
"The Backbone of Dignity is Mattering."

I recently read a soon-to-be-published column written by Colleen Casper, the director of Practice & Governmental Affairs for the Colorado Nurses Association. Colleen titled her column "The Backbone of Dignity is Mattering." In it, she reflected on nurses' ongoing challenges and how, if we view ourselves as powerless, we will be unable to solve these challenges. She wrote about the concept of "dignity and mattering."

We most often think of the word "matter" when we hear that Black Lives Matter (and they most certainly do!) but what exactly is mattering? According to Isaac Prilleltensky, who has studied Mattering, **"To feel worthy, we have to feel that we are equal to others, and that we deserve to be treated with respect. We have to experience fairness in relationships, at work, and in society. Moreover, we have to be fair to ourselves. We cannot experience dignity without fairness."**

Dr Gordon Flett, another Mattering scholar, lists four components in Mattering.

1. Attention: that we command the interest of another; that we feel notices and heard
2. Importance: that someone cares about us; we are valued, cherished, wanted
3. Dependence: that someone needs us and relies on us; we have a role that matters to others
4. Appreciated: that people are grateful and appreciate us in their lives.

Flett goes on to say that Mattering is not simply meaning and purpose in life; it is not just a sense of belongingness; that it cannot be equated with self-esteem.

Colleen Casper writes in her column about workforce devaluing, "which is contributing to nursing workforce resignation." Mattering matters! If nurses are treated as if they matter, they will be involved in decisions around staffing and the provision of care. The pandemic has demonstrated what we already knew - Nurses do matter. As we come out of the depths of the pandemic, it will be important for us to be treated in accordance with the concepts of Mattering.

This MNORN newsletter is filled with issues that matter. For example: the MNORN Board has approved of a position statement on Gender Affirming Healthcare; the conviction of nurse RaDonda Vought, with its implications for her personally, nursing, and patient safety; the Dialogue Forum Topics coming to the 2022 Membership Assembly - and others.

Nurses matter, nursing matters. It is time to not just be the most trusted profession - we need to matter!

Kathi Koehn, executive director, MNORN

ANA's statement on the conviction of Vanderbilt University Medical Center nurse RaDonda Vaught of criminally negligent homicide and impaired adult abuse after she mistakenly administered the wrong medication that killed a patient in 2017.

The following statement is attributable to both the American Nurses Association (ANA) and the Tennessee Nurses Association (TNA):

"We are deeply distressed by this verdict and the harmful ramifications of criminalizing the honest reporting of mistakes.

Health care delivery is highly complex. It is inevitable that mistakes will happen, and systems will fail. It is completely unrealistic to think otherwise. The criminalization of medical errors is unnerving, and this verdict sets into motion a dangerous precedent. There are more effective and just mechanisms to examine errors, establish system improvements and take corrective action. The non-intentional acts of Individual nurses like RaDonda Vaught should not be criminalized to ensure patient safety.

The nursing profession is already extremely short-staffed, strained and facing immense pressure – an unfortunate multi-year trend that was further exacerbated by the effects of the pandemic. This ruling will have a long-lasting negative impact on the profession.

Like many nurses who have been monitoring this case closely, we were hopeful for a different outcome. It is a sad day for all of those who are involved, and the families impacted by this tragedy."



**Institute for
Healthcare
Improvement**

**IHI and LLI Statement About the Risks to Patient Safety
When Medical Errors are Criminalized**

March 30, 2022

The Institute for Healthcare Improvement (IHI) and the IHI Lucian Leape Institute (LLI) lament the tragic death of a patient at Vanderbilt University Medical Center in late 2017 after a medication error and extend our sympathies to the family who suffered this loss. This event demonstrates the inherent and serious risks involved in patient care. It also demonstrates the ever-present need for effective, reliable, and resilient systems, and professional accountability for ensuring patient safety. The decision to criminally charge the nurse who

administered the wrong medication with reckless homicide and impaired adult abuse is not a remedy.

We know from decades of work in hospitals and other care settings that most medical errors result from flawed systems, not reckless practitioners. We also know that systems can learn from errors and improve, but only when those systems encourage reporting, transparently acknowledge their mistakes, and are held accountable for those errors.

Criminal prosecution over-focuses on the individual and their behavior and diverts needed attention from system-level problems and their solutions. This is not how safety is achieved in health care.

Patient safety improves in organizations with fair and just cultures that value transparency, openness, honesty, learning, and accountability at the system and individual level. Criminalizing medical error creates environments and cultures of fear and blame that are directly counterproductive to patient safety, and reverses the hard-earned progress that has been made by health professionals around the world. Put simply, this prosecution makes patients less safe.

Creating more fear in a health workforce already stretched to its breaking point by the COVID-19 pandemic is the last thing our systems need. All health workers, and especially nurses, need to feel our support right now. They must not be made to fear that a mistake will cost them their livelihood. This will only serve to drive more out of the profession and make it less desirable for the next generation of caregivers.

