



# AORN Advocacy Update

*Public Policy Briefing for the Members of the Association of periOperative Registered Nurses*

## 2008-2009 Legislative Priorities

- RN as Circulator
- Preserving & Protecting the Perioperative Nurses' Scope of Practice
- RNFA Financial Reimbursement
- Supporting Workplace Safety & Patient Safety Initiatives

## **Congress 2008 Information:**

The Department of Government Affairs will be presenting the "Legislative Update" at Congress on March 31 from 1:30 – 3:00pm. Cathy Sparkman will lead the presentation and will provide an update of federal and state legislation and regulation relative to AORN's legislative priorities, with an emphasis on recent efforts to enact RN Circulator laws in all 50 states, as well as reimbursement for RNFAs, and legislative initiatives with respect to allied health care professionals and support personnel. A review of the activities of the 110<sup>th</sup> US Congress and state government relating to healthcare will be included.

## **Government Affairs Booth at Congress:**

The Department of Government Affairs will have the most up-to-date legislative information available at the Congress booth. Please stop by and take copies of federal bills that affect nursing, sign-up for grassroots, and ask any questions you may have regarding AORN's legislative activities and legislative priorities. For current members of the Grassroots Network, you may pick up your Grassroots ribbons and the new "AORN Legislative Grassroots Activist" buttons.

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## **States, Hospitals, Private Insurers Join Medicare in Limiting Payments for Medical Errors**

In August 2007, CMS announced that beginning in January 2008, Medicare would no longer be reimbursing hospitals for the additional costs associated with certain preventable conditions. A number of hospitals have voluntarily implemented policies whereby patients will not be charged for costs directly related to certain adverse events. Several healthcare insurers have announced that future contracts with hospitals and other healthcare providers will exclude payment for these so-called "never events." For example, Anthem Blue Cross Blue Shield is focusing on what the company calls the "core surgical four" adverse events: surgery on the wrong patient, surgery on the wrong body part, the wrong surgical procedure and retention of a foreign object in a patient after surgery.

Following this trend, HB 1428 was filed in the Maine legislature on 12/20/07 to prohibit healthcare facilities from charging a patient for a mistake made by that healthcare facility or for a preventable adverse event that occurred while the patient was in the care of that facility or for the care provided by the facility to correct its mistakes or rectify the preventable adverse event.

Connecticut has followed suit, when HB 5695 was introduced. That bill precludes payment (and precludes hospitals charging patients as well) for 28 "never events."

**For questions, comments or requests please contact:**

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# AORN Advocacy in the States

## 2008-2009 RN Circulator & RNFA Reimbursement Initiatives



**In Georgia,** The strategy to re-file House Bill 589 is under development by Government Affairs, AORN's contract lobbyist, and grassroots members for the 2008 legislative session. Emily Ham, AORN's contracted lobbyist is working closely with Chairperson Cooper to secure a hearing date for HB 589 before the House Health and Human Services Committee. A meeting has been tentatively scheduled for Friday, March 7, 2008.



**In Iowa,** Grassroots members are planning to re-file an RNFA reimbursement bill for the 2008 legislative session. RN Circulator language is also under consideration by grassroots members and potential sponsors. The Iowa Nursing Association's Lobby Day will be held on February 21, 2008, with a number of AORN members attending to gauge support for both the RN Circulator and RNFA initiatives.



**In Michigan,** At the request of grassroots members and an influential Senate office, the legislative drafting office has drafted an RN Circulator bill to be considered in 2008. Michigan grassroots members and Government Affairs interviewed and selected lobbyist, Noah Smith with Capitol Services to assist in the development of strategy and promotion of the RN circulator initiative. Potential sponsors are being evaluated.



**In New York,** The RN Circulator bill, A 1206, passed the Assembly and is under consideration by the Senate. S 5367, which requires the reimbursement of non-physician licensed assistants at surgery did not pass and will be re-addressed during 2008. The NY Health Plan Association has offered to assist New York RNFA's if there is a demonstrated problem regarding reimbursement. AORN has collected and furnished data on current RNFA reimbursement.

**In other states,** Grassroots members from Connecticut and South Dakota have expressed interest in filing RN Circulator bills. The Department of Government Affairs is coordinating with these members on opportunities, strategies, and draft language.



