



New Legislation Receiving ANA Endorsements

Medicaid, Johanna's Law, and the SHARE Act.

MEDICAID COMMISSION

The Fiscal Year 2006 Budget Resolution passed the House of Representatives and the Senate on April 28. Despite bipartisan efforts to prevent cuts to Medicaid, the budget contains reconciliation instructions requiring \$10 billion in Medicaid savings over the next five years. It also sets aside funds for a "Medicaid commission." Health and Human Services Secretary Michael Leavitt signed the charter for this commission on May 10. By September 1, the commission will recommend policy changes needed to save \$10 billion in funding over the 2007–2011 fiscal years. By December 31, 2006, the commission will make long-term recommendations.

The charter states the commission must consider 10 questions, including potential alternatives to Medicaid for long-term care delivery. Eligibility and financing changes should also be considered for three groups of beneficiaries: mothers and children, people with disabilities, and older adults. The ANA is monitoring the commission's formation and will work to inform the committee about the need to maintain Medicaid's role as an effective safety net for children, low-income workers, and people with disabilities.

JOHANNA'S LAW

The ANA has endorsed the Gynecological Cancer Education and Awareness Act of 2005 (HR 1245), also known as Johanna's Law. The bill is named after a public school teacher who died of ovarian cancer after late-stage diagnosis. The bill is designed to increase awareness about ovarian, endometrial, and cervical cancers. According to the American Cancer

Society Web site, every year more than 80,000 women in the United States are diagnosed with a gynecologic cancer. This year, 26,000 women will die from one of these cancers. When diagnosed early, these cancers have excellent survival rates. Unfortunately, many are diagnosed too late.

If enacted, Johanna's Law would allow the secretary of Health and Human Services to conduct a national campaign to increase public awareness and knowledge of gynecologic cancers, which would include maintaining and distributing written information for the public and developing public service announcements encouraging women to discuss their gynecologic cancer risk with their physicians. Johanna's Law would also include grants to nonprofit private agencies to test different outreach and education strategies for increasing this awareness. In addition, \$15 million would be authorized to carry out the national awareness campaign and \$30 million for related outreach and education projects.

Johanna's Law has 176 cosponsors in the House of Representatives; it has yet to be introduced in the Senate. On March 22 it was referred to the House Subcommittee on Health.

SHARE ACT REINTRODUCED

Senators Jon Corzine (D-NJ) and Frank Lautenberg (D-NJ) reintroduced the Safe Health Care Reporting Act of 2005 (S 948), also known as the SHARE Act, on April 28. The ANA has endorsed this bill, which is designed to encourage state licensing boards, hospitals, and other health care entities to identify and discipline health care professionals who engage in unprofessional behavior. The SHARE Act also protects RNs from unwarranted investigations and provides whistle-blower protections for

those who report conduct that could harm patients.

This bill builds upon the existing reporting system contained in the National Practitioner Databank (NPDB). Congress created the NPDB under the Health Care Quality Improvement Act of 1986 to track licensing, disciplinary, and medical malpractice actions taken against U.S. physicians and dentists. While the NPDB has served as an important source of information on physicians, it does not require health care organizations to report information regarding nurses or other health care practitioners.

The SHARE Act would require health care organizations and state licensing boards to report adverse actions taken against any licensed health care practitioner who has violated a federal or state law, including the state nurse practice acts, to the federal NPDB. A nurse who is the subject of a report is granted the same due process protections that physicians and dentists currently have.

These protections include the right to

- have adequate notice and review of the adverse action report.
- request a hearing before an arbitrator to contest the report.
- be represented by a lawyer, union, or other individual at this hearing
- question witnesses.
- review the final written report of the arbitrator.

The SHARE Act protects nurses and other employees who, in good faith, report activities that violate state or federal laws and regulations to a state authority, licensing board, peer review organization, or an employer from employment discrimination and retaliation. †

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