Section 2

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The Healthcare Context

Section II sets the stage for the student. The healthcare environment the student now enters is complex. The Health Policy and Political Action: Critical Actions for Nurses *chapter introduces these topics and considers how they relate to the nursing profession. The* Ethics and Legal Issues *chapter moves to these related topics as they impact practice. With this background, the* Health Promotion, Disease Prevention, and Illness: A Community Perspective *chapter describes the importance of the public/community focus on healthcare delivery. The last chapter in this section,* The Healthcare Delivery System: Focus on Acute Care, *examines one type of healthcare organization, the acute care hospital, in depth as an exemplar of how healthcare organizations function and how nurses are involved in these organizations.*

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Chapter 5

Health Policy and Political Action: Critical Actions for Nurses

CHAPTER OBJECTIVES

At the conclusion of this chapter, the learner will be able to:

- Discuss the importance of health policies
- Define policy
- Describe the policy-making process
- Examine critical health policy issues and their impact on nurses and nursing
- Describe the political process
- Discuss the importance of the political process to nurses and nursing
- Explain the role of nurses in the political process
- Summarize the relationship between health policies and the political process
- Analyze the impact of the Patient Protection and Affordable Care Act of 2010

CHAPTER OUTLINE

Key Terms

Executive branch
Judicial branch
Legislative branch
Lobbying
Lobbyist
Policy
Political action committee (PAC)
Politics
Private policy
Public Health Act of 1944
Public policy
Social Security Act of 1935

Introduction

This chapter introduces content about health policy and the political process. Both have a major impact on nurses, nursing care, and healthcare delivery. When nurses participate in the policy process, they are acting as advocates for patients, as Abood explained:

> Nurses are well aware that today's healthcare system is in trouble and in need of change. The experiences of many nurses practicing in the real world of healthcare are motivating them to take on some form of an advocacy role in order to influence change in policies, laws, or regulations that govern the larger healthcare system. This type of advocacy necessitates stepping beyond their own practice setting and into the less familiar world of policy and politics, a world in which many nurses do not feel prepared to participate effectively. (Abood, 2007, p. 3)

Importance of Health Policy and Political Action

Why is it important for nurses to have knowledge about health policy? Every day, health policy impacts health delivery through means such as reimbursement policies, decisions made about how and where care might be provided and to whom, and decisions about whether someone receives care when it is needed. Understanding healthcare policy requires the nurse to step back and see the broader picture while understanding how such policy influences individual care. Political action is part of recognizing the need for health policy, developing policy, and implementing policy, including financing policy decisions. Nurses offer the following resources to health policy making:

- Expertise
- Understanding of consumer needs
- Experience in assisting patients in making healthcare decisions
- A link to healthcare professionals and organizations
- Understanding of the healthcare system
- Understanding of interprofessional care

Definitions

A **policy** is a course of action that affects a large number of people and is inspired by a specific need to achieve certain outcomes. The best approach to understanding health policy is to describe the difference between public policy and private policy. **Public policy** is "policy made at the legislative, executive, and judicial branches of federal, state, and local levels of government that affects individual and institutional behaviors under the government's respective jurisdiction. Public policy includes all policies that come from government at all levels" (Magill, 1984, as cited in Block, 2008, p. 7). Policy is a method for finding solutions to problems, but not all solutions are policies. Many solutions

have nothing to do with government. There are two main types of public policies: (1) regulatory policies (e.g., registered nurse [RN] licensure that regulates practice) and (2) allocative policies, which involve money distribution. Allocative policies provide benefits for some at the expense of others to ensure that certain public objectives are met. Often the decision relates to funding of certain healthcare programs but not others. Health policy is policy that focuses on health and health-related issues. Examples of policies that have had national impact are those prohibiting smoking in public places (initiated through the legislative branch) and abortion rulings made by the U.S. Supreme Court (initiated through the **judicial branch**). **Private policy** is made by nongovernmental organizations.

This chapter focuses on public policy related to health because this is the most important type of health policy. Health policies include the following (Longest, 1998, as cited in Block, 2008, p. 6):

- Health-related decisions made by legislators that then become laws
- Rules and regulations designed to implement legislation and laws or that are used to operate government and its health-related programs
- Judicial decisions related to health that have an impact on how health care is delivered, reimbursed, and so on

Policy planning is developing a plan to change the value system or laws and regulations. It is considered broad health planning because it typically affects a large portion of the population.

Policy: Relevance to the Nation's Health and to Nursing

Policy has an impact on all aspects of health and healthcare delivery, such as how care is delivered, who receives care, which types of services are received, how reimbursement is doled out, and which types of providers and organizations provide health care. Policy affects nursing in similar areas.

Each of the areas in **Figure 5-1** relates to individual nurses and to the profession. Roles and standards are found in state laws and rules/regulations. Boards of nursing and each state's nurse practice act set professional expectations and identify what a nurse does. Federal laws and rules/regulations related to Medicare and Medicaid address issues such as reimbursement for advanced practice nurses (APRNs). How nursing care is provided and which care is provided are influenced by Medicare, Medicaid, nurse practice acts, and other laws and rules/regulations made by federal, state, and local governments. Health is influenced by federal policy decisions related to Medicare reimbursement for preventive services, the Department of Health and Human Services (HHS), and its agencies' rules and regulations. An agency for which rules and regulations are very important is the Food and Drug Administration (FDA), which manages the drug approval process in the United States. State laws, such as those passed in California and other states limiting or eliminating mandatory overtime, may determine staffing levels. Access to care is often influenced by policy, particularly that related to reimbursement policy and limits set on which services can be provided and by whom. This is particularly

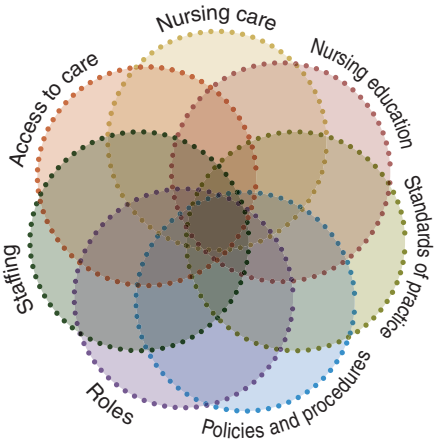

Figure 5-1 Healthcare Policy: Impact on Health Care and Nursing

relevant to Medicare, Medicaid, and state employee health insurance. Individual organizations have their own policies and procedures, but often these are influenced by public policy. Public policy also has an impact on nursing education through laws and rules/regulations—for example, through funding for faculty and scholarships, funding to develop or expand schools of nursing and their programs, evaluation standards through state boards of nursing, and much more. Nursing research is also influenced by policy—funding for research primarily comes through government sources, and legislation designates funding for government research.

