President’s Perspective

Dianne S. Moore PhD, MN, MPH, CNM, RN
President ANAC
president@anacalifornia.org

The renewed interest in Star Wars and the anticipation of the newest story line of the awakening force lead me to think of the changes happening within ANAC and the belief that The Force is with us!

We have a new Board of Directors that represents a compliment of nurses from a wide variety of experience, education, clinical expertise and functional areas as well as a variety of ages, gender, ethnic & racial groups. We have several APRN’s and our new Secretary Anne Hughes is a Fellow of the American Academy of Nursing. I am also an APRN and the first President who is a Certified Nurse Midwife. With this incredible new Force our team represents you, our significantly larger membership on many levels.

With this significant increase in membership we are now in a position to provide you with more services, representation and communication from multiples sources.

Our plans for the future include a new website, and expansion of The Nursing Voice, hiring a new specifically dedicated Editor, new ANAC dedicated full time office and support service staff and a new ANAC dedicated office. We have some new fiscal policies and have invested funds so they are working for future membership need. Two years ago the BOD voted to change the Bylaws so that now we have our General Assembly yearly and we have a Bylaws and Ballot committee. In case you didn’t notice we also are doing the voting electronically and we will be going to electronic registration for the yearly General Assembly (GA).

This year the GA will be in Wine Country on October 9-10 at the Hilton Sonoma Wine Country. The Ethics theme compliments other ANA events this year, specifically Ethics in Nursing and Health Care. But we are also celebrating the 20th Anniversary of the reorganization of ANAC and providing an interactive lunch, contact hours and an Awards Ceremony honoring those outstanding nurses you nominate, plus honoring our ANAC charter members. While there will be business we plan on also having lots of fun and excellent networking opportunities. Please be sure to join us.

While we have always worked with other specialty nursing organizations this next year we plan on expanding those efforts so that The Nursing Voice will have dedicated sections which will include the content specific to other groups as well. The proposed new area will include more national ANA news, ANAC membership information, clinical practice, APRN issues, education, leadership, legislation, and current events related to nursing and health care. We are looking for ideas, articles, clinical stories and the like, so we welcome your submitting ideas, articles and clinical stories. ANAC is also planning on working with the different professional nursing groups to obtain their ideas, contributions and assistance for the new version of The Nursing Voice. Each member of the BOD can be reached through their email which is listed on the ANAC website so please submit your ideas to them.

The editor and the appropriate BOD member will edit contributions for each issue of the Nursing Voice. Like any new plans this will take some time but we look forward to contributions from a wide variety of sources, including you the membership.

With this legislative session we definitely need The Force with us to work toward convincing the new current legislature to pass SB323 and AB1330 in support of the APRN– Nurse practitioners and nurse midwives.

The bill for the Nurse Practitioners and Certified Nurse Midwives is another example of how the California laws need to catch up with the rest of the nation and the strong recommendations of the 2010 recommendation of the Institution of Medicine. The nurse midwifery bill is particularly interesting since one of its purposes is to allow the CNM to have the same freedom of practice as the lay midwives. Yes that’s right. Currently in our state the lay midwives can practice independently but the CNM’s cannot– where is the logic in that?

Some might ask why there are two bills, one for the NP and the other for the CNM. It comes down to the difference in the scope of practice. The CNM’s function in multiple settings, hospital, birth center, home, and clinics and for a designated gender population. The NP practice covers a variety of ages, genders and type of practice, i.e. family vs pediatrics vs psychiatric and other clinical specialty plus it can be inpatient or outpatient. There is also a bill introduced by the Anesthesiologist for licensing of Anesthesia Assistants. The CRNA are opposed since this Anesthesia Assistant’s scope of practice is extremely limited and their educational background limited for the type of responsibility being proposed. Furthermore there is some confusion about what they can actually do in the OR since they will not replace the CRNA or MD in terms of giving anesthesia and they require physician supervision. Furthermore there a sufficient number of CRNA’s in the state to cover the current needs of the population so why add another layer of personnel with a very limited scope of practice?

In addition the BVN’er is still in the Sunset Review and for those who are not aware the Executive Officer of the LVN/PT Board resigned. The BRN being under Sunset Review is serious for all nurses and future nurses in this state. We need to provide support for the BRN and assist them with the work they need to do to revitalize their operations and to be responsive to the nurses who pay their fees to keep this BRN operational. This also means insuring that the money we as nurses pay to this BRN stays within their budget to insure they can hire those necessary to fulfill their responsibilities. In case you are not aware the state government of California “borrowed” our separately funded licensing fees (which are legally not part of the state budget) to pay for other shortfalls in the state budget leaving the BRN with an
ANA California accepts and encourages manuscripts and editorials be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANAC members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less, typed and double spaced. ANAC will accept larger narrative if space permits. For more information please email TheNursingVoice@anacalifornia.org or call 916-447-0225.

ANA California’s official publication, The Nursing Voice editorial guidelines and due dates for article submission is as follows.

1. Letters, Articles and Manuscripts should be word processed and double-spaced on one side of 8 1/2 x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@anacalifornia.org.

a. Letters, Articles and Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.

b. The Nursing Voice reserves one-time publication rights. Letters, Articles and Manuscripts for reprints will be accepted if accompanied with written permission.

c. The Nursing Voice reserves the right to edit Letters, Articles and Manuscripts to meet style and space limitations.

d. Letters, Articles and Manuscripts may be reviewed by the Editorial Staff.

e. Letters, Articles and Manuscripts submitted by members of ANAC will be given first consideration when there is an availability of space in the newsletter.

f. Letters, Articles and Manuscripts submitted to ANAC will be published as space allows unless content is of a timely nature.

g. Letters, Articles and Manuscripts printed in The Nursing Voice do not necessarily reflect the views of ANAC, its membership, the board of directors or its staff.

