

CHAPTER 3

Government Response: Legislation

Politics: Playing the Game

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“Politics Is the Art of Problem Solving.”

—JONAH GOLDBERG, EDITOR-AT-LARGE, *NATIONAL REVIEW ONLINE*

KEY TERMS

Christmas tree bill: A term used to describe legislation that is moving speedily through the process when the legislative body is about to adjourn or take a prolonged break. Bills that have been enacted in one chamber are used as the vehicle (Christmas tree) for amendments from multiple bills that may have stalled during the process. Many tangentially related issues are tacked onto the moving bill with little or no formal committee consideration.

Congress: The legislative body charged with enacting laws at the federal level. At the state level, the name of the legislative body will vary. The term *Congress* is reserved for the federal entity.

Constituents: Residents of a geographic area who can vote for a candidate and whom the elected official represents.

Interest group: An organized group with a common cause that works to influence the outcome of laws, regulations, or programs.

Lame duck session: The weeks immediately following a November general election when an outgoing legislative body attempts to speed its priorities through the legislative process. Legislative activity can

be particularly vigorous if control of the legislative or executive branch of government will change when the newly elected individuals take office in January.

Legislation: The bills considered by legislators that, if approved, become laws.

Legislator: An elected individual who serves in the legislature. These officials make decisions regarding bills and resolutions pending before the legislative body to which they have been elected.

Legislature: The legislative body made up of individuals authorized to enact laws.

Lobbyist: An individual who works to influence legislators and other governmental decision makers.

Political action committee (PAC): A formal organization that exists to engage in a process through which candidates for political office are endorsed and otherwise supported. It must adhere to state and/or federal laws in carrying out its activities.

Introduction

For many nurses and other healthcare professionals, “politics” is a dirty word; it is the seamy side of the policymaking process that they prefer to ignore. Unfortunately, participating in the political aspects of policymaking is not an optional exercise. In many respects, such participation is key to ensuring nurses have a place at the policy table. Before one can influence policy, one has to be in the room where policy is being debated and developed—policy is made by those who show up, not necessarily by people with special expertise, and the usual way into the room is through the door labeled “political participation and savvy.” Even those who do see the need for political participation are somewhat naïve as to exactly what that participation entails and how to do it effectively. In part, politics means playing the political game by the rules—even distasteful rules—at least until nurses have sufficient presence and clout to be able to affect the rules themselves.

Some may believe involvement in policymaking is self-serving, concerned only with advancing selfish professional interests. Actually, the ultimate point of participating in policymaking is to improve patient outcomes. This chapter is intended to provide insight into the subtle rules governing

political participation and set out the options available to nurses for finding their way through the political maze. In order to do that one must first have a basic understanding of the “rules of the game”—how laws are made and who is on the field of play.

Process, People, and Purse Strings

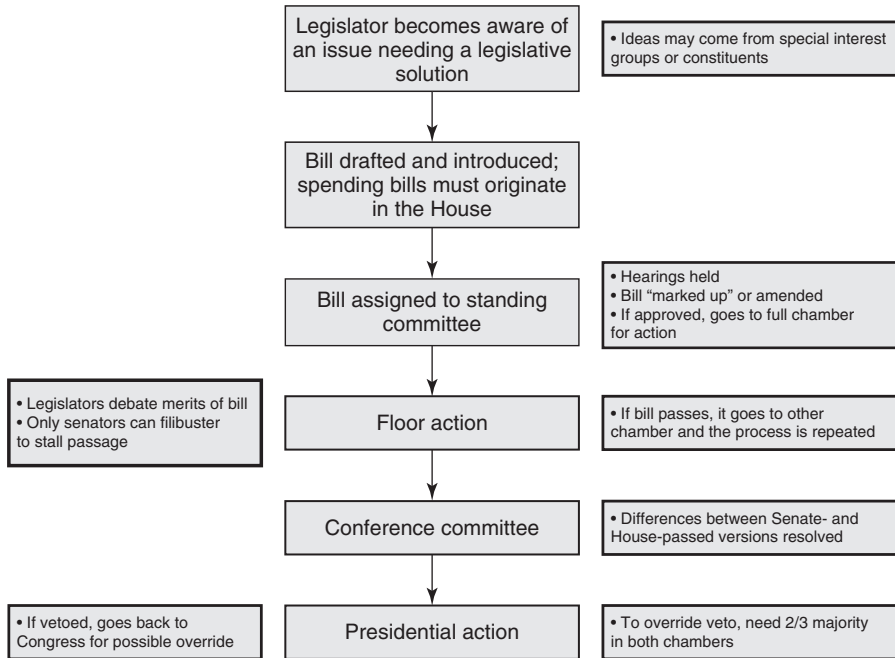
Process: Rules of the Game or How a Bill Really Becomes a Law

No one would presume to play a game of football without knowing the basic rules. Likewise, even simple board games, such as checkers or Monopoly, have rules one must follow to have a chance of winning. Lawmaking is no different. In many ways it is a game, admittedly with very high stakes, and there is a process that determines what must happen in order for an idea, concept, or concern to become part of the U.S. Code or state statutes.

Most students complete a government course in high school and promptly disregard much of the subject matter because it seemingly holds little relevance for them. Although diagrams depicting “How a Bill Becomes a Law” are important, they are also very rudimentary (see **Figure 3-1**). There is much more to the process than can be neatly depicted on a chart. It is also important to realize that although the process may seem straightforward, it can be circumvented when the will of the party in control determines it is expedient to do so. Parliamentary procedure maneuvers, filibusters, internal rule changes governing chamber proceedings, **lame duck sessions**, changes to committee appointments, and **Christmas tree bills** are all tactics or opportunities used to achieve one’s legislative goals expeditiously. Whether or not these tactics engender good public policy has been the subject of much debate among political scientists; however, regardless of the debate, nurses must be aware of these options so as not to be the unwitting victims of a clever strategic move. Naïveté has no place in the policymaking arena.

