



Resolution

Resolution: #2017-01
Adopted: _____

APRN Full Practice Authority Planning and Advocacy

Whereas, the practice environment for Tennessee Advanced Practice Register Nurses (APRNs) is classified among the most restricted in the United States (US),

Whereas, recent attempts in Tennessee to advance *full practice authority* for APRNs, including TNA introducing a full practice authority bill in 2015 and the commissioning of the Healing Arts Scope of Practice Task Force by the Tennessee General Assembly in 2016 as a means to facilitate discussions about full practice authority and transforming the delivery of healthcare in the state, have not resulted in significant progress on advancing full practice authority,

Whereas, Tennessee is burdened by a number of challenges related to health, healthcare, and demographics, including, but not limited to: ranking 44th among the 50 states and the District of Columbia and having an infant mortality rate of 6.9 per 1,000 live births, in excess of the national average of 5.8,

Whereas, Tennessee has a large rural population and rural residents tend to be older, more are uninsured, and rural residents suffer from significant health disparities including poverty, lower life expectancies, higher rates of chronic disease, and preventable hospitalizations,

Whereas, there are substantial shortages of available primary care, anesthesia, and obstetrical/women's care physicians as evidenced by: three (3.2%) Tennessee counties having no primary care providers, 23 counties (24.2%) have low, adequate supply, 45 counties (47.4%) have a moderately adequate supply, and only 24 counties (25.2%), just one of them rural, have an adequate supply; Certified Registered Nurses (CRNAs) are the only available anesthesia provider in 41 (43.2%) Tennessee counties; and Tennessee has 47 (49.5%) with no hospital-based obstetric services,

Whereas, a broad complement of stakeholders, including the National Governor's Association, National Council of State Legislators, and the Federal Trade Commission, have concluded from 50+ years of scientific evidence and experience in other states that APRNs are qualified, proven providers and are an effective strategy for reducing barriers to care and improving health outcomes, access to primary care and other essential services, and healthcare value,

Whereas, the Tennessee Nurses Association is precluded from re-introducing full practice authority legislation before 2010 based on a three-party agreement between the Tennessee Nurses Association, Tennessee Association of Nurse Anesthetists, and the Tennessee Medical Association following the inability of the Scope of Practice Task Force to reach consensus recommendations regarding APRN practice authority and transformation of the delivery of health care; therefore, be it

Resolved, that TNA will dedicate organizational resources to organizing and educating Tennessee APRNs and other TNA members for effective grassroots advocacy related to achieving full practice authority; and be it further

Resolved, TNA will collaborate with members to establish a task force by December 1st, 2017 to develop, implement, and actively manage a comprehensive action plan for achieving full practice authority, including, but not limited to, a plan for communications, education, messaging, and outreach; clear, specific, and measurable accountabilities for TNA, the Government Affairs Committee (GOVA), board of directors and District Presidents, and members; specified due dates; and tracking and management of progress with at least bi-annual reporting to the board of directors and annual reporting to membership with identification of gaps in the plan and/or progress; and be it further

Resolved, TNA will work with other stakeholders, including, but not limited to, APRN and APRN students, other nursing organizations, health-related associations, consumer groups, as well as municipal and county governments and key business leaders to develop and support a coalition to advance full practice authority in Tennessee for the purpose of improving access to high-quality, cost-effective primary care and other essential services for all Tennesseans; and be it further

Resolved, that this resolution be subject to sunset in 2022 if not reaffirmed by the TNA Membership Assembly.

Submitted by Carole R. Myers and Nan Gaylord



Resolution: #2017-02

Adopted: _____

Nursing's Role in Primary Care

Whereas, registered nurses, the largest health profession in the nation with over 3.5 million members, are ideally suited to provide the bulk of care for people with chronic illnesses.

Whereas, there is a critical shortage of primary care providers in the United States and in Tennessee, and

Whereas, the 2016 Macy Conference, *Preparing Registered Nurses for Enhanced Roles in Primary Care*, describes and provides examples of the registered nurse's role in primary care, and

Whereas, registered nurses in primary care may assume at least four responsibilities: 1) Engaging patients with chronic conditions in behavior change and adjusting medications according to practitioner-written protocols; 2) Leading teams to improve the care and reduce the costs of high-need, high-cost patients; 3) Coordinating the care of chronically ill patients between the primary care home and the surrounding healthcare neighborhood; and 4) Promoting population health, including working with communities to create healthier spaces for people to live, work, learn, and play; therefore, be it

Resolved, that the Tennessee Nurses Association supports the enhanced role of the registered nurse in primary care by supporting both nursing schools and practices to place greater value on primary care and the role of nurses in providing primary care; and be it further

Resolved that the Tennessee Nurses Association recommends that Bachelor's in Nursing education programs provide primary care clinical opportunities for nursing students to prepare for positions in primary care while redesigning practices to make full use of the expertise of registered nurses; and be it further

Resolved that the Tennessee Nurses Association encourage that registered nurses work in collaboration with health and other professionals to provide patient-centered primary care that maximizes the health of Tennessee's citizens; and be it further

Resolved that this resolution be subject to sunset in 2022 if not reaffirmed by the TNA Membership Assembly.

