

The Legislative Year in Review

The Title “Nurse” Means Something in NH
Thanks to Your Nursing Association
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The Government Affairs Commission (GAC) of the NH Nurses’ Association (NHNA) has had an incredibly busy year because of and perhaps in spite of the intense focus on the financial crisis and budgetary issues. Early in the legislative year election results revealed that the budget was going to be forged on the basis of cutting spending (no new taxes?? – question marks explained later) and that many of the legislators elected to shape our State’s fiscal future were novices with a platform of conservative to reactionary values. Reactionary would seem an extreme statement were it not for the NHNA Policy Day meeting with a legislator who pronounced licensure of nurses an unnecessary invasion of the State into our personal business. *More later.*

The financial crisis that we are all experiencing was, in part, a cause of a significant win for the nurses of NH. The health care community has often used less expensive providers in certain roles. Considering cost of care is a reasonable objective that we should all support unless it threatens the quality and safety of care. Articles in NH Nursing News have detailed how your Association uncovered issues related to the use of the title nurse when the worker was not, in fact, a nurse. As a result the **NHNA, through legislators supportive of nursing, advanced legislation to protect the title “nurse” and Senate Bill 53 became law this June.** Health care workers who are not prepared according to standards set to protect the public (and the reputation of nursing as a profession) can no longer call themselves nurses nor can they be called nurses by their employers.

Directly related to the NH State government budget crisis were actions taken by the State to reduce the cost of operating state agencies, i.e., the Board of Nursing (BON). As you may know, the NH BON is self supporting by state law. It is required to levy fees to support its operation. In spite of this detail the State required the BON to reduce staff by four positions as a cost saving measure. The NHNA challenged this action directly with state authorities but were not able to prevent the staffing cuts. The NHNA responded by requesting and receiving a letter from the BON detailing the impact of those budget cuts.

As Dr. Susan Fetzer makes clear in her Nursing News article (Fall 2011 edition), this action by the State of NH amounts to a special new tax on NH nurses which we cannot permit. As a result, the NHNA has requested that the BON undertake rulemaking, an action that is within the authority of the BON, to reduce licensure fees for NH nurses to no more than the required 125% of the operating cost of the BON. To be clear, the NHNA wishes to support the BON in its efforts to maintain full and effective discharge of its duties. We prefer that the State of NH restore the budget and staff of the BON to its previous level and we continue to work with the BON and our resources to achieve that goal. In the meantime we will take actions necessary to protect the nurses of NH from shouldering the burden of NH State government unfairly.

Although these were the big issues we addressed this legislative year, they were not our only activities. The GAC begins each year with a Town Hall meeting where issues of concern for nurses are raised. We continue, as bills are introduced, by ranking bills to efficiently focus our efforts. The following is a summary of other significant legislative issues we addressed on your behalf this year.

- **HB 1 & 2 The Budget** - In addition to the BON issue, the NHNA released a position statement regarding the adverse impact of this budget on behalf of the membership that was published in major NH newspapers.
- **HB 58 - Inter-facility transfers of critical access hospital patients with a single provider.** The NHNA successfully supported various specialty nursing groups in this legislation. It repeals an allowance for certain providers (MD, RN or PA) to ride alone in the back of an ambulance while transporting a critically ill patient. After much discussion, the NH Hospital Association, the Emergency Nurses' Association, NHNA and the NH Department of Safety, (Division of Fire Standards and Training, Emergency Planning Medical Services) came together and agreed that having only one clinician in the back of the ambulance was unsafe practice for the patient, the clinician and the hospital, especially considering current emergency law requires two paramedics be in the back of an ambulance with a critically ill patient.
- **HB 71 - Drug take back programs.** The NHNA successfully supported this effort toward uniform and safe disposal of drugs to increase community safety. This bill allows New Hampshire communities and private entities in conjunction with law enforcement officers to establish controlled and non-controlled pharmaceutical drug take-back programs for disposal. (Note: a national drug take back day is scheduled for Oct. 29th – see this site for locations: www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html)
- **HB 93 - Crossbow documentation by nurse practitioner.** The NHNA successfully supported the NH Nurse Practitioner Association in this effort that adds an advanced practice registered nurse to the persons who may complete the medical documentation for a person with a disability applying for a crossbow permit with the fish and game department. As more NP-led primary care practices are established, it is important that our laws and regulations grant practice authority to the fullest extent of the APRN scope of practice.
- **HB 156 - Reducing Tobacco Tax.** The NHNA successfully opposed passage of this bill. Encouraging smoking by reducing the price of tobacco products is not beneficial for the health of NH residents. This bill was another element suggesting radical conservative values that appear to ignore long-term consequences of legislative actions.
- **HB 163 - Establishing a medical sharps advisory council.** Although this legislation was not passed, it was a successful effort. Health and Human Services oversight voluntarily agreed to establish this council. The NHNA will continue to monitor to insure that nurses are represented as planned.

- **House Bill 191 - Outcome measures in mental health.** NHNA successfully supported this bill that implements recommendations of the Office of Legislative Budget Assistant's audit of the NH community health system. It clarifies eligibility and requires all state contracts to have outcome measures. It also addresses the growing problem of uncompensated care delivered to individuals who present for mental health service by clarifying that clinical interventions cannot be denied but enables the agencies to prioritize care for this group of clients based on a thorough clinical assessment. This enables community mental health agencies to stretch their increasingly scarce resources a bit further while providing care to needy individuals.
- **House Bill 199 - Amends RDA 519-B:4,11 facilitating process of medical screening panels. Retained in House Judiciary Committee.** NHNA was unsuccessful in supporting this legislation to passage but is hopeful for future passage when reported out of the Judiciary Committee. NHNA supported development of medical screening panels in NH. The panels were developed in the 1970's in response to claims driving insurance costs up. Panels-comprised of a retired judge or person with judicial experience, health care provider and an attorney were impaneled to weed out weak suits. Medical screening panels have been an effective deterrent to lawsuits without merit (which have had the effect of increasing insurance costs). They have been criticized for requiring too much preparation and therefore deterring suits that may have merit but are brought by claimants without financial means. This legislation may streamline the process.
- **HB 422 - Prohibiting vaccinations in public schools.** The NHNA joined the NH School Nurses Association in successfully opposing this bill. Currently vaccination clinics in schools are strictly on a voluntary basis.