INTRODUCTION

Bills are ideas that **legislators** have determined need to be enacted into law. The ideas can come from many sources: the legislator’s own experiences; issues brought forward by **constituents**, special **interest groups**, or **lobbyists** on behalf of their clients; and not infrequently as a result of tragic events that trigger a public outcry for a new or amended law (e.g., school shootings that fan a debate over gun control). Once the concept is drafted into



■ Figure 3-1 How a bill passes through Congress.

the proper bill format, it is introduced into the House or Senate, depending on the chamber to which the bill's chief sponsor belongs.¹ Each bill is numbered sequentially, and it retains this number throughout the process. Many bills are introduced during a legislative session, but few receive much attention in the form of committee consideration; fewer still actually become law.

COMMITTEE CONSIDERATION

Once introduced, a bill is referred to a standing committee for further consideration. These standing committees are generally subject-matter focused, so bills related to health care go to a health committee, finance issues to a banking committee, farm-related matters to an agriculture committee, and so on. Standing committees at the federal level tend to be permanent;

¹ All budget bills are initiated in the House, because our Founding Fathers designed this chamber to be most representative of the average citizens' interests and because of the importance of budgeting in regards to policymaking.

at the state level they can be configured differently over time depending on the vision of the leadership of the party in power at the beginning of each new legislative session. Subcommittees may be named to consider particular bills in greater detail. Bills are amended or marked up (voted on) in committee and subcommittee. These sessions are where testimony from affected parties is heard. Often the bill that emerges from committee bears little resemblance to the original proposal.

Committee hearings are important, but they often appear to be more chaotic than productive—at least to the average observer. That is because much of the real business of lawmaking is conducted behind the scenes in interested party meetings, but one must also participate in the defined committee processes to earn a place at the more informal ~~behind the scenes~~ tables.

Committee chairs are extremely influential, particularly with respect to the subject areas that are the focus of the committee's work. Chairs determine what bills will be heard and when, and they establish the procedural framework under which the committee operates. The chair's position on an issue can determine the fate of a bill from the outset. Because of the extent of their power and influence, committee chairs are able to raise large sums of money from special interest groups to support their re-election, and re-election is always an important consideration for lawmakers. House and Senate leadership (elected by their colleagues) determine who will be named as committee chairs. Certain committees are seen as more prestigious than others, so being named the chair of one of those committees is very important to an ambitious legislator. Not surprisingly, political considerations play a role in this entire process. Being aware of the dynamics that are the foundation of the overall committee process helps ensure more effective representation by those who want to influence the outcome of the committee's work.

FLOOR ACTION

If a bill is able to garner committee approval, it goes to the full chamber for a vote. The timing for scheduling a vote, as well as various attempts to amend the bill or delay the vote, are integral parts of the lawmaking process.² Much maneuvering occurs backstage, and the ability to influence

² Proponents of an issue are very aware of the potential vote count. If it appears the bill will not garner sufficient support, they will ask to have the bill pulled from the agenda so as to postpone the vote. As long as no action has been taken, the bill remains alive. If voted down it dies until the next session of the legislature convenes.

these less public interactions is as important as the words or concepts being debated. Again, people's relationships and politics determine the ultimate results. To be able to be effective in one's efforts to influence outcomes, one must be aware of these relationships and take them into account. Once a bill is approved in either the House or Senate, it must begin the process again in the other chamber.

CONFERENCE COMMITTEE

Seldom does a bill complete the journey through the second chamber without change, which means the originating chamber must agree to the new version of the bill. If it does not, the bill will be referred to a conference committee made up of representatives from the House and Senate who reconcile the differences and ask their respective chambers to support the conference committee report. If agreement cannot be reached, the bill dies.

CHIEF EXECUTIVE SIGNATURE

If there is agreement the bill goes to the chief executive (president or governor), who must sign the bill before it can become law. If the chief executive vetoes the bill, it will go back to the **legislature** for a potential veto override, which requires a two-thirds majority of both chambers.

All of this must happen within a single legislative cycle—2 years (a biennium). It is not surprising that it often takes several years for a particular legislative issue to finally become law, especially when powerful interest groups are on opposite sides of the proposal.

State legislatures typically follow the bicameral (two-chamber) structure of the federal government (see **Table 3-1**). The exception is Nebraska, which has a unicameral body. The number of legislators may vary from state to state as may the length of the term in office for the senators. Some states (but not the federal government) have adopted laws that limit the number of consecutive terms a legislator may serve in any one chamber. These term limits were adopted to deal with legislators who served multiple years in their respective chambers. Their re-election was seldom challenged, and voters became convinced that policymaking would be better served by changing the face of the lawmaker on a more regular basis. Not surprisingly, term limits have had unintended consequences, some of which have changed the dynamics within the legislature and affected policymaking in general. Relationship and leadership development, which take time, have

■ Table 3-1 Congressional Structure

Senate	House of Representatives
100 members, two from each state.	435 members based on a state's population. The number of representatives apportioned to each state changes every 10 years after national census data are obtained. Drawing and redrawing congressional district lines is a very political process that each state implements according to its own laws.
Six-year terms with one-third up for re-election every 2 years with no limit on the number of terms served.	Two-year terms with no limit on the number of terms served.
The vice president is the Senate leader but a president pro tempore is elected each session by the majority party.	The majority party elects the speaker of the House.

been short-circuited. Ambitious lawmakers frequently seek leadership positions without the foundations in place needed to be effective in these roles. Institutional memory has been lost, as has the depth of understanding of the complexity of the issues legislators must address. Finally, the interest in developing long-term solutions to challenging problems has been replaced with a more incremental immediate approach that focuses on short-term solutions rather than the underlying cause of the problems. These realities affect the strategies adopted by interest groups seeking a legislative solution to their problem or concerns.

