



AORN ADVOCACY UPDATE

Association of periOperative Registered Nurses

— THE PUBLIC POLICY BRIEFING FOR PERIOPERATIVE PROFESSIONALS —

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AORN steps up health reform efforts

By Philip Dunn
Contributing Editor

As Congress and President Obama turn their attention to health reform, AORN's Government Affairs Department is stepping up its efforts to ensure that perioperative nurses' voices are heard at the decision making table.

Linda Groah, RN, MSN, CNOR, FAAN, CEO of AORN, traveled to Washington in late May to attend a National Patient Safety Foundation meeting and to discuss health reform with Washington health advocates.

This followed a March 12 hearing of the Senate Finance Committee—where much of any potential health reform legislation likely will be written—in which Groah submitted testimony to ensure that the nursing shortage does not escape the federal government's attention.

“In order to be successful in transforming our nation's healthcare system, we must have a holistic workforce policy that fully recognizes the vital role of nurses and other providers,” Groah said in [written testimony](#). “If we do not undertake such efforts, our healthcare delivery system will not be meet the needs of the American people, whether under our current system or a new paradigm created through healthcare reform.”

Increased Washington visibility by Groah and others, including AORN President Patrick Voight, RN, BSN, MSA, CNOR, and other AORN board members, comes as the capital grows increasingly serious about healthcare reform. (See page 4 for **Developments in Washington**).

With the flurry of activity, and the likeli-



AORN leaders increase reform efforts and visit Washington in an effort to boost health advocates' awareness of issues facing nurses.

hood that more will come, AORN and other nursing organizations are taking steps to raise their own profile on behalf of nurses and patients. The goal: to make sure that issues of critical concern to nurses are heard.

For AORN, active participation in the national discussion on health reform is among the legislative priorities for 2009. The association is seeking to promote the role of the perioperative registered nurse in achieving optimal patient safety.

AORN is working with other organizations—most notably with the American Nurses Association—and with other nursing and non-nursing organizations.

Examples of this collaborative work include AORN's support of [Stand for Quality](#), a diverse cross-section of healthcare organizations that is calling on the Obama Administration and Congress to sustain the performance measurement, reporting and

improvement enterprise; and support for the [National Priorities Partnership](#).

“AORN is a strong voice for perioperative nurses, but we are just one voice of many,” Voight says. “It is critically important that we find common ground with other organizations, even those with whom we might traditionally have had some differences of opinion, in order to find areas of agreement for the advancement of patient safety and healthcare quality.”

The latest effort in AORN's health reform grassroots outreach is a letter to the editor

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Advocacy Perspectives

Nurses coming together in Washington

An AORN nurse describes her experience at the Nurses in Washington Internship

By Pat Gussey, RN, MSN, CNOR

In March I had the honor of participating in the Nurses in Washington Internship (NIWI) program. Though I've been working in advocacy a long time, it's primarily been at the state level. Going to Washington to lobby at the national level was a new thrill.

AORN's National Legislative Committee (NLC) has for the past several years offered scholarships to help members learn more about the legislative process and become more informed advocates who can support nursing legislation.

NIWI provides nurses the opportunity to learn how to influence health care through the legislative and regulatory processes. Bonnie Vencill, RN, CNOR, and I were this year's NIWI scholarship participants, and we were joined by Claire R. Everson, RN, CNOR, CCAP, the new chair of the NLC.

Attending the 2009 NIWI was a valuable experience. There were 114 attendees from 13 states at this year's program. Most were registered nurses, although some were advanced practice registered nursing students. We came from across the clinical spectrum—oncology, pediatrics, and of course the operating room—but were united in our enthusiasm to advocate on behalf of our profession and on behalf of our patients.

The diversity in clinical focus was very important. Being nurses in the operating room, we tend to be focused on our own specialty. It was gratifying to hear nurses from several other specialties talk about their issues. We saw that, while we have different areas of practice, a great deal

of what we confront on an everyday basis is the same.