Nurses are experts in health care, and in that role they can make valuable contributions to the healthcare policy-making process. Nurses' expertise and knowledge about health and healthcare delivery are important resources for policy makers. Nurses also have a long history of serving as consumer advocates for their patients and patients' families. Advocacy means to speak for or be persuasive for another's needs. This does not mean that the nurse takes over for the patient. When nurses are involved in policy development, for example, they are acting as advocates. Nurses may get involved in policy making both as individuals and as representatives of the nursing profession, such as by representing a nursing organization. Each of these forms of advocacy is an example of nursing leadership.

Collaboration is very important for effective policy development and implementation. The goal of health policy should be the provision of better health care for citizens. When nurses advocate for professional issues such as pay, work schedules, the need for more nurses, and so forth, they also influence healthcare delivery. If there are not enough nurses because pay is low, then care is compromised. If there are not enough nurses because few are entering the profession or because schools do not have the funds to increase enrollment or not enough qualified faculty, this compromises care. In other cases, nurses advocate directly for healthcare delivery issues, such as by calling for reimbursement for hospice care or by supporting mental health parity legislation to improve access to care for people with serious mental illness.

General Descriptors of U.S. Health Policy

U.S. health policy can be described by the following long-standing characteristics, which have an impact on the types of policies that are enacted and the effectiveness of the policies (Shi & Singh, 2013). First, whereas most other countries have national, government-run healthcare systems, the United States does not. Instead, the private insurance sector is the dominant player in the U.S. system. The issue of a universal right to health care has been a contentious one for some time. Government does have an important role in the U.S. healthcare system, but it is not the major role. This stance reflects Americans' view that the government's role should be limited.

The second characteristic is the approach taken to achieve healthcare policy, which has been, and continues to be, fragmented and incremental. This approach does not look at the whole system and how its components work or do not work together effectively; parts are not connected to constitute a whole. Coordination between state and federal policies, and even between the branches of the government, is also limited. The system is further complicated by the wide array of reimbursement sources.

The third characteristic is the role of the states. States have a significant role in policy in the United States, and health policies vary from state to state. In some cases, there is a shared role with the federal government—for example, with the Medicaid program.

The last important characteristic is the role of the president (head of the executive branch of government), which can be significant. How does the president influence healthcare policy? Consider President Bill Clinton and his initiative to review the quality of health care in the United States. Clinton established a commission to start this process.

Although this commission no longer exists, it set the direction for extensive reviews and recommendations that have been identified by the Institute of Medicine (IOM). Clinton also pushed to get the Health Insurance Portability and Accountability Act (HIPAA) and the State Children's Health Insurance Program (S-CHIP) passed. Both laws resulted from the work of this healthcare commission. The work of this commission was supposed to be part of a major healthcare reform initiative that did not succeed at the time of the Clinton administration. Its goal was to make major changes in healthcare reimbursement, but this did not happen. Some significant policies did emerge from these efforts, such as the two previously mentioned laws and the IOM quality initiative. The issue of healthcare reform was not seriously addressed again until the Obama administration, which pushed for passage of the Patient Protection and Affordable Care Act of 2010.

Some legislative efforts are diluted over time or cancelled. The most recent example is S-CHIP. In 2007, Congress tried to expand this program, but President George W. Bush vetoed the bill. S-CHIP was established to provide states with matching funds from the federal government that would enable states to extend health insurance for children from families with incomes too high to meet Medicaid criteria but not high enough to purchase health insurance. Matching funds are one method used by the government to fund programs. With this method, the federal government pays for half, and the states pay for the other half (or some other configuration of sharing costs). Medicaid is funded with matching funds, whereas the only the federal government funds Medicare. The issue of S-CHIP came up again when the legislation was expiring, which opened it up for cancellation or renewal with or without changes. S-CHIP has been an effective program; it has provided reimbursement for needed care for many children, improved access to care and preventive care, and improved the health status of children. Congress and the administration disagreed over expansion and funding of this program, and this dispute reached a stalemate during the Bush administration. When President Obama took office, the first bill he signed was one that continued the expansion of this program. This is an example of how legislation can be passed by one administration, vetoed by another administration, and then taken up again by yet another administration.

Many healthcare policy issues are of concern to local communities, states, and the federal government. **Exhibit 5-1** highlights some of these issues, which are often of particular concern to nurses, nursing, and healthcare delivery in general. How policy is developed or whether policy related to each of these issues is developed at all may vary. Examining some of these issues in more depth provides a better understanding of the complexity of health policy issues. The examples of policy issues related to nursing covered in this section are not the only healthcare policy issues, but they illustrate the types that can be considered health policy issues.

Cost of Health Care

The cost of health care in the United States is rising steadily. There is no doubt that better drugs, treatment, and technology are available today to improve health and meet treatment needs for many problems; unfortunately, these new preventive and treatment interventions typically have increased costs. Defensive medicine, in which the physician and other healthcare providers order tests and procedures to protect themselves from lawsuits, also increases costs. Insurance coverage has expanded, and beneficiaries of coverage expect to get care when they feel they need it. In turn, cost containment and cost-effectiveness have become increasingly important.

Exhibit 5-1 Potential Policy Issues

- Access to care
- Acute and chronic illness
- Advanced practice nursing
- Aging
- Changing practice patterns and the physician
- Diagnosis-related groups related to reimbursement
- Disparities in health care
- Diversity in healthcare workforce
- Health promotion and prevention
- Healthcare commercialization and industrial complex
- Healthcare consumerism
- Healthcare role changes
- Immigration: impact on care and providers
- International health issues
- Managed care
- Mental health parity
- Minority health
- Move from acute care to increased use of ambulatory care
- Nursing education
- Poverty and health
- Public health
- Quality care
- Reimbursement
- Restructuring and reengineering
- Rural health care
- Uninsured and underinsured

Health policy often focuses on reimbursement, control of costs, and greater control of provider decisions to reduce costs. The last of these measures has not proved popular with consumers/patients.

For a long time, a critical issue has been whether the United States should move to a universal (national) healthcare system. Coffey (2001) discussed universal health coverage and identified five reasons why it should be of interest to nurses:

- Insuring everyone under one national health program would spread the insurance risk over the entire population.
- The cost of prescription drugs would decrease.
- Billions of dollars in administrative costs would be saved.
- Competition could focus on quality, safety, and patient satisfaction.
- Resources would be redirected toward patients.

The healthcare reform of 2010 did not establish universal healthcare coverage in the United States, though it did provide insurance coverage through Medicaid for more people who could not afford insurance and other methods for people to enroll in healthcare insurance. It also established requirements for health insurance for the U.S. population as a whole.

Healthcare Quality

Healthcare quality is a hot topic in health care today. Following President Clinton's establishment of the Advisory Commission on Consumer Protection and Quality in Healthcare (1996–1998), a whole area of policy development was opened up: How can healthcare quality be improved? What needs to be done to accomplish this? This focus led to the federal government's request for the Institute of Medicine (IOM) to further assess health care in the United States, resulting in major reports and recommendations related to quality, safety, and other important topics.