**In Pennsylvania,** The RN Circulator bill, HB 1867 passed the House unanimously on Monday, February 11, 2008, with support from the Ambulatory Surgical Centers, Hospital Association, and National Association of Surgical Technologists. The RNFA reimbursement Senate Bill 506, sponsored by Senator Vance, is also under continued consideration in 2008 pending the results of a grassroots information gathering project on current RNFA practices. A legislative education day in April is under consideration to promote these initiatives – more information to follow.



**In Tennessee,** Discussions regarding a regulatory effort to bolster the current TN language regarding the RN circulator (currently CMS language) are taking place between grassroots members, regulatory representatives, coalition partners, and Government Affairs.



**In Washington,** After a significant delay in the release of the hospital licensing rule revisions, the Department of Health has provided the proposed rules to all interested parties. AORN's recommended RN circulator language remains in the proposals. A hearing for formal adoption of the rules will likely be held in early 2008.



**In West Virginia,** Senate Bill 598 which requires an RN to serve as the circulator during surgical procedures was introduced on Thursday, February 7, 2008, by Senator Hunter and Senator Foster. The bill is passed the Senate Health and Human Resources Committee on Thursday, March 6, 2008, and will be considered by the full Senate on Friday, March 7, 2008.

**News Flash:** WV HB 4474 passes out of the Senate on Friday, March 7, 2008, (the last day of session) and is awaiting the Governor's signature.

# Preserving & Protecting the Perioperative Nurse's Scope of Practice

AORN tracks and monitors legislation that could affect the perioperative registered nurse's scope of practice. The AORN Department of Government Affairs work closely with the National Legislative Committee, Legislative State Coordinators, and local grassroots networks to respond to any legislation. The lists of bills below represent some of the issues identified by the Department of Government Affairs. **Items in bold are bills added since the last Legislative Update.** To view a bill, or for more information and additional legislative issues, please use the Public Policy website Legislative Tracking section at <http://www.aorn.org/PublicPolicy/>.

**Allied Healthcare Providers** – legislation that would define a regulatory scheme (licensure, certification, education, title protection, or registration) for allied healthcare providers.

- **AK HB 71** – Requires licensure of occupations relating to radiology technology, radiation therapy, and nuclear medicine technology.
- **AZ SB 1327** – Requires the licensure of surgical assistants.
- **CA AB 623** – Requires certification of radiologist assistants and sets forth their qualifications and duties.
- **CA SB 1125** – Requires the licensure of polysomnographic technologists.
- **KY SB 137** – Requires certain educational, certification, and title protection requirements for surgical assistants.
- **KY HB 668** – Requires specific education and certification requirements for surgical technologists and defines the duties and tasks to be performed in the operating room.
- **MA SB 1211** - Requires specific education and certification requirements for surgical technologists employed by hospitals and defines the duties and tasks to be performed in the operating room.
- **MD SB 580** - Establishes licensure for radiologist assistants.
- **MO HB 1634** – Establishes the Surgical Technologists Title Protection Act.
- **MO HB 1935** - Requires specific education and certification requirements for surgical technologists employed by hospitals and defines the duties and tasks to be performed in the operating room.
- **NC HB 2015** – Requires the licensure of polysomnographic technologists.
- **NY A 3220 / S 3737** - Requires central supply personnel in hospitals to be licensed and undergo continuing education.
- **OK HB 1647** – Requires regulation and specification of duties for radiologist assistants.
- **TN HB 3275** - Authorizes persons who have successfully completed a program for medical assistants to take a written examination to be a licensed practical nurse.
- **WA HB 2513** – Requires certification and registration of practitioners of radiological technology.
- **WA HB 3190** – Sets educational and practice criteria for radiologist assistants.
- **FED SB 605** – Creates the Allied Health Reinvestment Act to promote and improve allied health professions.

**Board of Nursing / Nursing Practice** - legislation that affects the duties and responsibilities of specific state boards of nursing or that affects the licensure and/or practice standards of the nursing practice.

