

Making a Difference:

A Government Relations Toolkit for ENA Advocates



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ASSOCIATION

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ENA Government Relations Team

ENA's Government Relations Team, based in Washington, D.C. can serve as a resource for you as you develop and implement a government affairs program in your state. The types of technical and strategic support we can provide include:

- Reviewing and tracking legislation;
- Drafting and editing letters of support, written and oral testimony, and other materials;
- Providing strategic advice and support regarding the movement of legislation;
- Assistance connecting with state lawmakers; and
- Support for meetings with lawmakers, agencies, and other key stakeholders.

Please contact ENA Director of Government Relations Rob Kramer (rob.kramer@ena.org) to request assistance.

Engage Your Members in Advocacy

If you are serving as your state's Government Affairs Chairperson, one of the most important things you can do is energize your state's ENA members to become stronger advocates for issues affecting emergency nurses. Many ENA State Councils have formed Government Affairs Committees, with the government affairs chairperson acting as liaison to the state council. If you don't have a Government Affairs Committee, consider forming one, seeking members that represent different parts of your state.

Have regular contact with all ENA members in your state, informing them of the organization's priorities and how ENA's activities in the state can lead to positive change!

Following are some things to keep in mind about engaging with your state's ENA members:

- The Government Affairs Chairperson should have regular interaction with membership.
- Encourage members to join the EN411 Action Network to receive Action Alerts, the Washington Update, and other announcements.
- Push out Action Alerts to all your members when you receive them.
- Encourage members to attend Day on the Hill to engage in grassroots advocacy at the federal level.
- Mentor other members to become government affairs chairpersons.

- **Encourage all members to update their account information, especially their preferred email, on their ENA member profile online. Many ENA members use their work emails, which often blocks ENA emails due to their robust firewalls.**

Engaging with State Lawmakers

As an organization, it's important to establish relationships with state legislators to maximize your effectiveness as advocates. The goal is to be a go-to person for that lawmaker on all issues related to emergency nursing. As an emergency nurse, you can serve as a source of information and expertise on key policy issues.

Here are a few examples of how you and your membership can engage with state lawmakers:

- **Invite your state legislators to tour your ED** (if appropriate and in accordance with your employer's policies). This can provide them with a firsthand look at your facility and help sway them to support policies favorable to emergency nurses. When possible, work with your coalition and community partners to develop an informative program for their visit.
- **Request to meet with state legislators while they're at home in their districts.** Typically, state lawmakers are more accessible than members of Congress, especially when out of session and back in their districts, which is more likely to be close to where you and your members live. Be mindful of the state legislative calendar, especially for year-round legislatures, and request time when you know the legislator is scheduled to be on recess. Most lawmakers will also be home during the weekends and holidays, and often will plan events in the district which constituents are encouraged to attend.
- **Join your lawmaker's mailing list.** Many state lawmakers will have email lists you can join to learn more about their priorities, as well as events the member is holding in their district. Town halls and other community events are a great opportunity to voice concerns about your policy priorities and cultivate positive relationships with lawmakers and their staff.
- **Communicate regularly with the legislator or their staff.** If you prepare a regular update for the state council, board of directors, or your membership about state government affairs activities, consider including your legislators and their staff in those emails as well.

Engaging with the Governor and Their Staff

Reaching out to communicate with the governor and members of their staff will potentially allow you to educate the most powerful people in your state on the importance of emergency nursing as well as the policy priorities of emergency nurses in your state. These interactions also serve as an opportunity for you to learn more about the governor's priorities on issues related to emergency care and the practice of emergency nursing in your state. If your priorities align with theirs, you can begin to work with the administration to move those ideas forward. If they do **not** align, you might inform them how some policies will negatively affect your ability to provide emergency care to patients in need.

Establishing a rapport with your governor's lead health policy staffer can be a very important first step. They can be a wealth of information on upcoming movement in policy areas of the state, and often have the ear of key administration staff as well as the governor. Administrations are normally very busy during a legislative session and will typically plan for the next legislative session soon after the previous one ends. Request a meeting soon after the end of a session to improve your chances of receiving a meeting. This could also be a time when they're more receptive to advancing your agenda as well.

State Policy and Its Importance to ENA

The efforts of ENA members and other grassroots advocates are critical to the work ENA is doing to advance the principles of "Safe Practice, Safe Care" to support advancements in the emergency nursing profession. State lawmakers and agency officials have jurisdiction over many laws and regulations regarding issues like workplace violence, emergency nursing scope of practice, access to mental health and substance abuse treatment services, and emergency department (ED) staffing standards.

This toolkit is designed to assist you throughout your term as the State Council's Government Affairs Chairperson. It includes information on your role and responsibilities, how you can shape ENA's government relations activities, and how to maximize the impact of your state's government relations efforts by energizing and guiding ENA members to advocate on behalf of themselves and their patients.

State Policy Priorities and the ENA Public Policy Agenda

From the start, it's important to recognize that all your government relations activities should be performed in a coordinated manner, in line with the priorities set forth by you and your State Council. The specific agenda should reflect ENA's national priorities as laid out in the most current Public Policy Agenda (Appendix C), as well as issues specifically relevant to your state.

