

**ANA\C Resolutions Passed  
General Assembly & Leadership Institute March 19-21, 2004**

**Resolution I  
Final Amended Version 3/21/04  
ANA\C  
Access to Health Care in California**

Submitted by Joani Keller and Anne Becker for the ANA\C Board

1. Whereas: One in five Californians are uninsured; and
2. Whereas: Of the 6.2 million Californian's eligible for Medi-Cal, only 3.6 million are enrolled in the Medical managed care program; and
3. Whereas: There is no current statewide mechanism for fiscal accounting or accountability of services for undocumented immigrants; and,
4. Whereas: Preventive health care is not standard coverage by all insurance programs; and,
5. Whereas: Current government leadership has proposed a funding cap to the Healthy Children's Program. This proposal would deny the California program matching Federal funds, thus decreasing the amount of overall funds available for qualified children; and,
6. Whereas: Multiple health care agencies through out California, including emergency rooms, small hospitals, and specialty clinic programs, are closing due to lack of adequate funding; and,
7. Whereas: Rural communities continue to have inadequate public transportation, which precludes the population's access to established preventive health clinics, physician's offices and local hospitals, thus decreasing access options for treatment of health problems; and,
8. Whereas: The 2004 implementation of acute care hospital Nurse to Patient ratios have refocused budgeting to staffing by finance caps versus total licensed bed available; and,
9. Whereas: Nurses physicians and other health care providers are increasingly speaking out about the demoralizing process required for reimbursement in which lesser educated persons are deciding authorization for treatment by cost versus the individual patient needs; and,

10. Whereas: Health care premiums have become so expensive that they are no longer solely covered by employers, and are increasingly a burden of the employee. This issue has increased exponentially as a contract dispute item for unions.

Therefore be it resolved that the American Nurses Association\California (ANA\C):

1. Commit itself to be an active participant in the current debate on the Californian and American health care systems to assure access to care for all consistent with the American Nurses Association Nursing's Agenda for Health Care Reform; and,

2. Pursue through the ANA\C legislative agenda and activities, improved health care program financing for all Californians, including affordable, quality coverage for people regardless of wealth, health, or work status; and,

3. Continue to work with other nursing organizations and health care groups to improve access to health care for all Californians.

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1. [www.CovertheUninsuredWeek.org](http://www.CovertheUninsuredWeek.org) a project of The Robert Wood Johnson Foundation. Copyright © 2004. The Robert Wood Johnson Foundation.

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**Resolution 2**  
**Final Amended Version 3/21/04**  
**ANA\C**  
**Uniform Advanced Practice Nursing Titling Language**

Submitted by Anne Becker and Elissa Brown for the ANA\C Board

1. Whereas, there are currently multiple advanced practice nursing titles as Clinical Nurse Specialist, Nurse Anesthetist, Nurse Practitioner, and Nurse Midwife,
2. Whereas, all advanced practice nurses have the right to be reimbursed at an equitable fee for services performed,
3. Whereas, the current structure does not always provide for equal reimbursement for services under public and private reimbursement programs,
4. Whereas, there is currently a movement within the nursing community to identify all advanced practice nurses by a single uniform title,

THEREFORE BE IT RESOLVED that the American Nurses Association\California will:

1. Acknowledge the current advanced practice nursing titles of Clinical Nurse Specialist, Nurse Anesthetist, Nurse Practitioner, and Certified Nurse Midwife.
2. Commit to working with the American Nurses Association to identify one universally recognized and financially reimbursable advanced practice nursing title.
3. Advocate nursing involvement in policy development and decision-making related to obtaining one universally recognized and financially reimbursable advanced practice nursing title.

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**Resolution 3**  
**Final Amended Version 3/21/04**  
**ANA|C**  
**Nursing Issues and Nursing's Role in Genetics and Its**  
**Therapeutic and Reproductive Applications in Science**  
**Submitted by Elissa Brown for the ANA|C Board**

WHEREAS, nursing has a long history of providing counseling and supportive care to patients making informed decisions about their care; and,

WHEREAS, the nurse is an educator, facilitator, supporter and advocate in this decision making process; and,

WHEREAS, there have been rapidly emerging scientific breakthroughs in genetics science, and access to related services raise significant ethical and human rights issues; and,