In Washington we met with legislators and their aides to ask for three things:

1. We asked Congress to increase funding for the Nursing Workforce and Development Programs contained in Title VIII of the Public Health Service Act. This investment is needed to address the recruitment, education, and shortage of registered nurses. We asked for \$215 million in the FY 2010 budget, which would be an increase of \$44 million.
2. We asked for additional funding in the FY 2010 budget to support the National Institute of Nursing Research, which is run through the National Institutes of Health and seeks to extend nursing science by integrating the biological and behavioral sciences, employing new technologies to research questions, improving research methods, and developing the scientists of the future.
3. We asked Congress to show support by placing statements in the Congressional Record about the importance of the nursing profession to the healthcare system.



Pat Gussey

The common undercurrent here, of course, is the nursing shortage. It is said that, today, 10% of open nursing positions go unfilled. The fear is that without a significant intervention, that number will grow to 41% by 2020—more than 1 million jobs going unfilled.

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Legislative Update

LEGISLATIVE PRIORITIES

Ind. RN Circulator bill becomes law

Indiana Gov. Mitch Daniels, R-Ind. signed [HB 1593](#) into law May 6, making his state the 38th with a RN Circulator law that applies to both hospitals and ambulatory surgery centers. The bill received support from AORN members in the state.

The legislation also allows surgical technologists to assist an operating room circulator in performing circulating duties if the individual has the education, training, and experience as determined by the health care facility, is assigned to perform the tasks by the health care facility, and supervised by the operating room circulator.

Minn. surgical technologist bill

Minnesota [HB1094](#) and [SB467](#) are bills to certify Surgical Technologists. This legislation did not meet the legislature's policy deadlines and therefore will not be considered this year. AORN members in Minnesota opposed the legislation because the bill did not include a requirement for direct supervision of the surgical technologists by a registered nurse, or recognition that the RN delegates the scrub role to the technologies. Minnesota's legislature ended for the year May 18.

S. D. RN Circulator legislation

Sue McNaboe, RN, CNOR, CRNFA state coordinator in South Dakota, met with a state legislator concerning the need to enact RN Circulator in her state. She presented the legislator with draft bill language and explained why she wanted to see this bill enacted.

The legislator agreed to present the RN Circulator bill for the 2010 legislative session.

Texas surgical technologist bill passes senate

Surgical technologist bill [HB643](#), introduced to the Texas state legislature in January contained language that would repeal the RN as Circulator law. This language has been removed and other changes were made that were suggested and supported by the Texas Council of Perioperative Registered Nurses and the Texas Nurses Association. This bill passed the House May 6 and passed the Senate Health and Human Services Committee May 13.

HB643 passed the Senate on May 21 and was signed on May 26 by the Senate President and Speaker of the House. Texas Gov. Rick Perry, R.-Texas has until June 24 to sign or veto the bill.

Ky. surgical technologist bill dead for this session

Surgical technologist bill [SB111](#) died in the legislature this session. It related to the licensure and regulation of health facilities and services and regulates the practice of surgical technology.

The bill specified criteria a surgical technologist must meet, including successful completion of an accredited surgical technology education program and maintenance of national certification. Kentucky's legislature ended for the year on March 30.

Mass. Surgical Technologist bill

Surgical technologist bill [SB797](#) has been introduced in Massachusetts. AORN members in the state are actively considering recommended changes to the bill that would have the RN Circulator directly supervise the surgical technologist, would provide discretion to the Mass. Department of Public Health to add certifying bodies, and would revise the term "practice surgi-

cal technology" to "function as a surgical technologist."

Pa. surgical assistant bill introduced

A surgical assistant bill, [HB1380](#), was introduced in the Pennsylvania legislature on April 28. This bill provides for the professional licensure of surgical assistants. AORN's Government Affairs department is seeking feedback on the legislation from the National Legislative Committee, RN First Assistant Specialty Assembly and AORN members in Pennsylvania.

