

## A Window of Opportunity

*ANA, CMAs work to ensure RNs' voices are heard in health care reform.*

Entering the phrase “health care reform” on [www.google.com](http://www.google.com) will net some 45.9 million hits; that’s just one way to quickly identify the vastness of the issue—and the number of organizations trying to weigh in with their strategies to cure our ailing health care system.

The ANA, however, has a long-established position on health care reform and has continued to bring nurses’ voices and expertise to the forefront on the big-picture issue of health care reform and its many inter-related issues, such as Medicaid funding and RN staffing.

Most recently, the ANA and nursing leaders from its constituent member associations (CMAs) again heightened their efforts to take advantage of a window of opportunity to address health care costs, funding, and access in this country.

About every 10 years, the health care industry undergoes some type of reform, according to a report prepared by the Minnesota Nurses Association (MNA) to the ANA House of Delegates (HOD).

For example, in the 1980s, federal regulations were put into place that prescribed how long a patient generally should be hospitalized based on a specific diagnosis and pushed for more outpatient care. In the 1990s, reform took the shape of managed care.

Yet health care costs continue to escalate, and more and more Americans are either uninsured or underinsured. According to

the Cover the Uninsured Web site, about 45 million Americans are without health insurance for an entire year, and tens of millions lack health care coverage for shorter periods of time. The ANA is a partner in Cover the Uninsured, a public awareness campaign of the Robert Wood Johnson Foundation.

“Health care is broken big time, and we all, as nurses, need to step up to address all the many issues that are part of reforming the health care system,” says Dan Nicholls, EdD, RN, chairman of MNA’s Task Force on Health Care Reform.

Nursing leaders say the next round of federal reforms is likely to occur as early as 2007. Meanwhile, the ANA and CMAs are promoting programs that benefit the public while fighting government budget cuts that threaten people’s access to necessary health care services.

### TAKING ACTION

In response to a 2003 HOD action, the ANA’s Congress on Nursing Practice and Economics (CNPE) Work Group on Health Care Reform began to update the groundbreaking document on health care reform—a 1991 document that called for a single-payer system that guarantees health care access to all people in the United States. That document was endorsed by more than 60 nursing and other health care–focused groups. (A single-payer system refers to one entity—such as the federal government—that’s in charge of collecting all health care fees and paying out all health care costs.)

The updated document, called *ANA’s Health Care*

*Agenda 2005*, reaffirms the association’s position that health care is a basic human right and supports a restructured health care system that ensures “universal access to a standard package of essential health care services for all citizens and residents” in the United States. (To download a copy of the updated document, go to [www.nursingworld.org/readroom/anahca05.pdf](http://www.nursingworld.org/readroom/anahca05.pdf).)

“We didn’t redo the *Agenda*,” says Tracy Ruegg, MS, RN, CNP, AOCN, a member of the CNPE and chairperson of its health care reform task force. “What we did was take the awesome, 23-page document that addressed quality, access, and cost—all issues that are still very relevant today—and updated certain information and added a vital piece about the nursing workforce.”

The “workforce” section addresses, for example, the need to focus on RN recruitment and retention strategies because of the crucial role that nurses play in ensuring an effective, functioning health care system. The section also looks at the need to improve nurses’ work place, including addressing the long hours many RNs work.

“We also wanted to reemphasize prevention,” says Ruegg, an Ohio Nurses Association (ONA) member. “The vast majority of health care dollars are spent on sick care, not health care. For example, few dollars are spent on preventing obesity, yet it’s linked to hypertension, heart disease, and diabetes.”

Susan Tullai-McGuinness, PhD, RN, chairperson of the CNPE and an ONA member, describes the original and

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updated *Agenda* as forward-thinking—with issues that must be addressed now.

“I’m sure all of us know someone who doesn’t have health insurance,” Tullai-McGuinness says. “Health care is out of reach for so many people—like the working poor or people who are denied coverage because of past medical history.”

She acknowledges that many policymakers in the past have identified health care reform as an important national issue, but that other issues subsequently have overshadowed it, such as the war in Iraq.

“We need to move health care reform back to the top of the agenda, and we can do that by increasing awareness among nurses, the public, and policymakers that something has to be done to address the number of uninsured, rising health care costs, and the impact of federal and state funding cuts.”

As a longtime nurse and community hospital board member, Tullai-McGuinness is aware of the pressure of providing health care services.

“At the hospital we’re providing services to many people without insurance and not getting reimbursed for those costs,” she says. She adds that she recently received a phone call from a free clinic staff member seeking family nurse practitioners who can help provide care to its increasing patient population.

“We wouldn’t be described as a ‘poor community,’ but what’s happening in health care is impacting everyone in some way.”

Ruegg adds that the CNPE and other ANA leaders now are working to get the *Agenda*, which clearly details nursing’s vision for health care, “into the hands of everyone we know—other nurses, legislators, administrators, and our neighbors.”

Nicholls is clearly in favor of that plan. He was instrumental in promoting a resolution at the 2005 HOD that asked the ANA to help lead the charge for health care reform in this country. The Colorado Nurses Association and the Florida Nurses Association also advanced the resolution, which the delegates ultimately passed. That resolution specifically calls for the ANA to collaborate with other nursing organizations, unions, and health care and citizen groups to carry out the goals of the ANA *Agenda*.

“I became an RN in 1970 and have lived through the last four rounds of health care reform,” Nicholls says. “I’ve seen how those reforms haven’t worked, because there needs to be a complete overhaul of the health care system—with our ultimate goal being a single-payer system.”

The resolution also asks the ANA, in conjunction with its CMAs, to initiate a grassroots effort to educate nurses about the need for change so nursing’s vision can move forward.

“Nurses really can contribute to change,” says Susan Foster, MSN, RN, APRN, chairperson of the association’s Colorado Nurses for Access Task Force. At the HOD, she urged nurse leaders to support the resolution. “Nurses are knowledgeable, trustworthy and we don’t have a finger in the profitability pie. Those are all powerful tools that we can use to bring our issues forward to the public.”

Foster also believes it’s crucial for nurses to work toward health care reform by joining their CMAs and ANA so that nurses’ voices can be more powerful in the national debate.

Nurse leaders say another way to work toward making the ANA’s health care reform

agenda a reality is by supporting political candidates who share nursing’s perspective.

## OTHER ACTIONS

The ANA already has been collaborating with many groups that want to achieve true health care reform and has been working to ensure that nursing is at the table when this issue is addressed.

In one such effort, the ANA is planning to host a community meeting where nurses can provide their perspective on health care reform to members of the Citizens’ Health Care Working Group. The U.S. Congress created the group to garner community input and then make recommendations on health care coverage to federal policymakers. For more information and to complete an online survey, go to [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov).

In another piece of the health care reform puzzle, ANA President Barbara Blakeney, MS, RN, testified this fall before a Congressional committee opposing proposed cuts to the Medicaid budget—particularly when the country is facing “a situation where hundreds of thousands of Gulf Coast residents have joined the tens of millions of Americans without health insurance.”

The ANA also continues to push for nursing workforce development funding that would help ensure the availability of RNs, especially in shortage areas, and to gain Medicaid reimbursement for services provided by all advanced practice registered nurses.

For more information on the ANA’s legislative activities or to take action in support of these efforts, go to [www.nursingworld.org/gova](http://www.nursingworld.org/gova). ▼