WHEREAS, the American Nurses Association\California upholds the American Nurses Association's position that supports the development of federal or state laws and/or regulations that are formed by experts knowledgeable about ethical, moral, medical, and social aspects of cloning,

WHEREAS, the American Nurses Association\California recognizes the potential for increased use of genetics testing, necessitating clear guidelines for genetics programs and nursing's role,

THEREFORE BE IT RESOLVED that the American Nurses Association\ California will:

1. Acknowledge the emerging scientific, ethical, technological, and political issues surrounding therapeutic and reproductive applications of genetics science.
2. Commit to expanding the study of the ethical, moral, clinical, biopsychosocial, cultural and spiritual implications involved in the care of these patients involved in genetics programs.
3. Promote nursing's participation in local, state, and national debates related to the scientific, ethical, legal and social and health implications of advances in genetics science, including human cloning and stem cell research.
4. Affirm that nurses must be knowledgeable about these issues in order to properly educate, counsel and support patients and their significant others.
5. Advocate nursing involvement in policy and procedure development and in decision-making related to genetics issues, at all levels, i.e., in healthcare systems, and at local, state, national and international levels.

The following is the report form the American Nurses Association that was part of their report. It will provide some background for nurses to consider.

NY-1

INFORMATION FROM THE 2003 ANA HOUSE OF DELEGATES

SUBJECT: Nursing Issues Related to Therapeutic and Reproductive Applications in Genetics Science (Action Report)

RELEVANT CORE ISSUE: Patient Safety/Advocacy

INTRODUCED BY: Robert V. Piemonte, EdD, RN, CAE, FAAN

President, New York State Nurses Association

Barbara A. Blakeney, MS, APRN,BC, ANP

President, American Nurses Association

REFERRED TO: Reference Hearing

**EXECUTIVE SUMMARY:** It is clear that nurses will be caring for individuals and families who are involved in the many aspects of therapeutic and reproductive applications in genetics science. However, the nursing profession has not taken a formal position on the many issues that are rapidly emerging as technology and science in these areas are advancing. It is the professional nurse who will counsel patients regarding aspects of procedures, including the ethical and human rights components, that should be considered in making an informed decision. In order to properly educate and counsel our patients, nurses must be knowledgeable about these issues.

(Please see the resolution on the first page)

**REPORT:**

This report addresses the importance of the involvement of professional nurses in counseling patients and families about participation in therapeutic and reproductive applications in genetics science (gene therapy, cloning, stem cell research, etc.). It is important to professional nursing that ANA educate its members and prepare them to answer questions posed by persons seeking health information to make personal choices about participating in therapeutic and reproductive applications in genetics science.

**BACKGROUND:**

The emerging science of theoretical and applied genetics has the potential to impact the care of clients and the profession of nursing, particularly in the areas of gene therapy, stem cell research, human cloning, and genetic counseling. These areas are broadly referred to as potential therapeutic and reproductive applications within genetics science.

While nursing may eventually be involved in reproductive applications of genetics sciences, it is more likely that nurses will more immediately be involved in many aspects in care and counseling of patients receiving therapeutic genetic services. These therapeutic applications impact the provision of health care services and the delivery of

nursing care to patients, families and communities. The professional association will be called upon to address clinical, ethical, moral, psychosocial, cultural and spiritual issues related to genetics science and both reproductive and therapeutic applications of the science.

ANA's previous work has addressed cloning as it relates to genetics science. The possibility of using cloning techniques to create human embryos and human beings has increased dramatically over the past year. These possibilities raise profound ethical, social and health concerns. It is crucial that nurses understand the science of this technology and appreciate the implications of related developments in gene therapy and stem cell research. Nurses need knowledge of both the positive and negative aspects of stem cell research, including the differences between therapeutic and reproductive applications of the research.

Currently, there are a number of stem cell lines available for scientists to use in research. The foci of these studies are predominantly on therapeutic applications. There are no regulations on the sources or purposes of stem cell research conducted by privately funded scientists.