2. Photographs should be in jpeg format and emailed with the name of the Letter, Articles or Manuscript referenced in the subject line. Email TheNursingVoice@anacalifornia.org. Photographs should be of clear quality. Write the name(s) of the persons displayed in the photo in the order in which they appear in the body of the email.

3. E-mail all narrative to TheNursingVoice@anacalifornia.org.

4. Letters, Articles and Manuscripts printed in The Nursing Voice do not necessarily reflect the views of ANAC, its membership, the board of directors or its staff. The publication is complimentary to ANAC members, schools of nursing and their nursing students, affiliates of the association and their memberships. If you would like to submit a letter, article, or manuscript, for publication please read Article Submission for The Nursing Voice’ in this issue for submission details.

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Education,
Eric Williams are representing ANA\C.
Your President (me) and the Director of Education Paper and Strategic Action Plan for attention of the BRN.

Redesign White Paper of 2008 and involves three phases:
1. An assessment phase and impact study of the 2008 White Paper recommendations
2. A planning phase studying major factors currently driving the need for nursing education redesign
3. The implementation phase including regional, statewide and national dissemination to engage commitment and support widespread consensus, resulting in the adoption of an updated strategic action plan for nursing education.

The key assumptions are:
1. Relevant stakeholders and experts will be able to come together in developing a set of priorities and action steps to further nursing education in California.
2. Updating the 2008 White Paper will lead to new and renewed actions to enhance nursing education in California.
3. A highly skilled RN workforce that is prepared to address the needs of the changing patient demographics and care settings will lead to improved patient outcomes.

The Emerging themes and Action Teams include:
1. Academic practice partnerships,
2. New roles in nursing,
3. Advancing education through academic progression,
4. Faculty recruitment and development,
5. Simulation in nursing education,
6. Transition residency programs,
7. Interprofessional education.

The timeline of activities occurs from 12/14 to 4/16.
This group is looking for input and ideas from a wide variety of sources so keep your eyes and ears open for the times and places for the meetings or any call for your input.

April thru June 2015 will involve the action groups researching best practices, engage broad input in developing actions and strategies and then refine objectives and priorities for action. This means we will be asking for input from a wide audience which includes you.

July thru August 2015 involves conducting regional meetings to review preliminary findings and emerging priorities for change. The Action groups will then synthesize the information and propose recommendations and strategies for action utilizing consensus building and input from national leaders.

Sept-October 2015 is looking for input and ideas from a wide variety of sources so keep your eyes and ears open for the times and places for the meetings or any call for your input.

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From the ANA\C Director for Practice

Mary Ellen Dellefield, PhD, RN

A major strength of ANA\C is that it provides RNs with opportunities to unite in addressing clinical, policy, and legislative issues affecting all RNs in California. As the Director of Practice, my goal is to provide you with resources that enable you to use an evidence-based perspective while examining a practice issue of interest to you that is pending in the current legislative session. Three types of resources are possible – those that describe RNs’ experiences and expert opinions on the issue; published research findings; and related evidence on consumer preferences. This approach is intended to strengthen our professional identity as RNs and recognize this professional support as a benefit of membership in ANA\C!

As many of you know, there are several important bills being considered by the California Assembly and Senate that affect RN practice in some way. Given that the domains of professional nursing practice include the person or individual, health, the environment, and the actual practice of nursing, there are a broad range of bills being proposed in this legislative session that are relevant to us. For example, SB 466 Board of Registered Nursing (BRN) Continuation to 2020 without restrictions relevant to us. For example, SB 466 Board of Registered Nursing (BRN) Continuation to 2020 without restrictions.

Some of the bills being followed by ANA\C members, to name a few, are: CA AB 34 Medical Cannabis Regulation and Enforcement; CA AB 890 Anesthesiology Assistants; CA SB 323 Nurse Practitioners; CA SB 408 Midwife Assistants; CA SB 779 Skilled Nursing Facilities: Staffing. It is obvious that bills like CA SB 323, SB466, and CA SB 408 affect RNs and NPs directly, while others, such as CA AB34, affect RN practice less directly.

If you are interested in a particular bill being considered by the California Assembly or Senate, and would benefit from being directed to additional resources to educate yourself, let me know. Contact me at the ANA\C (practice@anacalifornia.org) or Dellefield@anacalifornia.org. Please identify the subject of the e-mail appropriately. I look forward to your active participation in ANA\C.

We look forward to seeing you in October!
March ANA/C Board Meeting Highlights
Anne Hughes, PhD, FNP, ACHPN, ACRN, FAAN
Secretary

• Board affirmed 2013-2015 Board’s decision to place $250,000 into investment account.

• Board approved funding 2 observers and 5 alternates elected by the ANA/C membership (in addition to the two ANA/C elected representatives whose expenses ANA reimburses) to attend ANA Membership Assembly in Washington, D.C. in July 2015.