Disparities in Health Care

The IOM reports on diversity in health care, and disparities and the Sullivan report on healthcare workforce diversity (IOM, 2002, 2004; Sullivan and Commission on Diversity in the Healthcare Workforce, 2004) drew attention to a critical policy concern—namely, inequality in access to and services received in the U.S. healthcare system. Nurses need more knowledge about culture and health needs, health literacy, the ways in which different groups respond to care, and healthcare disparities (IOM, 2002, 2004). How does this impact health

policy? Does it mean that certain groups may not get the same services (disparities)? If so, what needs to change?

Consumers

There is increasing interest in the role of consumers in health care. Today, consumers are more informed about health and healthcare services than members of previous generations were. An example of a law that focuses on health is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The major focus of this law addresses the issue of carrying health insurance from one employer to another, but it also includes expectations regarding privacy of patient information, which is now a critical factor considered by healthcare providers in daily practice.

Commercialization of Health Care

The organization of healthcare delivery systems has been changing into a series of multipronged systems. These multiple organizations generally form a corporate model. Such corporations may exist in a local community, statewide, or even nationally. In fact, some of the large healthcare corporations also have hospitals in other countries. This change has had an impact on policies related to financing health care and quality concerns.

Reimbursement for Nursing Care

Reimbursement of nursing care must be viewed from two perspectives. The first view considers reimbursement methods for nursing care services, particularly inpatient services. There has not been much progress in this area. Hospitals still do not clearly identify the specific costs of nursing care in a manner that directly impacts reimbursement. The second view involves reimbursement for specific individual provider services instead of reimbursement for an organization provider, such as a hospital. Physicians are reimbursed for their services. There have been major changes in how APRNs are reimbursed; thus this situation is improving but continues to need improvement. For example, if an APRN provides care in a clinic or a private practice, the question arises: How is the APRN reimbursed for the care? Will the patient's health insurance pay for these services? Some services are covered by federal government plans, but there is great variation in reimbursement from nongovernment plans. The healthcare reform of 2010 and other initiatives such as those identified in the IOM report, *The Future of Nursing: Leading Change, Advancing Health* (2010), have supported greater use of APRNs. To make this work, reimbursement practices will also need to support use of APRNs.

Immigration and the Nursing Workforce

Immigration of nurses to the United States has an impact of international healthcare delivery. This is an important policy issue, but one that is not yet resolved. Important considerations in this area include regulations (visas to enter the United States and work; licensure), level of language expertise, quality of education, orientation and training needs, and potential limits on immigration of RNs. Some of the issues need to be addressed by laws, rules and regulations related, and state boards of nursing.

In 2005, the American Nurses Association (ANA) published a revision of its healthcare agenda. This agenda highlighted the problem with the healthcare system as one of a patchwork approach to healthcare reform and to policy development. The system is

fragmented and expensive, and this has not changed over the last few decades. The ANA (2005) agenda states:

> ANA remains committed to the principle that all persons are entitled to ready access to affordable, quality health care services. Nursing, as the pivotal health care profession, is well positioned to advocate on behalf of and in concert with individuals, families and communities who are in desperate need of a well financed, functional and coordinated health care system that provides safe, quality care. Indeed, all of us stand to benefit from such a system. Accessible, affordable, and quality health care will positively contribute to our individual health, the strength of society, our national well-being, and overall productivity. (p. 4)

This view of the healthcare system was also described in the IOM report, *Crossing the Quality Chasm* (2001).

The ANA identifies key issues that it will focus on during each congressional session. For example, for the 113th congressional session, this organization targeted a number of issues that were directly related to the profession, such as advanced practice and safe staffing, as well as issues related to health care in general, such as mental health care, quality of care, gun violence, and Medicare and Medicaid.

Access to care means that care should be affordable for, available to, and acceptable to a great variety of patients. Quality of care remains a problem in the United States. The ANA supports the recommendations of the IOM *Quality Chasm* report series, which states that all care should be safe, effective, timely, patient centered, efficient, and equitable. "ANA believes that the development and implementation of health policies that reflect these aims, and are based on effectiveness and outcomes research, will ultimately save money" (ANA, 2005, p. 7). The organization's agenda also addresses the critical nature of the nursing workforce and the need for an "adequate supply of well-educated, well-distributed, and well utilized registered nurses" (ANA, 2005, p. 10). The agenda concludes:

> The need for fundamental reform of the U.S. health care system is more necessary today than in 1991 (date of previous ANA agenda). Bold action is called for to create a healthcare system that is responsive to the needs of consumers and provides equal access to safe, high-quality care for every citizen and resident in a cost-effective manner. Working together—policy makers, industry leaders, providers, and consumers—we can build an affordable health care system that meets the needs of everyone. (p. 12)

The ANA agenda is an example of how a professional organization speaks for the profession, delineates issues that need to be addressed through policies, commits to collaborating with others to accomplish the agenda, and advocates for patients through such statements and lobbying efforts. Individual nurses and nursing students should participate in this process.

The Policy-Making Process

Health policy is developed at the local, state, and federal levels of government, but the two most common levels are state and federal. At the state level, the typical broad focus areas are public health and safety (e.g., immunization, water safety, and so forth); care for those who cannot afford it; purchasing care through state insurance, such as for state employees; regulation (e.g., RN licensure); and resource allocation (e.g., funding for care services). At the federal level, there are many different needs and policy makers. The focus areas are much the same as at the state level but apply to the nation as a whole.

Federal legislation is an important source of health policy. Prior to the healthcare reform legislation of 2010, the two laws that had the greatest impact on U.S. health care were the **Social Security Act of 1935** and the **Public Health Act of 1944**. The Social Security Act established the Medicare and Medicaid programs, the two major government-run healthcare reimbursement programs. These laws also provided funding for nursing education through subsequent amendments to the law. The Public Health Act (1944) consolidated all existing public health legislation into one law, and it, too, has been amended over the years. Some of the programs and issues addressed in this law are health services for migratory workers; establishment of the National Institutes of Health; nurse training funding acts; prevention and primary care services; rural health clinics; communicable disease control; and family planning services. An amendment to this law established *Healthy People* in 1990 and its subsequent extensions (its current iteration is *Healthy People 2020*).

The policy-making process is described in **Figure 5-2**. The first step is to recognize that an issue might require a policy. The suggestion of the need for a policy can come from a variety of sources, including professional organizations, consumers/citizens, government agencies, and lawmakers.

The second step is not to develop a policy but rather to learn more about the issue. This investigation may reveal that there is no need for a policy. There may be, and often is, disagreement about the need and there also may be disagreement about how to resolve it if the need exists. Information and data are collected to get a clearer perspective on the issue, from sources such as experts, consumers, professionals, relevant literature (such as professional literature), and research.