Submitted by Nan Gaylord and Carole R. Myers



Resolution

Resolution: #2017-03

Adopted: _____

TNPAC Donations

Whereas, political action committees (PACs) are organized to elect political candidates and/or advance a particular issue or legislation, and

Whereas, contributing to candidates for public office is an important part of politics and policymaking occurs in a political environment, and

Whereas, collective influence is an important complement to individual influence and PAC contributions are one aspect of collective influence, and

Whereas, PAC contributions can be a visible sign of support and/or an indication of the importance of a particular topic and a legislator's influence related to the topic, and

Whereas, many special interest and other groups have established PACs and are competing for the attention of legislators, and

Whereas, the effectiveness of advocacy efforts of the Tennessee Nurses Association (TNA) are in part linked to PAC contributions which enhance the organization's visibility, impact, and efforts to gain access to state legislators and candidates, and

Whereas, TNPAC serves as the PAC for TNA and contributions are relatively low given the number of professional nurses in Tennessee, and

Whereas, TNPAC contributions totaled \$13,450 in 2015 while the Tennessee Medical Association PAC contributions totaled \$78,500 and there are approximately five times more Registered Nurses than physicians in Tennessee, and

Whereas, TNA has 3,024 members who contributed \$13,450 in 2015 and the Tennessee Association of Nurse Anesthetists (TANA) has 2,400 members and contributed \$17,750 in 2015, and

Whereas, only 2.2% of TNA members contributed to TNPAC in 2016 and only 0.3% this far in 2017, and

Whereas, 8 TNA Districts (72%) contributed baskets to the 2016 TNPAC auction, and

Whereas, only 4 Districts (36%) made monetary donations to TNPAC since January 2016; therefore, be it

Resolved, that all TNA members are encouraged to make an annual contribution; and be it further

Resolved, that all TNA Districts are encouraged to make an annual PAC contribution commensurate with their number of members; and be it further

Resolved, that all TNA Districts are encouraged to support TNPAC through in-kind donations to the annual TNPAC auction or similar initiative; and be it further

Resolved, that this resolution be subject to sunset in 2022 if not reaffirmed by the TNA Membership Assembly.

Submitted by Carole R. Myers

2017 Tennessee Nurses Association (TNA) Resolution on Team-Based Care

- Whereas,** the need for change in the delivery of health care in Tennessee is clear as our state was ranked 44 out of the 50 states and the District of Columbia in overall health in 2017 according to *America's Health Rankings* and there are many areas of the state that lack access to primary care and other essential services, and
- Whereas,** team-based care is defined by the National Academy of Medicine (formerly known as the Institute of Medicine) as "...the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient - to accomplish shared goals within and across settings to achieve coordinated, high-quality care," and,
- Whereas,** well-implemented team-based care has the potential to improve the comprehensiveness, coordination, efficiency, effectiveness, and value of care, as well as the satisfaction of patients and providers, and,
- Whereas,** the transition to team-based primary care requires, for most practices, profound changes in the culture and organization of care, in the nature of interactions among colleagues and with patients, in education and training, and in the ways in which providers and patients understand their roles and responsibilities, and,
- Whereas,** TNA supports team-based care and interprofessional partnerships for the optimal benefit of the patient and populations with care that is patient and/or population-centered, and,
- Whereas,** Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) alike, face regulatory and other barriers in the provisions of services and consequently are frequently not full members of the health care team, and,
- Whereas,** all healthcare professionals should be allowed to practice according to their education, training, experience, and based on outcomes that are valued by and benefit patients and populations; therefore, be it
- Resolved,** that TNA work in collaboration with members and key stakeholders to educate and communicate with them about the latest evidence and consensus recommendations about patient/population-centered, team-based care and advocate for allowing nurses to practice fully according to their education, training, and experience to improve patient outcomes and experiences; and be it further
- Resolved,** that this resolution be subject to sunset in 2022 if not reaffirmed by the TNA Membership Assembly.