Although there may be subtle differences between the state and federal lawmaking processes, the political dynamics that affect the ultimate outcome of any policymaking initiative are quite similar regardless of the venue.

People: Players in the Game

One might believe that the only players in the lawmaking game are the elected officials, the senators and representatives representing their respective states or districts. Although they are certainly integral to the process, there are many other individuals who are key to successfully achieving

one's legislative goals. Those who take game playing seriously spend time learning the strengths and weaknesses of the people on the field or at the table with them. They study game film and read scouting reports and other resources to minimize surprises and help define their own strategies. That same attention to detail should apply in the policymaking game but it is often sadly neglected.

The majority of people cannot identify their federal, state, or local elected officials. Although many can name the President of the United States, few will be able to say with assurance who represents them in the halls of **Congress** and fewer still can name their state senators or representatives. Every nurse should know the identity of his or her U.S. senators and Congressional representative. It is equally or more important, however, for nurses to also know their state representative and senator because so much professional regulation occurs at the state level. Technology has made it easy to learn the identity of lawmakers at every level by simply going to federal or state government websites and entering zip code data. These sites also provide brief biographical information, photos, and other pertinent and helpful background material.

Why is this important? Politics is at heart a people process and, like other people-centered endeavors, the relationships among and between people determine outcomes. In order to have even the most basic conversation with elected officials, one must know who they are and what they care about.

LEGISLATIVE AIDES

In addition to knowing elected officials, one must also make an effort to know staff members—aides and others—who often control access to their bosses and influence how various issues are perceived and prioritized. At the federal level every legislator determines how his or her office will be staffed—usually using a chief of staff, legislative directors, press secretary, and legislative assistants (see **Table 3-2**). Federal lawmakers also maintain local or district offices with a small staff presence at each site. On the state level the number of aides can vary, but as state legislatures have become more than part-time endeavors, the use of aides has increased. Typically, state officials have at least one aide who is usually a generalist whereas federally the aides are more issue-focused.

Regardless of whether an aide is in Washington, D.C., or at statehouses across the country, elected officials rely on aides for the details and nuances associated with specific legislative initiatives. Aides delve more deeply into

■ Table 3-2 Staffing Patterns: Federal Level

Staff Member	Role Played
Chief of staff or administrative assistant	Oversight responsibilities
Legislative directors	Responsible for day-to-day legislative activities
Press secretary	Press releases and public relations
Legislative assistants (LAs)	Responsible for specific legislative issues. For example, the health LA might work on health issues as well as education and Social Security. LAs provide staff assistance to the congressperson at committee hearings and prepare the member's statements and witness questions. They may help draft bills by working in concert with the legislative council.
Committee staff	Support the work of congressional committees. Separate staffs are allocated to the majority and minority party with a larger number serving the majority party. Their focus is usually narrower than the legislator's personal staff and they are usually older and more experienced. They plan the committee agenda, coordinate schedules, gather and analyze data, draft committee reports, and so on.

the issue and work closely with other aides in developing strategies and alternative concepts that they then present to their legislators for consideration.

Although communicating with legislators is important, nurses should not underestimate the importance of aides and other staff members, who may provide the last word to a legislator regarding the issue or concern. Including aides and other staff members in communications and making special efforts to respectfully integrate them into the entire process is a tactic that is likely to yield positive results.

LOBBYISTS

Although nurses may not know the identity of specific lobbyists, it is important to understand the role lobbyists play in the policymaking process and how their influence affects the game of politics. No bill becomes law without lobbyists' input. Lobbying is the act of influencing—the art

of persuading—a governmental entity to achieve a specific legislative or regulatory outcome. Although anyone can lobby, lobbyists are most often individuals who represent special interest groups and are looked to as the experts by lawmakers who need information and rationale for supporting or not supporting a particular issue.

The role of lobbyists has become even more critical as the complexity of **legislation** has increased; for example, the 1914 law creating the Federal Trade Commission was a total of 8 pages, the Social Security Act of 1935 totaled 28 pages, and the Financial Reform bill (conference version) of 2010 contained 2,319 pages (Brill, 2010). Legislators, often pressed for time and/or newly elected to the legislature, rely on lobbyists' expertise to help them understand what they are voting for or against.

Some believe that, although the number of lobbyists in 2013 appears to indicate a decline (see **Table 3-3**), many individuals are actually working behind the scenes as “consultants” to avoid new and more stringent lobbyist reporting requirements. Congressional gridlock and a stagnant economy may be additional factors contributing to the decline. Lobbyists' overall influence has not waned, however (Auble, 2013).

Purse Strings: “Show Me the Money”

Game playing comes with a price in both athletic venues and legislative arenas. Not only are significant sums of money spent by special interest groups in support of their lobbying efforts, money also is critical to election

■ Table 3-3 Lobbying by the Numbers

Number of Lobbyists on Capitol Hill	Sample Lobbyist Numbers, 2013	Costs*
1998: 10,406	American Nurses Association: 8	1998: \$1.45 billion
2007: 14,837	American Hospital Association: 75	2010: \$3.55 billion
2013: 11,935	American Medical Association: 43	2013: \$2.38 billion

*Costs include salaries and expenses lobbyists incur as part of their jobs. They could also include developing materials to support an initiative, or studies/surveys commissioned to support or refute a position.

Source: The Senate Office of Public Records, Released October 18, 2013 (Center for Responsive Politics 2013c and Center for Responsive Politics 2013b).