ENA State Policy Priorities

Many efforts to advance ENA's policy goals occur at the state level. Therefore, we recommend you focus your government relations work in your state. A few of ENA's priorities at the state level include:

Working to Reduce Violence Against Emergency Nurses

According to the Department of Labor's Occupational Safety and Health Administration (OSHA), healthcare workers account for 20% of all workplace injuries yet count for about 50% of all victims of workplace violence. Nurses face a level of risk of violence at work not seen by those in the private sector — risks like those faced by paramedics, firefighters, and police officers. Nearly every state provides enhanced protection from assault to those professions through enhanced charges and penalties in their criminal code. Nurses deserve to be afforded the same protections, yet only about 60% of states currently provide enhanced charges or penalties for assaulting an emergency nurse.

ENA supports legislation that strengthens criminal penalties for assaulting or battering emergency nurses and other healthcare workers in EDs. Specifically, our goal is to enact laws in all states that make it a felony to assault emergency nurses. To date, about 30 states have enacted similar laws. ENA also supports legislation and regulations to improve the safety of healthcare facilities and enhance the training of workers to minimize violence in EDs.

Substance Abuse

The opioid epidemic plaguing the country for the last decade has reached epic proportions, killing nearly 48,000 Americans in 2017. While you and your colleagues continue to save the lives of patients with emergent needs related to drug overdose, communities have begun to act to stem the tide of death caused by this recent explosion in opioid use, misuse, and abuse.

In addition to supporting increases in funding to support state and local treatment programs and initiatives, ENA supports the pursuit of policies that allow a full array of proven strategies to combat addiction and support individuals in recovery. This includes easing access to emergency opioid-reversal agents like naloxone so these life-saving drugs can reach those they were intended to help. As of 2018, all states have passed laws allowing increased access to naloxone. Additional efforts are needed to maintain and improve access to treatment and services, such as opposing proposed changes to the **Medicaid** program, which would jeopardize treatment options for millions of Americans. Medicaid is the nation's top payer of substance abuse treatment services.

Enhance Access and Improve Care for Those with Mental Health Needs

The average boarding time of a mental health patient in the ED is 18 hours, compared to four hours for all types of patients. As you know, the ED is not the most appropriate setting to deal with these issues; however, when other options are either inaccessible or unaffordable, many are left with no choice but to go to a hospital ED.

On average, there are 121 suicides per day in the U.S. Ninety percent of all victims of suicide suffered from a mental health disorder. Reducing eligibility and funding for Medicaid jeopardizes access to mental health services, endangering care for millions.

ENA supports policies and legislation that seek to increase access to mental health treatment services that are patient-centered and appropriate for the individual's circumstances. This includes proposals that would lessen the burden on emergency departments, which are ill-equipped to handle patients with predominantly mental health needs.

Practice Authority for APRNs

Advanced Practice Registered Nurses (APRNs), such as nurse practitioners and clinical nurse specialists, are highly trained clinicians who are positioned to serve an integral role in emergency healthcare systems. They have broad knowledge and expertise in their specialty and can manage complex clinical and system issues. Nurses in advanced clinical practice provide comprehensive health assessments and demonstrate a high degree of autonomy and expert skill in the diagnosis and treatment of many complex problems. In the emergency setting, APRNs are uniquely prepared to develop and apply theory, conduct research, educate healthcare providers and consumers, and develop

standards of practice that contribute to the optimum treatment of patients.

Yet, in many states, an APRN's ability to practice to the full extent of their education and training is restricted. Further, some states require licensed APRNs to obtain oversight from a physician to practice to the full scope of their training. Allowing APRNs to practice autonomously in appropriate healthcare settings helps alleviate strain on systems where affordable primary care providers may be lacking. When patients lack access to affordable primary care, they often go to the ED instead, where they know they can receive treatment.

Emergency Department Safe Staffing Guidelines

Nothing is more important than the care you provide to your patients. To ensure that this care is timely and high-quality, emergency nurses should benefit from appropriate hospital staffing plans that reflect the unique needs and characteristics of your facility and patient population.

ENA supports policies that empower nurses in the creation of staffing plans specific to the individual ED. This approach recognizes that many factors determine appropriate staffing numbers and that flexibility is needed to adapt to the changing needs of the ED and the community-at-large.

Appropriations

State Appropriators have a tremendous amount of power in deciding which programs are going to be funded, as well as how much money they'll receive. For emergency nurses, this provides opportunities to engage on several priorities, including funding for trauma system development, mental health treatment services, and substance abuse treatment services.

Trauma Care

Traumatic injury is the leading cause of death for Americans under age 46 and costs the nation around \$670 billion in medical expenses and lost productivity annually, according to the National Academies of Sciences, Engineering, and Medicine in a **2016 study**. The nation's trauma system is a tapestry of hospitals, providers, and medical transportation suppliers that make up regional systems, with varied results. As many as 30 million people in the U.S. do not live within an hour of a Level I or II trauma center. The National Academies estimate that as many as 30,000 deaths in 2014 could have been prevented had care been optimized.