Submitted by Carole R. Myers and Nan Gaylord



Resolution

Resolution: #2017-04

Adopted: _____

Support to Amend Board of Nursing/Rules and Regulations of Registered Nurses/Rule#1000-01-.20: Registered Nurse First Assistant Certificate (RNFA) to include Advanced Practice Registered Nurses

WHEREAS, legislation passed in May 2014 authorized the Tennessee Board of Nursing under the Rules and Regulations of Registered Nurses/Rule#1000-01-.20: Registered Nurse First Assistant Certificate (RNFA) to issue a certificate to RNFAs who meet the following requirements:

1. A current, unencumbered license as a registered nurse under T.C.A. Title 63, Chapter 7, or current unencumbered licensure as a registered nurse with the multistate licensure privilege to practice in Tennessee;
2. A current certification in perioperative nursing;
3. Successful completion of a RNFA education program that meets the education standard of the Association of Perioperative Registered Nurses (AORN) for a registered nurse first assistant; and

WHEREAS, the national standards established by AORN recognizes two levels of academic qualifications for the RNFA role which include both the nurse who has current certification in perioperative nursing as required by Tennessee legislation, but also recognizes the credentials of the Advanced Practice Registered Nurse (APRN); and

WHEREAS, the national standards established by AORN state that both of these levels of nursing professionals must complete an educational program:

1. Equivalent to a minimum 6 semester credit hours of formal post-basic RN education, associated with a college or university
2. Must adhere to the current version of the *AORN Position Statement on RN First Assistants* and the *AORN Position Statement on the Perioperative Advanced Practice Nurse*
3. Must incorporate all of the content in the current edition of the Core Curriculum for the RN First Assistant, and
4. Must incorporate all of the requirements of the *AORN Standards for RN First Assistant Education Programs*; and

WHEREAS, Tennessee has demonstrated national leadership in providing Title Protection for the RNFA based upon the AORN qualifications of the perioperative nurse who is

CNOR certified but does not include the APRN who has completed a formal RNFA academic program; therefore, be it

RESOLVED, that TNA advocate to the Tennessee Board of Nursing and the Tennessee Board of Medicine, to recognize the national standards established by AORN which include both the CNOR certified registered nurse or the Advanced Practice Registered Nurse who completes a formal academic RNFA program as qualified to practice as a RNFA and be awarded Title Protection under the Tennessee Board of Nursing Rules and Regulations; and be it further

RESOLVED, that TNA advocate to the Tennessee General Assembly to amend Board of Nursing/Rules and Regulations of Registered Nurses/Rule#1000-01-.20: Registered Nurse First Assistant Certificate (RNFA) to include Advanced Practice Registered Nurses who complete a formal academic RNFA program under the rule for Title Protection to practice as a RNFA; and be it further

RESOLVED, that this resolution be subject to sunset in 2022 if not reaffirmed by the TNA Membership Assembly.

Submitted by:

- Nancy Appling, MSN, ACNP-BC ,CNOR, CRNFA
Faculty, RNFA Program
- Diane Todd Pace, PhD, APRN, FNP-BC, NCMP, FAANP
Associate Professor & Director, Special Academic Programs
Associate Professor: College of Medicine/Department Ob-Gyn
- Shelley Y. Hawkins, PhD, APRN-BC, FAANP
Professor & Associate Dean of Academic Affairs



Resolution: #2007-01

In Support of Cultural Diversity (AMENDMENTS)

Whereas, *;** therefore, be it

Resolved, that in becoming practitioners sensitive to the cultural diversity that exists in Tennessee, Tennessee Nurses Association members support and promote opportunities for awareness, knowledge, skill development, and research in cultural competences; and be it further

Resolved, that TNA members seek to actively participate in and support evidence-based educational strategies at all levels of the organization to promote culturally sensitive, inclusive, and competent care; and be it further

Resolved, that TNA members implement strategies to recruit diverse members, staff, and leadership; and be it further

Resolved, that this resolution be subject to sunset in 2022 if not reaffirmed by the TNA Membership Assembly.

Imperative for Continued System Change to Improve Costs, Quality, and Outcomes of Care and System Performance

- Whereas,** according to the Commonwealth Fund¹, the United States outspends all other countries on healthcare, and spending is not linked to better outcomes and quality is uneven,
- Whereas,** too many Americans do not have affordable and adequate healthcare coverage¹,
- Whereas,** the United States healthcare system consistently underperforms¹; therefore, be it
- Resolved,** that healthcare coverage affordability to individuals, employers, states, and the federal government is a problem that must be addressed; and be it further
- Resolved,** that availability of healthcare coverage, access to acceptable care, and improvement of system performance are all greatly needed; and be it further
- Resolved,** that nurses are integral to the transformation of care delivery and must play an active role in leading policy and system changes; and be it further
- Resolved,** that this resolution be subject to sunset in 2022 if not re-affirmed by the TNA Membership Assembly.

¹*E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care, The Commonwealth Fund, July 2017.*