

# How to Have Your Voice Heard: AWHONN's Legislative Platform

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# Acknowledgements

I have no conflicts of interest to disclose.

# Objectives

1. Learn how the federal policymaking process works and to apply that knowledge to influencing public policy.
2. Learn to recognize how federal laws and regulations affect them as nurses and affect their patients.

# My Strategy for Advancing AWHONN's Federal Legislative and Policy Agenda

Influence public policy by establishing AWHONN as the principal authority on maternal and newborn nursing care by leveraging AWHONN membership, research and nursing workforce education training programs.


# Key Terms

1. Public Policy
2. Policymaking (not politics)
3. Bills and laws
4. Regulations
5. Advocacy
6. Lobbying


# How a Bill (Doesn't) Become a Law

## HOW DOES A **BILL** BECOME A **LAW**?

- 1 EVERY LAW STARTS WITH AN IDEA**

 That idea can come from anyone, even you! Contact your elected officials to share your idea. If they want to try to make it a law, they will write a bill.
- 2 THE BILL IS INTRODUCED**

A bill can start in either house of Congress when it's introduced by its primary sponsor, a Senator or a Representative. In the House of Representatives, bills are placed in a wooden box called "the hopper."


- 3 THE BILL GOES TO COMMITTEE**


Representatives or Senators meet in a small group to research, talk about, and make changes to the bill. They vote to accept or reject the bill and its changes before sending it to:

the House or Senate floor for debate **or** to a subcommittee for further research.


Here, the bill is assigned a legislative number before the Speaker of the House sends it to a committee.
- 4 CONGRESS DEBATES AND VOTES**



Members of the House or Senate can now debate the bill and propose changes or amendments before voting. If the majority vote for and pass the bill, it moves to the other house to go through a similar process of committees, debate, and voting. Both houses have to agree on the same version of the final bill before it goes to the President.

**DID YOU KNOW?**  
The House uses an electronic voting system while the Senate typically votes by voice, saying "yay" or "nay."


- 5 PRESIDENTIAL ACTION**

When the bill reaches the President, he or she can:

  - ✓ APPROVE and PASS**  
The President signs and approves the bill. The bill is law.
  - The President can also:**
    - Veto**  
The President rejects the bill and returns it to Congress with the reasons for the veto. Congress can override the veto with 2/3 vote of those present in both the House and the Senate and the bill will become law.
    - Choose no action**  
The President can decide to do nothing. If Congress is in session, after 10 days of no answer from the President, the bill then automatically becomes law.
    - Pocket veto**  
If Congress adjourns (goes out of session) within the 10 day period after giving the President the bill, the President can choose not to sign it and the bill will not become law.

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# How a Bill Really Becomes a Law

- Committees are where bills go to die
- Most bills are introduced by members of Congress who have no reasonable expectation that they will become law.
- It takes hard work on someone's part to maneuver a bill through the process.
- Lobbyists play an important role in moving legislation through the process.
- The institutional knowledge of Congress is in the lobbyists more than the members of Congress or their staff.
- Food



# Rules and Regulations

- Also known as administrative law.
- Rules, with the force of law, made by federal agencies by authority delegated to the agency by an act of Congress.
- Regulations are governed by the Administrative Procedure Act, which requires that proposed regulations be published in the Federal Register and for the agency to accept public comments before finalizing and enacting the proposed rule.

# Money in Politics



# You Can Buy a Spot at the Front of the Line



# Why nurses should participate in shaping public policy.



Rep. Paul Tonko (D-NY- 20) speaking to AWHONN Nurses

# LEGISLATIVE AND POLICY AGENDA #1

ADVOCATE FOR IMPROVED HEALTH OUTCOMES FOR VULNERABLE POPULATIONS, INCLUDING WOMEN WHO ARE PREGNANT AND INCARCERATED, HAVE LOW INCOME OR SUBSTANCE USE DISORDERS, ARE MEMBERS OF RACIAL OR ETHNIC MINORITY GROUPS OR IMMIGRANTS, ARE MILITARY MEMBERS OR VETERANS, ARE CURRENTLY TRAFFICKED OR ARE AT-RISK FOR HUMAN TRAFFICKING, AND/OR ARE MARGINALIZED FOR THEIR GENDER IDENTITIES OR RELATIONSHIP STATUS

- National Institutes of Health
- Environmental Influences on Child Health Outcomes (ECHO) program at the National Institute of Nursing Research
- National Institute for Child Health and Human Development (NICHD)
- Health Resources and Services Administration's
  - Heritable Disorders Program.
- Title V Maternal & Child Health Services Block Grant
- National Center on Birth Defects and Disabilities
- National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
- Public Health Emergency Preparedness Cooperative Agreement (PHEP)