Using this information, policy makers then identify possible solutions. They should not consider just one solution, because only under rare circumstances is a single solution possible. During this process, policy makers consider the costs and benefits of each potential solution. Costs are more than financial—a cost might be that some people will not receive a service, whereas others will. What impact will this have on both groups? After the cost–benefit analysis is done, a solution is selected, and the policy is developed.

It is at this time that implementation begins, although how a policy might be implemented must be considered as the solution is selected and policy developed. Perhaps implementation is very complex, which in turn will impact the policy. For example, if a policy decision is made that all U.S. citizens should receive healthcare insurance, the policy statement is very simple; however, when

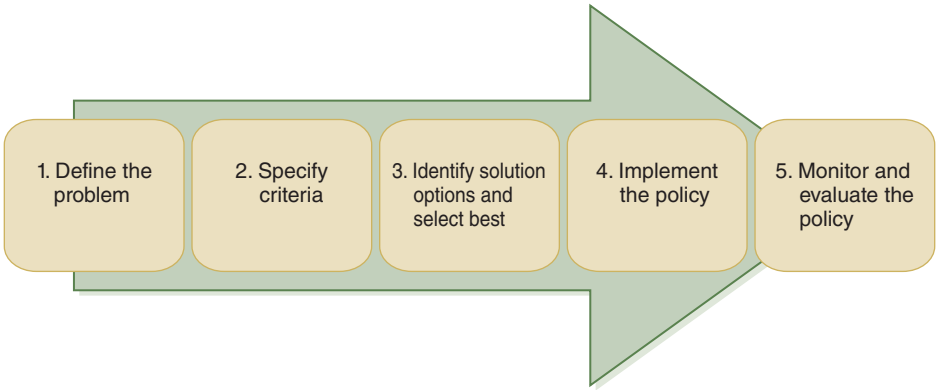

Figure 5-2 The Policy-Making Process

implementation is considered, this policy would be very complicated to implement. How would this be done? Who would administer it? Which funds would be used to pay for this system? What would happen to current employer coverage? Would all services be provided? How much decision-making power would the consumer have? How would providers be paid, and which providers would be paid? Many more questions could be asked. Policy development must include an implementation plan. Social, economic, legal, and ethical forces influence policy implementation. The best policy can fail if the implementation plan is not reasonable and feasible. As will be discussed in the next section on the political process, the policy often is legislation (law). In such a case, implementation of the policy is largely determined by rules and regulations.

Coalition building is important in gaining support for a new policy. As will be discussed in the next section on the political process, gaining support is especially important in getting laws passed. Regarding a healthcare issue, some groups that might be included in coalition building are healthcare providers (e.g., medical doctors, nurses, pharmacists); healthcare organizations, particularly hospitals; professional organizations (e.g., the ANA, the American Medical Association, the American Hospital Association, The Joint Commission, the American Association of Colleges of Nursing, the National League for Nursing); state organizations; elected officials; business leaders; third-party payers; and pharmaceutical industry representatives. Members of a coalition that support a policy may offer funding to support the effort, act as expert witnesses, develop written information in support of the policy, and work to get others to support the policy; some, such as lawmakers, may be in a position to actually vote on the policy.

After a policy is approved and implemented, it should be monitored and its outcomes evaluated. This may lead to future changes or to the determination that a policy is not effective. The process may then begin again.

The Political Process

Politics is "the process of influencing the authoritative allocation of scarce resources" (Kalisch & Kalisch, 1982, p. 31). Typically, nurses participate in the policy-making process by using or participating in the political process. Public policy should meet the needs of the public, but matters in reality are more complex than this. Politics influences policy development and implementation, and sometimes politics interferes with the effectiveness of policy development and implementation. Political feasibility must be considered because this aspect can mean the difference between a successful policy and an unsuccessful policy. Political support, usually from multiple groups, is critical. Most major policy changes or new policies are made through the legislative process. This process can be correlated with the policy-making process.

Steps 1–4 of the policy-making process depicted in Figure 5-2 are similar to the legislative process steps. Once the policy is developed in the form of a proposed law, the legislative process merges with the policy-making process. The legislative process varies from state to state, but all states have a legislative process that is similar to the federal process. When a federal bill is written and then introduced in Congress, in addition to its title it is given an identifier includes either H.R. (House of Representatives) or S. (Senate) plus a number—for example, H.R. 102. The bill is then assigned to a committee or subcommittee by the leadership of the Senate or House, depending on where the bill begins its long process to approval through a final vote. In the committee, the bill may figuratively die, meaning that nothing is done with it. Conversely, if there is some support for the bill, the committee or the subcommittee will assess the content. This might include holding hearings on the bill for extensive discussion, often with witnesses. Amendments may be added. If the bill began in a subcommittee, it can be sent on to a full committee, and then progress to the full House or

Senate. If it began in a committee, it may go straight to the full House or Senate.

When the bill gets to the full House, it first goes to the rules committee. There, decisions are made about debate on the bill, such as the length of debate. These decisions can have an impact on the successful passage of the bill. The Senate does not have a rules committee, and senators can add amendments and filibuster or delay a vote on the bill. There is more flexibility in the Senate than in the House. The leader in the Senate (majority leader) and the House leader have a great deal of power over the legislative process. A bill cannot be passed only in the House or only in the Senate and become law; rather, *both* the House and the Senate must pass the bill. Sometimes a bill is introduced at the same time in both the House and the Senate, allowing the approval process to proceed in both simultaneously. Decisions may then need to be made to reconcile differences in the two bills. If this is the case, a conference committee composed of both representatives and senators work to make those decisions. The altered bill must then go back for votes in both the House and the Senate.

If both houses of Congress pass the bill, then the bill goes to the president for signature. At this time, the bill moves from the **legislative branch** of government to the **executive branch**. **Figure 5-3** identifies the branches of government.

The president has 10 days to decide whether to sign the bill into law. If the president waits longer than 10 days or Congress is no longer in session, the bill automatically becomes law just as if the president had signed it. In some cases, it is made public, either before the bill comes to the president or soon after, that the president is vetoing a bill. This decision typically is an important political dialogue. In such a case, Congress may decide not to pursue the bill any further, or Congress may decide to bring the bill back for another vote to try to override the president's veto. This effort may or may not be successful, but it is often highly politicized situation. Depending on the number of votes, at this point the bill could either become law or die.

