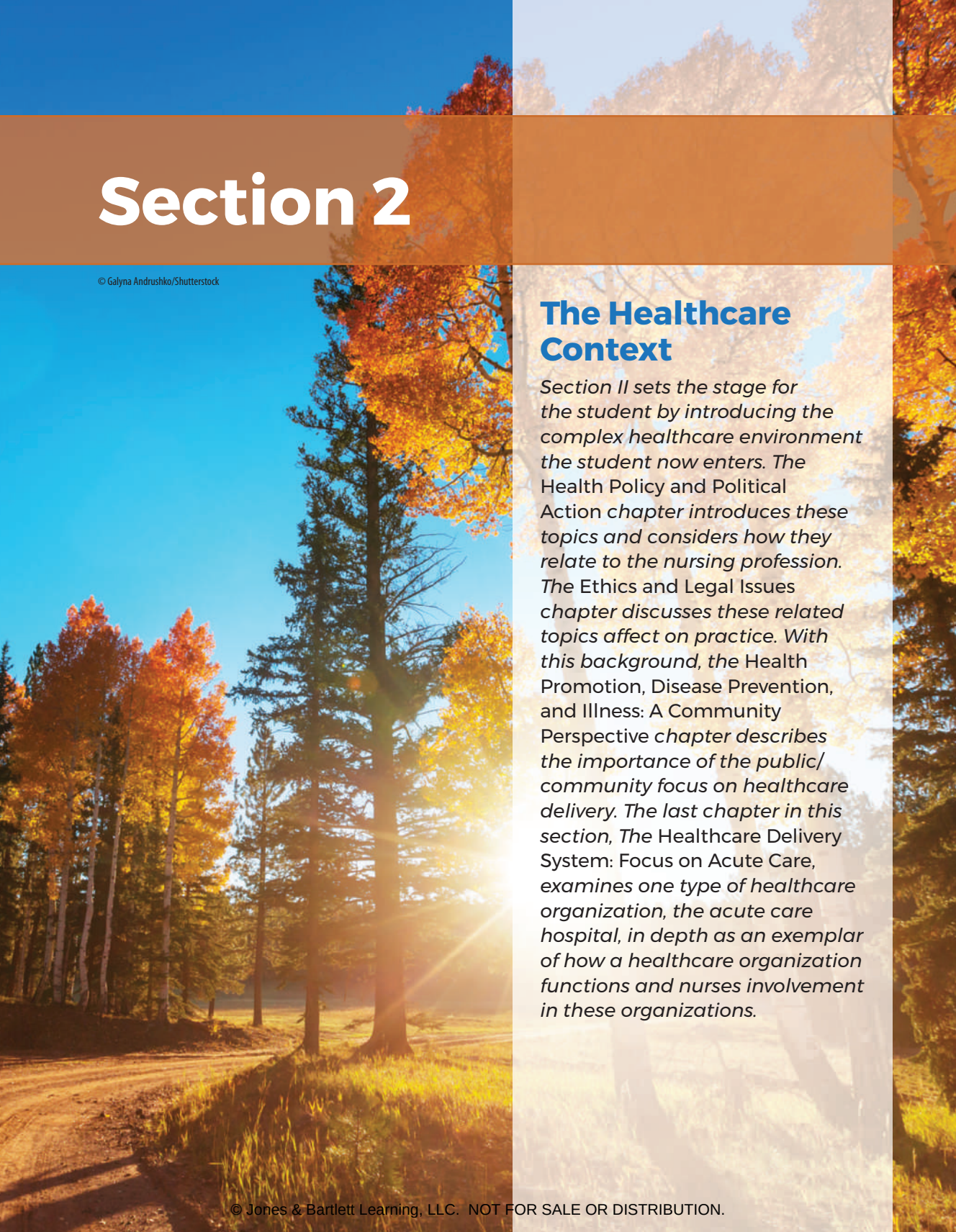
Section 2



The Healthcare Context

Section II sets the stage for the student by introducing the complex healthcare environment the student now enters. The Health Policy and Political Action *chapter introduces these topics and considers how they relate to the nursing profession. The* Ethics and Legal Issues *chapter discusses these related topics affect on 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 a healthcare organization functions and nurses involvement in these organizations.*

