



Our membership is comprised of Michigan registered nurses in leadership roles across the care continuum, including nurse executives, nurse managers, nursing educators, students enrolled in nursing administration programs, retired nurse leaders, consultants and directors and deans of nursing programs. The mission of **MONE** is to promote proactive nursing leadership and provide professional development and support for our members. We achieve our objectives through a collaborative process while serving as a catalyst for shaping and influencing health care policy and delivery.

MONE Advocacy Priorities Resource Document: March 2017

I. P.A. 499 of 2016 (HB5400 of 2016)

MONE appreciates your efforts to pass HB5400 that increases the ability of Michigan's advanced practice nurses to provide greater access to healthcare for the state's population.

Key Provisions within Public Act 499:

- Recognizes Clinical Nurse Specialists (CNSs) in the Michigan Public Health Code, allowing for specialty certification and adding a CNS seat to the MI Board of Nursing
- Defines "advanced practice registered nurse" (APRN) as a registered professional nurse who has been granted a certification in one of the specialty fields (nurse midwifery, nurse practitioner, or clinical nurse specialist)
- Allows an APRN to order, receive, and dispense a complementary starter dose drug without delegation from a physician, and as a delegated act, order, receive, and dispense a complementary starter dose of a controlled substance
- Allows an APRN to make calls or go on rounds
- Includes an APRN in the definition of "prescriber" in the Public Health Code
- Allows an APRN to prescribe physical therapy, speech therapy, and order restraints autonomously
- Allows an APRN to prescribe Schedule II-V drugs under delegation without restriction to setting or circumstance
- Allows an APRN to prescribe non-scheduled drugs autonomously
- Includes a CNS among the designated professionals eligible for the State's essential health provider loan repayment program
- Increases the RN licensure fees from \$30 per year to \$60 per year, and increase the application processing fee from \$24 to \$75 new nurse graduates

II. Senate Bill 33 of 2017 (Protecting ER Personnel)

- Nurses in emergency rooms experience assault and injuries at the hands of patients and families. This bill may serve as a deterrent and protect nurses and other ER personnel.
- MONE supports all efforts to protect our ER and hospital staff.
- MONE appreciates the efforts of our legislators in addressing increased violence in our hospitals.

Recommendations:

- In addition to supportive actions related to SB 33; support complimentary house bills:
 - HB 5592: Increases penalties for assaulting healthcare professional
 - HB 5593: enacts sentencing guidelines for crimes of assault, battering, or endangering a healthcare professional

III. Nursing Shortage Looming Again in Michigan

Communities and employers are again finding a shortage of nurses.

- The nation faces a shortage of more than 1 million nurses between now and 2020 (U.S. Department of Labor); **Michigan alone faces an estimated shortage of 30,000 nurses by 2020** (MI DTMB Division of Labor Market Information).
- Faculty shortages may increase even more if there are **insufficient nursing faculty**.
 - Michigan schools of nursing continue to turn away qualified applicants. The shortage of nursing faculty (average age approaching 55) and clinical education sites are the primary reasons.
- Employers are demanding more bachelors prepared nurses to provide the complex care needed by today's patients.
 - The Robert Wood Johnson Foundation 2010 Report on the *Future of Nursing* **targets a goal 80% of nurses with bachelor's degrees**.
 - The 2016 Survey of Michigan Nurses indicates that only **48.1% of Michigan RNs possess a Bachelor's degree in Nursing** (MDHHA, Office of Nursing Policy).
 - Nursing schools do not have enough adequately prepared faculty and instructors.
- Historically, "workarounds" using less qualified healthcare personnel to address nursing shortages have jeopardized patient safety and quality.
- The 2016 Survey of Michigan Nurses shows that 20% of RNs who changed positions in the past three years have moved from direct patient care to non-direct care settings (quality management, case management, admissions, etc).
- **The nursing shortage has been magnified by Medicaid expansion, the Affordable Care Act, and an increasing aging population.**

MONE urges legislative financial support to incentivize nurses to obtain graduate education and provide incentives for faculty to stay in educational settings.

IV. Michigan Medicaid Expansion

- Medicaid Expansion benefits to the state include \$235 million in cost savings, as well as creation of approximately 30,000 jobs annually which in turn bring in \$150 million a year in revenues from state income and sales taxes.
- Repeal of Medicaid Expansion could lead to a loss of 69,000 jobs in Michigan in 2019. (The Commonwealth Fund, 2017)
- With loss of Medicaid funding, Michigan hospitals would have to absorb the cost of care of uninsured people, threatening the very viability of some health care organizations. Rural hospitals may be in the greatest jeopardy of survival with loss of revenue.

MONE supports preservation of the Medicaid expansion program in Michigan that provides healthcare for over 650,000 residents.