ENA supports programs that will lead to the development of optimally functioning trauma

systems while promoting the importance of increased access to trauma care, especially in rural and other underserved areas where high-quality trauma care might be hours away. ENA also supports policies that will lead to standardized, evidence-based training for providers across the country.

Identifying Your State's Policy Priorities

One step you can take in enhancing your state's government relations program is to develop a policy agenda for your state. A policy agenda is a critical tool used to communicate ENA's priorities to advocates, ENA members, state officials, lawmakers, and other stakeholders. It can be as easy as making a list of three to five policy goals that make it clear what priorities your state council has for a given year or legislative session.

First, consider the policy landscape in your state. For example, if you live in one of the many states where it's a felony to assault an emergency nurse, advocating for a new workplace violence bill to increase the penalties for assaulting emergency nurses might not be an efficient use of your time and efforts. Familiarize yourself with where your state stands on a number of ENA's priorities, such as workplace violence, nursing practice authority, and funding for trauma centers. General priorities should be established for each legislative session. Keep in mind that often, your priorities might shift or be influenced by other developments that can open up new opportunities for engagement that you may not have identified specifically. Being flexible will help you capitalize on opportunities when they arise.

The best place to start is with any bills you supported that did not become law during the previous session. You'll want to reach out to their sponsors to gauge their intent for the legislation in the next session.

Why is Bill Tracking Important?

Success in implementing your state policy agenda depends on being informed. Staying on top of the progress of the legislation your state council supports or opposes is a critical function of the government affairs chairperson position. Knowing the *sponsors* and *cosponsors* of legislation you support is your starting point for developing champions for future efforts. Tracking a bill's progress through committee can help you identify lawmakers who are important targets for relationship development. For instance, if you know a bill you support is scheduled for a hearing in a committee,

you (or other ENA members) might seek to schedule meetings with members of the committee who may not have declared support for the bill to inform them of ENA's support for the issue. You may also use this information to reach out to the committee to potentially speak as a witness or file written testimony on behalf of ENA for consideration by the committee prior to a vote.

Regardless of what bills you end up supporting or opposing, these tips may help narrow it down:

- Review the most current ENA Public Policy Agenda for potential ideas for legislation as a starting point.
- Seek legislation that accomplishes your policy priority but is simple in nature, avoiding complicated legislation that provides many opportunities for failure.
- Work with like-minded groups or coalition partners to help you identify specific bills to track.
- Be on the lookout for bills that might be harmful to emergency nurses or the patients you serve. You'll want to flag these bills for tracking as well.
- Keep in mind that some bills may not be directly related to your priorities but may present opportunities for engagement, such as legislation that establishes a task force on trauma care or a bill that would enter the state into the APRN Compact.

Once you identify a bill you'd like to support or oppose, please notify the ENA Government Relations Team at gov@ena.org. Once notified, ENA Government Relations will begin tracking the legislation's progress and provide regular updates on the bill's status. We can also provide strategic and technical support, including assistance drafting materials in support of or opposition to legislation.

Get to Know Your State Government

Each state has a popularly elected governor who serves as the chief executive officer for the state. Governors are responsible for overseeing the implementation of state laws as well as the state's executive branch. Governors also make many appointments within state agencies, boards, task forces, etc., including the leadership of each state agency. In a legislative role, governors work with the state legislature to pass laws and confirm appointees but also have the authority to veto bills passed by the legislature.

State agencies, such as departments of public health, mental health, boards of nursing, etc., will have authority over policies and programs affecting emergency nurses and your patients.

Forty-nine of 50 states have a **bicameral** legislature, which includes an upper chamber (Senate) and a lower chamber (often either House of Representatives or Assembly). Nebraska, with its **unicameral** legislature, serves as the exception. You (and your State Council) should familiarize yourself with your state's legislative leadership, including Speaker of the House, Majority and Minority Leaders in both chambers, President of the Senate, President Pro Tempore of the Senate, etc. It is also important to know who holds positions of leadership (Chairperson and Vice Chairperson/**Ranking Member**) on relevant committees that drive your legislative agenda including, but not limited to: Health, Judiciary, Appropriations, and Budget (specific names of legislative committees will vary by state).

- Start in your own backyard. Learn more about your own state representatives/delegates and senators, and engage with them.

Legislative Session Dates and Deadlines

Unlike the U.S. Congress, most state legislatures are not in session year-round. Although specific lengths may vary by state, many state legislative sessions begin in January and end in late spring, usually in April, May, or June. Some state legislatures, such as New York and Illinois, meet virtually year-round. Others, however — such as Nevada, Texas, and Montana — may only meet every other year.

Many states require that a bill be reintroduced during each session of the legislature, but about half allow for **carryover** of bills. Carryover occurs when states do not require that a bill be reintroduced each year of a given legislative session. About half of all states practice carryover. Pre-filing is a practice in many (but not all) states whereby a member of the legislature indicates an intent to file a bill on a certain topic. A **pre-filing deadline** is the date by which this must be done, before the beginning of a session, usually between October and January. Consult your state legislature's website for more information. The **filing deadline** is the date by which the bill must be introduced to be eligible to be considered during the current session. These will vary state by state unless the state has no filing deadline. Finally, some states limit the number of bills a legislator may

introduce in each session. Regardless of how your state handles pre-filing, filing, or filing limits, it is especially important to reach out to your champions (the sponsors of your bills) to discuss strategy in the months leading up to the end of the session, especially if your bill will need to be reintroduced.

