National Association of Pediatric Nurse Practitioners

Advocacy “101”
March 2015
114th Congress

Bi-cameral legislature structure

- Senate
  - Two elected Senators from each state
  - One third of all Senators are elected every two years
  - Six-year term, no term limit
  - Currently: **54 Republicans**, 44 Democrats, and 2 Independents

- House of Representatives
  - The number of Representatives depends on state population
  - All Representatives are elected every two years
  - Two-year term, no term limit
  - Currently: **245 Republicans**, 188 Democrats, and 2 Vacant
The Hill

House Office Buildings

Senate Office Buildings
Inside a Typical Congressional Office

Elected Official

Chief of Staff – closest advisor, runs the official’s operations on Capitol Hill

State/District Director – runs the official’s operations in home district

Press Secretary/Communications Director – responsible for public relations

Legislative Director (LD) – senior policy staffer, jurisdiction of the issues relevant to the elected official

Legislative Assistant (LA) – staffer with expertise on a particular issue

Legislative Correspondent (LC) – staffer tasked with responding to constituents

Staff Assistant – staffer tasked to answer calls, greet guests, etc.

Scheduler – the “gatekeeper” responsible for official’s schedule

Caseworker – works with constituents on specific requests/advocacy

Intern – unpaid staff who serve in various capacities
Congressional Committees

Role
- Conduct legislative hearings on bills
- Conduct oversight of the executive branch
- Amend and vote on bills before reaching full elected bodies

Senate
- 20 committees,
- 68 subcommittees
- 4 joint committees

House of Representatives
- 20 committees
- 4 joint committees
“I’m Just a Bill” – Part I

1. Idea or solution to a problem brought to a Congressional office.

2. Topic referred to Legislative Director or Legislative Assistant to transition from idea into a bill.

3. Bill introduced in House and/or Senate. Assigned number specific to House or Senate.

4. Bill referred to relevant House and/or Senate committee for hearings and “mark ups”.

5. Bill passes out of committee for consideration on Senate and/or House floor.

6. Senate and/or House debate and amend bill.

7. Bill passes Senate and/or House.
“I’m Just a Bill” – Part II

8. Bills must pass both the House and Senate in exact same form before it goes to President to sign into law.
   
   a) One chamber accepts other’s version.

   b) Chambers exchange amendments on each’s version of the bill to reach agreement.

   c) Conference committee hammers out differences and issues conference report which must pass both chambers.
“I’m Just a Bill” – Part III

9. President signs bill into law.

10. President does not sign into law within 10 days
    a) If Congress is in session, bill becomes law.
    b) If Congress is out, bill does not become law.

11. President vetoes bill.

12. Vetoes require two-thirds majority in both chambers to become law.
Advocacy Basics

Advocacy is essential to supporting and advancing APRN policies.

- Much of what we do everyday is influenced by laws, regulations, and other policies.
- Lawmakers regularly make decisions that have an impact on patients, health insurers, etc. with a limited understanding of the people and the system they are affecting.
- Being a well informed, articulate, and passionate APRN advocate can be valuable to an elected official.
- Raising awareness, being a resource, and helping draft and implement necessary solutions is part of the APRN – legislator relationship.
- APRNs must also engage health, social, and consumer groups.
Advocacy Basics

Advocacy – defined as support or defense of a cause. The act of pleading on behalf of others.

• Advocating for your profession is a professional responsibility, and part of a participatory democracy and representative government.

• Advocates can turn their frustrations into fruitful discussion and guide policymakers to action.

• Policymakers work for the citizens.

• Nursing is trusted as a profession.
Being an Effective Advocate

- Members of Congress are interested in hearing from APRNs.
- Sending an email takes very little time but does have an impact.
- Staffers log opinions that are expressed when you email, call, or fax your member of Congress.
- Weighing in on an issue or going on record may resonate with your legislator even if they don’t agree with your position.
- Don’t underestimate the power of “grassroots” advocacy; be the “squeaky wheel”.
- Remember you are an expert in the delivery of quality health care and you understand what patients need!
- Advocacy = Education. Your legislators are appreciative of your efforts to educate them on the issues much like your patients are for the education you provide them about their health.
Being an Effective Advocate, cont’d

• Be honest about your experiences as an APRN.
• Know who represents you! Look up their bios, find common interests, know what Committees they are on or Chair.
• Don’t worry about your party affiliation; identify yourself as a constituent and an APRN; view as an opportunity for both of you to learn.
• If you don’t know something, look it up, and send response to your elected official. Follow up is key!
• Leave your business card; tell them your areas of clinical and health policy expertise; offer to be a resource to them; visit them in their home office; send thank you letters after visits
NAPNAP’s Health Policy Agenda

Promoting children's health and protecting the professional practice of advanced practice nurses, caring for children directly impacts NAPNAP's advocacy objectives.

The guiding principles of NAPNAP’s health policy agenda are:

• Children should have access to comprehensive, continuous, coordinated, compassionate, culturally sensitive and family-centered health care, including behavioral health services in order to ensure healthy lifestyles.

• We strive to remove barriers that impede access to the care provided by pediatric advanced practice nurses in all practice settings.

• Commitment to national and grassroots advocacy by NAPNAP members is essential and should be supported by providing learning opportunities for members to support their development as advocates.
Issues Affecting PNPs and Children’s Health Care

National

• CHIP funding
• Title VIII funding for Nursing Education
• Health care exchanges
• SNAP funding
• Home Health
• Medicaid Reimbursements for Primary Care Services
• Protecting Access to Rural Therapy Services (PARTS) Act
• Frontlines to Lifelines Act of 2015
• Medicare DME
• NPs to Perform Admitting Exams and Monthly Patient Assessments in SNFs

Issues Affecting PNPs and Children’s Health Care

State/Local

• Full practice authority
• Schedule II prescriptive authority
• Telehealth
• Admitting privileges, ability to sign birth/death certificates, convenience care clinics, “truth in advertising”
• Reimbursement
• Hospital bylaws
• Delineation of privileges
• Policies & procedures affecting APRNs within hospital settings
Issues Affecting PNPs and Children’s Health Care

State/Local

• Bullying prevention
• Substance abuse prevention
• Distracted driving/teen driving
• E-cigarettes
• Newborn screening for congenital heart disease
• Safe storage of firearms
• School physical education and activity
• Tanning bed restrictions