- **KS SB 107**– Requires fingerprinting and criminal history background checks for certain licensees of the board of nursing.
- **CA AB 1201** - Gives direct care registered nurses the right to organize, form, or join a union, and to bargain collectively through chosen representatives with a health care employer.
- **CA AB 1436** - Requires a nurse practitioner to be certified by a nationally-recognized certifying body approved by the Board of Nursing.
- **CO HB 1060** – Requires health benefit plans to use objective and state criteria when determining whether APRNs should be added to their provider networks.
- **FL SB 736 / HB 285** – Allows clinical nurse specialists to petition the Board of Nursing for exemptions from certain certification requirements based on certain educational training.
- **GA HB 676 / SB 253** – Gives APRNs the ability to conduct on-site patient evaluations.
- **IL HB 1429** – Expands the scope of practice for LPNs, RNs, and APRNs to include prescribing certain medications.
- **IL HB 4778** - Sets forth guidelines for the prescriptive authority delegated to advanced practice nurses.
- **IL SB 302** – Allows Board of Nursing to suspend the licenses of practitioners who represent a clear and immediate danger to the public health and safety.
- **KY SB 21** – Requires reporting of suspected substance abuse by nurses to the Board of Nursing.
- **MD HB 923** - Provides that temporary licenses / temporary practice letters issued by the State Board of Nursing may be renewed for a specified period of time under specified circumstances.
- **MI HB 4207 / SB 197** – Provides for licensure of graduates from a nursing education program outside of the U.S.
- **MO SB 724** - Gives APRNs prescriptive authority for scheduled drugs.
- **NY A 5477** - Provides for reimbursement for nurse practitioner services for any service which is within the lawful scope of practice of a certified nurse practitioner.
- **OK SB 1638** – Requires physician supervision of non-physician providers under certain circumstances.
- **OK SB 1907** – Revises the penalty for using the title “R.N.” inappropriately from a misdemeanor to a felony.
- **TN HB 1972 / SB 1960**- Requires the Board of Nursing to report to certain legislative committees by January 15, 2008, concerning practice settings of Tennessee nurses.
- **VA HB 584** – Extends the presumption that nurses are aware of the standard of care in VA to nurses licensed by a state participating in the Nurse Licensure Compact and practicing in the state.
- **VT HB 110** - Proposes to improve the process for the Vermont Board of Nursing to investigate complaints.
- **WA HB 1103** – Increases authority of regulatory bodies (including the Board of Nursing) to remove healthcare providers who pose a risk to the public.
- **FED HB 1358** - Creates a new nonimmigrant visa category for registered nurses.

# Perioperative Nurse's Scope of Practice (cont'd)

**Nurse Licensure Compact** - legislation that enters a state into the interstate Nurse Licensure Compact Act or the interstate Advanced Practice Registered Nurse Licensure Compact Act.

- [IA HB 2151](#) – APRN Licensure Compact
- [IL HB 4503](#) – Nurse Licensure Compact
- [IN HB 1172](#) – Nurse Licensure Compact
- [KS SB 396](#) – Nurse Licensure Compact
- [MA SB 2437](#) – Nurse Licensure Compact.
- [NJ HB 1866](#) – Nurse Licensure Compact

To view a bill, or for more information and additional legislative issues, please use the Legislative Tracking section at <http://www.aorn.org/PublicPolicy/>.

## Workplace Safety

The Department of Government Affairs will be closely monitoring and providing advocacy support through grassroots members to these initiatives. To view bills, or for more information on these bills, visit the government affairs website and use the “Legislative Tracking” section at <http://www.aorn.org/PublicPolicy/> or contact staff in the Government Affairs Department [govtaffairs@aorn.org](mailto:govtaffairs@aorn.org).

**Staffing** – Nurse staffing in hospitals is being considered by a number of state legislatures. Generally, this legislation comes in one of two forms. The first is the establishment of direct-care nurse-to-patient ratios for each hospital department. The second approach requires hospitals, through hospital-specific committees, to develop and implement staffing plans based on patient acuity and other factors.

| RATIOS                              | STAFFING PLANS                                      |
|-------------------------------------|---|
| AZ HB 2041                          |   |
| CA SB 1721                          |   |
| FL SB 1338                          | CO SB 188   |
| HI HB 2878                          |   |
| IL HB 392 / SB 605                  | IL SB 361   |
|                                     | MA HB 2059, MA SB 1244                              |
|                                     | MD SB 765 / HB 1244                                 |
| MI HB 4339 / SB 63, HB 4340         |   |
|                                     | MO HB 1846  |
| MN HB 3042 / SB 2742                |   |
| NJ HB 1531 / SB 1233                |   |
| NY A 8107 / S 2482, A 6119 / S 1551 | NY A 5525, SB 620, SB 4655                          |
|                                     | OH HB 346   |
| PA HB 171                           |   |
|                                     | WA HB 1809 / SB 5696, SB 6945, WA HB 2187 / SB 6057 |
| WV HB 2487                          |   |
| FED HB 2123, FED HB 4138 / SB 73    |   |