States also commonly hold what are known as “special” sessions of the legislature, where they convene outside the normal session schedule to act on specific business. **Special sessions** may last anywhere from a few days to a few months.

Information about legislative sessions around the country can be found at the National Conference of State Legislatures website at www.NCSL.org, under “Legislators & Staff” by clicking on “Legislative Session Calendar” under “Tools.” This will change periodically throughout the year as the sessions evolve in each state.

Explore Legislative Resources

As a Government Affairs Chairperson, you should visit and familiarize yourself with your state legislature's website, which is a great source of information regarding legislation and state policy. There, you'll find information that will assist you in researching bills or getting to know your state lawmakers, such as the following:

- Contact information for state legislators, including biographies, office locations, and staff. Some may even offer complete rosters for the entire legislature for download.
- Updated legislative calendar information while the legislature is in session.
- Committee information, including hearings and other meetings.
- Bill tracking that provides alerts about specific pieces of legislation and/or committee activity. Many states offer such a feature on their website.

More About the Legislative Process

For policy priorities that are lucky enough to have an identified champion in the legislature who introduces a related bill, the process moving forward is fairly straightforward, although not always easily realized.

We will note that every state is different, and the process described below is a general outline. You should consult with your state legislature's website for more information about the processes and rules for your state.

For the process to begin, a bill must first be introduced by a member of the state legislature in

either the House or Senate. Bills are typically drafted by staff of the House or Senate after being given a concept or idea from a member of the legislature. After being introduced, the bill is assigned to one or more **standing committees**, based on the subject matter of the legislation. The **chairperson of the committee** can choose to call a special hearing specifically for the bill or may include the bill on a roster of other legislation to be considered during a hearing already scheduled. The chairperson may also choose to do nothing with the bill, effectively killing it. During hearings, members of the committee hear testimony, ask questions, and read statements in support of or opposition to the bill. Depending on the state, committee members may have a chance to offer amendments to the bill as well.

If the committee votes to send the bill to the full chamber, the bill moves under the leader of that chamber (typically House or Senate), who may choose to allow a full chamber vote on the bill. If the bill is brought to the full chamber for a vote, members may have the opportunity to speak about the bill, offer amendments, and vote up or down on the legislation.

Once a bill clears the first chamber, it heads to the other chamber for consideration. To become law, both chambers must pass identical versions of the same bill. If the other chamber amends or otherwise changes the bill, it must return and be approved by the original chamber. The final version, approved by both chambers, can then be sent to the governor for a signature.

Keep in mind, many states also have **cross-over deadlines** which should be noted. A cross-over deadline is the date by which a bill must be passed in at least one chamber before it can be considered by the other.

Connect with State Agencies

Establishing connections within various state agencies that deal with emergency care and nursing policies can be some of the most valuable contacts you make in state government. These career professionals implement new laws, which often leave out many of the details associated with changing policy or enacting a new program. Meeting with these individuals to discuss how the implementation of new laws can affect emergency nurses serves as an opportunity to influence how these policies are enacted.

Many state agencies seek out professional groups like ENA as partners in the implementation of new laws. Also, meeting regularly with these offices can establish ENA as a trusted and valuable resource. This can open doors to participation in statewide meetings, task forces, and advisory councils — which can have a positive impact on the profile of ENA and its members. Request meetings with appropriate staff for the specific issues you're working on anytime throughout the year. Consider inviting agency staff to member-attended meetings of the State Council.

Following are examples of some state agencies and committees you might be familiar with:

- U.S. Department of Health and Human Services
- State Board of Nursing
- State Trauma Care Committee (often have representatives from nursing)
- Department of Labor — Office of Occupational Safety and Health Administration
- Office of Emergency Services (or other Emergency Management Agency)

Identify and Build Coalitions

Influencing the development and implementation of public policy requires the ability to work with other organizations, key stakeholders in your community and around the state who share policy goals with ENA. This may include other nursing groups, emergency physician organizations, injury prevention advocates, and patient advocate organizations. Joining or forming **coalitions** with these partners can lead to valuable contacts and relationships that can pay big dividends when pushing for your policy agenda.

Coalitions allow disparate groups to come together to advance one or more policy goals. This sets the stage for the individual groups to coordinate their efforts and leverage their strengths and resources to advance their agenda. Coalitions can be whatever the group envisions — formal or informal, permanent or temporary — it's up to you.

- Contact other local groups that have natural intersections regarding policy priorities.
- Find and join other state/local coalitions working on issues like workplace violence, the opioid epidemic, advanced practice issues, safe patient handling, injury prevention, etc.
- Think outside the box!