OTHER BILLS OF NOTE

Colo. passes state board of nursing bill

Colorado passed a bill, [SB09-239](#), that will continue the state board of nursing. Colorado Gov. Bill Ritter, D.-Colo. has until June 5 to sign or veto the bill. If he fails to act the bill will automatically become law, extending the state's board of nursing through 2020. The Colorado nursing board consists of 11 members, all of which are state residents, who are appointed by the governor. Colorado SB09-239 also contains guidelines for the state board of nursing to follow.

Colo. hospital infection bill becomes law

A Colorado bill regarding healthcare-associated infections (HAIs) was signed by the Governor. [HB1025](#) requires those who collect HAI data for hospitals larger than 50 beds to hold national certification, and gives the state power to determine what continuing education requirements are.

Those who require certification must do so within six months of becoming eligible to take the test.



Legislative News

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campaign. Letters supporting Stand for Quality and urging that nurses gain the support they need have been published in newspapers in Massachusetts, Missouri and Oklahoma.

The association is urging more [letter-writing](#) activity from its grassroots members.

“Nurses have an important story to tell, and the only way members of Congress will hear it is if our members are vocal,” says Craig Jeffries, Esq., AORN’s public policy consultant. “Writing letters to the editor, calling your Congressperson, speaking out at public meetings... all these things are so important to making sure that health reform is achieved in a way that benefits nurses and patients.”

For more information, visit the [health reform page](#) on AORN’s Web site. To get involved, visit the [grassroots advocacy page](#) on the Web site.

Developments in Washington

- After months of delay the Department of Health and Human Services got a secretary April 28 when Kansas Gov. Kathleen Sebelius was confirmed. Sebelius immediately assumed the mantle of the Obama Administration’s chief spokesperson for health reform, declaring the issue “our single biggest challenge facing this country, facing this economy and it is our president’s No. 1 priority.”
- The Senate Finance Committee has released a wish list of items it might like to achieve with health reform, including value-based purchasing, increased health information technology funding, and boosting the ranks of primary care physicians. AORN has submitted [suggestions](#) to the Committee that would add to the wish list to reflect perioperative registered nurse priorities
- AORN’s CEO Linda Groah, RN, MSN, CNOR, FAAN, participated May 5 in a briefing for Congressional staffers that reinforced the important contribution of nurses in health care and health reform.
- Leaders of six major healthcare stakeholder groups—including hospitals, physicians, health plans, and device and pharmaceutical manufacturers—publicly committed to reducing healthcare costs by decreasing by 1.5 percentage points the annual healthcare spending growth rate. “We are determined to work together to provide quality, affordable coverage and access for every American. It is critical, however, that health reform also enhance quality, improve the overall health of the population, and reduce cost growth,” the stakeholder leaders [wrote](#) to President Obama.

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Of course we also talked a great deal about health reform.

Health reform presents a real opportunity for nurses, in terms of the possibilities for improved pay, more educational opportunities, and greater access for our patients. It’s up to each of us to stay on top of the issue this year, and to make sure Congress hears what we have to say about it.

Being from New York, I was also eager to talk to members from my state about state legislation of interest—such as RN First Assistant reimbursement. Federal legislators are primarily concerned with federal legislation, of course, but they also

struck me as wanting to grasp the larger picture, including how state and federal laws work together (or, less ideally, interfere with each other), so that was a valuable opportunity, as well.

One interesting thing I learned in Washington was the makeup of Congress. Congress has more than 200 lawyers, but just 20 members of Congress with any kind of medical degree—and just three registered nurses. That’s why it’s important for us to make sure our voices are heard—there just aren’t a lot of nurses in Congress to make our case for us.

The good news is legislators seem to enjoy talking to nurses. We are, correctly,

perceived as having the bedside expertise and the most intimate look at the patient’s perspective. It’s one thing to have a lobbyist at the state level who has all the right connections and can stay on top of the legislative calendar, but legislators often want to talk to us, to the nurses, to get our stories firsthand.