• ANA/C representatives to various groups/coalitions appointed by President Dianne Moore include:
  - ANA/C Education Director Dr Eric Williams as CSNA advisor
  - Gail Sarlatte to Coalition IOM Group
  - President, Dr Dianne Moore and Executive Director, Honorable Tricia Hunter to Deans and Directors Group
  - Dr. Diana Taylor reappointed as representative to CCRE.
  - Dr Tadero reappointed to Education White Paper Task Force.
  - ANA/C Education Director, Dr Eric Williams & President, Dr Dianne Moore to QUAD Council.
  - ANA/C Bylaws Committee: Susan Bowman, Kathy Falco, Elissa Brown, Zack Huddleston
  - Nursing Voice Editorial Board: Membership Director, Practice Director, Legislation Director and Education Director
  - Endorsement Committee board members include: President, VP, Membership Director, Practice Director and Legislation Director.
  - Non-Board members of Endorsement Committee: Cathy Meltzer, Susan Adams, Rosemary Bergen, Joyce Boone, and Myrna Allen
  - Vice President, Corrine MacEgan will explore the possibility of developing new award for General Assembly, Emerging Nurse Leader
  - APRN Coalition representatives will be finalized

• Board will develop job descriptions for staff positions (administrative support and bookkeeping/accounting) to support the work of the association.

Interviewing/hiring is expected to occur in summer 2015.

• Vice President Corrine MacEgan will be chairing General Assembly Planning Committee for October 9th and 10th in Napa (save the date and look for more information about this wonderful event).

• Membership Director, Phillip Bautista is coordinating planning for events to celebrate ANA/C 20th Anniversary (more info to follow)

• Membership Director Phillip Bautista will draft association policy on social media and web use.

• ANA/C significant role in health policy and legislation continues with lobbyist and volunteers efforts to articulate legislation that affects health care and nursing practice.

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UCLA Award for Professional Achievement

Kathleen Dracup, R.N., F.N.P., D.N.Sc., F.A.A.N, UCLA class of ’74, was awarded the very prestigious UCLA Award for Professional Achievement.

Tricia Hunter

Tricia Hunter and Dianne Moore, representing ANA/C, joined nursing leaders in education, practice and associations to discuss the challenges around changing roles in nursing. Peter Buerhaus started the program with a presentation on the “Emerging Value-Based World: Implications for the Nursing Profession.”

The program was held at Kaiser Permanente Garfield Center. This center is developing technology to interface with the practice of health care. We were all impressed with the “Primary Care Office” that is in use in San Diego. It allows a patient to have a professional visit interfacing through a computer. The office has all the tools to do a physical assessment. When the visit is done, the unit seals and self-sterilizes.

Panel discussions included Shaking things Up: New and innovative Strategies to Advance Nursing Roles in California, and The Future is Ours to Create, moderated by Marilyn Chow. We broke up into sessions on Care Coordination, Interfacing with Technology, RN’s in Primary Care, Moving Clinical Education into Communities, Interprofessional Education, and Interprofessional teams in Practice. The break out sessions shared their strategies with the whole group.

The program was planned by CINHC, the California Institute for Nursing and Health Care; the American Academy of Nursing and sponsored by Kaiser Permanente. The American Academy of Nursing is planning similar programs throughout the country.

Kathleen A. Dracup, D.N.Sc., R.N., F.A.A.N, a long time ANA/C member, is Endowed Professor in Nursing Education and former Dean of the University of California, San Francisco School of Nursing. Dr. Dracup earned a Doctorate in Nursing Science from the University of California, San Francisco, a Master of Nursing degree from the University of California, Los Angeles, and a Bachelor of Science degree from St. Xavier’s University, Chicago, Illinois. A member of the Institute of Medicine, she is a leader in the field of cardiovascular nursing; she has been an influential mentor for cardiovascular nursing researchers for the past three decades. She is recognized nationally and internationally for her investigation in the care of patients with heart disease and the effects of this disease on spouses and other family members. She has tested a variety of interventions designed to reduce the emotional distress experienced by cardiac patients and their family members and to reduce morbidity and mortality from sudden cardiac death. Dr. Dracup has published her research in more than 300 articles and chapters, and has recently published the textbook, Intensive Coronary Care. She served as the editor of Heart & Lung for over a decade and currently is the co-editor of the American Journal of Critical Care.
Ray Cox Award

Ray Cox Award Given at RN Days 2015 in Sacramento California to Mary Dee Hacker, MBA, NEA-BC, FAAN

This award recognizes the lifelong commitment of an individual Registered Nurse in the field of nursing and their impact and dedication to the advancement of Nursing as a profession and the state of California.

Mary Dee Hacker, MBA, NEA-BC, FAAN, is vice president of patient care services and chief nursing officer at Children's Hospital Los Angeles, where she is responsible for nursing, as well as for respiratory, physical, occupational and speech therapy, audiology, pharmacy, nutritional services, social work, diversity services, child life, artists’ programs, spiritual care services and care coordination.

Ms. Hacker has been associated with Children’s Hospital for more than three decades, beginning as a staff nurse in 1975. She has held various administrative nursing positions at the hospital, including as nurse manager of the Pediatric Intensive Care Unit.

Ms. Hacker was named Vice President for Patient Care Services and Chief Nursing Officer in 1993. She is a member of the Children’s Hospital Los Angeles Board of Trustees.

She has been the driving force behind the RN Residency in Pediatrics, a 22-week program that provides new nursing school graduates with a comprehensive, clinical and learning experience to prepare them for work in the acute care environment at Children's Hospital Los Angeles. The RN Residency in Pediatrics was created in July 1999 in response to the growing national nursing shortage. The curriculum was developed with the support of a Job Development Incentive Grant from the California Community Colleges Chancellor’s Office. It also received important support from numerous sources, including the Weingart Foundation and the William Randolph Hearst Endowment.