**Mandatory Overtime** - legislation that restricts or prohibits healthcare facilities from requiring nurses (and other healthcare providers) to work mandatory overtime. The bill language often includes an exception for emergencies and protection for whistleblowers who report violations of the mandatory overtime standards.

- AK SB 28
- IL HB 417, **HB 5677 / SB 2195**
- MA SB 1244
- MI HB 4341
- NY S 5262, NY S 6362, NY A 8107, NY S 2482
- OH HB 185 / SB 65
- PA HB 834 / SB 835
- WA HB 1306 / SB 5848, HB 2824
- WV HB 2487
- FED HB 2122 / SB 1842

**Safe Patient Handling** - legislation requiring hospitals to develop and implement “safe patient handling” standards including establishing lift teams, incorporating the use of patient lift equipment, and establishing workgroups or committees to study the effectiveness of such programs.

- CA SB 1151
- FL HB 471 / SB 508
- HI SB 2100, **HB 2126**
- **IL HR 511, HJR 61**
- **KS HB 2846**
- MA HB 2052
- **MD HB 585**
- MI HB 4013 / SB 377
- MN HB 712 / SB 828
- MO HB 1940
- VT HB 421 / SB 141
- FED HB 378

## Whistleblower Protections

- legislation that protects certain healthcare providers (including nurses) from being retaliated against for reporting certain healthcare violations by healthcare facilities.

- IA HB 182, IA HB 212
- MO HB 1816

# Patient Safety

The Department of Government Affairs will be closely monitoring and providing advocacy support through grassroots members to these initiatives. For more information on these bills, visit the government affairs website and use the “Legislative Tracking” section at <http://www.aorn.org/PublicPolicy/> or contact staff in the Government Affairs Department [govtaffairs@aorn.org](mailto:govtaffairs@aorn.org).

**Infection Reporting** - legislation that requires the state to study hospital-acquired infection rates or requires healthcare facilities to report certain infection rates and make that information available to the state or to the public.

- **AL SB 29** – Requires hospitals to collect data and submit to Dept of Health who is responsible for making the information publicly available
- **AK SB 62** – Creates a Task Force
- **AZ SB 1356** – Establishes the infection control and prevention advisory committee
- **CA HB 2886** – Creates a sepsis prevention pilot program
- **DE HB 47** – Requires quarterly reporting
- **GA HB 61** – Requires reporting
- **HI HB 1438** – Requires reporting and availability to public
- **KS HB 2342** – Creates Advisory Committee
- **MD SB 102** – Requires healthcare facilities to develop Health Care-Associated Infection Prevention and Control Program
- **MI HB 4158** – Requires reporting
- **MN HB 1076 / SB 755** – Requires public reporting
- **MS SB 2090** – Requires quarterly reports on infection rates
- **NH HB 1503** – Funds development of reporting system by Department of Health
- **NJ SB 147** – Requires reporting and availability to the public
- **NM HB 455** – Requires reporting of quality indicators, financial data, and infection rates
- **NY A 2622** – Requires reporting
- **NY A 9270** – Requires reporting of certain staphylococcus infections
- **NY S 6187** – Provides for notification to hospital patients upon intake of reports of hospital-acquired infections
- **OK HB 2458, HB 3468** – Creates system to track infection rates and make information available to the public
- **OK SB 1557, SB 1527** – Creates a system to collect infection rate information
- **PA HB 1552** – Creates Pennsylvania Infection Control Advisory Committee
- **RI HB 7962** – Requires hospitals to collect infection data and report to the Dept of Health
- **RI SB 2383** – Adds infection rates to the list of items hospitals must regularly report
- **SC HB 3380** – Hospital Infections Disclosure Act
- **WV HB 4418** – Requires reporting and that information be made available to the public
- **FED HB 1174** – Requires public reporting and incentive programs for infection reductions
- **FED HB 4214 / SB 2278** – Requires AHRQ in collaboration with CDC to develop best-practices guidelines for internal infection control plans to prevent, detect, control, and treat infections in hospitals.