The current ANA position on cloning supports the following:

- The current federal moratorium on the creation of human beings by cloning via blastomere splitting and nuclear transplantation in humans for both federally and privately funded research;
- The cloning of DNA, cells, tissues, and non-human animals using somatic cell nuclear transfer and other cloning techniques for basic scientific research and pharmaceutical development;
- A moratorium on the creation of animal/human hybrids through the use of cloning techniques;
- A reconsideration of the current federal moratorium on human embryo research;
- A vigorous national and international debate about the possible distinction between reproductive and therapeutic cloning as set forward by the Nuffield Council of the United Kingdom;
- Mandatory presence of nurses on governmental and nongovernmental ethics and policy boards examining the scientific, ethical, legal and social implications of advances in cloning and related technologies;
- Well-constructed ethical analyses of the possible merits of cloning (e.g., to remedy human infertility), developed by scholarly and deliberative bodies in nursing such as the American Academy of Nursing, Sigma Theta Tau, etc.;

- Well-designed survey studies of nurses' views about the scientific merits and ethical aspects of cloning in humans as it could affect individuals and families. The viewpoint of nurses and nursing on this matter is currently not known;
- Well-constructed scholarly examinations of core professional values in nursing and the implications of these values for cloning in humans;
- Continuing education programs designed for nurses about the scientific and ethical intersections among cloning, gene therapy and stem cell advances. (ANA, 2000)

In January 2002 the National Academy of Science issued an expert panel report on the scientific and medical aspects of human reproductive cloning. Based on experience with reproductive cloning in animals, the report concluded that human reproductive cloning would be dangerous for the woman, fetus, and newborn, and is likely to fail. The study panel did not address the issue of whether human reproductive cloning, even if it were found to be medically safe, would, or would not be acceptable to individuals or society.

The panel also concluded “the scientific and medical considerations that justify a ban on human reproductive cloning at this time are not applicable to nuclear transplantation to produce stem cells. Because of the considerable potential for developing new medical therapies to treat life-threatening diseases and advancing biomedical knowledge, the panel supported the conclusion of a previous National Academies’ report – Stem Cells and the Future of Regenerative Medicine – that recommends that biomedical research using nuclear transplantation to produce stem cells be permitted.” (National Academy of Science, 2002)

The panel stressed that all concerned segments of society should examine and debate the broad societal, religious, and ethical issues associated with human reproductive cloning, as well as those associated with nuclear transplantation to produce stem cells. Although this report focuses on the scientific and clinical aspects of these areas, it should help to inform this broader consideration by society.

In 2002 ClonAID claimed to have successfully cloned a human being which resulted in public outcry. Since a laboratory in Worcester, Massachusetts has attempted to grow cloned human embryos, and there are press reports constantly of cloning of animals in private and public research centers throughout the United States and the world, it is imperative that nurses discuss and identify the many scientific, ethical, technological and political issues related to therapeutic and reproductive applications in genetics science.

#### DISCUSSION:

Nurses are among the first health care providers to whom patients will turn with questions about therapeutic and reproductive applications in genetics science and from whom they will seek guidance regarding the complexities of use of these applications. Decision-making and informed consent involve safeguarding patient autonomy and providing impartial information about the procedure. In order for the professional nurse

to provide this impartial information and adequately answer patient questions and address concerns, the nurse must be knowledgeable about all aspects of these evolving technologies. Individual nurses need information upon which they can make personal decisions regarding this national research agenda and participation in clinical applications of genetic research. Ultimately, patients and society will benefit from care provided by informed nurses.

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#### Past House Action(s):

1999 Human Cloning by Means of Blastomere Splitting and Nuclear Transplantation  
1990 Maintaining Ethics and Human Rights as an Integral Part of All

#### Association Activities

1984 Commitment and Action on Human Rights

1980 Quality of Life

1974 Nursing Education and Research Involving Human Subjects

1974 Nursing Practice and Violation of Human Rights in Research

#### ADDDITIONAL REFERENCES:

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**Resolution 4**  
**Final Version 3/21/04**  
**ANA\C**  
**Supporting Public Health Nurses and their Role in Strengthening the Public Health Infrastructure**

Submitted by Liz Dietz and Anne Becker for the ANA\C Board  
From the American Nurses Association 2003 House of Delegates Action Item

WHEREAS, the largest single professional healthcare workforce in public health agencies is public health nursing; and

WHEREAS, according to the 2000 National Sample Survey of Registered Nurses (Public Health Nursing Section, 2003), the number of registered nurses employed in public/community health settings with the title “public health nurse” has decreased from 39% in 1980 to just 17.6% in 2000; and