Ms. Hacker is a member of the advisory council (2012-present) of Versant RN Residencies, a not-for-profit, public benefit company established by Children’s Hospital of Los Angeles in response to the growing national nursing shortage and patient safety issues. Versant provides hospitals and healthcare organizations with comprehensive research-oriented and empirically evaluated RN Residency programs that both elevate the standard of nursing care and optimize the financial performance of healthcare institutions. Hospitals that have implemented the Versant RN Residency have realized financial and clinical quality benefits through significant reduction of first- and second-year new graduate turnover rates.

She is a member of the board (2006-present) of the not-for-profit Diseases Attacking the Immune System (DAISY) Foundation, based in Glen Ellen, California, which was established by Bonnie and J. Mark Barnes in memory of their son, J. Patrick Barnes, who died at the age of 33 from complications of ITP, an autoimmune disease. The DAISY Award is the first national program established by patients and their families to honor nurses. The program currently includes more than 1,400 hospitals throughout the world.

Ms. Hacker is a frequent speaker at state, regional and national meetings. She has testified on nursing issues at the meetings of various committees of the California Legislature. She was a member of the Board of Registered Nursing Advisory Committee (2000) for AB 655. She is a member of numerous local, state and national healthcare organizations, including the Nurse Executive Council of Los Angeles (1992-present), the American Organization of Nurse Executives (1993-present), the Society of Pediatric Nurses (1992-2012) and Sigma Theta Tau (1974-present) and the American Nurses Association/California (1992-present).

She has been an active member (1991-present) of the Association of California Nurse Leaders, formerly the California’s 100 Most Interesting and Influential Nurses (1992-2012) and Sigma Theta Tau (1974-present) and the American Nurses Association/California (1992-present).

Ms. Hacker has been the recipient of the prestigious Morris and Mary Press Humanism Award (1980) at Children’s Hospital Los Angeles, as well as the hospital’s Mary Vannier Award (2001), for her efforts to advance the profession of nursing and care of children. She has been the recipient of the “Best Practice” (2003) and “Excellence in Nursing Leadership” (2000) awards from the Association of California Nurse Leaders. She was awarded the NurseWeek “RN Excellence Award” in 1997 and the NurseWeek Nursing Excellence-Diane Cooper Lifetime Achievement Award in 2009. Ms. Hacker received the St. Catherine University Alumnae Award in 2009. She was inducted as a Fellow in the American Academy of Nursing in 2010. Ms. Hacker was recognized in 1997 by California Medicine magazine as one of the “California’s 100 Most Interesting and Influential Healthcare Leaders” and received the Los Angeles Business Journal’s “Hospital Executive of the Year” award in 2012.

She received a bachelor’s degree in nursing from the College of St. Catherine in 1974. She received a master’s degree in business administration from Loyola Marymount University in 1982. Ms. Hacker was a Fellow at The Wharton School of the University of Pennsylvania in 1998.

Ray Cox Award

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July, August, September 2015

ANA/C The Nursing Voice • Page 7
The American Nurses Association, including ANA\California, is recognizing this as the Year of Ethics. The ANA Nurse week theme was: “Ethical Practice: Quality Care.” In line with this our ANACalifornia General Assembly, October 9th and 10th, 2015, will honor that theme.

Please be looking for webinars and other programs related to ethics. The recent March National Nursing Ethics Conference addressed the new code, among other timely ethical issues.

And, ANA presented its 2015 ANA Ethics Symposium, designed to facilitate dialogue across the nursing spectrum, in June, in Baltimore.

At the 2015 Membership Assembly, in July, Ethics will be on the agenda, with, among other things, a specific forum for discussion on the importance of an ethical practice environment. It is everyone's responsibility to promote, create and maintain a healthy work environment that is conducive to high quality ethical practice, with nurses playing a key role.

Brief review about the Code of Ethics for Nurses: Reminder: the Code of Ethics for Nurses is recognized as a “legal standard;” that it is “integrated into nurse practice acts,” and will be “used as evidence in such proceedings as competency hearings, disciplinary proceedings and malpractice cases.”

“The new code is an "inclusive code;” for all nurses in all roles in all settings, including staff nurses, nurse directors, managers, educators, APRNs, researchers, registered students nurses in disasters, military nurses in any country.

The call to nurses is that they must commit to the values and ideals of the code.

The new Code has 9 provisions:
Some of the major points in the new code: Provision 8: stating that “Healthcare is a universal right.

Provision 1: Nurses may not act with intent to end life even though such actions may be motivated by compassion, respect for autonomy or quality of life considerations.”

Some of the major changes in the new Code, for the nurse are in the areas of:
• research and evidence-informed practice, care coordination, advocacy, interdisciplinary collaboration, ethical practice environments, moral distress, incivility, bullying, end of life care social media and genetics. Work environment, including responsibility of administrative nurses to maintain ethical environments and support nurse autonomy; recognizing conscientious objection; whistle blowing without reprisal and addressing issues of incivility and bullying.

Changes for the nursing profession are in the areas of:
• “the nurse’s voice in social justice and health policy.”

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The new Code of Ethics for Nurses is now available for viewing through ANA at nursingworld.org and for purchase in print, along with bookmarks and posters and more.

