#### Legislative Strategies: Momentum to Drive "Audacious" Policy Change

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## Objectives

#### **U3**

- 1. Discuss the basis for legislative decision making and the political process
- 2. Address key issues driving audacious policy change
- 3. Identify legislative strategies used to influence health policy

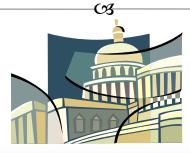
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## Political Landscape



## Understanding the Political Landscape

- C8 Political Landscape
  C9 an extensive political mental viewpoint
  C9 main features of a situation or activity
  C8 Need to know the *political lay* of the land
  C9 not enough to have power but provides opportunities to meet goals
  C9 need to how much & what kinds of power others have in influencing decisions
  C9 exercise capacity to shape policy and decisions
  C9 Who are the key political actors/players/stakeholder groups:
  C9 i.e., Shifting Congressional Seats: Republicans control the House, Democrats control the Senate
  C9 voter patterns? are they changing?
  C9 SIGs

Source: Abood, S. (2007). Influencing health care in the legislative arena. OJI: The Online Journal of Issues in Nursing, 12 (1). Retrieved from http://www.medscape.com/viewarticle/553404

## Political Influence

ন্থে Shaped by what occurs at: প্ৰে National Level Politics

(3 Local Level Politics

Local Level Points
 How is power and influence distributed at these levels?
 How do stakeholders get involved and/or excluded from decisions to influence behavior and decision-making?
 What is the current bureaucratic mindset?
 How can we build public awareness? (Abond, 2007)

## Policy Cycle & Process

pprox Complex process

of Multiple levels of government

യ Private & public sectors

 $\ensuremath{\bowtie}$  Five components to a policy cycle:

☑ Issue raising

ഗ്ദ Policy design

 ${\it cs} \,\, {\it Building public support}$ 

A Legislative decision-making & building policy support

OS Policy implementation (p. 303)

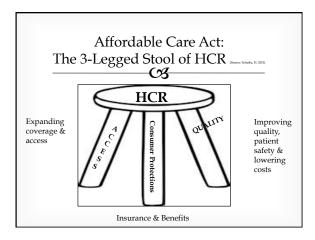
Key Issues Driving

Audacious Policy Change

#### Where we are Now

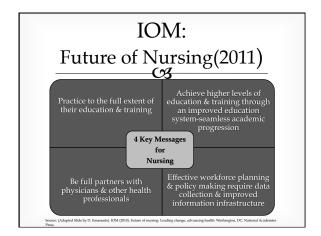
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 ⊠Building momentum for change: ശ3Affordable Care Act (aka: HCR) প্রেAPRN Consensus Model of Regulation ßIOM (2011): "Future of Nursing: Leading Change, Advancing Health" Statewide Action Coalitions formed and emerging



## Where we are Going

- Simplementation of HCR
   3-legged stool approach: 1). Access, 2). Consumer Protection & Safety, 3). Quality in Care & Outcomes
   Emerging legislation/regulations to advance the nursing profession to:
   □ Increase access to primary health care
   □ Building a stronger health care workforce
   □ Securing funding for nurse education (Title VIII)
   □ Updating SOP for Health Professions and Advanced Practice Nurses (APNs) via Consumer Boards
   □ Innovation
   □ Innovation
   □ Emerging alternative models of health care delivery
- S Emerging alternative models of health care delivery
  HIT
  Finance Structures
- - ⇔ ACO's ⇔ Medical Homes



#### How Do We Get There

#### OB

∞ Patience and Strategic Planning

- ∞Networking
- ∞Consistent messaging
- **⊘**Evidence
- ∞Legislation

## **Creating Momentum**

Primary Issues

∝ Access to Health Care

്ദ Health disparate and vulnerable groups

 Safety & Quality Cost of Care



Primary Influences

Stakeholder Groups

- © Consumers & Consumer Advocacy Groups
- © Organized Health Systems
- on Payors/Insurer's
- Professional Organizations

#### **Involved Processes**

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- $\bowtie$  Managing Conflict

  - See Encounters can provide opportunities
    See Negotiate & Compromise
    Reciprocity may not be immediate
    Incremental approach

    Ruil-line Coalitions

    Ruil-line Coalitions

- Gallentify & Leverage Interests
   Broadens the Larger View
   Establishing Political Outreach with Organized Networking
   Networking
  - Suild Capacity & Expand Reach are establishes trust & credibility communicates the value you add



# Legislative & Regulatory

Decision Making: A Combined Approach

## What is Needed to Broaden SOP Boundaries?

- Ca Legislative Decision-Making

  S Promote better consumer care across professions and competent providers

  The Macy Foundation & AARP Policy Briefs

  Improve Access to Care

  Recommendation of Care
- cs Improve Access to Care
  cs Recognize Overlapping SOPs
  cs Need documentation & evidence that the public is protected with changes
  cs Regulation Considerations
  cs Public protection & safety key
  cs Regulate professional competence