## LEGISLATIVE AND POLICY AGENDA #2

*MAINTAIN CURRENT AND ADVOCATE FOR INCREASED ACCESS TO PREVENTATIVE HEALTH CARE SERVICES FOR ALL WOMEN, SUCH AS ANNUAL WELL-WOMAN VISITS; HPV VACCINATION; MAMMOGRAMS; CERVICAL CANCER SCREENING; PRE, INTER, AND POST-CONCEPTION CARE; SCREENING FOR DOMESTIC VIOLENCE, SUBSTANCE USE, AND HUMAN TRAFFICKING; AND SMOKING CESSATION PROGRAMS.*

# Title X Family Planning Program

AWHONN supports annual funding for the Title X Family Planning Program, which provides disadvantaged individuals with family planning and reproductive health services, and Centers for Disease Control and Prevention's Office on Smoking Health.



# Title X Family Planning Program

What AWHONN did:

submitted comments in response to a Department of Health and Human Services' proposed rule concerning the Title X Family Planning Program, which would interfere with the provider-patient relationship, deny Title X patients information they need to stay healthy, make it impossible for reproductive health-focused providers to continue to serve people through the program and undermine Title X's goals of providing comprehensive reproductive health services to people with low incomes.

# LEGISLATIVE AND POLICY AGENDA #3

*INCREASE ACCESS TO AND INFORMATION ABOUT THE RANGE OF EVIDENCE —BASED OPTIONS FOR CONTRACEPTION, TO INCLUDE LONG-ACTING REVERSIBLE CONTRACEPTION (LARC) FOR WOMEN OF ALL REPRODUCTIVE AGES, INCLUDING TEENAGERS AND ADOLESCENTS, AS WELL AS ACCESS TO LARC IN THE IMMEDIATE POSTPARTUM PERIOD*

# LEGISLATIVE AND POLICY AGENDA #4-

*ENSURE STRONG **NURSING** REPRESENTATION ON STATE, FEDERAL, AND OTHER MULTIDISCIPLINARY TASK FORCES, ADVISORY BOARDS, WORKING GROUPS, AND MATERNAL MORTALITY REVIEW TEAMS.*

# LEGISLATIVE AND POLICY AGENDA #5

*EXPAND RESEARCH FUNDING AND OPPORTUNITIES  
TO INVESTIGATE AND ALLEVIATE THE CAUSES OF  
MATERNAL MORBIDITY AND MORTALITY*

# Maternal Morbidity and Mortality

## HR1318 (115), Preventing Maternal Deaths Act/ S 1112 (115) Maternal Health Accountability Act

- Provides funds for states to establish formal Maternal Mortality Review Committees, to identify and review all pregnancy-related and pregnancy-associated deaths, to submit annual reports to the CDC on the Committee's findings and recommendations for solutions.
- Signed into law on December 21, President Donald Trump.

# Maternal Morbidity and Mortality

What AWHONN did to pass this bill:

- At AWHONN on Capitol Hill 2018, 44 nurses met with 68 members of Congress or staff resulting in 7 additional cosponsor for and 10 for S1112.
- 115 nurses emailed or called 28 US Representatives and 61 US Senators.

# Maternal Morbidity and Mortality

What AWHONN did to pass this bill:

- AWHONN Oklahoma legislative coordinator met with Sen. James Lankford's field representative in the senator's Tulsa office to discuss S 1112.
- The Tulsa World newspaper of Oklahoma published an op-ed by the AWHONN's Oklahoma legislative coordinator calling on Sen. James Lankford to support passing S 1112, the Maternal Health Accountability Act, during the lame duck session.

# Maternal Morbidity and Mortality

What AWHONN did to pass this bill:

- An AWHONN member joined by a survivor of preeclampsia and HELLP syndrome met with a staffer for Senate Majority Leader Mitch McConnell in November in the senator's Louisville office to request that S 1112, the Maternal Health Accountability Act, be scheduled for a vote in the Senate during the lame duck session.
- The Louisville Courier-Journal of Kentucky later published an op-ed jointly written by the two repeating the call on McConnell to schedule a vote on S 1112 the Maternal Health Accountability Act.
- That same day, the same paper published an article reporting on the passage of HR 1318 featuring one of our op-ed writers.