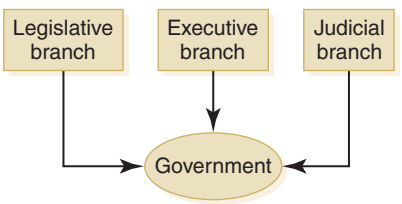

Figure 5-3 The Branches of the Federal Government in the United States

If the president signs the bill or if Congress overrides a presidential veto, the bill goes to the regulatory agency that would have jurisdiction over that particular law. For example, a health law would typically go to the Department of Health and Human Services (HHS). If the law relates to Medicare, it would go to the Centers for Medicare and Medicaid Services (CMS), an agency within the HHS. It is at this point that a very important step in the process occurs: Rules are written for the law that state specifically how the law will be implemented. These rules can make a significant difference in the effectiveness of the law. At specific steps in the regulatory development process, the public, including healthcare professionals, can participate by providing input. It is important that this input be given.

Once the final rules are approved, the law is implemented. There may be a date that the law ends, or "sunsets." If so, the law may expire, or it may be reintroduced into the legislative process.

Not all interested parties accept a policy, and efforts may be made to defeat a policy. Because of the various viewpoints on the same issue, there are often competing interests (Abood, 2007). In addition, partisan issues—that is, Democrat versus Republican—may affect the policy development process. "Decision-makers rely mainly on the political process as a way to find a course of action that is acceptable to the various individuals with conflicting proposals, demands, and values… . Throughout our daily lives, politics determines who gets what, when, and how" (Abood, 2007, p. 3).

Nurses' Role in the Political Process: Impact on Healthcare Policy

Nurses bring a unique perspective to healthcare policy development because of their education, training, professional values and ethics, advocacy skills, and experiential background. Significant progress has occurred over the years toward advancing nursing's presence, role, and influence in the development of healthcare policy. However, more nurses need to learn how to identify issues strategically; work with decision makers; understand who holds the power in the workplace, communities, and state- and federal-level organizations; and understand who controls the resources for healthcare services (Ferguson, 2001, p. 546).

Nurses have expertise; understand consumer needs, the healthcare system, and interprofessional care; and have an appreciation of the care process. Although nursing has gained political power, it is still weaker than it should be. Put simply, given the large number of nurses in the United States, the nursing profession should have more influential power. Each nurse is a potential voter and, therefore, has potential influence over who will be elected and which legislative decisions are made. However, nursing as a profession has struggled with organizing, and this weakness has diluted the political power of nurses in the United States. At the most basic level, nurses have experienced serious problems defining the nursing profession. The use of multiple entry levels, licensure issues, and multiple titles confuses the public and other healthcare professionals. Policy makers do not understand the various nursing roles and titles, which in turn makes it difficult for nurses to speak with one voice.

Nurses need to develop political competence. Political competence involves the ability to use opportunities, including networking, highlighting nursing expertise, using powerful persuasion, demonstrating a commitment to working with others, thinking strategically, and persevering. It means being aware of the rules of the game and recognizing that the other side needs something. Sometimes giving up one viewpoint or action may lead to more effective results. Collective strength can be powerful, so finding partners makes a difference. Nurses can network to find those partners. Sometimes partners may be found in the least likely groups.

A policy is a tool for change, and nurses are very adept at working with change—something they do in practice on a daily basis. This capability should help nurses develop political competence. "Successful advocacy depends on having the power, the will, the time, and the energy, along with the political skills needed to 'play the game' in the legislative area" (Abood, 2007, p. 3). How can nurses have an impact on healthcare policy?

Getting into the Political System and Making It Work for Nursing

Lobbying

Lobbying is a critical part of the U.S. political process, and nurses are involved in lobbying. A **lobbyist** is a person who represents a specific interest or interest group that tries to influence policy making. The First Amendment to the U.S. Constitution gives citizens the right to lobby—to assemble and to petition the government for redress of grievances. Lobbyists try to influence legislators—the decision makers—as well as public opinion. They often collaborate via coalitions and work with other interest groups to gain more support for a specific interest. Lobbyists particularly want to make contact with legislative staff. The legislative staff assume a major role in getting data about an issue; formulating solutions that may become bills and, if those bills are passed, become laws; and communicating with elected representatives, their bosses, to accept a particular approach or solution. Nurses who visit state and federal representatives typically meet with legislative staff.

Professional organizations hire staff to be lobbyists at both state and federal levels. The ANA, the National League for Nursing, the American

Box 5-1 Important Federal Government Departments and Agencies

Agency for Healthcare Research and Quality (AHRQ): http://www.ahrq.gov
Centers for Medicare and Medicaid Services (CMS): http://www.cms.hhs.gov
Centers for Disease Control and Prevention (CDC): http://www.cdc.gov
U.S. Consumer Product Safety Commission (CPSC): http://www.cpsc.gov
U.S. Department of Health and Human Services (HHS): http://www.hhs.gov
U.S. Food and Drug Administration (FDA): http://www.fda.gov
National Institute for Occupational Safety and Health (NIOSH): http://www.cdc.gov/NIOSH
National Institutes of Health (NIH): http://www.nih.gov
Occupational Safety and Health Administration (OSHA): http://www.osha.gov
Department of Veterans Affairs (VA): http://www.va.gov

Association of Colleges of Nursing, and other nursing organizations, for example, all have lobbyists in Washington, D.C. **Box 5-1** identifies the federal government agencies monitored by the ANA.

Committees

At both the state and federal levels of government, the legislative branches are highly dependent on committees. Legislative work mainly occurs within committees. There are committees on both sides of the federal legislative body, the House and the Senate. The various healthcare-related committees in the U.S. Congress are identified in **Exhibit 5-2**.

Within the House and the Senate, committees have representatives from both major parties, Democrat and Republican. The party with the majority in the House and in the Senate decides who will chair committees and who will serve on each committee. To effectively influence legislation, it is important to understand which committee will be involved in the legislation and who is on the committee. What are the chair's and the committee members' views

Exhibit 5-2 U.S. Congressional Committees with Jurisdiction Over Health Matters

U.S. House of Representatives

House Appropriations Committee
House Commerce Committee
House Commerce Committee Subcommittee on Health and Environment
House Ways and Means Committee
House Ways and Means Committee Subcommittee on Health

U.S. Senate

Senate Appropriations Committee
Health, Education, Labor and Pensions Committee
Health, Education, Labor and Pensions Committee Subcommittee on Public Health
Senate Finance Committee
Senate Finance Committee Subcommittee on Health Care

on the issue? How can they be persuaded? Knowing this information can help in the development of a more effective strategy to influence the course of policy or to prevent it from progressing.

Political Action Committee

Political action committees (PACs) are very important in the political process. A PAC is a private group, whose size can vary, that works to get someone elected or defeated. PACs represent a specific issue or group. The Federal Election Campaign Act covers PACs and defines a PAC as an organization that receives contributions or makes expenditures of at least $1000 for the purpose of influencing an election. Other rules about PAC operations are also identified.