V. Immunizations Save Lives

- **MONE supports the evidence and science behind the importance of immunizations to keep our communities safe, especially for our most vulnerable people---children, the elderly, and individuals who are immunocompromised. Vaccine myths are perpetuated by strong social media campaigns, but the science behind herd immunity must be supported by the broader health care community**

Concerns include:

- Legislation that turns back the clock on current immunization policies are simply wrong for children in Michigan and potentially wrong for tourism and the health of the citizens in Michigan.
- Any attempts to undo the most recent rule changes in 2015 that enforced waiver requirements that include an immunization education discussion between a parent and a health care worker at the local health department must not be turned back by legislation.
- Bills that could prohibit promulgation of certain rules by the Department of Health and Human Services that are more stringent than the vaccination exemptions provided in statute and exclude individuals from school as a disease control measure are ill-advised.

Facts and Evidence:

- Michigan has a long history of low vaccination rates; in fact, in 1996, Michigan was the only state in the nation at that time ineligible for the federal Vaccines for Children Program that would have provided federal dollars to purchase and fund vaccination programs. Our rate of vaccination at that time was only 63%, under the mandated rate of at least 65%.
- Whereas the overall rate of vaccinations has increased dramatically over the past 20 years (now in the 90% range), the rate of immunization waivers was also beginning to climb.
- Based on data collected from schools by the Michigan Department of Health and Human Services in 2015, while overall vaccine waiver rates have improved from 2013's 5.8% rate, they are still a far cry from the national median waiver rate of 1.7%.

Parental rights should not be allowed to trump evidence, data, or science:

- The latest data show that for kindergarten students, the waiver rate is above 7% in 15 counties. Public health officials are concerned because this is above the benchmark that places communities at risk of an outbreak of whooping cough or measles, the most contagious vaccine-preventable diseases.
- Waiver rates are particularly high among private school children and in more affluent communities, reversing the historical trend of low rates when associated with poverty and the inability to afford vaccinations.
- The waivers not only affect the children but also members of the communities where they live as there are people who can't get immunized, like very young infants, pregnant women, and people with compromised immune systems as they are placed at higher risk for vaccine preventable serious illnesses.
- Communities are not comprised of individuals, but rather people who come together around a common good and when too few people in a community are immunized (less than 93%) and then the science behind herd immunity is ignored, all in that community are placed at for disease.

We must act to assure that the Michigan Department of Health and Human Service rule adopted in 2015 is not stricken down by legislation.

While vaccinations are not required by statute, health care providers and the health department should not be expected to allow vaccine deniers to get the upper hand in MI.

Whether in the upper or lower peninsulas of Michigan, we need to rally together to allow science and evidence-based practices to provide the basis for rules that protect the public's health, not skeptics and deniers.

VI. Support responsible nursing care policy WITHOUT legislative mandates for nurse staffing ratios:

- California is the only state that has adopted mandated staffing ratios; these mandated ratios have proven ineffective as a means of improving nursing retention and have not correlated with quality of care outcome improvements. Staffing methodologies and needs are both complex and change frequently and require professional decision-making. Mandates have taken decision making out of the hands of the professional registered nurse where it belongs.
- The need for continuous, safe nursing staffing in health care settings is key to high quality, safe patient care. Staffing methodologies/needs are both complex and change frequently – and require professional nurse decision-making.
 - MONE strongly supports nurse directed safe staffing and recognizes the correlation of effective nurse staffing models on quality outcomes and nurse recruitment and retention.
 - MONE opposes legislated requirements.
 - MONE leaders honor the professional judgement of the registered nurse in determining safe staffing models based on many variables including the number of patients and type of care required.

Recommendations:

- Invest in Education for Nursing (also significantly influences patient outcomes)
- Leverage Technology to support practice in highly complex care delivery environments
- Promote and recognize standards and initiatives that empower nurses as decision makers
- **Oppose unnecessary, prescriptive, and simplistic mandates that impose nurse-patient staffing ratios without demonstrated results on patient safety or outcomes.**

VII. The Coalition of Michigan Organization of Nursing (COMON)

- Michigan's nurses come together across more than 40 unique nursing organizations through a collaboration called COMON to speak with one voice on issues of critical importance to patients and nurses.
 - COMON is dedicated to the advancement of Nursing in the state of Michigan. COMON represents 42 diverse nursing organizations within the State. The mission is to serve as a vehicle that gives all nurses the opportunity to collectively work toward achieving mutually agreed upon goals for nursing in Michigan.
- This groups brings a significant repository of knowledge and experience that can be brought to bear on the development of policy and legislation. One example was legislation for required use of safe needles in hospitals.
- More information regarding COMON may be found at www.micomon.nursingnetwork.com