Appendix A: Glossary of Terms

Bicameral	Referring to a legislative body in a state that has two chambers, usually a House of Representatives/General Assembly and a Senate. Forty-nine states have bicameral legislatures.
Carryover	In state legislatures, referring to the practice where bills are held over from one year of a legislative session to the next. Bills do not have to be reintroduced in carryover years.
Chairperson of the Committee	The highest-ranking member of a committee who controls the agenda and direction of that committee. Committee chairs are almost always members of the majority party of the chamber.
Coalition	An alliance of distinct parties, persons, or organizations for joint action.
Cosponsor	A member of the legislature who has publicly signed on in support of a bill.
Cross-Over Deadline	In bicameral legislatures, the date by which a bill must have passed one chamber in order to be eligible to be considered in the other chamber.
Filing Deadline	The date by which all bills must be filed to be eligible for consideration in the current legislative session.
Medicaid	A public health insurance program that provides coverage to eligible individuals, including low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by the states under established federal guidelines. The program is funded jointly by the states and the federal government. Medicaid is the nation's number-one payor of mental health and substance abuse treatment services.
Pre-Filing Deadline	The date by which bills that are being filed before the start of a legislative session must be submitted to be eligible for consideration.
Public Policy Agenda	A written document that identifies key policy priorities for ENA State Councils. It should be used by Government Affairs Chairs as well as ENA members to reference basic information on these priorities.
Ranking Member	The highest-ranking member of a committee from the minority party in control of that legislative chamber.
Special Session	A special meeting of the legislature called by the governor of the legislature itself and limited to specific matters.
Sponsor	A member of the legislature who introduces a specific bill.
Standing Committee	A committee appointed with continuing jurisdiction over general policy issues or areas of legislative activity.
State Agencies	Offices and departments that comprise the executive and administrative branch of state government, reporting to the governor. State agencies are tasked with implementing new laws affecting programs and policies under their jurisdiction, as well as developing and maintaining government programs and services provided at the state level.
Unicameral	Referring to a legislative body in a state that has one chamber. Nebraska is the only state with a unicameral legislature.

Appendix B: ENA Government Affairs Chairperson Role and Responsibilities

The role of the Government Affairs Chairperson includes developing relationships with legislators and staff and maintaining government relations activities.

Responsibilities and activities may include the following:

1. Maintain communication about government relations activity by:
 - Informing ENA State Council and chapter leaders and members within their state with legislative updates of pertinent legislation within the state legislature;
 - Encouraging other ENA members to sign up for the EN411 Legislative Network and become engaged in public policy discussions; and
 - Contributing to the ENA database of key contacts, such as federally elected officials.
2. Effectively advocate on behalf of ENA's public policy priorities by:
 - Taking action on assigned action alerts;
 - Calling legislator offices on timely issues;
 - Attending district legislator events, such as town hall meetings;
 - Providing feedback on all activities to the Government Relations team; and
 - Participating in ENA Day on the Hill.
3. Participate in Government Affairs Chairs' quarterly conference calls.

Qualifications:

- Current ENA membership
- Current Registered Nurse licensure
- Demonstrates leadership through involvement in chapter, State Council, or National ENA projects, committees, or programs

The following are various attributes this role should encompass:

- Demonstrates leadership skills
- Has dedicated interest in government relations matters
- Understands basic legislative and regulatory processes
- Has the ability to develop relationships with legislators and their staff
- Communicates effectively with ENA membership within the state
- A two-year term is recommended for this position

Appendix C: ENA Public Policy Agenda for 2020/2021

I. Safety in the Emergency Care Environment

Reduce Violence Against Emergency Nurses

Violence in emergency departments has reached epidemic levels and emergency nurses are particularly vulnerable. The 24-hour accessibility of the emergency department; the lack of adequately trained, armed or visible security guards; and an overall stressful environment are among the chief reasons why emergency nurses are victims of violence at such a high rate.

The Emergency Nurses Association (ENA) will continue to advocate for state laws that strengthen the criminal penalties for assaulting or battering emergency nurses and other health care workers in emergency departments.

ENA will also support legislation and regulations to prevent workplace violence and ensure the safety of patients and workers in health care facilities. These efforts should include the enhanced training of workers in identifying and addressing risk factors that make emergency departments vulnerable to violence, as well as policies that encourage the reporting of violent incidents and prevent employer retaliation against nurses who are the victims of workplace violence.

Reduce Workplace Injury

Nurses are at risk of harm from the environment in which they work. Factors influencing this situation include ergonomic injuries, needle stick injuries, increasing patient obesity rates and an aging workforce.

ENA will support federal legislation and programs aimed at reducing workplace injuries and illnesses for health care personnel and patients, while improving the safety of patient care delivery.

Establish Safe Emergency Department Staffing Guidelines

Maintaining the appropriate level of emergency nursing staff is critical to the ability of emergency departments to provide quality health care for patients.

As such, ENA supports policies that empower nurses to create appropriate staffing plans specific to each emergency department. This approach recognizes the many factors that determine the appropriate level of staffing, as well as the flexibility needed to account for changing circumstances in emergency departments.