Why would nurses need to know about PACs? The nursing profession has its own PACs, such as the ANA PAC. The ANA considers political action to be a core mission activity, and the PAC is critical to success on Capitol Hill (Conant & Jackson, 2007). The PAC is a form of political advocacy that focuses on supporting candidates who support nursing issues. This organization endorses candidates, makes minimal campaign donations, and campaigns for candidates. The decision to support a candidate is not based on the candidate's party, but rather on whether the candidate supports issues important to nursing. In the end, this empowers the PAC members—in this case, nurses. The ANA PAC's overall goal is to improve the healthcare system in the United States. Any nurse can join this PAC by making a contribution to it. Nurses work in the PAC to get the desired results.

Working to Get the Message Across: Grassroots Advocacy

Many nurses communicate directly with legislators about specific issues of concern. One method of doing so is through written communication. In the past, this was primarily done through letter writing, but now it is easier, and preferred by legislators, to use e-mail for this purpose. E-mail is more efficient, and it allows nurses to respond quickly to a request to communicate their views. This request may come from a nursing organization, as a result of a personal recognition that something is going on that impacts health care and nursing, or from a colleague.

In written communication to legislators, it is important to state what the issue is, provide the bill number (if the correspondence is related to a pending bill), succinctly state one's position, and provide a brief rationale. The letter or e-mail should include one's full name, credentials, employment location, and contact information. To be more effective, the best contact is the nurse's elected representatives.

Another method of communication is to call elected representatives' offices. Before making the call, the nurse should prepare a brief statement that addresses the specific issue.

A third method of communication is to visit elected representatives' offices. This could be an elected official's local office or office in the state capital or in Washington, D.C. As mentioned earlier, the nurse probably will meet with the legislative staff, preferably staff responsible for health issues. This is not a step down, because staff members play a major role in the process. Make an appointment if possible and be on time. The meeting may be short or long. Be engaging, and let the staff or representative/senator know what you do as a nurse, where you work, and what your nursing and healthcare concerns are. Be prepared to discuss both the topic and the activities of the representative—legislation and other interests. Give specifics and stories that support facts and avoid generalities. Come prepared with facts and present them concisely. Provide useful information. Students, for example, might discuss the need for scholarships and financial aid monies, providing examples of how this support helps students to meet career goals and provide more nurses. Follow-up is important; send a thank-you note with a reminder of the discussion.

All these examples demonstrate leadership by the nurses who participate in these efforts to advocate

for health care. **Exhibit 5-3** identifies some tips for making such grassroots efforts more effective.

Nursing organizations are involved in policy development through lobbying, through members and officers serving as expert witnesses to government groups and agencies, and through publishing information about issues in both professional and lay literature. Radio and television journalists may interview nurses. These activities place nurses directly in the policy-making process and also improve nurses' public image as experts and consumer advocates.

The ANA has established an initiative related to policy (Patton, 2007). This organization holds several conferences that focus on a specific policy issue. The purposes of these conferences are to increase nurses' inclusion at the policy-making table, disseminate information, and educate nurses about policy making. The first policy conference was held in June 2007, and its focus was nursing care in life, death, and disaster (related to the Hurricane Katrina disaster). Rebecca Patton, a past president of the ANA, stated, "With your input, ANA will develop guidance dedicated to reconciling the professional, legal, and regulatory conflicts that can occur during such difficult times" (Patton, 2007, p. 22). To increase its ability to influence policy, the ANA invited representatives from the Centers for Disease Control and Prevention, Public Health Emergency Preparedness (an HHS agency), the U.S. Public Health Service, the National Bioterrorism Hospital Preparedness program, and the Agency for Healthcare Research and Quality (AHRQ), all of whom attended.

Exhibit 5-3 Grassroots Tips

Letter or E-Mail Communication with Legislators or Staff

- Make sure your topic is clear.
- Do not assume anything.
- Get the facts.
- Be brief and concise.
- Find a local focus.
- Make it personal.
- Identify that you are a nurse and include your credentials—for example, "I am a registered nurse who works at Hospital Y in Middletown, Missouri."
- Include your contact information.

Phone Calls to Legislators or Staff

- Where can you find the telephone numbers?
  - State: Call the state legislative body, get a directory, or visit your state government's website.
  - Federal: Call (202) 224-3121, or visit websites (http://www.house.gov, http://www.senate.gov).
- Prepare what you will say before you call; consider the comments made about written communication.
- Be sure to communicate up front what you are calling about.

Visiting Members of Congress or State Legislature

- You can visit when a representative is in the home district.
- You can visit the state capital or Washington, D.C.
- You should make an appointment.
- Follow all guides mentioned for other methods of contact. Time will be short, so you need to be prepared.
- Do not be disappointed if you meet with a staff person. Staff are very important and give the representative the information to make decisions, and in some cases are very involved in the decision making.
- Be ready to answer questions; prepare for this possibility.
- Be on time, but recognize that you may have to wait.
- Dress professionally.
- Enjoy yourself and be proud that you are a professional and an expert.

The American Association of Colleges of Nursing (AACN) holds student policy summits to inform students about involvement in Capitol Hill visits and policy work. Student participants then make visits to Capitol Hill with school of nursing deans and directors. Information is provided for all who make these visits so that they are prepared with the facts.

Nurses in Government

Some nurses seek election to government positions at local, state, and federal levels. Others serve as staff in health-related government agencies. Nurses who serve in government positions use their nursing expertise, and this provides many opportunities for nurses to be more visible at all levels of the government—legislative, administrative, and judicial. However, there needs to be greater representation of nurses in these positions.

There are numerous opportunities for nurses to gain some experience in the area of government practice. For example, fellowships—many of which are short term—at the federal and state levels provide opportunities for nurses to learn more about politics and the legislative process and to interact with people who work in government. This is a great way to learn more about health policy. Graduate programs that focus on health policy provide formal academic experiences that can lead to a career in the health policy field. Running for office at any level requires political support, finances, and guidance from those experienced in the world of politics and campaigning. If you choose to pursue this path, be aware that it takes time to build up support for a campaign. There are also positions for nurses at all levels of government, which provide great opportunities to use nursing expertise and to participate in health policy development and implementation.

Nurses can also serve in high-level government positions. For example, in 2013, Marilyn Tavenner, MHA, BSN, RN, was confirmed as the new administrator of the Centers for Medicare and Medicaid Services, which is part of the Department of Health and Human Services. This is an extremely important position providing oversight for the federal government's (and the nation's) largest entitlement program.

Over the years, there have been many attempts to reform the U.S. healthcare delivery system. Most of these efforts have failed. Political issues have typically limited progress in this area—healthcare delivery is a critical political issue because it affects taxes and is a very expensive business. The 2008 presidential election brought healthcare reform to the forefront again. As was true with other efforts, nursing organizations got involved and spoke out about proposed changes. It was very important that nursing do this because healthcare reform would definitely have an impact on nursing, and it has proven to have an impact during its implementation.

In 2010, Congress passed significant legislation, known as the Patient Protection and Affordable Care Act, that reformed healthcare insurance coverage in the United States and that was signed into law by President Obama. Although universal healthcare coverage was not included in the final bill owing to a lack of political support, more people in the United States will have health insurance coverage under this law.