Chapter 5

Health Policy and Political Action

CHAPTER OBJECTIVES

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

- Discuss the importance of health policy and political action.
- Examine critical health policy issues and their impact on nurses and nursing.
- Critique the policy-making process.
- Discuss the role of the nurse in the political process and its importance to the profession as a whole.
- Analyze the impact of the Patient Protection and Affordable Care Act of 2010.

CHAPTER OUTLINE

- Introduction
- Importance of Health Policy and Political Action
  - Definitions
  - Policy: Relevance to the Nation's Health and to Nursing
  - General Descriptors of U.S. Health Policy
- Examples of Critical Healthcare Policy Issues
  - Cost of Health Care
  - Healthcare Quality
  - Disparities in Health Care
  - Consumers
  - Commercialization of Health Care
  - Reimbursement for Nursing Care
  - Immigration and the Nursing Workforce
- Nursing Agenda: Addressing Health Policy Issues
- The Policy-Making Process
- The Political Process
  - Nurses' Role in the Political Process: Impact on Healthcare Policy
  - Getting into the Political System and Making It Work for Nursing
- Patient Protection and Affordable Care Act of 2010
- Chapter Highlights
- Engaging in the Content
- Discussion Questions
- Critical Thinking Activities
- Electronic Reflection Journal
- Case Studies
- Working Backward to Develop a Case
- References

KEY TERMS

Advocacy
Executive branch
Judicial branch
Legislative branch
Lobbying
Lobbyist
Policy
Political action committee
Political competence
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 individual nurses, nursing care, the nursing profession, 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

Understanding healthcare policy requires the nurse to step back and see the broader picture of healthcare needs and delivery 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; and evaluating outcomes. Nurses offer the following resources to health policy making:

- Expertise
- Understanding of consumer (patient, family, community) needs
- Experience in assisting patients in making healthcare decisions
- Understanding of the healthcare system
- Understanding of interprofessional care
- A link to other healthcare professionals and organizations

Nurses may assume roles in policy making at the local, state, and federal levels of government. Within these roles, 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 learn from past experiences and try again.

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" (Block, 2008, p. 7). Developing and implementing

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 (for example, 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 allocative decision relates to funding of certain healthcare programs but not others. Health policy is policy that focuses on health and health-related issues, and it may be a public or private policy. Examples of public policies that have had national impact on health are those prohibiting smoking in public places (initiated through the **legislative branch**, which makes laws) and abortion rulings made by the U.S. Supreme Court (initiated through the **judicial branch**). **Private policy** is made by nongovernmental organizations, such as professional organizations, about a profession and healthcare organizations (for example, hospital, clinic). The second type of private policy, healthcare organization policies, is discussed in later chapters along with procedures that are usually associated with this type of policy.

This chapter focuses on public policy related to health. A general description of these policies includes the following (Block, 2008, p. 6):

- Health-related decisions made by legislators that then become laws
- Rules and regulations designed to implement legislation and laws or 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: 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. Because nursing is a major part of healthcare delivery policy, nurses need to be involved in policy making and be aware of policy changes.

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 the scope of practice for nurses in the state. Federal laws and rules/regulations related to Medicare and Medicaid address issues such as reimbursement for advanced practice registered 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 and regulations made by federal, state, and local governments. Health is influenced by federal policy decisions related to Medicare reimbursement for preventive services, the U.S. Department of Health and Human Services (HHS), and its agencies' rules and regulations. An agency for which rules and regulations are very