II. Nursing Education and Practice

Increase Funding for Nursing Education and Training

ENA urges Congress to increase its investment to alleviate the growing nursing shortage that is impacting every aspect of the U.S. health care system and negatively affecting patient care.

ENA will support legislation that reauthorizes and funds the Nursing Workforce Development programs under Title VIII of the Public Health Service Act. The Title VIII programs provide the main federal funding for nursing education, practice and retention.

Protect Emergency Nursing Scope of Practice and Support Full Practice Authority for Advanced Practice Registered Nurses

ENA will support public policies that remove restriction on the role and scope of practice of Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) in appropriate health care settings. ENA will support efforts to allow these professionals to practice to the full extent of their education and training.

ENA will support legislation that allows APRNs to practice autonomously and independently prescribe medication and oppose restrictions on the administration of procedural sedation medications by qualified emergency nurses.

Protect the Integrity of the Nurse Title

ENA will support efforts to ensure that the title of “nurse” is reserved for those who have attained the requisite state standards of education, training and licensure for nurses.

III. Quality and Timely Access to Emergency Care

Support Programs to Enhance Access and Improve Care for Patients with Mental Illness

ENA will support policies aimed at enhancing access and improving care for patients experiencing mental illness. Further, ENA supports policies that alleviate the holding or boarding of such patients in the emergency department.

Support Programs to Improve Identification and Treatment for Patients At Risk of Suicide

Suicide rates across the nation rose 31 percent between 2001 and 2017. In 2017, suicide was the tenth leading cause of death in the U.S. ENA research indicates that taking steps to improve suicide risk assessment in the emergency department could increase the number of patients with suicidal ideation who are identified.

ENA will support policies to improve care for patients at risk of suicide, including efforts to improve screening and assessment, as well as enhance emergency department discharge planning and procedures to encourage this patient population to seek appropriate follow-up care.

Support Programs to Improve Training for Health Professionals Related to Human Trafficking and Sexual Assault

ENA will also support efforts to assist and provide high-quality care for other vulnerable patient populations, such as victims of human trafficking and sexual assault. ENA will support enhancing education and training for emergency nurses in treating these patients.

Increase Support for Trauma Systems and Trauma Centers

Trauma is the leading cause of death for people under the age of 46 and 35 million people are treated for traumatic injuries every year. Nevertheless, more than 45 million people lack access within one hour to a trauma center able to treat severe traumatic injuries.

ENA will continue to fight for legislation and funding to improve trauma care in the United States. This includes both the development of optimally functioning trauma systems and quick access to state-of-the-art trauma centers.

Maintain Funding for Poison Control Centers

According to the Centers for Disease Control and Prevention, more than 40,000 people die annually from poisoning and approximately 2,000 are treated each day in emergency departments.

ENA will support programs and funding that provide resources for the nation's 55 poison control centers and the national poison control hotline.

Improve Treatment of Patients Who Abuse Opioids and Other Drugs

The U.S. is experiencing a historic epidemic in opioid abuse and related overdose death. In 2018, drug overdoses were the leading cause of accidental death in the United States.

ENA will support policies and federal funding to combat the ongoing national crisis of opioid addiction and overdose death, including provisions to encourage states and local communities to pursue a full array of proven strategies to combat addiction and support individuals in recovery.

Fund Research to Improve the Delivery of Emergency Care

ENA will continue to strive for improved patient safety and enhanced quality of care by collaborating with appropriate stakeholders to promote and conduct research to enhance emergency care for all patients.

In addition, ENA will support the work of the National Institute of Nursing Research (NINR) at the National Institutes of Health (NIH) and urges adequate federal funding for NINR within the overall NIH budget.

Continue and Expand Federal Research and Support for Pediatric Emergency Care

ENA will strongly support policies that will enhance emergency medical services for children. As such, ENA urges Congress to continue to support the Emergency Medical Services for Children (EMSC) program at the Health Resources and Services Administration. EMSC, which has provided funds to every state, is the only federal program dedicated to improving emergency care for children.

ENA will support legislation that reauthorizes and provides adequate federal funding for the EMSC program.

Expand Training and Resources for Stop the Bleed Campaign

ENA will support federal and state efforts to expand the distribution of anti-blood loss supplies and the training and equipping of bystanders to help in a bleeding emergency before professional help arrives.

IV. Injury Prevention

Support Federal and State Initiatives to Enhance Highway and Auto Safety and Other Injury Prevention Measures

ENA will support legislation at the federal and state levels which enhance the safety of drivers and passengers in motor vehicles, including efforts to increase the usage of safety devices in cars and limit the size and weight of trucks. Where appropriate, ENA will advocate on behalf of other injury prevention bills that will result in significant health care benefits to the public.

Support Research and the Reporting of Information Related to Firearms

ENA will support federal funding for firearms-related research at CDC and HHS.

ENA will advocate for the extension of the National Violent Death Reporting System to include all U.S. state and territories.

ENA will also support legislation requiring all firearms sales in the United States to include a background check on the purchaser.

Appendix D: Instructions for Requesting a Meeting with Your Legislators

When requesting a meeting with your representative/senator, if they ask you to submit your request in writing, via email, or via fax, please feel free to use the language below as your template.

