

HISTORY OF TNA/NURSING INITIATED LEGISLATION

TNA is the only nursing organization that lobbies legislation affecting all areas of nursing. It has been active legislatively since its inception in 1907. TNA works closely with specialty nursing organizations on legislation of common interest. The nursing specialty organization members of the Nursing Legislation Agenda Coalition provide significant grassroots lobbying for nursing related legislation. The following is a listing of some of the significant accomplishments of this effort. Probably only a few - certainly not all - of these accomplishments would have occurred if TNA and nursing had not been involved.

Advocacy and Whistleblower Protections. There would be fewer protections for nurses when advocating for patients: no right to request safe harbor peer review; no protection when refuse to engage in conduct believed to violate nurses' duty to their patients; no whistleblower protections when reporting concerns about patient care within the facility or to accrediting agencies, or when reporting other professionals for unsafe care; and no protections from getting a bad employment reference ("nurse does not follow instructions") when refuse to engage in conduct believed not to be in the patient's best interest. (1987, 1995, 1997, 1999, 2003, 2005, 2007 NPA.)

Nurse Staffing. Nurses would not have the benefit of hospital licensing rules that require 1) nurse staffing levels be set with input from a

nursing committee consisting of one half direct care nurses, 2) a written staffing plan evaluated annually on outcomes, and 3) policies on mandatory overtime and floating. (2001: TNA negotiated rule request with hospital association; 2007: committee change)

Safe Patient Handling and Workplace Safety. Texas would not have been the first state in the nation to pass safe patient handling legislation requiring both hospitals and nursing homes to adopt policies minimizing manual lifting. Hospitals would not be required to have policies addressing violence and workplace safety for nurses. (2003: Hospital Licensing Law; 2005: SB 1525.)

Nursing Shortage. Nursing schools would not have received \$55+ million dollars to increase enrollments and graduations; there would be no Center for Nursing Workforce Studies to research nursing supply and demand. There would be no \$500 tuition exemption for preceptors and their children and nursing faculty would not be included in the Texas Affordable Home Loan Program. (2001-2007: Appropriations Bill; 2001: SB 575. 2003: HB 3126. 2005: SB 132; 2007: SB 992.)

Unified Regulation of Nursing. There would not be a single board of nursing and single practice act for RNs and LVNs; no potential for a single agency to regulate the entire continuum of nursing care; and RNs and

LVNs would not have same advocacy and whistleblower protections. (2003: NPA.)

Licensure Mobility. Texas would not belong to the Nurse Licensure Compact that permits nurses to move and practice in participating states with minimal hassle and expense. (1999: Occupations Code Ch. 303.)

Regulation of Nursing Education. The Board of Nursing would likely have less regulatory authority over nursing education. (1981 and 2007: Defeated attempts to strip or reduce authority of BON.)

Nurse Title Protection. Use of title "nurse" would not be limited to RNs and LVNs Personnel in veterinarian offices would also be calling themselves "nurses," "Registered Veterinary Nurses," and "RVNs." (2003: Use of title limited to RNs and LVNs. 1999: Nursing efforts defeated HB 2470 authorizing veterinary technicians to call themselves nurses.)

Nursing Peer Review. There would be no nursing peer review; no due process for nurses being reviewed. No communication between the Patient Safety Committees and Peer Review to focus on System Errors and emphasis would still be on individual blame rather than correcting system issues that caused errors. (1987, 1993, 2007: NPA.)

Peer Assistance. There would be no peer assistance program for nurses experiencing problems with chemi-

cal dependency or mental illness so they can return to safe nursing practice. (1987: Nursing initiated special statute.)

Practice Protection. There would not be exemptions for RNs in the Speech Pathology Audiologist Law, Respiratory Therapy Law, Social Worker Act, or the numerous other allied health care professional licensing acts that have been enacted. (1981-2003: Allied health groups engaging new licensing laws frequently want to exclude RNs from performing acts overlapping with nursing.)

Declaring Death. RNs would not have the authority to determine death. (1991: Health & Safety Code.)

Diabetic Management. RNs would not be able to do the nutritional and pharmaceutical components of diabetes self-management training. (1999: Clarifying amendments to HB 982).

Specific Subject CNE and Curricula. Nurses would be required to take CNE in specific subjects such as Hep C every two years. Nursing schools would be required to teach courses like forensic evidence collection to all students. (Attempts are made every session to mandate all nurses take certain CNE or all schools teach a certain subject.)

Personal Protection. Nurses would not have a right to obtain the test results of a patient tested for Hepatitis C or HIV after an accidental exposure. (1999: Amendment to SB 99 to address a nurse's access to test results.)

Occupational Tax. Nurses would not be exempted from paying an annual occupational tax of \$200.00 like most other professions. (1989: Tax imposed on physicians, dentists, chiropractors, attorneys, etc. but not nurses.)

Apparel Choice. Nurses would not be able to wear scrubs in the hospital cafeteria or grocery store. (1999: Nursing's grassroots lobbying helped defeat HB 1530 that would have prohibited wearing scrubs in food establishments.)

APN Prescriptive Authority. There would be no prescriptive authority for APNs; in fact APNs probably wouldn't even be recognized. (1989, 1995, 1997, 2001, 2003: Negotiated language with medicine.)

APN Reimbursement. APNs would not have Medicaid reimbursement and they would not be included among those providers against whom insurance companies cannot discriminate. (1992: Obtained amendment to Medicaid Plan. 1999: Insurance Code)

APN Clinical Privileges and Scope of Practice. APNs would not be guaranteed due process in seeking clinical privileges; would not be included among those providers against whom insurance companies cannot discriminate; would not be assured of their right to be able to document services that they legally provided; and would not be able to perform physicals for cosmetologists and school bus drivers. (1999: SB 1131, HB 1409. 2003: HB 1095.)

RN First Assistants and Circulating Nurse. RN First Assistants would not be listed among the providers against whom insurance companies cannot discriminate. The circulating nurse would not have to be an RN (2001: HB 803; 2005: HB 1716.)

School Nurses. School nurses would not have the same contractual rights as their teacher, librarian and counselor colleagues and would not be on the same minimum salary scale. (1995, 1999: Education Code.)

Nursing Home Supervision. The Director of Nursing in Nursing Homes would not be required to be an RN. (1997: Defeated Amendment to Nursing Home Reform Bill that would have permitted a waiver.)

Unlicensed Personnel. There would be no prohibition against physicians bypassing the RN and delegating the administration of medications directly to unlicensed personnel in home health. (1997: Amendment to home health legislation.)

And the Top Accomplishment! 100 Years (a Century 1909-2007) of Advocacy for Nurses . . . and Preparing for Another 100.