The hope is that all nurses will understand and apply the code in their everyday practice and their lives.

The ANA Nursing Voice newsletter, the ANA website and the ANA website, will have additional ethics programs information.

There will be more articles related to ethics and practice in the Nursing Voice. If you have a particular ethics issue that you wish to discuss or would like to see in a future article, please let ANAC know. The office can contact our member nurses involved in ethics, to provide assistance, and/or address it in future newsletter articles.

*Ethical behavior is not the display of one’s moral rectitude in times of crises. It is the day-by-day expression of one’s commitment to other person and the ways in which human beings relate to one another in their daily interactions.” ~Myra Levine, 1977
On April 13th, 2015, under the returning sponsorship of the Speaker of the Assembly, Toni Atkins (D-San Diego), the ANA/C hosted its annual RN Day 2015 – A Day at the Capitol in Sacramento. RN Day is a flagship event for ANA/C as its aim is twofold; 1) to educate legislators on current nursing priorities 2) to empower nurse leaders through grass-root advocacy. This year, the ANA/C welcomed over 140 participants coming from all over California that is almost 40% increase in attendance from 2014. Nursing voices were being heard in the hallways of California State Capitol.

The event began with a light breakfast at the O’Deli Capitol Cafeteria on the 6th Floor. Stephanie Khan opened the doors at 8 am with the smell of freshly brewed coffee and Capitol made blueberry muffins. The sign-in process was administered by a group of student nurse volunteers graduating from Cal State University Sacramento. The seamless process, smooth administration, no wait lines and impeccable time management was a strong testament to the power and organization skills of our new nursing colleagues. We welcomed over 140 student nurses volunteers Kelly Broughton, Kevin Ramirez, Ryan Seeberger, Anastasiya Matsuka, Libby Chase, Megan Pack, Catherine Lombardi McDonald, Melissa Byrne, Breanna Carman, Stephanie Smith, Amy Bouck and John Ly for their time and efforts, but also congratulate and welcome them to nursing. ANA/C is appreciative of their time and look forward to welcoming them to nursing.

Volunteers Kelly Broughton, Kevin Ramirez, Ryan Seeberger, Anastasiya Matsuka, Libby Chase, Megan Pack, Catherine Lombardi McDonald, Melissa Byrne, Breanna Carman, Stephanie Smith, Amy Bouck and John Ly with ANA/C Membership Board Member Phillip Bautista and Vice President Corinne MacEgan.

After the morning refreshment, participants moved to Capitol Room 4202 to hear the President’s Welcome delivered by Dianne S. Moore, PhD MPH CNM RN, ANA/C President and to be introduced to the newly elected ANA/C Board. Liz Dietz, EdD RN CS-NP, Director Legislation was on hand to introduce this year’s Nursing Students in Sacramento Internship (NSSI) Recipients John Ly and Amy Bouck. These two emerging nurse leaders were acknowledged not only by ANA/C for their outstanding student accomplishments, but Amy was also recognized by Senator Ted Gaines who awarded her with Senate Certification! Teresa Spinosa, RN, MSN, CNP introduced participants to the Golden State Nursing Foundation (http://www.goldennatenursingfoundation.org/) and a former ANA/C Board Member Elissa Brown, MS, APREN, RN, CCS discussed New Code of Ethics for Nurses, we moved into the educational portion of the morning.

Executive Director and Lobbyist for ANA/C, The Honorable (Ret) Tricia Hunter, RN was on hand to explain to our participants about issues in Nursing and the Law, Standards and Regulations. After a short coffee break, we reverted for presentations on professional advocacy and discussion about the Board of Registered Nursing (BRN). Ms. Hunter had been appointed by the CA Governor to the BRN in 1983. Tricia’s presentations were the toast of the day as student nurses came from a various California nursing schools and practice to learn about nursing policies and advocacy.

We were elated to have Senator Holly Mitchell (D, Los Angeles) stop by and welcome RN Day 2015 participants. Sen. Mitchell is a tireless health advocate and a steadfast nursing supporter who brought her trademark energy and eloquence to the event. She empowered participants to reach out to their elected officials, to schedule meetings in order to educate them on pressing nursing issues. She reminded the audience they are experts in their field and the Legislation relies on experts to make their decisions.

Mitchell’s left the auditorium amidst applause and feelings of empowerment.

The final panel presentation of the day belonged to two ANA Alumni Candy Campbell, DNP, RN, CNL and Marketa Houckovska, RN, MAIAA, BA who discussed their interactions with the American Nurses Advocacy Institute (ANA) mentorship program and their respective policy insights. Candy spoke about her star involvement in the No on Prop 45 campaign in 2014 where she used her acting background lending her voice to the No on Prop 45 radio ads heard all over California. Marketa shared with the participants her nursing journey coming from then-Czechoslovakia without any English all the way to working as an ICU & PACU RN and being involved in politics. Liz Dietz, EdD, RN, CS-NP served as the panel’s MC and her valuable experience in policy and legislation was a great resource to the panelists and participants alike.