On September 18, 1793, President George Washington laid the cornerstone for the U.S. Capitol. While the shovel, trowel, and marble gavel used for the ceremony are still displayed, repeated efforts to locate the cornerstone itself have been unsuccessful.

At times, policymaking seems as shrouded in mystery as the location of the Capitol's cornerstone. That's why you need an experienced partner (a.k.a. lobbyist) to help you unravel the mystery.

—A pitch for Capitol Tax Partners, a lobbying firm

and re-election campaigns. The role money plays in the policymaking process causes concern and discomfort for many nurses. It is where the notion of “politics” with all of its unfavorable connotations is on full display, and it is the reason many nurses (and others) consider political participation as something to avoid.

The amount of money that flows to and through the legislative process has raised serious questions as to whether the whole process is for sale to whoever has the deepest pockets. Unfortunately, winning an election or re-election, even at the local level, can be a very expensive proposition costing millions of dollars. In the 2012 election, the average cost of winning a U.S. House seat was \$1.6 million; it was \$10.35 million for a U.S. Senate seat (Center for Responsive Politics, 2013d). The total spending by political parties, candidates, and issue groups for the U.S. elections in 2012 was estimated to be nearly \$6.3 billion, as compared with \$86 million in Great Britain in 2010 (Zakaria, 2013). The spending trend is likely to continue

In its *Citizens United* ruling, the Supreme Court struck down the 2002 federal campaign finance law prohibiting unions and corporations from spending money directly advocating for or against candidates. The First Amendment was the basis for the Court's decision. The League of Women Voters has voiced its support of legislation that would require disclosure of the sources of the spending that is now legal and basically unlimited as long as the efforts are not coordinated with an individual's campaign.

due to the U.S. Supreme Court decision in *Citizens United v. Federal Election Commission* (2010) that basically allows unlimited spending by corporations and unions provided these efforts are not coordinated with an individual's campaign.

Not only has the amount of money flowing to campaigns increased dramatically, the source of those dollars (who has the deep pockets) also has changed and is expected to change even more in the future.³ So-called "527 committees" are proliferating. These groups are not tied to any particular candidate or political party, but instead are funded by labor, big business, and superwealthy individuals (Center for Responsive Politics, 2013b). Other examples include American Crossroads GPS (the brainchild of Republican strategists Karl Rove and Ed Gillespie, both of whom held influential staff positions under former President George W. Bush), American Action Network, Republican Governors Association, and the Chamber of Commerce. These groups are based in Washington, D.C., and financed state political races across the country on behalf of Republican interests in 2012. Although these groups may appear to operate independently of each other, in actuality "coordination is as easy as walking across the hall" of their shared office space (Crowley, 2010, p. 31). On the Democratic side, organized labor, EMILY's List (Early Money Is Like Yeast), and the League of Conservation Voters continue to contribute millions to fund campaign messages (Crowley, 2010).

Experts have reported that "members of Congress spend three of every five workdays raising money" (Zakaria, 2013, p. E8), and that money usually is expected to yield a significant return on the donor's investment. The willingness of entities to invest the level of resources associated with influencing policy decisions is indicative of how important money is to the process. Members of special interest groups expect legislative success, and that success comes with a price. Nurses' willingness to pay that price remains an open question.

Although it may be distasteful, success in the halls of Congress and at statehouses is integral to the advancement of nurses' legislative agenda. That agenda includes measures intended to advance the profession itself, as well as societal values that are committed to better patient outcomes. Nurses

³ Interestingly, women are underrepresented among campaign mega-donors, which has implications for the female-dominated nursing profession (Center for Responsive Politics, 2013e).

want their issues advanced successfully, and that expectation comes with a price tag that nurses must expect to pay.

Playing the Game: Strategizing for Success

Continuing the game-playing analogy, why are some teams more successful than others? If all the players know how to play the game, why are some consistent winners and others not? Why are the legislative agendas of some groups adopted seemingly with minimal opposition whereas others find it hard to get to the policy table? Much like athletic contests, the skill of the players, the expertise of the coaching staff, the financial investment of the team owners/supporters, and team chemistry all contribute to success on the field. Those same factors also determine success at the policymaking table.

Skill of the Players

Knowing the process and people, along with understanding how money affects the policymaking dynamics, is a start, but that alone will not ensure success. To move to the next level nurses and others must learn to think politically, to play politics, and to strategize with the political consequences and realities always at the forefront. In other words, they must apply their critical thinking skills in the policymaking context.

As political scientists have noted, politics underlies the process through which groups of people make decisions. It is the basis for the authoritative allocation of value. Simply put, politics is the effort and strategies used to shape a policy choice in all group relationships.

When one “plays politics,” one is considered to be shrewd or prudent in practical matters, tactful, and diplomatic; playing politics is also seen as being contrived in a shrewd way, or being expedient. When one thinks like a politician it means he or she is looking beyond the issue itself and considering other forces and factors that affect what is likely to work and what has no chance of success. Deciding which of several policy options has the greatest benefit and the fewest costs in a world where re-election is a key consideration and media are a relentless presence means the best solution may not be the path ultimately chosen. The following scenario provides an example of what thinking politically might look like.

Clearly, success at the policy table involves more than the language of the proposal itself. Timing and the general political climate are key, unity is important, and quid pro quo is the reality in the statehouse halls. Politically

CASE STUDY: WORKPLACE SAFETY

Emergency department (ED) nurses have expressed concern about workplace safety, with many experiencing physical attacks on a routine basis. Many employers have been reluctant to report assaults to law enforcement because of the bad publicity it might engender. Nurses and others in psychiatric settings have similar concerns, as do nurses working in home health. Professional organizations representing these individuals, particularly ED nurses, formed a coalition to strategize about how to protect their members. Before the coalition had finished its work, the issue came to a head when an agitated family member assaulted a nurse, resulting in severe injuries to the nurse. Local media picked up the story and a state legislator, who is a member of the minority party and facing a difficult re-election, was surprised to learn that although teachers and law enforcement officials are part of a so-called “protected class,” attacking healthcare workers was a misdemeanor rather than a felony offense. For protected workers the same assault carries the more stringent criminal designation that includes possible incarceration. The legislator decided to take on this issue, in part because he thought it might help his re-election efforts and because nurse organizations had supported his candidacy in the past. What factors must the politically savvy nurse consider if this issue is to move successfully from concept to legislation to law?