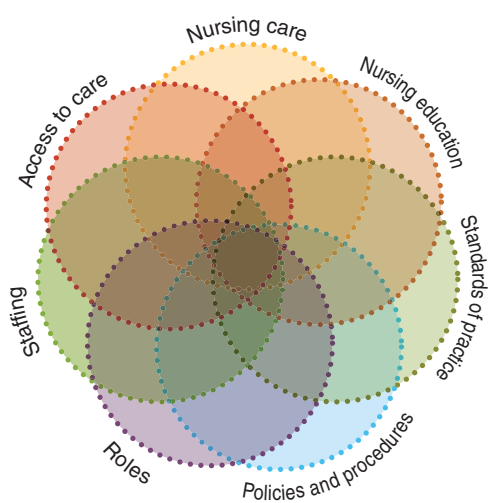


Figure 5-1 Healthcare Policy: Impact on Health Care and Nursing

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 when related to reimbursement policy and limits set on which services can be provided and by whom. This is particularly relevant to Medicare, Medicaid, and state employee health insurance. Individual organizations have their own policies and procedures, and often these are influenced by public policy. Public policy also has an impact on nursing education through laws and rules and 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, funding for new nursing education programs, 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 (for example, funding for the National Institute of Nursing 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 is not enough nurses because pay is low, then care is compromised. If there is 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, 2015). 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, which is primarily employer-based insurance. 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 does not have the only 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, often 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 consequently health policies may vary from state to state. Local government within states also are involved in making policy and supporting or not supporting state-level policy. In some cases, there is a shared role with the state and federal governments—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 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 was short term, which is the case for most commissions of this type, 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, which are examples of policies, 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 initial 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 initiative to further examine the quality of U.S. healthcare delivery. The issue of healthcare reform was not seriously addressed again until the Obama administration, which developed and pushed for passage of the Patient Protection and Affordable Care Act of 2010 (ACA). The Trump administration may initiate changes regarding the ACA; however, if this is done, it will take some time.

Some legislative efforts are diluted over time, canceled as they run out of designated implementation time period (expiring), or they are not renewed. 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 is 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 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, blocking its expiration. This is an example of how legislation can be passed by one administration, vetoed by another administration, not extended, or taken up again by yet another administration.

Stop and Consider #1

Health policy has an impact on healthcare professionals, healthcare organizations, reimbursement, and all aspects of health care from local, state, and national perspectives.

Examples of Critical *Healthcare Policy Issues*

Many healthcare policy issues are of concern to local communities, states, and the federal government. **Exhibit 5-1** highlights some of these issues, which

Exhibit 5-1 Potential Healthcare Policy Issues

- Access to care
- Acute and chronic illness
- Advanced practice nursing
- Aging
- Changing physician practice patterns
- Healthcare costs
- Healthcare reimbursement
- Disparities in health care
- Diversity in healthcare workforce
- Health promotion and prevention
- Healthcare commercialization and the healthcare industrial complex
- Healthcare consumerism
- Healthcare staff role changes
- Healthcare staffing
- Workforce issues
- Immigration: Impact on care and on providers
- Global health issues
- Mental health parity
- Minority health
- Move from acute care to increased use of ambulatory care
- Nursing education
- Poverty and health
- Public/community health
- Quality care
- Reimbursement
- Rural health care
- Urban health care
- Uninsured and underinsured
- Opioid epidemic

are often of particular concern to nurses, nursing, other healthcare professionals, 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 has risen 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 or enrollees expect to get care when they feel they need it. Insurance costs money—premiums and other payment required of enrollees, cost to employers and to government, insurer costs, and so on. In turn, cost containment and cost-effectiveness have become increasingly important. 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 it should be of interest to nurses, and these reasons still apply today:

- Insuring everyone with 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 ACA does not establish universal healthcare coverage in the United States, though it does provide insurance coverage through Medicaid for more people who cannot afford insurance and provides other methods for people to enroll in healthcare insurance. It also establishes requirements for health insurance for the U.S. population as a whole. However, it is not clear if future changes in the ACA or new legislation will alter the approach to healthcare reimbursement.