The rest of the afternoon was allotted for individual meet and greets with legislators, attending Committee hearings and sessions, touring the Capitol and finishing the Capitol Treasures Worksheet. Participants met at the ANA/C office across the Capitol to pick up the Certification of Completion after filling out the event evaluation. It was joyous to hear the excitement in their voices, empowerment about grass-root advocacy and realization of one’s political power. When nurses speak, legislators listen. It is up to us to carry our voices, to be heard. It is up to us to elected officials to listen to them. Together we can make a difference! After such a successful event, all we can say is: “See you on April 11th, 2016 for RN Day 2016!”
At regular intervals, every Board, Bureau, and Commission in California has to go through a sunset review process to establish that they still are relevant and meeting their mission. Each Board must prove their activities are necessary to protect the public. Legislation must be introduced for the Board to Sunrise so that it can continue. If this legislation fails the board or bureau goes away.

**HISTORY**

By 1994, 35 states had Sunset laws. California, passed a bill in 1992 that did regulatory review but did not sunset the board. Throughout 1993 and 1994, both the Senate Business and Professions Committee and the Assembly Consumer Protection Committee began a review of some of the 32 regulatory boards and bureaus under the Department of Consumer Affairs (DCA). The review identified a number of key issues:

- Licensing laws and regulations that clearly benefited the profession but not the consumer.
- Little or no disciplinary action was being taken.
- The board was not carrying out its statutory responsibilities. (i.e., cite and fine program)
- Not operating in an efficient and effective manner.

For all these reasons and more, the Legislature and the Administration believed the more immediate task at hand was to review these consumer boards and it was determined the board should sunset, then there would be adequate time to determine if the entire licensing program should be eliminated as well.

In 1994, the sunset law (SB 2036) placed a termination date on a particular board, program or agency, created the Joint Legislative Review Committee and set the parameters of the review. Review is to determine if the board or bureau is: Operating effectively, efficiently and should it continue. January 1, 1995 the law went into effect. It set in place a schedule for review of all of the 32 independent board’s, bureau’s and programs under the Department of Consumer Affairs. It allowed for the initial review of all board’s, bureau’s and programs beginning in 1995 and ending in 1998. A re-review is required every four years from the initial review. The committee can grant a longer time than four years or a shorter time for the board or bureau to be reviewed.

**COMMITTEE**

The primary goal of the Committee is to systematically examine and evaluate all boards, bureaus and programs. The process of sunset review has provided an opportunity for the Committee and their staff to focus on the operations of these regulatory programs and to consider changes which could improve their overall performance in protecting consumers. The committee goals are:

1. Eliminate unneeded, nonfunctional or redundant programs rules or regulations.
2. Improve the quality of services provided to consumers by examining the requirements for education, experience and testing of professionals.
3. Eliminate overly restrictive eligibility standards.
4. Ensure the public knows where to go if harmed by a licensee.
5. Provide more uniform information.
6. Ensure the boards/bureaus are providing the appropriate remedy for the consumer.
7. Examine the boards’/bureaus’ organization and management.
8. Identify opportunities for improvement.
9. Identify consumer concerns.
10. The regulated profession concerns.
11. Establish appropriate performance measures for board review.

The objectives of the committee are:

- Determine if the membership of the board/bureau adequately represents both consumer interests and the licensing population.
- Examine the boards organization and management and recommend elimination, consolidation and reorganization.
- Identify opportunities for improvement.
- Identify consumer concerns.
- Establish appropriate performance measures for board review.
- Evaluate boards programs and policies to identify overlapping functions.
- Determine if the licensing, enforcement, and examination programs are administered so as to protect the public.
- Review the laws and regulations.
- Examine the fiscal management practices.
- Identify advances in technology.

**PROCESS**

A questionnaire is given to the board or bureau the year before they sunset with the intent of holding a hearing before October 1 to review the document. The review will analyze the data and the boards will be requested to respond to the committees questions. The questionnaire includes a section about:

- General Responsibilities, Duties and Composition
- Funding and Organization
- Licensing and Application Process
- Continuing Education and Review of Professional Competence
- Examination Process
- Complaint Process
- Enforcement Process
- A. Unlicensed Activities
- B. Investigations
- C. Disciplinary Actions
- D. Case Aging
- E. Enforcement Costs
- H. Efforts to Improve the Current Regulatory Process

Considerations made during the review and evaluation are: Whether the board operates and enforces its regulatory responsibilities in the public interest and carries out its statutory duties mandated by the Legislature; whether regulation of the particular profession is necessary or whether conditions have arisen that warrant deregulation of this licensing program; whether the membership of the board/bureau reflects both consumer interests and the licensing population; whether consumers are satisfied with the board’s treatment and response to individual complaints; whether the board’s regulatory mission is impeded or enhanced by existing statutes, regulations, policies, or other circumstances, including budget and personnel.

A hearing is held before the Committee to review the issues and preliminary recommendations. The hearing is scheduled between December – February, but has been as late as March. The boards and bureaus are provided an opportunity to respond to all the issues raised by the
The public is given an opportunity to testify as well. The Committee provides the Department with copies of all testimony and analyses prepared by staff.

The Department then has 90 days to provide its own recommendations to the Committee.

Once received, the Committee then meets to review the Department’s recommendations and to vote on the final recommendations to the Legislature.

**RECOMMENDATIONS**

The findings and recommendations of the committee are sent to the Department for response. The final report includes the recommendations of the Committee and Department. The report will include a recommendation on whether each board or function shall be:

- Continued
- Reestablished
- Terminated
- Functions revised

At the conclusion of the review a report on the findings and recommendations is prepared by the Committee. The report includes Issues identified and recommendations. A Hearing is scheduled to introduce language to continue the Board or Bureau or to recommend no legislation. The Committee listens to testimony and votes. . The Assembly and Senate Business and Professions Committees alternate the responsibility of the Sunset Review process. If everything goes correctly, the Committee will recommend the Board, Bureau, or Commission continue functioning and a bill is introduced in the following year from the Business and Professions Committee Chairperson.

