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different professions for their honesty and ethics, nurses ranked highest, at 84 percent. Our support has significant political value, which means that nurses and nursing organizations can make a real difference, particularly during election season.

A Step Too Far?

As nurses, our opportunities for advo-

cacy and political involvement aren't limited to just the big state and national races. State and local policymakers are constantly creating, amending or rescinding laws and regulations that

can profoundly affect our practice, our patients and even our personal lives.

One example is A.B. 369, a bill sponsored by 6th District Assemblyman Jared Huffman that is intended to limit health insurance companies' use of “step therapy” (or “fail”) practice. Put simply, step therapy is a cost-cutting tactic that requires patients to experiment with various inexpensive medications (including over-the-counter medications) before the insurance company will authorize a more expensive prescription drug.

With this practice, it's not uncommon for a patient to “fail” as many as five times before being allowed to receive the prescription medication their doctor recommended in the first place. A.B. 369 would limit this practice to no more than two steps. (This, of course, is my quick-and-dirty interpretation of a five-page bill dripping with legalese. If you'd like to take a crack at it yourself, you can find a link to the full text in the sidebar.)

I've seen “step therapy” in action as both a nurse and a patient, so when A.B. 369 came to my attention, I felt compelled to learn more about this bill. I reached out through my own grassroots network, solicited the opinions



COULD THE NEXT NURSE-TURNED-CONGRESSPERSON BE YOU? Rep. Lois Capps (D-Santa Barbara) was a nurse for the Santa Barbara school district for 20 years before running for office. Above, Capps (at podium) discusses international public health, flanked by members of Congress, along with singer Geri Haliwell and model Christy Turlington in 2008.

of various other healthcare professionals, made calls to legislators and their aides and even provided testimony on the matter to the applicable Assembly committee.

(I should note that whenever I speak on such issues, I always make it clear that I do so strictly as an individual, albeit one with nearly 40 years of nursing experience. Not only does that limit the need to ask permission from employers or professional associations, it often takes politicians aback. They don't seem to know what to do when well-informed members of the public come to their offices or hearing rooms to express cogent opinions about pending legislation. Apparently, they are more accustomed to being addressed by lobbyists, special interest groups and other proxies!)

No Drama

As nurses, we can influence opinion in enviable ways, which makes it particularly important that we not overplay our hand. Contrary to the example set by some individuals and groups, advocacy does not mean using any means necessary to sway people to your point of view. If we resort to stretching the truth or engaging in public theater, those who trust us may begin to wonder if their respect has been misplaced.

For example, in Northern California not that long ago, a local nurses union took to the streets in a candlelight vigil for a patient who had died during one of the union's own strikes. Comments posted on the online forum of the local newspaper suggest that the vigil may have actually eroded public support for the union's position, which had previously been fairly strong. The moral of the story? Even well-intentioned actions can quickly turn approval to opposition if they're seen as false or as empty showmanship.

So, what's a nurse to do? As someone who is herself very politically active, I am well aware of the potential pitfalls, but I always encourage my fellow nurses to get involved in shaping, changing or ending policies that affect our profession and our lives. Doing so is not for the faint of heart, but it can be very rewarding, particularly when public officials or people we respect turn to us for support in advancing (or crushing) a particular piece of legislation. I firmly believe that when we feel empowered in the political arena, it makes us even more effective advocates at the bedside.

Three Ways to Get Involved

How do you find out more about political issues and pending legislation that may affect our profession? In California, the published agendas for the regular meetings of the Board of Nursing (BRN) often list legislation that the BRN itself is monitoring, as the board decides whether or not to take a position. More often than not, those bills will directly affect you and are well worth paying attention to. Nursing unions and other professional associations also track legislation that may affect their membership, so they may be excellent resources for you to start with.

What can you do if you decide to get more involved? Here are three basic options:

1. You can provide financial support to candidates or initiatives (such as ballot measures) that you believe reflect your political, ethical or personal point of view.
2. You can get involved in a campaign, whether it's for a particular candidate or a specific issue, making telephone calls, walking precincts and talking to the public.

3. You can do as I do and go it alone, attending various legislative hearings, meetings and public functions to provide your first-person perspective on nursing and how a specific bill or a legal decision will affect nurses and their patients.