Healthcare Quality

Healthcare quality is a critical topic in health care today, recognizing we need to effectively monitor healthcare delivery and improve outcomes. Following President Clinton's establishment of the Advisory Commission on Consumer Protection and Quality in Healthcare (1996–1998), a whole area of policy development 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, which as of 2015 is known as the National Academy of Sciences, National Academy of Medicine (NAM), to further assess health care in the United States. This resulted in the publication of major reports with recommendations related to quality and patient and staff safety, which are components of quality care. Quality health care is discussed in several chapters in this text. The National Quality Strategy (NQS) is a new addition to the healthcare quality resources for the nation; it is included in this text's discussion about quality (U.S. Department of Health and Human Services [HHS] & Agency for Healthcare Research and Quality [AHRQ], 2017a). The mandate to establish the NQS is included in the ACA of 2010.

Disparities in Health Care

The IOM reports on diversity in health care and disparities and the Sullivan report on healthcare workforce diversity drew attention to a critical policy concern—namely, inequality in access to and services received in the U.S. healthcare system (Institute of Medicine [IOM], 2002, 2004; Sullivan, 2004). Nurses need more knowledge about culture and health needs, health literacy, the ways in which different groups respond to care, and healthcare disparities. 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? We need regular monitoring of healthcare disparities, and we now do this annually when we monitor healthcare quality (National Healthcare Quality and Disparities Report, QDR) (HHS & AHRQ, 2017b). There is additional content on this critical topic in several chapters in this text, particularly content related to patient-centered care.

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. An example of a law that focuses on health and the consumer is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The major focus of this law addresses the issue of transferring 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. With the increased emphasis on patient-centered care and then addition of family-centered care, consumers have gained a stronger voice in their health care.

Commercialization of Health Care

The organization of healthcare delivery systems has been changing into a series of multipronged systems, though not all healthcare organizations are this type. These 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. Over time, commercialization of health care has led to more business practices in healthcare delivery such as marketing, control of budgets, and so on; not all of it is positive.

Reimbursement for Nursing Care

Reimbursement for nursing care must be viewed from two perspectives. The first view considers reimbursement methods for nursing care services, particularly inpatient or hospital 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 affects 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 though more needs to be done. For example, if an APRN provides care in a clinic or a private practice, the question arises: How are the APRN services reimbursed? 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 ACA and other initiatives such as those identified in the report, *The future of nursing: leading change, advancing health* (IOM, 2010), have supported greater use of APRNs. To make this work, reimbursement practices will also need to support use of APRNs. There has been, however, more movement to improve APRN reimbursement then there has been clarification of reimbursement for nursing services in hospitals and other types of healthcare organizations.

Immigration and the Nursing Workforce

Immigration of nurses to the United States has an impact on international and U.S. healthcare delivery. This is an important international policy issue, but one that is not yet resolved. Important considerations in this area include regulations (visas to enter the United States and work; nursing 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, and state boards of nursing and greater global collaboration. Other chapters discuss issues related to this policy concern.

Stop and Consider #2

Multiple healthcare policy issues are influencing us today.

Nursing Agenda: *Addressing Health Policy Issues*

The American Nurses Association (ANA) has long advocated for a variety of healthcare issues through its membership and political action. The ANA identifies key issues that it will focus on during each congressional session. The issues vary depending upon need; for example, the ANA advocated for the passage of the ACA and spoke about changes that have been recommended by some experts and politicians. Examples of issues identified on the ANA website for early 2017 include safe staffing, safe patient handling and mobility, home health, nurse workforce development, health reform, APRNs and veterans, RN nursing home staffing, and APRNs and prescribing use of durable medical equipment (DME) (American Nurses Association [ANA], 2017). The latter issue has been successful in that former President Obama signed into law

the Medicare Access and CHIP Reauthorization Act of 2015. This law provides better options for merit-based incentive payment and also allows APRNs to order DME for patients and meet documentation requirements for DME (ANA, 2015). This action opens up greater access for patients to easily get DME services with assistance from APRNs rather than just physicians.