The healthcare delivery system is experiencing some changes as a result of the various reform efforts. Nurses are assuming new roles—for example, as advanced practice nurses, nurse managers, clinical nurse leaders, and clinical nurse specialists. How they are used in hospitals varies. In some cases, nurses with these advanced degrees are eligible for

admitting privileges, meaning that they can admit their patients to the hospital from private practice or clinics. This is not the norm, but it does occur. Healthcare reform and other critical sources such as the IOM report, *The Future of Nursing* (2010), emphasize the need to expand use of APRNs in primary care. The United States is currently experiencing a lack of primary care providers, and with the changes in healthcare reform increasing the number of people who have health insurance coverage, there will be even greater demand for these providers.

Emergency services have been experiencing changes because of problems with how they are used by patients. Some patients use the emergency department as their private physician, coming in for services that are not acute or of an emergency nature. This has a major impact on the flow of patients into and out of the emergency department. The result may be long waits to see healthcare providers in the emergency department, making it difficult to admit more patients for emergency services. In some cases, the temporary diversion of patients to other emergency departments becomes necessary to deal with the backup. Another type of problem occurs when patients are not discharged in a timely manner from inpatient units, leaving hospitals with no beds for new patients. Emergency department patients who need to be admitted for inpatient treatment must then wait in the emergency department, sometimes for days.

The large number of patients who cannot pay for services and have no insurance coverage causes major financial problems for hospitals. In some situations, this may lead to the closing of units and fewer beds (decreasing the size of the hospital), termination of staff, and, in extreme cases, the closing of hospitals. Patient access to care has become a major problem in some communities. Access is more than just the ability to get an appointment; it involves the availability of services at times convenient for the patient (time of day and day of week), transportation to and from the care facility, reimbursement for care, and receipt of the right type of care, such as from a specialist. An increase in U.S. citizens with insurance coverage through the Affordable Care Act will have an impact on both these services and the ability to cover costs.

Healthcare reform continues to have an impact on nursing education, nursing practice, regulation of nursing, and professional roles. Nursing leadership will be required to help implement the laws effectively. There are already efforts to diminish the effects of these laws through the court system and part of the Affordable Care Act has been declared unconstitutional, so the long-term impact of the 2010 healthcare reform remains unknown. The provisions do not all go into effect at one time, which means the final results will not be determined for some time.

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Conclusion

Nurses and students can and do play a critical role in policy making at the local, state, and federal levels of government. Through this role, they demonstrate leadership, expertise, advocacy, and the ability to collaborate with others to meet identified outcomes. Sometimes nurses are successful in getting the policy that they feel is needed for patients and for nursing, and sometimes they are not. The key to policy making is to come back and try again, but first to learn from the previous experience to improve the effort.

Chapter Highlights

1. Healthcare policy directly impacts nurses and nursing.
2. Nurses participate in policy making by sharing their expertise, serving on policy-making committees, working with consumers to get their needs known, and serving in elected offices.
3. A policy is a course of action that affects a large number of people and that is inspired by a specific need to achieve certain outcomes.
4. Policies are associated with roles and standards; specific laws and related programs such as Medicare and Medicaid; delineation of reimbursement requirements for services; staffing levels; access to care; policies and procedures; and nursing education.
5. Critical healthcare policy issues relevant to nursing are the nursing shortage and staffing, the cost of health care, healthcare quality disparities in health care, consumer issues, commercialization of health care, reimbursement for nursing care, and immigration and the nursing workforce.
6. The policy-making process and the political process are connected, and it is important that nurses understand these processes in their advocacy efforts on behalf of consumers and for better health care.
7. Methods that nurses use when involved in the policy-making and political processes are lobbying, interacting with legislative committees, serving on PACs, participating in grassroots advocacy, working with elected officials who are nurses, and serving as elected officials.
8. In 2010, the U.S. Congress passed significant healthcare reform laws that will increase the number of citizens with health insurance, but the final result is still not universal healthcare coverage. This reform will impact nursing education, practice, regulation, and roles nurses assume.

Discussion Questions

1. Why is policy important to nursing?
2. Describe the relationship between the policy-making process and the political process.
3. Discuss the roles of nurses in the policy-making process.
4. Why is advocacy a critical part of policy making?
5. Describe the political process.
6. Discuss the methods that nurses use to get involved in the policy-making process and the political process.

Critical Thinking Activities

1. Select one of the following topics and search the Internet to learn more about the issue. Why would this issue be of interest to nursing? Why would this be a healthcare policy issue? Has anything been done to initiate legislation on this issue? Teams of students can work on an issue and then share their work.

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Critical Thinking Activities (continued)

a. Rural health care
b. Mental health parity
c. Aging and long-term care
d. Healthcare unions
e. Home care
f. Emergency room diversions

2. Visit the ANA's *Health Care Reform Headquarters* webpage (http://www.rnaction.org/site/PageServer?pagename=nstat_take_action_healthcare_reform) and review the content provided on healthcare reform and other policy issues. Look at the list of resources and select one to review. What does this resource provide nurses? Look at the Toolkit. Here you will find a list of current legislative/policy. What are they? Select one and examine the issue. Discuss your findings with your classmates.
3. Form a debate team that will address the following questions: How would you support or not support universal health care in the United States? How does healthcare reform affect this problem? The team should base its viewpoint on facts and relevant resources. Present the debate in class or online. Viewers (students who are not on the debate team) should vote for the viewpoint that they think is most persuasive.
4. Visit the U.S. House of Representatives (http://www.house.gov) and U.S. Senate (http://www.senate.gov) websites and see if you can identify which representatives and senators are RNs. Explore their websites and learn about the legislation that they have sponsored.

Electronic *Reflection Journal*

Circuit Board: ©Photos.com

Describe your personal view of nurses getting involved in politics. Would you get involved? Why or why not?