However, remember that these are just a starting point — the possibilities are limited only by your imagination.

Advocacy 101

Should you feel the call this election season to lend your efforts, shoe leather, name or disposable income to support a candidate or champion a piece of legislation, here are a few things to remember:

- **NO PRESSURE.** Advocacy isn't about badgering people into doing (or not doing) something, even if you think it's for their own good. Call me old-fashioned, but I prefer gentle persuasion and the art of debate.
- **SPEAK FOR YOURSELF.** Always be clear whom you're speaking for, even if it's just yourself. Don't presume to speak for your employer, union or coworkers unless they've actually designated you as their spokesperson.
- **KNOW THE FACTS.** Do your research and know both sides of the argument. Rallying people by provoking an emotional response is all well and good, but if you don't have the facts to back it up, the folks you've rallied to your cause will lose faith in you in the end.
- **ENJOY THE PROCESS.** Finally, don't forget to have fun and enjoy the opportunity to participate in the great democracy that is the United States of America! **WN**

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ONLINE RESOURCES

- Full text of A.B. 369: www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_369_bill_20110214_introduced.html
- Complete results of the Gallup Poll: www.gallup.com/poll/1654/honesty-ethics-professions.aspx
- Official website of the California Board of Registered Nursing, including agendas of recent meetings: www.rn.ca.gov

Note: easy links can be found at WorkingNurse.com

HEALTHCARE REFORM

By Genevieve M. Clavreul, RN, Ph.D.

And the Verdict Is...

The Back Story

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA), which goes into effect incrementally through 2014. Stay tuned as we guide working nurses through the twists and turns, and address the question, "What's going on with healthcare reform?"

On June 28, 2012 the U.S. Supreme Court issued its decision on the constitutional challenge to the "individual mandate" provision of the Patient Protection and Affordable Care Act (the ACA, a.k.a. "ObamaCare"). In a 5 to 4 vote, the high court denied a constitutional challenge of the individual mandate.

Jumping the Gun

There was some initial confusion about the decision, with many news agencies (including CNN and Fox News) reporting that the Supreme Court had struck down the individual mandate. This confusion arose from the high court's initial statement that the Justices had determined that the individual mandate was not supported by the Commerce Clause, the justification that both President Obama and many members of Congress had cited as granting them the power to enact the mandate.

After reading the full text of the opinion, it became clear that the high court had determined that the fee that would be assessed against those who chose to opt out of the individual mandate was not a penalty, but a tax. Because the court concluded that the penalty was in fact a tax, the high court upheld the constitutionality of the provision. The individual mandate and tax are both set to take effect in 2014.

Medicaid Ruling

However, the high court did rule that the Medicaid expansion provision of the ACA was unconstitutional. The Medicaid expansion would have required states to allow qualifying citizens (i.e., those whose annual income was no more than 133 percent of the Federal Poverty Index, currently about \$30,000 per year for a family of four) to enroll in the states' existing Medicaid programs. The federal government would have covered 100 percent of the cost of expanding those programs in 2013 and 90 percent in 2014. The Supreme Court ruled that the federal government cannot withhold all Medicaid funds from states refusing to accept the Medicaid expansion, which represented a significant portion of the ACA's goal of covering the uninsured.

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Further Challenges

Finally, the *Washington Post* reports that 25 other challenges to the constitutionality of the ACA have not yet made it to the high court. At this time, it is unclear how many, if any, of those challenges will be heard by the Supreme Court, but if they are, we may see additional changes — or not.

The full impact of the ACA on physicians, nurses and other healthcare professionals is yet to be fully realized and remains the subject of much discussion. **WN**

Online Links

A plain-English explanation of the Supreme Court's ruling on the official SCOTUS Blog:

www.scotusblog.com/2012/06/todays-health-care-decision-in-plain-english

A chart published by the *Washington Post* detailing still-outstanding challenges to the constitutionality of the ACA:

www.washingtonpost.com/wp-srv/special/health-care-overhaul-lawsuits

Updates to this *Working Nurse* column:

www.workingnurse.com/articles/Healthcare-Reform-Update



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