Thinking Like a Policymaker

Preliminary considerations	Issue: Problem identification	
	Nurses are being assaulted in the workplace. Because the penalty for assaulting a healthcare worker is minimal, the law does not serve as an effective deterrent to such behavior. Is there another/better way to frame the problem?	Is there a legislator to whom this issue may be of particular significance? Would that interested legislator be the best sponsor? Can s/he get majority party support? What is the level of commitment to the issue? How can the issue of sponsorship be finessed if a majority party cosponsor would increase the likelihood of success?

Looking at solutions through the eyes of the legislators	Possible solution: Make assaulting a nurse a felony offense Is there another solution or a compromise that would be more acceptable? How important are state budget considerations?	Would that solution be acceptable politically? Should all healthcare workers be included or nurses only? Would it mean more potential inmates in an already overcrowded prison system? Is that going to be costly to the state? If a patient is mentally ill does that change the dynamic?
Stakeholder identification and their influence on the overall issue	How politically connected are the stakeholders? How can their influence be minimized or maximized? What role would they be willing/able to play in supporting the legislator's re-election? How closely are they tied to those opposing the bill?	Stakeholders: Nurses; other healthcare workers who face the same dangers; trial lawyers; employers: hospitals, home health agencies concerned about what it means to their daily operations; mental health advocates concerned that the assaults occur because people are in stressful situations, which should not result in criminal charges. Others?
Values at play in this issue	What values/ideologies are paramount in the legislature? Is this proposal consistent with them? What are the majority party's priorities (e.g., health, economics, education)? How does this bill fit them?	Does the law really serve as a deterrent? Felony convictions could prevent someone from gainful employment in the future. Is that wise either socially or economically?
Resource analysis	What resources are available to support a legislative initiative? What contributions will nurse and other professional organizations be able/willing to make to the initiative?	How much money is needed to pass this initiative? How will the money be used? Will people be willing to testify? Is there administrative support to make the arrangements necessary to ensure coherent consistent advocacy?

(continues)

Power base and political considerations analysis	Who has the power? What is the political climate? How much time is left in the legislative session? Is the timing right for introducing the bill?	Is all the support coming from the minority party or is there bipartisan support? Is it an election year with legislators looking for an issue to champion that will resonate with the voters back home? Is this such an issue? Is the issue consistent with the governor and legislators' priorities?
Setting the stage	What groundwork needs to be laid before moving forward? What role will public opinion play, if any? What research should be brought forth and what does it say about the extent of the problem?	Is there a need to educate legislators on the issue? Do affected nurses live in the districts of key lawmakers? Would these nurses be willing to communicate with their senator/representative or testify? Are there personal stories that would resonate with legislators? Would a nurse's personal story be frowned upon by an employer who may not want the hospital's reputation seen as unsafe?

savvy nurses must be willing to take risks but should be smart when doing so (see **Exhibit 3-1**). In other words, they should enter the policy arena fully prepared for the challenges they will face.

Coaching Staff: Mentoring and Support

Given all the subtle factors that affect success on Capitol Hill or in state legislatures and the role money plays in the process, how can an individual hope to have sufficient knowledge or time to make a difference in the policymaking aspects of the profession? How can that nurse ever play the game effectively? Fortunately, the American Nurses Association (ANA) and its

Exhibit 3-1 Political Astuteness

- Issues always have at least two sides, and maybe more, that are reasonable depending upon one's point of view and experiences.
- Listen to what people are saying with an analytical ear. Critical thinking is not just for the practice setting. Apply theories and concepts about policymaking to the issues being considered. Use therapeutic communication techniques.
- Utilize a variety of sources; do not just rely on those that are consistent with your own ideology. Most sources have a bias, so broaden your reading and listening to get a more complete perspective and perhaps a bit closer to the truth. Always consider the source of the information provided.
- Connect with others who are involved in the policymaking side of the profession. Share what you learn with colleagues.

state constituent associations, as well as specialty nursing groups, can provide their members with the tools they need to be successful. The success of these organizations' efforts in the legislative arena depends in large part on their members' involvement with and understanding of the importance of an effective legislative presence on behalf of the profession in Washington, D.C., and in statehouses across the country. Many of these organizations offer opportunities for their members to come to Washington or to state capitals for lobby days that include briefings on both the issues and how to be effective spokespersons for the profession. These organizations know that it is the individual nurse, the so-called grassroots lobbyist, who has the most impact on the decisions made by elected officials. In fact, grassroots lobbying is seen by some as the most effective of all lobbying efforts (deVries & Vanderbilt, 1992).

Grassroots lobbyists are constituents who have the power to elect officials through their vote. When constituents have expertise and knowledge about a particular issue (such as nurses in healthcare policymaking), they are especially valuable resources for their elected officials. Although issues debated in Washington, D.C., are national in scope, members of Congress are still concerned about how the issue is perceived back home. The connections established by a nurse constituent with his or her lawmakers at the

federal, state, and local levels may provide timely access and a listening ear at key points during the policymaking process.

Some professional organizations have established liaison or key person programs that match members with their elected officials, train them to be effective in the grassroots lobbying role, and provide periodic updates and information to help the nurses communicate in a timely manner with relevant messages targeted to the specific official. In turn, grassroots lobbyists establish ongoing connections with their elected officials that transcend specific legislative initiatives and communicate regularly with the sponsoring nursing organizations regarding what they learn through their interactions.