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 supporting care that is safe, timely effective, efficient, equitable, and patient centered. "The 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 agendas have long addressed 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 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. Other nursing professional organizations such as specialty organizations and the major nursing education organizations (the National League for Nursing and the American Association of Colleges of Nursing) are also engaged in policy as it pertains to their members and their organization goals.

Stop and Consider #3

The nursing agenda may have an impact on healthcare policy.

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 (for example, immunization, air quality, water safety, and so forth); care for those who cannot afford it; purchasing care through state insurance, such as for state employees; regulation (for example, RN licensure); and resource allocation (for example, funding for care services, research grants, funding for nursing education). 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 and usually are more complex because they require more collaborative efforts to ensure national acceptance.

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. The Public Health Act 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, prevention and primary care services, rural health clinics, communicable disease control, and family planning services. These laws also provided funding for nursing education through subsequent amendments to the law. 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

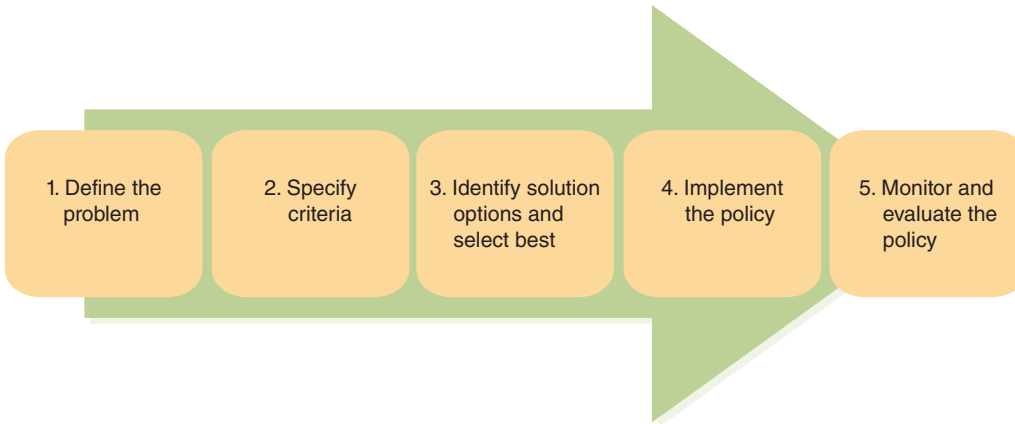


Figure 5-2 The Policy-Making Process

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 may also 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 must then go through the approval process, a process that is greatly influenced by politics.

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 affect the policy. For example, if a policy decision states that all U.S. citizens should receive healthcare insurance, the policy statement is very simple; however, when 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).

Coalition building is important in gaining support for a new policy and important in the legislative process. 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 (for example, physicians, nurses, pharmacists); healthcare organizations, particularly hospitals; professional organizations (for example, 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 government and other 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 legislation.

After a policy is approved and implemented, it should be monitored and its outcomes evaluated. Congress may require routine reports to ensure it is informed of the status. This type of monitoring would also apply to the state legislative process that leads to state policies. This all may lead to future changes or to the determination that a policy is not effective or may not be needed. The process may then begin again.

Stop and Consider #4

To develop effective healthcare policy, the policy-making process should be followed.

The Political Process

The preceding description of the policy-making process may seem to be a clear step-by-step process, but it is not. It is greatly influenced by politics and stakeholders who are either invested in the policy or do not want the policy. **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 in reality, it is 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.

As discussed, most major healthcare policy changes or new policies are made through the legislative process, though some may be made or influenced by executive or judicial components of government. 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 that includes either H.R. (House of Representatives) or S. (Senate), based on which house initiates the bill, 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 determine 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 may be sent on to a full committee, and then progress to the full House or Senate for vote. If the bill began in a committee, it might be sent directly 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. Funding allocation is a critical aspect of legislation and associated regulations. 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.