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Linking to the Internet

- American Nurses Association Health Care Policy: http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions
- American Association of Colleges of Nursing Student Summit: http://www.aacn.nche.edu/government-affairs/student-policy-summit
- American Nurses Association: http://www.rnaction.org/site/PageServer?pagename=nstat_take_action_presidential_resource_center&ct=1

(*continues*)

Linking to the Internet (continued)

- NLN Government Affairs: http://www.nln.org/governmentaffairs/index?.htm
- American Association of Colleges of Nursing: http://www.aacn.nche.edu/Government/npb.htm (Provides information about some of the organization's views)
- Kaiser Foundation: Health Policy Facts: http://facts.kff.org/
- Association of Women's Health, Obstetric and Neonatal Nurses: Health Policy & Legislation: https://www.awhonn.org/awhonn/section.by.state.do;jsessionid=A738259D67D6ADFEEC8905BF73DD8BD8?state=California&name=Legislation
- American Association of Colleges of Nursing: Overview of the *Patient Protection and Affordable Care Act*, Public Law No: 111-148; Nursing Education and Practice Provisions: http://www.aacn.nche.edu/government-affairs/HCRreview.pdf
- Federal Policy Agenda: http://www.aacn.nche.edu/government-affairs?/legislative-goals
- American Association of Colleges of Nursing: Supported Current Legislation: http://www.aacn.nche.edu/government-affairs/support-legislation
- National Association of Pediatric Nurse Practitioners: Advocacy: http://www.napnap.org/NAPNAPAdvocacy?.aspx
- American Psychiatric Nurses Association: Legislation: http://www.apna.org/i4a/pages/index?.cfm?pageid=4275&redirect=1
- Mandatory overtime: http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-Agenda-Reports/MandatoryOvertime http://www.aacn.org/WD/Practice/Content/PublicPolicy/mandatoryovertime.pcms?menu=Practice
- National Council State Boards of Nursing: Policy and Legislative Affairs: https://www.ncsbn.org/government.htm

CASE STUDIES

Case Study 1

A nurse works in community health in a very large neighborhood of mostly African Americans and Hispanics. The socioeconomic level of the area is low, with most people eligible for or covered by Medicaid and Medicare. The nurse is concerned about the level of care that community members' children receive. Clinic services are inadequate, and the hours of the clinics that are available often make it difficult for working parents to access services. The teens in the area are involved in a lot

CASE STUDIES (CONTINUED)

of drug activity and have little to do after school. The community has one urban high school, one middle school, and one elementary school. There are two small daycare centers for preschoolers run by the city. The nurse is motivated to tackle some of these problems, but she is not sure how to go about it.

Case Questions

1. Do these problems have health policy relevance? Why or why not?
2. Which steps do you think the nurse should take in light of what you have learned about health policy in this chapter? Be specific regarding stakeholders, strategies, and political issues to consider.

Case Study 2

You have joined a nursing specialty organization. After you join, you decide you want to be active by volunteering for the Legislative Committee. At the first meeting you attend, the major topic is the upcoming state elections.

Case Questions

1. How should the committee prepare for the elections?
2. If you are going to visit a candidate, what might you do to prepare and which type of questions might you ask?
3. Which types of election activities might the committee recommend to the organization membership?

Words of Wisdom

Jennie Chin Hansen, MS, RN, FAAN

President, AARP; Senior Fellow, Center for the Health Professions, University of California, San Francisco; and part-time faculty member, San Francisco State University School of Nursing

Jennie Chin Hansen is a nurse who recognizes the importance of health policy and the nurse's role in it. She is an example of a nurse who has become a leader in non-nursing settings and organizations. She served as the American Association of Retired Persons president for the 2008–2010 biennium and in many of positions in this organization. One of her major contributions to improving health care was her role as executive director of On Lok, Inc., a nonprofit family of organizations in San Francisco that provides integrated and comprehensive primary and long-term care and community-based services. On Lok was the prototype for the Program of All-Inclusive Care for the Elderly, which was signed into federal law in 1997, making this Medicare/Medicaid program available in all

(*continues*)

Words of Wisdom (*continued*)

50 states. Hansen has also held government and other policy-making organization leadership roles, including as commissioner of the Medicare Payment Advisory Commission and board member of the National Academy of Social Insurance and of the Robert Wood Johnson Executive Nurse Fellows Program. She has won many awards and recognitions for work and is a good example of someone who has used her nursing background to impact healthcare delivery.

These are her words of wisdom:

> We start our care in nursing focusing on a safe, evidence-based, and compassionate commitment to the patient and family. This is at the core of our professional practice. Over time, though, we learn through our experience how important critical systems thinking and cultural anthropology is for nurses to incorporate in order to assure we deliver on the goal of the best and most appropriate care for individual patients and society at large. We have an opportunity and obligation to contribute to the development, implementation, and evaluation of safe systems and cultures of caring and competence. We are fortunate to have the framing of issues and suggested tools that come from the rigorous work of the IOM studies. As the largest and most trusted health professional workforce in America, we have a wonderful chance to make a great and significant difference to health care in our country.

Student Perspective

Evan Skinner

Senior, the University of Oklahoma College of Nursing

Globalization, advances in technology, and labor standards are representatives of a dynamic landscape in which we all live. The constant modification of our world forces humans to struggle to maintain balance. Nurses are not exempt from the shifting sands of change; we are subject to the turbulent uncertainties of life, and we must competently encounter each challenge and adapt. Therefore, it is incumbent upon nurses to adopt what the military refers to as "situational awareness." This means that one is to remain vigilant and be knowledgeable of current events. Of that which we must be observant, legislative actions take priority. It is vital that nurses become politically active to promote and preserve the integrity and legacy of the profession of nursing. Alterations in public policy have the potential to have a profound impact on our scope of practice, opportunity for advancement, and work schedules. Awareness and activism within the political realm permit the informed nurse to protect the foundation of our profession against insult and promote its prosperity. Political activism, then, should not be considered merely an additional chore, but a duty.

References

Abood, S. (2007). Influencing healthcare in the legislative arena. *Online Journal of Issues in Nursing*, *12*(1), 3.

American Nurses Association (ANA). (2005). *ANA's health care agenda—2005*. Silver Spring, MD: Author.

Block, L. (2008). Health policy: What it is and how it works. In C. Harrington & C. Estes (Eds.), *Health policy* (5th ed., pp. 4–14). Sudbury, MA: Jones and Bartlett.

Coffey, J. (2001). Universal health coverage. *American Journal of Nursing*, *101*(2), 11.

Conant, R., & Jackson, C. (2007, March). Brief overview of ANA political action committee. *American Nurse Today*, p. 24.

Ferguson, S. (2001). An activist looks at nursing's role in health policy development. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, *30*, 546–551.

Institute of Medicine (IOM). (2001). *Crossing the quality chasm*. Washington, DC: National Academies Press.

Institute of Medicine (IOM). (2002). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academies Press.

Institute of Medicine (IOM). (2004). *Health literacy: A prescription to end confusion*. Washington, DC: National Academies Press.

Institute of Medicine. (IOM). (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.

Kalisch, B. J., & Kalisch, P. (1982). *Politics of nursing*. Philadelphia, PA: Lippincott.

Patton, R. (2007, March). From your ANA president: Taking a seat at ANA's policy-making table. *American Nurse Today*, p. 22.

Shi, L., & Singh, D. (2013). *Delivering health care in America*. Gaithersburg, MD: Aspen.

Sullivan, L., & Commission on Diversity in the Healthcare Workforce. (2004). *Missing persons: Minorities in the health professions*. A report of the Sullivan Commission on diversity in the healthcare workforce. Retrieved from http://www.aacn.nche.edu/Media/pdf/SullivanReport.pdf