**Informed Consent** - legislation that requires healthcare providers to get consent from patients before certain treatments and/or procedures. Often encourages patient involvement in the treatment plans.

- **NJ HB 1899 / SB 892** - Requires health care providers to obtain informed consent from patients for use of certain reprocessed medical devices.
- **SC HB 3532** - Requires a healthcare facility to obtain a patient's informed, written consent before any invasive procedure is performed.
- **WA SB 5619** – Adds a shared decision making element for patients to participate in treatment decisions with physicians to the informed consent process.

# Patient Safety (cont'd)

**Medical Errors / Adverse Event Reporting** – legislation that mandates or establishes voluntary programs for healthcare facilities to report certain errors or adverse events. Some states consider establishing committees or workgroups to determine best practices from reports. Some states include these reports with infection reports. Some states tie reimbursement for treatments in healthcare facilities to the occurrence of adverse events.

- **FL SB 1370** – Requires the FL Patient Safety Corporation to make adverse event reports available and establish best practice recommendations based on them
- **HI SB 701** – Requires Department of Health to collect data and submit reports on adverse events in hospitals
- **MN HB 1990** – Revises certain error reporting requirements
- **IA HB 2471** – Dependent on federal funding – encourages the development of an medical error reporting system
- **MO HB 1264** – Requires hospitals and ASCs to report adverse events
- **MS SB 2091** – Requires hospitals and ASCs to annually report certain errors and occurrences
- **NC HJR 136 / SJR 64** – Authorizes Legislature Research Commission to study adverse events and impacts
- **NJ SB 807** – Requires Department of Health to make reported information publicly available
- **NY S 2685** - Requires hospitals to report to patients certain incidents adversely impacting the patients
- **NY A 9608** – Requires notification to patients if it is determined that a healthcare provider exposed them to a communicable disease through reckless conduct
- **PA HB 353** - Establishes a reporting system for adverse health care events
- **RI SB 650** - Requires hospitals to participate in a comprehensive program to improve patient safety and reduce medical errors
- **RI HB 7281** – Requires monitoring of the occurrence of pressure ulcers in healthcare facilities
- **SD SB 33** - Requires hospitals to report certain adverse health care events
- **WA HB 2670 / SB 6457** – Modifies reporting requirements by allowing facilities to submit contextual information about best practices and prevention tools

## Other Legislative Issues

### Healthcare Providers Right to Conscience Acts:

- A number of states are considering legislation that would permit healthcare providers to refuse certain services if such services are in violation of their personal beliefs and/or moral values (**AL HB 490**, **HI HB 2741**, **MI HB 4660**, **NC HB 155**, **OK HB 2771**, **PA SB 1255**, **RI HB 5274**, **SC HB 3283**, **VT HB 315**).
- Other states limit the right to refuse services to abortion services only (**NY S 6644**) or to pharmacists regarding dispensing forms of contraception (**IN SB 3**, **MO HB 1635**, **WA SB 6361**, **WV SB 115**).

### Efforts to address the Nursing Shortage:

- State legislatures are considering mechanisms for addressing the nurse workforce shortage. Some states are suggesting the establishment of Advisory Committees or Study Groups to determine current workforce trends and needs (e.g., **GA SR 66**, **HI HB 359 / SB 1244**, **NY A 8645 / S 161**, **RI HB 5840**). Many states are increasing loan repayment and grant programs for nursing students and proposing increases to nurse faculty salaries. (**AK SB 32**, **IL HB 3623**, **IN SB 58**, **IA HB 668**, **KS SB 25**, **MI SB 562**, **NJ SB 999**, **NY A 1211**, **OH SB 147**, **PA HB 1018**, **RI HB 5065**, **SC SB 1022**).
- At the Federal level, legislation is being considered to study nursing school graduate and faculty trends (**FD HB 677**), increase nurse faculty (**FD HB 2384**), create a grant program for nursing students (**FD HB 3597**, **FD HB 4001**), and fund hospital based nursing and allied healthcare education programs (**FD HB 5174**).