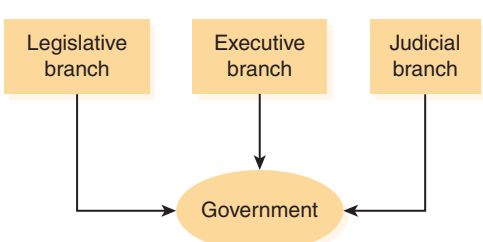


Figure 5-3 The Branches of the U.S. Federal Government

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 often is a highly politicized situation. Depending on the number of votes, at this point the bill could either become law or die.

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 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 or regulations are written for the law that state specifically how the law will be implemented, and their content and implementation make a significant difference in the effectiveness of the law. At specific steps in the regulatory development process, the public, including healthcare professionals such as nurses, 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

As healthcare professionals, nurses bring a unique perspective to healthcare policy development because of their education, clinical expertise, professional values and ethics, advocacy skills, experience with the interprofessional healthcare team, and understanding of health and healthcare delivery. 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 government; and understand who controls the resources for healthcare services (Ferguson, 2001). Many schools of nursing offer courses on health policy particularly graduate courses, or health policy content is integrated in courses such as a course that uses this text. Nursing publications, textbooks, and journals also focus on health policy. These courses or content help to prepare all nurses to better understand policy and how they might be involved in health policy at multiple levels.

Although the nursing profession 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 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 profession. The use of multiple entry levels, licensure issues, and multiple titles confuse the public and other healthcare professionals. Policy makers may not understand the various nursing roles and titles, which in turn makes it difficult for nurses to speak with one voice for nursing.

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 or modifying 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? This is what needs to be emphasized.

Getting into the Political System and Making It Work for Nursing

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, writing 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. This is a form of lobbying.

Professional organizations hire staff to be lobbyists at both state and federal levels. The ANA, the National League for Nursing (NLN), the American Association of Colleges of Nursing (AACN), and other nursing organizations, for example, have lobbyists in Washington, DC. Lobbyists may be nurses or persons who are informed about nursing and work with nurses to provide the best information to move an issue forward that supports nursing. **Exhibit 5-2** identifies the federal government agencies monitored by the ANA so that the organization is aware of legislative and regulatory activities and can impact policy.

At both the state and federal levels of government, the legislative branches are highly dependent on committees. Legislative work occurs mainly within committees. If legislation (a bill) gets "stuck" in a committee, this can be the critical barrier to passage of the bill. An example is a recent bill that addresses registered nurse staffing (S.1132), from the 114th Congress (2015–2016) (Congress.gov, 2017). This bill was sent to the Committee on Finance and has not moved forward. The bill focuses on requiring hospital-wide staffing plans to meet needs of patients and delivery of quality care. This bill, at this time, will not pass and is dead. This type of result indicates an inability to gain support for a bill; reasons may vary, such as the bill's policy issue, content of the bill, other bills that may conflict or be more important, disagreement among stakeholders, and more. There are committees on both sides of the federal legislative body, the House and the Senate. Some of the healthcare-related committees in the U.S. Congress are identified in **Exhibit 5-3**.

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 on the issue? How can they be persuaded? Knowing

Exhibit 5-2 Important Federal Government Departments and Agencies

U.S. Department of Health and Human Services (HHS): http://www.hhs.gov
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. 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

Exhibit 5-3 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

this information can help develop a more effective strategy to influence the policy content and chance of success, maybe identifying approaches to gain more support from stakeholders. There may need to be some compromises and negotiating.

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 of 1971 covers PACs and how organizations may use them. The law defines a PAC as an organization that receives contributions or makes expenditures of at least $1,000 for the purpose of influencing an election. Other rules about PAC operations are also identified. PACs do not force organization members to vote on certain candidates—this is always an individual choice even if a PAC supports a candidate.

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 its PAC is critical to its success on Capitol Hill (ANA, 2016). 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 based on legal requirements, 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 support the PAC's candidate choice and participate in determining who will be supported.