Coaching and mentoring nurses who are willing to engage in these kinds of supported liaison relationships will benefit both the individual nurse and the organizations doing the coaching. The nurse can markedly increase a legislator's understanding of nursing and the role nurses play in health care. With increased understanding, the legislator is more apt to be supportive of the profession's legislative agenda (see **Table 3-4**).

Investment: Time and Money

“A vision without resources is an hallucination.” —Thomas Friedman

How much are nurses willing to pay to support the political activities of professional organizations? Are there sufficient resources available to make the vision of success a reality or is it destined to be a hallucination? What does that payment look like? Although the convergence of politics and money is not always pretty, ignoring the importance of financial contributions to moving a legislative agenda forward is naïve at best and will ultimately undermine efforts to advance the positive aspects of the nursing profession's agenda.

Some nurse organizations have established **political action committees (PACs)** that enable them to make contributions to political candidates and office holders who are supportive of nurses' legislative agenda. The money comes from the organization's members. An analysis of political contributions to federal candidates in 2013 showed contributions from nurse-related groups ranked far below those from other healthcare-related interest groups. For example, according to information compiled by the Center for Responsive Politics, based on reports from the Federal Elections Commission as of December 17, 2013, the highest amount contributed to federal candidates in 2013 by a healthcare PAC (the Cooperative of American Physicians) was \$962,895. The American Hospital Association

■ Table 3-4 Communication Tips

Letters	<ul style="list-style-type: none"> ■ Individually written letters are the most effective. Can send via U.S. mail, fax, or email. ■ Form letters/postcards have limited impact. ■ Timing is crucial. Send before the vote. Remember U.S. mail goes through a lot of security measures before delivery. ■ Send a typed message, no longer than two pages. ■ State purpose/position at the beginning and support it with clear, compelling rationale. ■ Include personal experiences. ■ Be polite. ■ Be respectful if expressing disappointment with a past vote. ■ Use your professional credentials. ■ Ask for a specific response.
Phone calls	<ul style="list-style-type: none"> ■ Best if they come from the legislator's constituents. ■ Know what you want to say and say it respectfully and succinctly. ■ Identify self, including credentials. ■ Leave contact information and ask for a written response.
Social media	<ul style="list-style-type: none"> ■ Do not discount social media as a mechanism for communicating. The messaging option on Facebook could result in rapid connection. ■ Identify yourself, your concerns, and your question professionally, regardless of the medium used.
In-person meetings	<ul style="list-style-type: none"> ■ Identify yourself, your work credentials, and your experience. ■ Avoid too much small talk but take advantage of shared personal experiences that might establish rapport. ■ Structure time to present the issue succinctly. ■ Do not assume the legislator has the level of expertise you do, so do not get too complex. ■ Provide a one-page summary of your key points. ■ Include the aide in the conversation. ■ Send a thank-you note afterwards.

spent \$571,925. Both of these entities are designated as “heavy hitters” by the Center. The American Association of Nurse Anesthetists was the only nurse organization to appear on the list of top contributors (\$460,250). With a contribution of \$212,870, the American Nurses Association (ANA) did not make the list (Center for Responsive Politics, 2013a).

Given the contribution data, it should come as no surprise that organized nursing interests are at a disadvantage when trying to gain the ear of legislative decision makers. Were it not for other sources of power—numbers and the general trusted reputation of the nursing profession—trying to gain a seat at the policy table would be an elusive aspiration at best, at worst impossible.

Special interest groups may improve their chances for successful policymaking by endorsing candidates running for elective office. Candidates who want to demonstrate their appeal to the overall electorate prize these endorsements; this is particularly true for endorsements issued by nursing organizations such as the ANA on the federal level and state constituent associations of the ANA on the state level. This level of political activity occurs through the associations' PACs and must adhere to requirements set out in federal and state election laws.

Although money is a critical factor when considering the level of investment by the members of the nursing profession, membership in professional organizations is also symbolic of the extent of the commitment nurses have to the work of their representative organizations. Although nurses comprise the largest segment of the healthcare workforce, far too few invest in the profession by joining a professional organization. Approximately 6 percent of all nurses are members of any nurse organization (Haylock, 2012, p. 613). These low numbers significantly affect the amount of tangible and intangible resources available to associations for their work in the political arena. The strength of nurses is in their numbers, and that strength is enhanced when nurses support the work of their professional associations through their dues and volunteerism.

Team Chemistry: Getting Along with Each Other

Even with skilled players, strong support systems, and sufficient resources, a team will not succeed without that elusive quality: team chemistry. Divisiveness has long plagued the nursing profession and it remains an issue today. Disunity within the profession is a certain road to defeat and fuels the opposition's fire. Opponents are well aware of the potential impact a united nursing profession could have on health policy decisions and other important issues. Nurses' numbers alone are formidable. For that reason, competing interests subtly and purposefully poke at the hot spots that typically divide nurses (e.g., educational preparation, union vs. nonunion).

Nurses' tendency to align themselves within specialty practice groups and lobby or get involved only when an issue directly relevant to that particular group is being considered is encouraged without consideration of a broader perspective. Political astuteness would dictate that nurses recognize when they are being kept off balance by subversive divisive messages encouraged by those who benefit from nursing's disunity and ignore the discordant rhetoric. Further, all nurses should have a basic understanding or awareness of the legislative initiatives of specialty groups. They should actively support the initiatives of their colleagues or, at a minimum, refrain from opposing the cause publicly. Concerns should be shared privately and diligent efforts made to find a compromise position outside of the public eye.

