Legislative Advocacy 101

Ally Kayton, MSN APRN NNP-BC
Vicki Leamy, DNP NNP-BC
Objectives

• To teach NANN members how to effectively become active in legislative advocacy with confidence
• To increase awareness of pertinent advocacy issues and opportunities
Goals

• **Expose** our members to current legislative efforts, issues, and needs surrounding neonatal legislative efforts.

• **Teach** techniques for researching current legislative issues that pertain to neonatal medicine.

• **Provide** a forum for our members to share their work on current issues, legislation, and advocacy efforts.
Additional Goals

• **To foster** awareness about legislative advocacy among NANN/NANNP members within their state and local communities.

  **WHILE**

• **Empowering** NANN/NANNP members to be active advocates for children’s health issues, both now and in the future.
The Three A’s of Advocacy

• **Awareness**
  • Your own, friends, family, colleagues, legislators.

• **Advancement**
  • By getting involved, you can help advance a movement or effect a policy change.

• **Action**
  • Make contacts, write letters, call or visit your elected officials, support an organization.
Why should we be advocates?

- Babies cannot advocate for themselves
- We have a unique position to see problems and understand their implications
- The problems matter
- We have “respect” and “credibility”
Advocacy in Action

• Advocacy is one of four major goals for the association

• Make an impact on neonatal nursing practice regulation and policy and the health of neonates and their families

• Monitor progress on key issues and seek opportunities to work in coalition with other healthcare-related groups that share its ideals
Collaboration

Collaborating together with our national nursing organization partners on advocacy issues for nurses, nurse practitioners and clinical nurse specialists

- American Nursing Association (ANA)
- American Academy of Nurse Practitioners (AANP)
- American Association of Critical Care Nurses (AACN)
- American Association of Colleges of Nursing
- March of Dimes
- National Council State Boards of Nursing
Advocacy Toolkit
Building Knowledge

Effective advocacy begins with an understanding of the core issues and positions influencing nursing and NP practice. Become familiar with NANN and NANNP’s position on education, regulation, policy and patient care.
Understanding the System

How does a bill become a law? Is it how we learned in school? Sort of but not 100%
Take Action

• What you can do?
  • Get involved – become a member of the MyNANN community and the Health Policy and Advocacy Committee (HPAC) forum
  • Become a member of NANN and NANNP it does not matter if you are a RN or APRN this is the first step to getting the advocacy bug
  • Get acquainted with the issues effecting nursing, nurse practitioners & clinical nurse specialists at the state and federal level
The Legislative “Process”

Sloooooooooooooooooow ...

- Varies for different Legislative bodies
- Know when your voice will be heard
  - Proposal of a bill
  - Public Hearings on the issue
  - Lobbying individual legislators
- And Intervene!
Tracking legislation

https://www.govtrack.us/congress/bills/ provides:

• Step by step tracking for all federal legislation. You can instantly see where a bill is in the legislative process.
• Lists of related or previous versions of a bill
• Committee assignment and list of committee members
• Pertinent facts about the progress of the bill
• Chance of bill being enacted (as a percentage)
Congressional Facts

- The 115th Congress is currently in session
- During the 114th Congress:
  - 5746 bills were introduced in the House and 546 passed (10.5%)
  - 3344 bills were introduced in the Senate and 81 passed (5.8%)
    - [https://www.govtrack.us/congress/bills/statistics](https://www.govtrack.us/congress/bills/statistics)

The usual number of bills introduced in a Congressional session is 6-7,000 in the House and 3-4,000 in the Senate.

*Visibility on a bill is important. Your lawmaker won’t be familiar with many of the bills. Speaking up and telling our story may make all the difference when (s)he votes on a bill.*
THE US LEGISLATIVE PROCESS

SENATE

A BILL IS INTRODUCED BY A MEMBER OF THE SENATE AND ASSIGNED TO A COMMITTEE FOR REVIEW.

THE COMMITTEE MEETS TO DISCUSS, AMEND, AND VOTE ON THE BILL.

IF APPROVED, BILL PROCEEDS TO THE FULL SENATE FOR FURTHER DISCUSSION, AMENDMENTS, AND VOTING.

BILLS MUST PASS THROUGH BOTH CHAMBERS BEFORE BEING SENT TO THE PRESIDENT.