WHEREAS, a recent survey (2003) by the National Association of County and City Health Officials (NACCHO) examining the impact of the smallpox vaccination program on local public health services found that limited staffing and resources are forcing local public health agencies to shift workers from other programs, such as communicable disease and immunization programs, to the smallpox vaccination program; and

WHEREAS, the Institute of Medicine’s (IOM) report *The Future of the Public’s Health in the 21st Century* (2003) raises concerns about the availability of an adequate local public health infrastructure, particularly in terms of staffing and communication systems, to provide critical public health services; and

WHEREAS, the IOM’s report (2003) also found that funding for the public health infrastructure has recently increased to support the infrastructure that relates to bioterrorism and emergency preparedness but may still be insufficient; and

WHEREAS, public health nurses are the primary providers of well child care, including immunizations, and preventive health services for pregnant women, school-aged children, and individuals at risk for or experiencing chronic disease, as well as for linking clients with other health care providers and community resources;

THEREFORE BE IT RESOLVED that the American Nurses Association\ California (ANA\C) will advocate for:

1. Acknowledgment of the critical nature of the public health nurse’s role in promoting and protecting the health of individuals, families and communities.
2. State funds to health departments to attract, retain, and continually enhance the role and compensation of public health nurses.

3. Further development and implementation of quality indicators that are sensitive to public health nursing functions.

4. Investment in information systems technology and training to strengthen the public health infrastructure.

American Nurses Association Report 2003:

Public health nursing (Quad Council, 2001) is defined as “the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.” Over the past decade, the responsibilities of public health nurses and the resources, both human and financial, to meet these responsibilities have dramatically changed. According to testimony submitted to the IOM’s Committee on the Work Environment for Nurses and Patient Safety (Greiner & Oppewal, 2003), “the national emphasis on tertiary health care and technology development, combined with the relative invisibility of common public health activities, created an environment in which funding decreased to public health at all levels.” Despite numerous reports and calls for action, the IOM report (IOM, 2003) also states that “the federal government has yet to take the initiative to develop a comprehensive, long-term plan to build and sustain the financing for this infrastructure at the state and local levels so as to assure the availability of the essential health services to all people.”

A 2001 NACCHO survey, that was cited in the IOM report (IOM, 2003), found that the average annual expenditure of the 630 local public health agencies responding was \$4.5 million (1999 dollars), but 50% of those agencies had expenditures of \$621,000 or less. By contrast, 25% of the agencies serving populations of 500,000 or more had annual expenditures of more than \$46 million. On average, local public health agencies reported receiving 44% of their funding from local government, 30% from state governments, 19% from reimbursement for services, 3% from the federal government, and 4% from other sources. The IOM report (IOM, 2003) concludes that “almost no data is available on how much would be needed to adequately build and sustain the necessary public health infrastructure to support the nationwide provision of the essential public health services at the local level.”

The work environment for public health nurses has also been impacted by declining public health funding. Public health departments have had increasing difficulty in recruiting and retaining registered nurses during a time of nursing shortage. As already noted, the number of registered nurses employed in public/community health settings with the title “public health nurse” is only 17.6%. National Sample Survey data (Public Health Nursing Section, 2003) also shows that the average age of public health nurses is 49 years. With nursing wages starting to rise in the non-governmental sectors, local public health agencies are finding it difficult to compete in the areas of salary, benefits and support systems. Greiner’s IOM testimony speaks eloquently to the concerns related to the work environment, hiring practices and staffing for public health agencies. Greiner (2003) stated that “enumeration of the public health nursing workforce is problematic and data does not exist that adequately captures the scope of the problem

nationwide. Hence, nurses who currently work in public health departments often have heavier workloads and responsibilities that intersect levels of patient care at individual, family, group and community levels.”