Over the years, the process also has been used to force boards to make changes that the Associations may not have supported. Because the Board cannot continue, with the current nine members or call your Assembly Member and Senator and ask them to support the BRN. If you do not know who represents you, you can go to http://findyourrep.legislature.ca.gov/. If you go the Senate or Assembly site you can directly email from representative from their page. These sites also give you the state and local address for the offices: www.senate.ca.gov and www.assembly.ca.gov.

**BOARD OF REGISTERED NURSING**

The Board of Registered Nursing (BRN) has had a number of turbulent years. The article, challenging the Board for not fingerprinting nurses before 1990 caused the resignation of many important players. The board took months to recover. In 2009 the Governor Sunset our Board and it took almost a year to get them re-established and running. Because the budget has been in the negative our Board has been forced to cut hours, take furloughs, and had hiring freezes, despite the fact that we are self funded! Two years ago the Department of Consumer Affairs went into a contract for a new computer program that was suppose to align departments, improve communication and efficiency. BreEZe has had the opposite impact. A 28 million project is now at 118 Million. There have been numerous problems including the program could not communicate with the NCSBN registration for testing and hundreds of applications had to be processed by hand.

There have been many complaints to legislators since the implementation of BreEZe. The length of time to process an application for any activity has taken a great deal longer. All these issues have added up over time and the reputation of our Board has been tarnished.

The BRN is going through the sunset process now. The hearing concerning the boards reports and committee questions was March 23, 2015. There were 21 issues that the board has responded too. Additionally, the committee has made recommendations, through the sunset process that the nursing community cannot support. The first hearing of the bill was April 27. The Board went through a grueling hearing but a bill was presented and moved. The program with AB 466 is that there is no sunrise date in the bill. It passed off the Senate floor in June without a date. The bill will now go to the Assembly and be heard in the Assembly Business and Professions Committee.

It is important every nurse support the BRN. We would like the Board to continue, with the current nine members and a nurse executive director. Please write an email, letter or call your Assembly Member and Senator and ask them to support the BRN. If you do not know who represents you, you can go to http://findyourrep.legislature.ca.gov/. If you go the Senate or Assembly site you can directly email from representative from their page. These sites also give you the state and local address for the offices: www.senate.ca.gov and www.assembly.ca.gov.

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There are four types of laws that affect nursing. Statutes and regulations are the best known. Court cases and attorney general opinions affect our practice and are important as well.

Attorney General Opinions are written by the Attorney General’s Office at the request of a legislator. The request is made to clarify the intent of statutes passed by the legislature. If there is conflict on the interpretation of the statutes or if it is believed they are being implemented differently than proposed the Attorney General’s (AG’s) office is requested to issue an opinion. The AG’s Office reviews the statements and responds with opinions and letters and issues a statement. The statement can be challenged in court but rarely is. Once an AG’s Opinion is issued it usually becomes the correct interpretation.

Numerous AG’s Opinions have been issued affecting the practice of nursing as early as 1938 when the AG stated that a Nurse Anesthetist could practice anaesthesia with an order from a physician. An AG Opinion in the practice of nursing as early as 1938 when the AG issued it usually becomes the correct interpretation. Challenges in court but rarely is. Once an AG's Opinion is issued it usually becomes the correct interpretation.

The BRN Licensing Committee has been reviewing all the uniform standards and evaluating the impact on the Diversion and Prohibition program. ANAC has testified at each of these Committee meetings about our concerns. We have all been anxious to get the AG’s Opinion to help resolve the direction the BRN needed to take.

Below is the AG’s Opinions findings. The complete opinion is available on our webpage.

1. The law that prescribes the development and issuance of uniform standards for healing arts boards to use in dealing with their “substance-abusing licensees” is not invalid either (a) for vagueness or (b) as an improper delegation of legislative authority to the committee charged with formulating the standards.

2. The uniform standards need not be adopted as regulations under the Administrative Procedure Act in order to be effective. Individual healing arts boards may, but are not required to, adopt regulations incorporating the uniform standards for the purpose of administering their own programs.

3. Individual healing arts boards may adopt regulations defining the term “substance-abusing licensees” for purposes of determining which of their licensees are subject to the uniform standards, so long as such regulations are consistent with the legislation directing the formulation and issuance of the uniform standards and reasonably necessary to effectuate the purposes of that legislation.

4. To the extent practicable, individual healing arts boards must use the uniform standards as written in all cases in which they are found to apply, but the boards retain discretion in applying the uniform standards to particular circumstances and in deciding individual cases.
The Senate Health Committee, the Senate Education Committee and the Senate Judiciary Committee has approved a bill requiring most school children to be vaccinated as a condition of enrollment.

In its third hearing in the state legislature, Senate Bill 277 (Pan/Allen) was once again the center of attention, attracting hundreds of people to the state Capitol to hear the discussion in the Senate Judiciary Committee.

Committee chairwoman Senator Hannah-Beth Jackson laid out the ground rules before the hearing began. “It is our responsibility to protect the public health and safety,” she said. “Here, it is our responsibility, in this committee, to honor and protect the constitution and its rights and its responsibilities.”