The language below is also useful when speaking with the representative's/senator's staff. When on the phone, remember to make clear that you're a constituent of the representative/senator and give specific time windows that you're available to meet. Feel free to modify this template based on your conversation with the lawmaker's office.

Due to the lengthy security process involved with the screening of regular mail sent to a representative's/senator's offices, please email or fax all written requests for meetings. Do not use regular mail.

Template for Written Meeting Requests

Dear **[Name of Staff Member/Representative/Senator]:**

As a constituent and emergency nurse living in **[City/State]**, I am writing to respectfully request a meeting with **[Representative/Senator Last Name]** to discuss issues of importance to me and emergency nurses across **[name of state]**. I will be in **[State Capitol]** and available to meet in your office on **[Date]** at **[insert time]**. Specifically, I would like to discuss healthcare issues and legislation that directly impact emergency nurses and the care received by patients. If **[Representative/Senator Last Name]** is unavailable to meet, I would be pleased to meet with the staffer handling healthcare issues.

I look forward to hearing back from you. Thank you for your time and attention to my request.

Sincerely,

[Your Name]

[Address]

[Phone Number]

[Email]

Appendix E: Sample Letter of Support for State Legislation

Below is sample language you can use as a template for drafting letters of support for a specific bill or initiative in your state. While the subject matter of your letter may vary, we would ask that you follow the general structure of the letter provided, to include:

- An introductory paragraph that includes the number of ENA members in your state, the purpose of the letter, and what the bill/initiative you're supporting/opposing would do;
- A paragraph that lays out the landscape for emergency nurses currently with regard to the particular issue at hand;
- One or two paragraphs that support your position using data and statistics (when available);
- One short paragraph that relays the purpose of the legislation/initiative; and
- A closing paragraph thanking them for their leadership and expressing a desire to work with them to support the legislation/initiative.

Whenever possible, the letter should be signed by the State Council President.

Sample Letter

The Honorable **[Name of Legislator]**
[Name of State] House of Representatives/Senate
[Office Address]
[City, State ZIP]

Dear Representative/Senator Smith,

On behalf of the Emergency Nurses Association (ENA) and our more than 43,000 members worldwide, including nearly **[Number of ENA Members in Your State]** members in **[Name of State]**, I am writing to express our support for House/Senate Bill **XXXX**. This legislation strengthens the penalty for assault and battery on emergency nurses and other healthcare professionals. In so doing, this bill would help address the elevated risk of violence faced by emergency nurses and other healthcare professionals across **[Name of State]** by increasing the penalties for assaulting such individuals.

As you know, under federal law, emergency departments (EDs) are required to treat any patient seeking care without regard to insurance status or ability to pay. However, this duty should not be accepted at the expense of the safety of patients receiving treatment and professionals who are providing it. Every day, emergency nurses across the country are punched, bitten, spit on, slapped, grabbed, kicked, and sometimes worse, yet rarely are these assaults reported. On average, healthcare professionals in the ED experience a violent event every two months, and registered nurses in the ED are more likely to experience acute stress, according to the *American Journal of Emergency Medicine*.

Emergency nurses and other personnel in the ED experience violence at much higher rates than other workers. The Occupational Safety and Health Administration (OSHA) found that between 2002 and 2013, incidents of serious workplace violence were four times more common for healthcare workers than other private sector workers.

In a 2016 report, the Government Accountability Office identified workplace violence as a "serious concern" in healthcare, and it is critical that those who face a substantial risk of violence, like emergency nurses, be adequately protected under the law. Your legislation will help ensure that violence against emergency nurses and other healthcare professionals is not ignored. We must protect those who dedicate themselves to saving lives in our communities every day.

Thank you for your leadership on this important legislation that will help protect healthcare professionals, including emergency nurses.

Sincerely,
Jane Doe
[Name of State] ENA State Council President

Appendix F: Development of State Legislation on Workplace Violence

Background

Workplace violence is a pervasive problem in the health care sector, with tens of thousands of violent incidents committed against its workers each year. It is four times more common in the health care sector than other parts of the economy. Further, nearly one-third of emergency nurses have considered leaving the nursing profession because of workplace violence.

For years, ENA has advocated for changes in state laws that would seek to raise awareness about the issue and address the problem of workplace violence in the ED. These efforts have generally resulted in support for two main policy goals:

- Elevate the assault of emergency nurses to a felony offense in all 50 states; and
- Enact requirements for health care employers to develop and implement workplace violence prevention plans.

By ENA's own count, some 31 states have passed laws which allow local prosecutors to seek felony charges against those who assault emergency nurses. These laws also provide parity in terms of protection under the law for emergency nurses when comparing them to other professions protected by similar laws, such as police, fire and emergency medical technicians (EMTs). The public at-large has a vested interest in maintaining the safety of these professionals while on the job.

On the other hand, based on information compiled by the American Nurses Association, only eight states have laws that require health care employers, including hospitals, to develop and implement plans to mitigate and prevent workplace violence.

State Workplace Violence Felony Laws

Because of the variability of state laws and criminal codes, as well as how terms are defined in various states, there is no single "model" bill that would be appropriate for every state.