Conclusion

Nurses with an understanding of how the policymaking process works can contribute to the political work of the organizations to which they belong and ultimately to the patients for whom they care. Such contributions are consistent with the obligations set forth in the profession's social policy statement and its code of ethics. *Nursing's Social Policy Statement* notes the connection between policymaking and the delivery of health care and the effect on the well-being of society. "Individual and inter-professional involvement is essential" (American Nurses Association [ANA], 2010b, p. 7). An essential feature of professional nursing is to "influence social and public policy to promote social justice" (p. 9). The *Code of Ethics for Nurses* (ANA, 2010a) repeatedly emphasizes the role nurses play in promoting, advocating, and striving to protect the health, safety, and rights of the patient, which extends to statehouses, boardrooms, and other arenas in which this advocacy can affect public policy. Finally, the *Future of Nursing* report issued by the Institute of Medicine in 2010 states that "nurses should be full partners with physicians and other healthcare professionals, in redesigning health care in the United States" (p. S-3). This role will be played out, in part, in the health policy context where nurses should participate in, and sometimes lead, decision making and be engaged in healthcare reform-related implementation efforts. To be ready to assume this responsibility, nurse education programs should include course content addressing leadership-related competencies for all nurses. These competencies include a firm grounding in politics and policymaking processes.

There is no substitute for visibility in the legislative arena. Showing up is what political activism is all about. “If you are not at the table, you are on the menu” is a sentiment frequently echoed in many policymaking venues. For too long nurses have been on the menu rather than active participants in shaping public policy around health care. Standing by watching the game and complaining about policy decisions will not change outcomes. Nurses must become convinced that they do have something valuable to contribute, that they have the ability and the time to do it, and that advocacy in the policy arena is not an option but a nonnegotiable professional responsibility.

Running for Elective Office: One Nurse’s Experience

In 2008, after over 25 years of working in the state legislative arena as a lobbyist for nursing’s interests, I became a candidate for the state House of Representatives. I had worked as a nurse in the clinical arena for many years and, after earning my Juris Doctor (JD), had practiced law as a healthcare attorney. I frequently spoke with nurses and nursing students about the importance of getting involved in the political process and often was asked why I didn’t run myself. I had always managed to dismiss that possibility as far-fetched. Then healthcare reform became a major issue, along with education reform and the economy, and I soon became convinced that my background would appeal to voters who wanted change. Before proceeding, I had to make certain my family was on board, my employer would be supportive, and that I could put together a solid campaign team. If all those elements fell into place, I determined I would enter the race.

By the late fall of 2007, I had negotiated a satisfactory arrangement with my employer and was assured by my family that they were supportive as well. In addition, I found campaign managers who were excited to take on the Lanier campaign to put a nurse in the statehouse! Although the incumbent was not eligible for re-election due to term limits, the race was not going to be easy. I was running as a Democrat in a very Republican district, and I faced a challenge in the primary election, which meant the campaign needed to get busy fast for the early March vote.

A March election meant campaigning during the cruel winter months in Ohio. Climbing over snowdrifts to get signatures on candidate petitions, hammering campaign signs into frozen ground, and going door-to-door to meet voters in temperatures that would put Alaska to shame became routine. Was it fun? Not necessarily. But it was part of the job I signed on for when I said I wanted to be the candidate, so I did it almost without giving it a second thought.

In addition to the physical side, I also had to raise money to buy the signs, establish a credible Web presence, and print the campaign literature being distributed on my behalf. That meant making phone calls and sending what I called my “begging letter” to everyone I could think of who might support the effort financially. There was no how-to book that really addressed all the aspects of campaigning, so I was learning on the job each day, every day.

Nurses were my best supporters, and no one worked harder on our weekend “Nurses Make House Calls” initiatives. On the rainy, frigid-cold Election Day, nurses stood outside polling places with “Lanier” signs as one last reminder of whom to look for on the ballot. That night, as the election results came trickling in, we soon learned that we had been successful, so there were a few moments of celebration with friends, family, and supporters. What a fun night! Winning made it all worthwhile. The next day, however, the campaign for the general election started its 8-month marathon.

This time, the snow had turned to warm/hot days with more time for meeting voters and raising those elusive funds. By the time the November election day arrived, I had knocked on over 10,000 doors personally, and the total neared 16,000 when the efforts of volunteers were included. We had participated in numerous local parades and attended candidates’ nights, festivals, and fundraisers. Many special interest groups had issued valued endorsements of my candidacy, whereas others disappointingly endorsed my opponent. I had answered countless questionnaires about my position on every issue imaginable. We had designed a series of direct mail pieces and other materials to give voters a reason to vote for me. I survived some hurtful negative encounters with people who were convinced that my party affiliation

meant I was un-American, and I learned to ignore cruel blog comments that were focused on the superficial, rather than genuine issues. I shared a stage with presidential candidate Barack Obama and was introduced by then-Senator Hillary Clinton at a local rally. I attended a VIP briefing with a U.S. senator and was treated to some remarkably frank discussions about how to address some of the serious problems affecting the state and the nation.

Throughout the process, I learned how many people were struggling with the challenges posed by job losses and foreclosures. I talked with people who could not get the health care they needed because they had lost or never had adequate health insurance coverage. I watched as volunteers set up a health clinic designed to serve economically disadvantaged people, many of whom were working in minimum wage jobs. I visited local farms, preschools, and a school for children with autism.

Despite all the efforts by so many, I did not win the seat in the House I worked so hard to attain. [Editor's note: Ms. Lanier won nearly 40% of the total vote, a remarkable feat as a Democrat in a highly Republican district. She is to be celebrated for this effort.] Winning is lots more fun than losing, so the November election night party was subdued at best. In the end, all agreed that we ran a good campaign and had no regrets or “what ifs” to carry around. Although the loss was incredibly disappointing, I have no second thoughts about taking the chance. I have a whole new understanding of and appreciation for the political process and politics in general. I met people I would never have met otherwise, and my life is richer for having done it. My family, particularly my grandchildren, got to experience a political campaign first hand. They know what it feels like to distribute candy during a parade and to participate in a “lit drop” through many neighborhoods.