# LEGISLATIVE AND POLICY AGENDA #6

*SUPPORT NATIONAL EFFORTS TO PROTECT AND PROMOTE BREASTFEEDING THROUGH POLICY TO SUPPORT FAMILY LEAVE FOR AS LONG AS 6 MONTHS, SO WOMEN CAN ESTABLISH AND SUSTAIN BREASTFEEDING.*

# Breastfeeding

- HR 947 / S 337 (115), Family and Medical Insurance Leave (FAMILY) Act
- Establish an equal opportunity “Office of Paid Family and Medical Leave” within the Social Security Administration (SSA) to provide paid leave for 12 weeks for any family member for any family-related medical leave including maternity care.
- AWHONN supports this bill so women can establish and sustain breastfeeding while minimizing loss of income.

# Breastfeeding

What AWHONN did to pass this bill:

At AWHONN on Capitol Hill 2018, 44 nurses met with 68 members of Congress or staff.

# LEGISLATIVE AND POLICY AGENDA #7

*SUPPORT THE USE OF ADVANCED PRACTICE REGISTERED NURSES AND CERTIFIED NURSE-MIDWIVES TO MEET THE INCREASING DEMAND FOR PRIMARY CARE AND WOMEN'S HEALTH SERVICES, INCLUDING FEDERAL EFFORTS TO REDUCE SCOPE-OF-PRACTICE BARRIERS FOR ADVANCE PRACTICE NURSES SO THEY MAY PRACTICE TO THE FULL EXTENT OF THEIR EDUCATION AND TRAINING*

# Neonatal Abstinence Syndrome

## HR 3692/S 2317 (115), Addiction Treatment Access Improvement Act

- Would broaden and make permanent the Controlled Substances Act to allow Advanced Practice Registered Nurses to use their clinical training and expertise to provide care to patients suffering from opioid addictions.
- AWHONN supported this bill to fight the opioid epidemic and reduce the instances of babies born with Neonatal Abstinence Syndrome.

# Neonatal Abstinence Syndrome

- Provisions of this bill were enrolled into HR 6, the SUPPORT for Patients and Communities Act, which contains dozens of measures to combat the opioid epidemic including Section 3201 that would authorize APRNs (NPs, CNMs, CRNAs, and CNSs) and PAs to prescribe medication-assisted treatments for five years. The authorization would be permanent for NPs. The House and Senate have both passed it.

# Neonatal Abstinence Syndrome

What AWHONN did to pass this bill:

At AWHONN on Capitol Hill 2018, 44 nurses met with 68 members of Congress or staff resulting in 6 additional cosponsors for HR 3692 and two for S 2317.

# LEGISLATION AND POLICY AGENDA #8

*SUPPORT FEDERAL LEGISLATION THAT AIM TO REDUCE STUDENT LOAN DEBT BURDEN FOR NURSES, INCLUDING EXPANDED ACCESS TO FEDERAL AID AND DECREASED TUITION COSTS*



# Title VIII Nursing Workforce Reauthorization Act

- Administered by the Department of Health and Human Services, Health Resources and Services Administration, the Nursing Workforce Development Programs (Title VIII of the Public Health Service Act) address all aspects of nursing workforce demand, including education, practice, recruitment, and retention.
  - ADVANCED NURSING EDUCATION PROGRAM
  - ADVANCED EDUCATION NURSING TRAINEESHIP (AENT) AND NURSE ANESTHETIST TRAINEESHIP (NAT)
  - NURSING WORKFORCE DIVERSITY
  - NURSE EDUCATION, PRACTICE, QUALITY, AND RETENTION PROGRAM
  - NURSE FACULTY LOAN REPAYMENT PROGRAM
  - NURSE CORPS SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS

# LEGISLATIVE AND POLICY AGENDA #9

- *AWHONN SUPPORTS INITIATIVES TO ALLOW FOR UNRESTRICTED OVER-THE-COUNTER ACCESS TO ORAL CONTRACEPTIVES THAT ARE:*
    - *LOW COST*
    - *COVERED BY INSURANCE*
    - *AVAILABLE TO PEOPLE OF ALL AGES WITHOUT RESTRICTIONS*
- AS WELL AS FULL CONTRACEPTION COVERAGE BY ALL INSURANCE PAYERS WITH NO OUT OF POCKET EXPENSE.*

“Members of Congress report that “staying in touch with constituents” is the job aspect most critical to their effectiveness. ...94 percent of congressional staff respondents note that “in-person visits from constituents” would have some or a lot of influence on an undecided lawmaker,....”

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# What You Can Do

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- Adopt a member of Congress
- Attend town hall meetings
- Call or write your members policymakers
- Attend AWHONN on Capitol Hill April 7-9<sup>th</sup>.