Instead, it is more useful to lay out the structure of these bills and describe specific choices your state legislature might face when considering one of these bills. This will provide you with a sense of the key elements that must be addressed when drafting a bill that increases the penalties for committing an act of workplace violence directed at emergency nurses.

A. Main Elements of Workplace Violence Felony Bills

1. Eligible Crime

This defines the minimum crime under which an individual can be charged with the enhanced penalties. Ideally, committing simple assault is enough to qualify for felony charges/ penalties. It is advised to avoid including injury requirements such as "physical injury" or some variation. Injury, especially if vaguely defined, can be difficult to prove. Serious injuries, like broken limbs are typically considered to be the result of aggravated assault, which by definition is a felony.

2. Defined Protected Population

How the legislation defines the protected population can be in very broad terms ("health care workers"), or more narrow ("licensed nurses working in the emergency department"). This definition can affect the success of the bill, as well as the potential coalition of support to help push it forward. Often, the scope of the definition can be informed by how broad current statutory language protecting others might be. However broad, or narrow, the definition must be specific enough to include nurses in the emergency department. i.e. "emergency department personnel", "hospital personnel", "health care facility workers" are all terms that would usually meet this requirement.

3. Setting

In what locations is the protected population specifically covered under the law? This will typically be defined in conjunction with a work requirement such as, "...while the employee was engaged in a work-related activity in the emergency department." Normally, there is a requirement that the assault occur in an "emergency department" or in the "hospital." The scope of this should reflect the places the covered population might be expected to be performing their work-related duties when they are assaulted.

4. Knowledge of suspect

Some states require that as an element of the crime, the suspect knew or had reason to know about the victim's status as an emergency nurse or health care provider in order to charge them with the enhanced crime. This element is not necessary to enact a stronger criminal statute, but be advised that some state laws require that the state prove the offender was aware of the victim's status.

5. Victim activity

What the victim was doing when they were assaulted is important in some states to narrow the scope of the crime. Typically, it will be defined by language that states what the victim was doing at the time of the attack, such as "performing work-related duties, Broad statutes may not have any requirement at all, where narrow statutes will require the nurse "be performing lifesaving emergency care," or some other defined requirement.

B. Examples of Workplace Violence Felony Bills

As mentioned, there is no single example of a one-size-fits-all bill dealing with criminal penalties for assaulting an emergency nurse. However, below are links to the laws from two states, Texas and South Dakota, which will provide you with some ideas on how these types of bills are written. Again, the Texas or South Dakota laws may not be relevant for your state. As discussed, the criminal code in every state is unique and, therefore, every bill on this subject must be drafted differently to conform with the language and structure of your state's laws. As you will find below, often the bills that amend these laws are quite simple in their language and content. We provide these as examples for your reference.

Texas statute: ***TX Penal Code Sec. 22.01 - Assault***

- See section (b) for mention of protected individuals for which assault is considered a felony in the third degree
- See section (b)(5) for reference to "emergency services personnel" as a member of the protected group
- See section (e)(1) for definition of "emergency services personnel," which includes "emergency room personnel" in the broader definition
- You can see the specific legislative language that created this section of the Texas code here: ***TX HB 705 (2013)***

South Dakota statute: ***SD Codified Laws Sec. 22-18-1.05 - Simple or Aggravated Assault Against... Health Care Personnel***

- Note in the first paragraph that this statute is directed solely at defining the protected population, including "health care personnel"
- You can see the specific legislative language that created this section of the South Dakota codified laws here: ***SD HB 1293 (2018)***

Workplace Violence Prevention Bills

Some states, notably California and recently Oregon, have taken proactive steps to raise awareness about workplace violence as well as actions to prevent and mitigate its impact. This can be achieved through the enactment of workplace violence prevention programs. Typically, these laws will require that employers take steps to prevent and report violence, but also protect and support employees after an assault. The California bill was used as a model by members of congress in the initial development and introduction of federal legislation supported by ENA.

A. Desired Main Elements of Workplace Violence Prevention Bills

1. Invokes a regulatory authority to ensure all intended covered employers are included
2. Defines workplace violence
3. Clearly protects all elements of the health care facility at all times
4. Includes ongoing training requirements for staff providing direct patient care on topics such as:
 - a. Recognizing potential for violence
 - b. Reporting incidents to law enforcement
 - c. Employee resources following incident
5. Establishes a system for responding to and investigating violence
6. Regularly assesses and improves upon contributing factors like staffing design, security systems, security risks, etc.
7. Includes affected employees in the development and review of the plans
8. Includes non-retaliation policies
9. Requires documentation and record keeping for a defined period
10. Mandates immediate reporting of certain incidents; within 72 hours for some incidents from the facility to the state
11. Makes data related to these incidents available to employees upon request

B. Examples of Workplace Violence Prevention Bills

California SB 1299 (2014) can serve as a model bill for states wishing to establish a comprehensive program in health care facilities to prevent violence. It includes all the elements outlined above and can serve as a basis for efforts in your state to draft legislation in this area.

California SB 1299 (2014)