  - Mechanisms for discipline & capacity to manage/modify SOP changes

Source: National Council of State Boards of Nursing, (2006). Changes in health care profession's scope of proconsiderations. Retrieved from https://www.ncsbn.org/ScopeofPractice.pdf

#### Foundational Factors:

Four Key Areas for Proposing Change

⋈Historical Basis⋈Education & Training⋈Evidence⋈Regulatory Environment

Source: National Council of State Boards of Nursing, (2006). Changes in health care profession's scope of practice: Legislative considerations. Retrieved from https://www.ncsbn.org/ScopeofPractice.pdf

#### **Historical Basis**

CB

- 3 Theoretical foundations of the profession;
- cs Profession's evolution overtime;
- cs Context of current practice and;
- cs How it is presently defined

Source: National Council of State Boards of Nursing, (2006). Changes in health care profession's scope of practice: Legislatic considerations. Retrieved from https://www.ncsbn.org/ScopeofPractice.pdf

## **Education & Training**

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Real training programs
How are they measured to skill as experience increases?

© Competence assessment ○ How is competence assured?

Source: National Council of State Boards of Nursing. (2006). Changes in health care profession's scope of practice: Legislativ considerations. Retrieved from https://www.ncsbn.org/ScopeofPractice.pdf



#### Evidence

#### OB

- - প্তে Does the evidence support this?
- ন্থে Research and Evidence:
  - ☑ Benchmarking Data-Nurse Sensitive Outcomes
  - േ Comparative Effectiveness Research
  - cs Quality Improvement Data
    - নে Cost effectiveness
- ${\it ca}$  Does this benefit public health?

Source: National Council of State Boards of Nursing, (2006). Changes in health care profession's scope of practice: Legislativ

## Regulatory Environment

#### OB

- ⇔ Primary role of regulatory boards:
  - S Consumer Protection and Public Safety
  - $\ensuremath{\text{\sc os}}$  Need to be involved in the process & understand the issues
- Nurses need to understand
  - (3) What their boards authority, capacity and oversight is to manage expanding SOP?
  - cs What has been previously done?
  - ™ What is the previous legislative history?
  - $\operatorname{\it cs}$  What are the measures to assure competence?
    - Have they changed?

Source: National Council of State Boards of Nursing, (2006). Changes in health care profession's scope of practice: Legislatic considerations. Retrieved from https://www.ncsbn.org/ScopeofPractice.pdf



Legislative Strategies Influencing Health Policy

The essence of strategy is choosing to perform activities differently than rivals do Michael E. Porter , 1996

## Special Interest Groups & Lobbyists Health Insurance Industry Health Care Related PACs Consumer Advocacy Unions & Liberal Advocacy Groups

## Factors & Assumptions

#### OB

- ${\ensuremath{\bowtie}}$  Interest groups and strong lobbies can advance or block legislation
- lpha Adversarial relationships
- ${\it ca}$  Competition between health care disciplines over practice boundaries
- ${\ensuremath{\bowtie}}$  State statutes and regulations that grant APNs the right to practice through licensure, do not necessarily sanction their autonomy to perform as practitioners

Source: Cooper, Henderson, & Dietrich, 1998; DiCenso et al., 2007

## Power in Strength and Numbers

- ca Meeting future & current health care needs requires substantive change
  ca New delivery models (medical homes, ACO's); retail health
- Team based approach within community health centers and organized health systems
- organized health systems

  Nurses are largest group of health care providers (HCPs):

  3 3 million RNs

  3 >250,527 APRNs: NPs (158,348) 19,134 of NPs also had either CNS/CNM, CNMs(18,942), CRNAs (34,821), CNS (59, 242 a 22.4% decrease from 2004 at 72,521) (HBSA, 2010)

  Expanding roles and capabilities

  Utilize qualified HCPs to the fullest extent of their education & scope of practice

  Increase access to affordable care

  Improve quality, patient safety & outcomes

Political Advocacy

Creating Action for Change

Group of individuals representing diverse organizations or constituencies who agree to work together to achieve common goals (Feighery & Rogers, 1990)



## **Building Relationships**

OF

№ Increase Networks & Create Opportunities:

- ശ Participate on Advisory Groups
- ഗ്ദ Task Forces
- ঙ্গে Strengthen Alliances
- ☑ Develop Partnerships
- ঙ্গে Create Coalitions
- প্তে Maximizing Potential
  - Get involved!
    - Attract new members & grow more diverse
  - Call Link with non-traditional
     Call
     Call partners
  - Carn from others′ experiences
  - practices & strategies