So what is it like to be a candidate for an elective position that was not featured in the local media, one that was more people-focused than media driven?

1. I found it to be one of the loneliest experiences of my life. Although I was constantly around people, I was really always on my own. Knocking on doors and never knowing what might be on the other side was disconcerting, but my nursing experience

prepared me well to deal with whatever arose. I probably had more information about people's health status than the local health department!

2. It was a very humbling experience with a huge learning curve. I learned how much I didn't know about the many issues facing people each day. I came to appreciate the unrealistic expectations we have for our elected officials. We elect people to state and federal legislatures expecting them to find solutions to all of the varied problems that challenge our cities, states, businesses, schools, industries, environment, and economy, and then do not give them the tools or time they need to be successful.
3. I realized once I received my first campaign contribution that it was no longer about my own personal ambitions, but it was bigger than that. I now owed something to others; my best effort was put forth to ensure their trust in me was not misplaced. When I got tired or discouraged, I thought about the \$5 contributions I received from retired nurses who wanted to help me in some way, and that kept me moving ahead. I also learned, sadly, how those big contributions really do have an impact. Because a campaign, even so-called "down ticket" races, are expensive and few people (especially a nonincumbent) can raise the dollars needed or expected to be a credible candidate, when someone or some group hands you a check with multiple zeroes in the amount, it has an impact. That is a fact, like it or not.
4. You cannot do it alone. A good team is essential—campaign manager, treasurer, volunteer coordinator, media/public relations/Web specialist, and a constituency willing to work for you. Being a candidate is a full-time job. It was a year out of my life in which I had to be on my best behavior at all times because you never knew who might be watching. My family members were also affected and had to be careful of what they said and did.
5. Hard work alone will not result in a victory. Timing and location (district demographics—the political index) are critical factors as well. No candidate should run unopposed, however, so candidates should be encouraged to come forward. Voters should

always have a genuine choice on Election Day. Sadly, the rigors of campaigning, including the personal scrutiny, discourage rather than encourage broad participation.

6. People actually thanked me for running, which really surprised me.

Government is only as good as the people who hold elective office. Cynicism and a lack of participation will eventually doom our form of government. Partisanship needs to take a backseat to collaboration in order to solve the very serious problems facing all of us. Nurses can be candidates or part of a campaign team or simply volunteers, but regardless of what they do, they should do something!

Discussion Points

1. Watch the HBO movie *Iron Jawed Angels*. What political considerations were at play in efforts to win voting rights for women?
 - To what extent have women today become complacent with respect to the importance of voting?
 - Describe the similarity of the fight waged by suffragettes and the one nurses have waged to gain recognition of advanced practice.
 - Discuss with colleagues how complacency imperils future professional advances for nursing.
2. There are many metaphors for the future role of advanced practice registered nurses in the healthcare system. Select one of the following metaphors and describe the political considerations that come into play with respect to the selected metaphor (adapted from *Facing the Future*, 2006).
 - The future role of advanced practice registered nurses is like a great roller coaster on a moonless night. It exists, twisting ahead of us in the dark, but we can only see the track that is just ahead. We are locked in our seats, and nothing we may know or do will change the course that is laid out before us; in other words, the future role is outside of our control.
 - The future role of advanced practice registered nurses is a huge game of dice. It is entirely random and subject only to chance.

Because everything is chance, all we can do is play the game, pray to the gods of fortune, and enjoy what luck comes our way; in other words, the future is totally random and we do not know how or if actions make a difference.


- The future role of advanced practice registered nurses is like a great ship on the ocean. We can travel freely upon it and there are many possible routes and destinations. There will always be some outside forces, such as currents, storms, and reefs, to be dealt with, but we still have the choice to sail our ship where we want it to go; in other words, we can choose whatever future we want if we are willing to work with a purpose and within the knowledge and constraints of outside forces.
 - The future of advanced practice registered nurses is a blank sheet of paper. It is there for us to fill in with our actions and decisions in the present. If we choose the future we want and spend time within our professional lives trying to make it happen, it will probably materialize. If we leave it to the powers that be to decide upon and plan the future, we will have a very different kind of future—one dominated by traditional powerful forces. In other words, we have control over our future if we choose to act upon it.
3. Respond to the following statement in the context of the Patient Protection and Affordable Care Act.

The suppliers of legislative benefits are legislators, and their primary goal is to be re-elected. Thus, legislators need to maximize their chances for re-election, which requires political support. Legislators are assumed to be rational and to make cost-benefit calculations when faced with demands for legislation. However, the legislator's cost-benefit calculations are not the cost-benefits to society of enacting particular legislation. Instead, the benefits are the additional political support the legislator would receive from supporting legislation and the lost political support they would incur as a result of their action. When the benefit to legislators (positive political support) exceeds their costs (negative political support) they will support the legislation. (Feldstein, 2006, p. 10)

- Consider how the cost-benefit analysis depicted in the statement affected the Affordable Care Act (ACA) that ultimately was enacted.

- Discuss how the cost–benefit analysis depicted in the statement did or did not affect decisions made by states about whether to expand Medicaid eligibility as allowed by the ACA.
 - Discuss how the cost–benefit analysis depicted in the statement did or did not affect decisions made by states about whether to run a state-sponsored insurance exchange/marketplace or rely on the federal program.
4. Complete a legislative worksheet that requires use of the state and federal government websites to identify one’s own elected officials, party affiliation, committee appointments, and other relevant background information.

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