Nurses need to work to get their message across using 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 email for this purpose. Email 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 affects health care and nursing, or from a colleague.

In written communication to legislators, even if through electronic means, 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 communication should include one's full name, credentials, employment location, contact information, and voting district. 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, office in the state capital, or in Washington, DC. 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 relevant nursing and healthcare concerns. Be prepared to discuss both the topic and the activities of the representative—legislation and other interests. Provide specific information and stories that support facts, avoid generalities, and information should be useful. Present your information concisely—staff and legislators are busy. Students who visit legislators or their staff, 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 provides more nurses. Follow-up is important; send a thank-you note with a reminder of the discussion.

All these examples related to policy demonstrate leadership by nurses who participate in these efforts to advocate for health care. **Exhibit 5-4** summarizes some tips for making such grassroots efforts more effective.

Exhibit 5-4 Grassroots Tips

Letter or E-Mail Communication with Legislators or Staff

- Make sure your topic is clear.
- Do not assume anything.
- Get the facts and share them as need.
- Be brief and concise.
- Find a local focus—what is important to your city, county, state and so on.
- 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.

Contact with Legislators or Staff

- State: Call the state legislative body, get a directory, or visit your state government's website.
- Federal: Visit senator or representative websites (For federal representatives: http://www.house.gov; http://www.senate.gov).
- Prepare what you will say before you make contact; consider the comments made earlier about written communication.
- Be sure to communicate up front the focus of your contact—why you are contacting the legislator.

Visiting Members of Congress or State Legislature

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

Nursing organizations are involved in policy development through lobbying, members and officers serving as expert witnesses to government groups and agencies, and publishing information about issues in both professional and nonprofessional 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 AACN holds student policy summits to inform students, such as graduate 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. The AACN faculty and dean conferences in Washington, DC, typically include visits to Congress and/or conduct sessions in which representatives and senators are invited to speak with attendees about nursing education and the profession in general and implications for healthcare delivery.

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 interact with people who work in government. This is a great way to learn more about health policy and potential government job opportunities. Graduate programs that focus on health policy provide formal academic experiences that can lead to a career in the health policy field.

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. 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 government staff who may be nurses in many levels of government. These positions provide great opportunities for nurses to use their expertise and to participate in health policy development and implementation. Nurses have served in high-level government positions. For example, in 2013, Marilyn Tavenner, MHA, BSN, RN, was confirmed as the administrator of the Centers for Medicare and Medicaid Services, which is part of the HHS. This is a very important position providing oversight for the federal government's (and the nation's) largest entitlement program. In 2015, she left this government position and assumed a high level position at the American Health Insurance Plans (AHIP) (Matthews, 2015).

Stop and Consider #5

You can participate in the political process to advocate for health care and for the nursing profession.

Patient Protection and *the Affordable Care Act of 2010*

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 (ACA); it was signed into law by President Obama. The purpose of the law was to reform some aspects of healthcare insurance coverage in the United States. Although universal healthcare coverage was not included in the final bill owing to a lack of political support, more people in the United States obtained health insurance coverage under this law. It did not change the traditional employer-based approach to U.S. health insurance.

The healthcare delivery system has experienced changes as a result of the various reform efforts. Nurses are assuming new roles and changing old ones—for example, APRNs, nurse managers, clinical nurse leaders, and clinical nurse specialists. Their roles may vary, and more opportunities are opening up. 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 report, *The future of nursing* emphasize the need to expand use of APRNs in primary care (IOM, 2010). The United States is 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 is even greater demand for these providers.

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, such as what occurred with the ACA, has an impact on 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. There are provisions in the ACA that relate to issues other than reimbursement, such as quality care, funding for healthcare provider education, workforce issues, and more. The provisions did not all go into effect at one time, which means the final results will not be determined for some time, and now with potential changes due to the new administration, this may have an effect, too.