SB 277 would remove the personal belief exemption (PBE) from school vaccination requirements, allowing exemptions only for medical reasons. The bill was recently amended in last week’s Senate Education Committee hearing to expand the home-school option and to create another public school avenue, independent study, for hearing to expand the home-school option and to create another public school avenue, independent study, for families who choose not to vaccinate.

Under the proposal, immunizations would be required of children who first enter a new school system, with checks at kindergarten and seventh grade. This means students currently in eighth grade wouldn’t need to show proof of vaccination throughout high school unless they switch to a new school system.

Allen spoke about the legality of SB 277, which he said is similar to questions about laws the U.S. courts have already answered. He said their answers are clear — Allen said. “This is an appropriate place for the state to be involved,” he said. “We have a right to require vaccinations for attendance in school.” The courts over and over again have said that this is an appropriate place for the state to be involved,” Allen said.

Recent outbreaks of vaccine-preventable diseases and a rising number of unvaccinated children have underscored the need for stronger immunization laws. California alone has had 136 confirmed cases of measles across 13 counties since December 2014.

“No vaccine is 100 percent effective,” said Leah Russin, a mother from Palo Alto who testified in support of SB 277 on Tuesday. “So even though we followed our pediatrician’s advice and vaccinated our kids, if exposed to a highly infectious disease, they may still get sick. The best protection requires everyone else to be vaccinated, too. Our kids deserve that, but it won’t happen unless you act.”

After about three hours of testimony and discussion, the Judiciary Committee advanced the bill with overwhelming 5-1 support. SB 277, a California Medical Association (CMA)-sponsored bill, now moves on to the Senate Appropriations Committee. At the time of publication, SB 277 was being heard in CA Asm Committee on Health.
Reception for Assembly Speaker Toni Atkins held by Californians for Allied Patient Protection

May 5, 2015
Annie Tat

“You are on the right track by working with your association.”

This was a comment made by Assembly Speaker Toni Atkins when I asked her what advice she had for me as a woman looking to enter policy and politics to advocate for equal healthcare access.

I decided to attend the reception for the Assembly Speaker held by Californians for Allied Patient Protection to delve further into the role that ANAC has in advocating for our profession and patients. I knew it would be an opportunity to converse with people passionate about the health of our population.

I spoke to Jose Arevalo, MD about his work in improving the health of the Latino population. I conversed with a lobbyist for California Primary Care Clinics about their work on SB 147 advocating for a different reimbursement rate for Medi-Cal patients. I got to know colleagues from the California Association of Nurse Practitioners, and further build my relationships with ANAC members.

The reception gave me the opportunity to get outside of my nursing silo, and speak to professionals that are advocating for the quality and safety of our patients. I had the opportunity to hear from Assembly Speaker Toni Atkins that she supports nurses in working to the full extent of their scope and practice. She had managed three primary care clinics and understands the role and importance of nursing.

Marketa Houksova, an ANAC colleague, expressed to Assembly Speaker Toni Atkins that her advice for women in politics she heard a year ago still resonates with her. The Speaker had said, “When someone asks you to run, say yes.” I may not be running for a political position, but I will be saying yes whenever an opportunity comes up for me to advance the nursing profession and the health of our patients.

The Speaker had said, “When someone asks you to run, say yes.” This is why nurses need to be involved in the legislative process. Without a doubt, the highlight of the internship was having the opportunity to witness the Senate Education Committee hearing on SB 277, which has gained much publicity as an extremely controversial bill that proposes mandatory vaccinations amongst public school children. This hearing truly depicted the need for involvement of nurses in the legislative process. Although the committee consisted of nine well-regarded senators, there was clearly a lack of knowledge and education regarding vaccinations and medicine, in a general sense, which begs the question, “How many votes are being made without sufficient knowledge regarding the subject matter in question?” This is why nurses need to be involved in the legislative process.

Very few senators and assemblymen have the clinical knowledge, background, and experience in healthcare that we, as nurses, do. It falls on our shoulders to continue supporting legislation that seeks to advance nursing and healthcare in a positive direction and to oppose those that aim to hinder our progress.
The Board of Registered Nursing received notice that Corinthian Colleges, Inc (CCI) gave notices to students and employees that all schools would close on April 27, 2015. A student representative from Everest College ADN Program contacted the Board on behalf of the nursing students at Everest College. On April 30, 2015, Dr. Ngati submitted a proposal, as requested by the Board staff, that included plans for the interested students transfer to San Jose Valley College Associate Degree Nursing program (SJVC), which was working with CCI prior to the closure. This proposal outlined the number of students involved and how Dr. Ngati and SJVC would provide the necessary instructions for these students to complete the nursing education that was started at Everest College and would complete their education at SJVC, Ontario site, and apply for licensing examination.

This plan addresses the three groups of students that were scheduled for completion from Everest College: July 2015 (40); January 2016 (40); and July 2016 (40). SJVC hired the staff from Everest and worked with the clinical sites to maintain them for the completing students. SJVC agreed to accept the students were they were in the program. If they are in the Senior year then they will only have to take Senior classes. Additionally, if they have depleted their student loan funds in their last year, SJVCI will cover them. For the rest of the students they will accept what payment the students have not already made.

SJVC asked the Board to give them the ability to do the same for the Everest students in Ontario. At the June Board meeting, The Board agreed to give temporary approval for SJVC to have an ADN program and transfer the Director and staff to their Ontario Campus. SJVC plans to go forward with a proposal for a permanent program at this site in the future.

A large contingent of staff and students attended the May meeting. It is rare that there is such a positive outcome when a school closes.

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