A CONFERENCE COMMITTEE, MADE OF MEMBERS OF BOTH CHAMBERS, MEETS TO RESOLVE ANY DIFFERENCES BETWEEN THE HOUSE AND SENATE VERSIONS OF THE BILL.

BOTH CHAMBERS VOTE ON FINAL BILL

PRESIDENT SIGNS THE BILL AND IT BECOMES A LAW.

HOUSE OF REPRESENTATIVES

A BILL IS INTRODUCED BY A MEMBER OF THE HOUSE AND ASSIGNED TO A COMMITTEE FOR REVIEW.

THE COMMITTEE MEETS TO DISCUSS, AMEND, AND VOTE ON THE BILL.

IF APPROVED, BILL PROCEEDS TO THE FULL HOUSE FOR FURTHER DISCUSSION, AMENDMENTS, AND VOTING.

BILLS MUST PASS THROUGH BOTH CHAMBERS BEFORE BEING SENT TO THE PRESIDENT.

A CONFERENCE COMMITTEE, MADE OF MEMBERS OF BOTH CHAMBERS, MEETS TO RESOLVE ANY DIFFERENCES BETWEEN THE HOUSE AND SENATE VERSIONS OF THE BILL.

BOTH CHAMBERS VOTE ON FINAL BILL

PRESIDENT VETOES THE BILL AND SENDS IT BACK TO CONGRESS.

THE VETO CAN BE OVERRIDEN BY CONGRESS WITH A 2/3 VOTE.
The Next Step…

*The version of the bill that pass the House and Senate must be identical before the bill can be sent to the president for signature.*

Legislative Example:

**Protecting our Infants Act** (HR 1462 & S 799)- directs federal agencies to quantify the incidence of maternal opioid use and NAS while gathering and disseminating best practices for prevention and treatment of the problem

- Jointly introduced in the House and Senate in March, 2015
- HR 1462 passed the House in September, 2015
- S 799 passed the Senate in October, 2015 but was amended so the bills were no longer identical.
- The Senate version went back to the House and was passed on November 16, 2015.
- S 799 was enacted (signed by the President) on November 25, 2015.
Health Policy and Advocacy Committee

• How do we work for you?

  • NANN’s Health Policy and Advocacy Committee tracks nursing and nurse practitioner related legislation both at the State and Federal Level

  • Yearly there are more than 1000 bills introduced in both nursing and healthcare

  • Having a basic understanding of how the legislative process works is just the beginning
Legislative Updates

• Nursing scope of practice

• Workplace issues such as:
  • Safe staffing
  • Mandatory overtime
  • Safe patient handling and movement
  • Workplace violence
  • Telehealth on nursing practice
NANN’s Advocacy Priorities

- RSV
- Safe Staffing/Ratios
- L.A.C.E.
- NAS
- Back to Sleep
- Antibiotic Stewardship
- Global Neonatal & Maternal Issues
- APRN Legislation
- Title VIII Nursing Workforce Development Programs
S. 2041 The Promoting Life Saving Therapies for Neonates Act of 2015


http://www.newbornhealth.org/nann.html

Due to a high level of difficulty, as well as the lack of proper incentive for investment, there has not been a new drug approved for use in newborns in over 25 years. It’s time to change that.
Talking Points for Advocacy

NEONATAL ADVANCED PRACTICE REGISTERED NURSE (APRN) SCOPE OF PRACTICE

TALKING POINTS

PROFESSIONAL ROLE

EDUCATION

ACCOUNTABILITY

RESPONSIBILITY

PRESCRIPTIVE AND DISPENSING PRIVILEGE
Health Policy and Advocacy Committee

• Julie Sundermeier, APRN, Chair
• Stephanie Blake, DNP NNP-BC, Chair-Elect
• Tara Boice
• Sherri Brown, BSN, RNC-NIC
• Michelle Cherry, MS
• Claudia Decker, RNC
• Thomasine Farrell, RN, Board Liaison
• Ally Kayton, MSN, APRN, NNP-BC
• Vicki Leamy, DNP, NNP-BC
• Elizabeth Welch-Carre, MS, NNP-BC
• Joe Lindahl, NANN Staff Liaison
Why Advocate?

“Unless someone like you cares a whole awful lot, Nothing is going to get better. It's not.”
- Dr. Seuss, The Lorax