## Other Legislative Issues (cont'd)

### Health Information Technology Initiatives:

- Over 16 states will be considering initiatives related to increasing health information technology infrastructure and/or the establishment of electronic health record systems. For more information on these initiatives, contact the Department of Government Affairs at [govtaffairs@aorn.org](mailto:govtaffairs@aorn.org).
- There are a number of Federal bills addressing health information technology under consideration:
  - o SB 1408 - provides incentives for the implementation of modern health information technology systems
  - o HB 1952 – National Health Information Incentive Act
  - o HB 2406 – authorizes NIH to increase efforts in the integration of healthcare information enterprise
  - o HB 2991 – Independent Health Record Trust Act (electronic medical records)
  - o HB 3800 – encourage adoption of nationwide interoperable health information technology system
  - o SB 1455 – provides for establishment of health information technology and privacy system
  - o SB 1456 – Federal Employees Electronic Personal Health Records Act
  - o SB 1693 – Wired for Health Care Quality Act

### Healthcare Transparency –

A number of state legislatures are considering whether to require healthcare facilities to make information available to the public or regulatory agencies about specific costs or pricing methodologies used for the provision of certain healthcare services (e.g., CA HB 2967, FL SB 1488, KS HB 2272, ME HB 962, MO HB 1331, NM SB 158, NY SB 6368, OK HB 1884, PA SB 1192).

### *Advocacy Quote of the Month*

*Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it's the only thing that ever has.*  
*Margaret Mead*

**To contact your legislators about any of the legislation listed in this update, please go to [www.capwiz.com/aorn](http://www.capwiz.com/aorn).**

**Once you have accessed the sit, enter your zip code and you will be directed to a page listing your legislators contact information as well as an option to send them an email.**

## NLC Business

**Grassroots and Advocacy:** The National Legislative Committee has issued a state challenge for grassroots participation and sign-up. The state with the largest percentage increase in grassroots members from August 2007 to Congress in March 2008 will be officially recognized at the AORN Annual Congress in Anaheim, CA. Grassroots participation numbers are posted on the AORN Public Policy website.

**Congress 2008:** Be sure to stop by the Government Affairs booth to get your grassroots ribbon and "AORN Legislative Grassroots Activist" button.

**State Coordinator Vacancies:** North Dakota is still without a state coordinator. If you or someone you know would be interested in serving in this role, please contact Sharon Robinson, Chair of the NLC [srobinson1@nycap.rr.com](mailto:srobinson1@nycap.rr.com).

**NLC Conference Calls:** Beginning on September 11, 2007, the National Legislative Committee began inviting state coordinators from designated regions to join the NLC monthly conference call. The regions will be invited in numerical order but if a State Coordinator cannot make their designated call, please contact Sharon Robinson, Chair of the NLC [srobinson1@nycap.rr.com](mailto:srobinson1@nycap.rr.com).

**2008 Nurse in Washington:** Congratulations to Kim Dodson, Linda Savage, and Ed Nelson who have been selected to represent AORN at the 2008 Nurse in Washington Conference scheduled for March 9-11 in Washington, D.C. During this conference, they will have significant opportunities to study policy initiatives at the federal level and interact with legislators regarding the issues and legislation affecting the perioperative nursing profession.

For more information on Nurse in Washington Conference, please feel free to visit the Nursing Organization's Alliance website at <http://www.nursing-alliance.org/niwi.cfm>.

## Other Issues

The ANSR (Americans for Nursing Shortage Relief) Reauthorization Work Team met to clarify priorities for the Title VIII federal funding reauthorization for 2009. AORN is a member of this team. The priorities as identified are as follows:

- Development of nursing faculty for classroom and clinical settings.
- Doctoral provision flexibility -- Eliminate Section 811 (Advanced Education Nursing) restriction of not obligating more than 10% of the awards for individuals in doctorate degree programs.
- Development of a nursing workforce reflective of U.S. population. Includes:
  - Diversity
  - Serving rural and medically underserved
  - Retention (e.g., internships, mentoring)
- Administrative Issues:
  - NACNEP needs to reflect the nursing community -- both academic and clinical practice.
  - Enhancement of data collection as a key to decision-making -- more responsive, more reflective of the overall nursing community.
- Acknowledgment that the Loan and Scholarship Programs are working well within the confines of an inadequate budget to meet national health care demands.