Since the passage of the ACA, there have been efforts made through the court system to diminish the effects of the ACA, and part of the ACA has been declared unconstitutional, so the long-term impact of the 2010 healthcare reform remains unknown due to court issues and to a new administration—changes in the ACA or repeal of the law and a new law. It is important for nurses to engage in the process that might bring changes to this law and be informed of the changes because they will not only affect the number of persons insured, but as noted, there are ACA provisions that focus on quality care and also nursing education, particularly funding. In the future, these provisions could be deleted or changed.

Stop and Consider #6

The Patient Protection and Affordable Care Act of 2010 is a law that is changing.

CHAPTER HIGHLIGHTS

1. Healthcare policy directly affects 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 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. Examples of critical healthcare policy issues relevant to nursing are variable nursing shortage and staffing, the cost of health care, healthcare quality and disparities, 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, and President Obama signed, significant healthcare legislation that has led to increasing the number of citizens with health insurance, but the final result is still not full universal healthcare coverage. This reform (Affordable Care Act of 2010 or ACA) has an impact nursing education, practice, regulation, and roles nurses assume.

ENGAGING IN THE CONTENT

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. Discuss the methods 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 for a state or nationally, or both? Has anything been done recently to initiate legislation on this issue? Teams of students can work on an issue and then share their work.
   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 to address the following questions: How would you support or not support universal health care in the United States? How does the ACA 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. The AHRQ provides several modules and a toolkit on informed consent. The toolkit on informed consent can be viewed at https://www.ahrq.gov/funding/policies/informedconsent/index.html and the modules at https://www.ahrq.gov/professionals/systems/hospital/informedchoice/index.html. Review the information, and identify three facts you did not know about informed consent.

ELECTRONIC REFLECTION JOURNAL

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

CASE STUDIES

Case 1

A nurse works in community health in a very large urban 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

CASE STUDIES (CONTINUED)

hours of the clinics that are available often make it difficult for working parents to access services for their children and for themselves. The teens in the area are involved in a lot of drug activity and have little to do after school. The neighborhood has one 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. Identify critical problems the nurse might identify.
2. Do these problems have health policy relevance? Why or why not?
3. What 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 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 what type of questions might you ask?
3. What types of election activities might the committee recommend to the organization membership?

Working Backward to Develop a Case

Write a brief paragraph that describes a case related to the following questions.

1. A nurse comments, "Why should we get involved?"
2. The discussion leads to a question, "What is important to us?"
3. How might we use our elected officials?

REFERENCES

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

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

American Nurses Association. (2015). *APRNs and DME*. Retrieved from http://www.rnaction.org/site/PageServer?pagename=nstat_take_action_dme.html

American Nurses Association. (2016). *ANA political action committee*. Retrieved from http://www.rnaction.org/site/PageNavigator/NSTAT/nstat_ana_pac

American Nurses Association. (2017). *Take action*. Retrieved from http://www.rnaction.org/site/PageServer?pagename=nstat_issues

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). Burlington, MA: Jones & Bartlett Learning.

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

Congress.gov. (2017). *S.1132 Registered Nurse Safe Staffing Act of 2015*. Retrieved from https://www.congress.gov/bill/114th-congress/senate-bill/1132

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

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

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

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

Matthews, M. (2015, July 17). *Tavenner is the perfect fit for AHIP as big insurers become public utilities*. Retrieved from http://www.forbes.com/sites/merrillmatthews/2015/07/17/tavenner-is-the-perfect-pick-for-ahip-as-big-insurers-become-public-utilities/#47e27e29419b

Shi, L., & Singh, D. (2015). *Delivering health care in America* (6th ed.). Gaithersburg, MD: Aspen.

Sullivan, L. (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

U.S. Department of Health and Human Services, & Agency for Healthcare Research and Quality. (2017a). *About the national quality strategy*. Retrieved from https://www.ahrq.gov/workingforquality/about.htm

U.S. Department of Health and Human Services, & Agency for Healthcare Research and Quality. (2017b). *National healthcare quality and disparities report*. Retrieved from https://www.ahrq.gov/research/findings/nhqrdr/index.html