Following the events of September 11, 2001 and the subsequent release of anthrax, the public health system came under intense scrutiny. Concerns were raised about the overall ability of the public health system to adequately recognize, respond to, and track another disaster, whether manmade or natural, should it occur. Since September 11, 2001, federal and state governments have made a considerable effort to strengthen the public health infrastructure to be able to respond should there be another terrorist attack. It is also hoped that this investment in emergency preparedness will serve a dual purpose and build up the public health infrastructure that handles the more routine, yet no less important, day-to-day services provided by the public health system. According to Greiner (Greiner, 2003), it is this current federal mandate to prepare for bioterrorism and disaster which has further accentuated the need for public health nurses yet, at the same time, has drawn public health nurses away from core function activities. The NACCHO also raises concerns about the current ability of local public health agencies to meet the many demands that confront them. In its research brief (NACCHO, 2003), NACCHO found that of the 718 local public health agencies responding to the survey on the impact of the smallpox vaccination program, 53% reported that bioterrorism preparedness planning has taken away from their other public health programs and activities. One-third (37%) responded that the bioterrorism preparedness planning has helped their public health programs and activities. NACCHO concludes that “limited staffing and resources force local public health agencies to shift workers from other programs, such as communicable disease and immunizations programs, to the smallpox vaccination program. Continued diversion of these resources will increase communities’ vulnerability to ongoing public health threats, such as influenza, West Nile Virus, contaminated drinking water, food-borne illnesses, and chronic diseases.”

Both within the context of emergency preparedness and the overall mission of the public health system, the issue of sufficient infrastructure for disease surveillance, information technology, and communication are of concern. The IOM report (IOM, 2003) calls for an integrated information infrastructure to address these concerns. The current disease surveillance system is hampered by the lack of uniform standards for data elements, collection procedures, storage, and transmission. In addition to this lack of a uniform structure, gaps exist on data that is collected. For instance, according to the IOM report (IOM, 2003), very little information is collected on chronic diseases and conditions, i.e., asthma and diabetes. The report also points to the need for additional data collection on the health outcomes that are potentially linked to exposure to environmental pollutants and toxins.

With regard to information technology and communication, some effort has been made on the part of federal, state and local governments to address this concern. For example, the Centers for Disease Control and Prevention (CDC) has initiated the Health Alert Network (HAN) which uses the Internet as a means of electronic

communication between the health departments and the CDC. It also includes distance-learning activities and provides health departments with the capacity to broadcast and receive health alerts. In its report, the IOM (IOM, 2003) recommends that the Secretary of Health and Human Services facilitate the development of a National Health Information Infrastructure (NHII). The goal of NHII would be to pull together the many separate initiatives and systems into an integrated data system that will give health officials and others optimal access to the information and knowledge they need to make the best possible health decisions for communities.

Nursing has a long, proud history within public health. Every effort must be made to ensure that this system continues and is able to provide the essential services that are core to public health practice (IOM, 2003): “assessment of health status and health needs, policy development, and assurance that necessary services are provided.”

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**Resolution 5**  
**Final Amended Version 3/21/04**  
**ANA|C**  
**Resolution on Shared Governance and Work Place Advocacy**

Submitted by Louise Timmer for the ANA|C Board

Whereas, the United States General Accounting Office testified before the Subcommittee on Health, Committee on Ways and Means House of Representatives, July 10, 2001 that job dissatisfaction is a major factor contributing to the current problems of recruiting and retaining nurses and that California hospitals have a vacancy rate of 20 percent, and

Whereas, a 1999 nurse survey conducted by the Federation of Nurses and Health Professionals found that 1 out of 5 nurses currently working is considering leaving the hospital setting for reasons other than retirement within the next 5 years, and

Whereas, the American Organization of Nurse Executives (AONE) 2002 survey reported the national average nurse turnover rate in hospitals is 21.3% compelling 25% of hospitals to close units, and

Whereas, the recommendations of all federal, medical and nursing reports recommend that the work environment for nurses be changed from a traditional bureaucratic model with centralized decision making to a shared governance model that reflects the professional decision making role of staff nurses, and

Whereas, the evaluation studies of shared governance models concluded that staff nurses and nurse managers did not have adequate knowledge and skills to participate fully in shared governance health organizations.

THEREFORE BE IT RESOLVED that the American Nurses Association\ California will:

1. Urge the Legislature to provide funding for the development, implementation and evaluation of shared governance models in hospitals and other health care institutions of California.
2. Seek collaboration and support from all stakeholders in the health care system to acknowledge that registered nurses have the professional right to act autonomously in decisions that are necessary to carry out their scope of practice in all health care environments.
3. Collaborate with the ANA and its affiliates to develop strategies that will help registered nurses optimize their value in the workplace.

4. Urge all nursing programs and health care agencies to provide education and training for students and registered nurses to participate in shared governance work environments with a focus on communication, conflict management skills, team building and committee work.

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