# Messages from the Grassroots

The National Legislative Committee has issued a state challenge for grassroots participation and sign-up. The state with the largest percentage increase in grassroots members from August 2007 to Congress in March 2008 will be officially recognized at the AORN Annual Congress in Anaheim, CA. Grassroots participation numbers are posted on the AORN Public Policy website.

The Department of Government Affairs has revised and published the AORN Grassroots Advocacy Handbook (formerly the Lobbying Primer) and distributed copies at the Fall Conferences. The Handbook is now available online at: <http://www.aorn.org/PublicPolicy/AORNAdvocacy/LobbyingTools/GrassrootsAdvocacyHandbook/>

## Grassroots Challenge 2007-2008

Grassroots Members by State

|                      |            |                       |             |
|----------------------|------------|-----------------------|-------------|
| <b>Alabama</b>       | <b>25</b>  | <b>Montana</b>        | <b>6</b>    |
| <b>Alaska</b>        | <b>6</b>   | <b>Nebraska</b>       | <b>13</b>   |
| <b>Arizona</b>       | <b>56</b>  | <b>Nevada</b>         | <b>11</b>   |
| <b>Arkansas</b>      | <b>4</b>   | <b>New Hampshire</b>  | <b>11</b>   |
| <b>California</b>    | <b>91</b>  | <b>New Jersey</b>     | <b>22</b>   |
| <b>Colorado</b>      | <b>45</b>  | <b>New Mexico</b>     | <b>11</b>   |
| <b>Connecticut</b>   | <b>24</b>  | <b>New York</b>       | <b>105</b>  |
| <b>Delaware</b>      | <b>11</b>  | <b>North Carolina</b> | <b>77</b>   |
| <b>Florida</b>       | <b>161</b> | <b>North Dakota</b>   | <b>2</b>    |
| <b>Georgia</b>       | <b>76</b>  | <b>Ohio</b>           | <b>132</b>  |
| <b>Hawaii</b>        | <b>7</b>   | <b>Oklahoma</b>       | <b>24</b>   |
| <b>Idaho</b>         | <b>14</b>  | <b>Oregon</b>         | <b>19</b>   |
| <b>Illinois</b>      | <b>89</b>  | <b>Pennsylvania</b>   | <b>119</b>  |
| <b>Indiana</b>       | <b>65</b>  | <b>Rhode Island</b>   | <b>7</b>    |
| <b>Iowa</b>          | <b>17</b>  | <b>South Carolina</b> | <b>61</b>   |
| <b>Kansas</b>        | <b>8</b>   | <b>South Dakota</b>   | <b>4</b>    |
| <b>Kentucky</b>      | <b>30</b>  | <b>Tennessee</b>      | <b>36</b>   |
| <b>Louisiana</b>     | <b>42</b>  | <b>Texas</b>          | <b>150</b>  |
| <b>Maine</b>         | <b>7</b>   | <b>Utah</b>           | <b>7</b>    |
| <b>Maryland</b>      | <b>48</b>  | <b>Vermont</b>        | <b>5</b>    |
| <b>Massachusetts</b> | <b>40</b>  | <b>Virginia</b>       | <b>103</b>  |
| <b>Michigan</b>      | <b>73</b>  | <b>Washington</b>     | <b>49</b>   |
| <b>Minnesota</b>     | <b>31</b>  | <b>West Virginia</b>  | <b>25</b>   |
| <b>Mississippi</b>   | <b>13</b>  | <b>Wisconsin</b>      | <b>44</b>   |
| <b>Missouri</b>      | <b>34</b>  | <b>Wyoming</b>        | <b>3</b>    |
|                      |            | <b>Total Members:</b> | <b>2063</b> |

Sign up for AORN's Grassroots Network by going to [www.aorn.org/publicpolicy](http://www.aorn.org/publicpolicy) or email [grassroots@aorn.org](mailto:grassroots@aorn.org) today

The 2008 Grassroots Challenge is and over 2,000 members have signed up. Congratulations to all for these efforts.

Grassroots Membership as of 8/31/07: 1250

Grassroots Membership as of 2/1/08: 2063

Total Increase: 813

Grassroots Membership as compared to total AORN Membership (approx.): 5%