#### Stakeholder Involvement

- Consumer Groups
   On Need to better communicate
   On Need to Ne
- street in Street communitate
   Inform about issues, listen & develop alliances for support
   Action Coalitions (ACs)
   States taking a lead role in implementation of IOM-FON
- Review & Know the Policy Process
  - What are the types of legislation affecting practice?
    Understand the issues
- Get to know your politicians and regulatory boards
  Attend meetings, make visits, write letters
  Become advocates for the profession & take an active role
  Support your professional nursing organization
  Legislative & regulatory change takes funding (harsh reality of the landscape)

## Legislative Strategy

In a Changing Political Landscape



Broader Implications for Policy

Scope of practice changes are among some of the most prevalent issues confronting state legislators and health care regulators



Federation of State Medical Boards Of the United States, Inc. (2005). Assessing scope of practice in health or delivery: Critical questions in assuring public access and safety. Retrieved from http://www.fsmb.org/pdf 2005\_grpd\_scope\_of\_practice.pdf

## **Policy Considerations**

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- $\alpha$  Increased interest in legislative actions to expand/ update SOP
- $\ensuremath{\bowtie}$  SOP changes should reflect the evolution of APNs abilities
- ™ Need a rational and effective approach to make

## Strategic Planning

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- $\ensuremath{\text{c}}\xspace$  Advocacy strategies & campaigns are crucial factors in the decisions about:
  - cs when to act, where to act, and how to act
- ™ What is wanted?
  - or What are the goals you are attempting to achieve?

    - Must consider:
       ™ The authority to make it happen? (i.e., Who is the intended target audience?)
    - cat What messages do authorities need to hear to motivate them to act?
  - $\ensuremath{\mathfrak{S}}$  Who are the most effective individuals or groups to deliver those messages?
  - CS How to target audiences to hear those messages? (American Cancer Society/IJICC Toberco Control Strategy Planning Guide #3: 2006)

#### Actions to Influence **Policy Outcomes**

- Specific actions that an interest group can take to influence policy outcomes:
  - cs Mobilizing members
  - ♥ Writing press releases
  - cs Seeking elected officials endorsements to achieve influence
  - os Monitoring public opinion
  - cs Building coalitions
  - cs Citizen contact

Source: Boehmke, F. J. (2005). Interest group lobbying strategies. In F. J. Boehmke, The indirect effect of direct legislation: Hovinstitutions shape interest group systems (pp. 123-124). Columbus, OH: Ohio State University Press.

- A combination of various tactics that complement each other and provide the best chance for the group to achieve its goals:
  - cs Inside lobbying (direct work with legislators and elected officials)
  - cs Outside lobbying (media and grassroots activities to place external pressure on political leaders)

## **Practical Implications**

#### OB

- To integrate evidence into policy nurses must consider the evidence:
  - s within the context it will be used
  - cs the setting which policy is developed and implemented
  - cs the political, ideological, and economic factors (i.e., beliefs and values)
- ⇔ Determine how and when evidence is used to influence decision-making capacity among policymakers

Source: Bowen, S., & Zwi, A. B. (2005, July). Pathways to "Evidence-Informed" policy and practice: A framework for action. PLo Medicine, 2(7), 0600-0605. Retrieved from http://www.plosmedicine.org

# Policy Development & Formulation

- ca Evidence informed decision-making is essential when addressing initiatives
- Relevant research published under the right political circumstances can advance policy issues to advance the policy agenda

practice: A framework for action. PLoS Medicine, 2(7), 0600-0605. Retrieved from http:// www.plosmedicine.org

## Considerations

#### OB

- ${\it ca}$  Policy is shaped by how policy makers learn about health care issues
- ⇔ Perceived benefits of change shape decisions ⇔ affected by timing, economic costs and politics of the
- Understanding past policy failures and successes
   provide direction in planning for future
  implementation

Source: Bowen, S., & Zwi, A. B. (2005, July). Pathways to "Evidence-Informed" policy and practice: A framework for action. PLoS Medicine, 2(7), 0600-0605. Retrieved from http://www.plosmedicine.org

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## Building Capacity, Extending Reach, Increasing Visibility

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- Record opportunities for meaningful engagement that are:

  Record Patient-centered

  Student-centered

  Community-centered

  Community-centered

  Community-centered

  Record Community-centered

  Record Stakeholder-centered

  Record Re
- - How ideas are spread throughout systems
    How decisions are made

  - 63 How policy is developed
    63 How to build capacity & effectively use evidence to shape & change practice (Dobbins, Cliska, Cockerill, Barneley, & DiCenso, 2002).

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∞Be the change you want to see in the world

Mahatma Gandhi 1869-1948



# Conversation Circle

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