It’s important to remember that and to take advantage of it. We all went into nursing to take care of patients, and lobbying is just another way of taking care of our patients.

Pat Gussey, RN, MSN, CNOR, is Region I Coordinator of AORN’s National Legislative Committee from New York.



Advocacy News



AORN Government Affairs needs state coordinators in Colorado, Kansas, Montana, New Hampshire, North Dakota, and Texas. The [state coordinator](#) is the liaison between AORN's public policy interests and efforts in their state, the [National Legislative Committee](#) (NLC) and AORN Government Affairs staff. In this role, the state coordinator tracks legislative issues in their state and brings specific state needs to the attention of the NLC Regional Coordinator for funding and/or support for AORN [legislative priorities](#).

Additionally, AORN Government Affairs is seeking "mentees" for all states. A mentee is a person who will work with the state coordinator and the NLC to learn the role of the state coordinator.

If you live in one of these states and have an interest in the state coordinator or mentee positions, please contact Carrie Sayre, AORN government affairs coordinator at csayre@aorn.org.

Government Affairs webinars

"Legislative Mumbo Jumbo: Tips For Making Sense of It All," is a webinar AORN Government Affairs will be hosting on Thursday, June 11 at 7 p.m. Eastern Standard Time. This Webinar will provide a basic understanding of how to locate, dissect and read a bill in order to determine the potential impact it will have on perioperative nursing practice. It will provide tools to locate bills, break them down into key sections and apply them to AORN's legislative priorities. Speakers include Claire Karas, RN, BSN, CNOR, CRNFA, member of AORN's National Legislative Committee and Josephine Colacci, AORN Government Affairs Manager. If you have not received an invitation, please contact Jo Colacci at jcolacci@aorn.org.

ANA announces American Nurses Advocacy Institute

The American Nurses Association (ANA) announced the launching of the first American Nurses Advocacy Institute in October 2009, which is designed to prepare nurses to advance the state nursing associations' and ANA's legislative and regulatory agendas, including AORN's legislative priority of RN as Circulator.

From Oct. 25 to Oct. 27, attendees will come to Washington for training on topics including, Conducting a Political Environmental Scan; Politics 101: How a Bill Doesn't Become a Law; Effective Message Development; Message Delivery and Networking and Coalition Building. Participants will be charged with developing an action plan related to an issue of concern to their state nursing association and receive a year-long, ANA guided mentorship to support execution of the plan. The NLC and AORN Government Affairs encourage AORN state coordinators to consider attending the American Nurses Advocacy Institute. The AORN state coordinator must be a member of their state nursing association to attend. Although every state coordinator is encouraged to consider attending, the following states are a high priority to consider this opportunity because they are already working with their state nursing association and have RN as Circulator as a priority for their state: Virginia, North Carolina, Iowa, New Hampshire, Connecticut, Mississippi and South Dakota.

Contact Jo Colacci at jcolacci@aorn.org for more information. For questions about pricing and participating in the American Nurses Advocacy Institute, contact Janet Haebler, associate director of ANA State Government Affairs at 301-628-5111 or janet.haebler@ana.org.

Advocacy Tools

The [Current Laws](#) Web page located in AORN's online Public Policy information pages provides information on the issues identified in AORN's legislative priorities that have been addressed by state and federal government.

AORN maintains information on [RN as Circulator](#), [Preserving and Protecting the Perioperative Registered Nurse's Scope of Practice](#), [Supporting Workplace Safety Initiatives](#), and [Health Care Reform](#).

[Nursing priorities](#) include safe patient handling, eliminating mercury in the healthcare setting, mandatory overtime, nursing education, nursing quality indicators, nurse staffing plans and ratios, nursing workforce data collection, title "nurse protection," whistleblower protection and workplace violence.