This case has already damaged patient safety. Were this practice to be repeated in future cases of a serious or fatal error, there will be more damage, less transparency, less accountability, and more lives lost. Instead, this case should be a wake-up call to health system leaders who need to proactively identify system faults and risks and prevent harm to patients and those who care for them.

In the spirit of improvement and based on many years of experience and careful thought, we offer some guidance on how best to respond to a serious clinical adverse event. These recommendations are rooted in the concept of "just culture" and its key emphasis on system-level accountability and learning:

- Minimize further harm to the patient and relieve suffering;
- Transparently report the error to administrative and clinical authorities and the patient's care team as soon as it is known to have occurred;
- Transparently communicate to the patient and their family about the harm that the patient experienced, including what happened, why it happened, and what's being done to prevent it from happening again;

- Apologize to the family and the community, clearly conveying regret that the incident happened, and determination to prevent similar incidents in the future;
- Provide immediate and long-term support to all staff involved;
- Ensure that the board of trustees and leadership are immediately alerted and are actively engaged in understanding why systems failed and how best to use the event as a learning opportunity to improve safety systems;
- Thoroughly investigate the incident and ground that investigation in organizational values, integrity, and a commitment to doing the right thing;
- Follow through to ensure that the lessons learned are being incorporated to improve the system in a timely and iterative manner; and
- Pay as much attention to near-misses as we do to serious safety incidents that result in harm so that the system anticipates risks proactively instead of remaining in a reactive mode.

Institute for Healthcare Improvement (IHI) IHI Lucian Leape Institute



Nurses Service Organization (NSO) stands with Nurses

At Nurses Service Organization (NSO), we always have—and always will—stand with nursing professionals. In light of recent news, NSO would like to reiterate our steadfast support to the nursing profession and community. We recognize the complexities and unmatched level of responsibility that come with a career in healthcare. We understand the staffing shortages, sentiments of fatigue and burnout, and unparalleled stress that nurses everywhere have experienced, particularly in the past two years during the COVID-19 pandemic. We empathize with the moments where nurses may feel that the system has let them down, despite their unwavering dedication to this lifesaving profession.

Lastly, we also know that we're all human, and sometimes we may make mistakes.

Yet, through all these trials and tribulations, nursing professionals have continued to deliver on their incredible mission of providing quality care to their patients. A sometimes difficult but very necessary part of providing care means disclosing errors when they occur.

Given recent events, we are concerned that nursing professionals may feel intimidated or fearful about divulging mistakes in their reporting and documentation. Additionally, we are concerned about the dismantling of just culture in the workplace—which highlights shared accountability and serves to support nurses and help them learn from their mistakes or participate in resolving system problems, not to discipline them. We urge nursing

professionals to honor their commitment to patients with accuracy, honesty, and transparency. We will be there with you every step of the way.

At NSO, our mission is to prioritize the needs of individual nursing professionals, rather than those of their employer. Relying solely on employer coverage may not be sufficient for nurses. Our individual professional liability insurance policies include protection of licensure to help safeguard your nursing career through both the good times, as well as the more difficult moments. Our malpractice coverage reflects our unyielding support to nursing professionals everywhere.

That is why we stand with nurses, now and always.

NSO provides malpractice insurance for many MNORN members. To learn more about NSO and its products, <https://www.nso.com>

MNORN Statement on Gender-Affirming Healthcare

Adopted by the MNORN Board of Directors March 28, 2022. Thank you to Ian Wolfe for his guidance in crafting this statement.

It is the position of MNORN that gender- affirming care is a health care right which is not to be withheld from a patient based on age or other discriminatory factors. We support and defend our patients' access to this care, to the dignity of their identity, and to the promotion of health and wellness. MNORN condemns any action restricting access to appropriate, evidence-based, and beneficial healthcare. MNORN condemns political actions that violate a nurse's ethical obligations to their patient.

Introduction

The Minnesota Organization of Registered Nurses (MNORN) aligns with the American Nurses' Association (ANA) in recognizing that a respect for human rights and dignity is inherent in nursing. Our foundational documents insist on this. The Code of Ethics for Nurses with Interpretive Statements reminds us that nurses have a moral imperative to respect human dignity stating that "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person."¹ The Nurses Scope and Standards of Practice (4th ed.) requires nurses to take action towards "unrelenting, unwavering, and encompassing efforts for equity, diversity, inclusion, and social justice."² The American Academy of Nursing in their 2018 Policy Brief: Protecting vulnerable LGBTQ youth and

advocating for ethical health care, put it most succinctly when they said that the AAN "...supports access to healthcare for everyone..."³ As nurses, we are obligated to care compassionately for all who are recipients of care, to treat all with dignity and to advocate for their care. Simply, all of our patients deserve appropriate, evidence-based care - no matter who they are.

MNORN advocates for quality, evidence-based, medically beneficial and appropriate health care for children who identify as transgender and gender diverse (TGD) to include those who identify as non-binary. MNORN is unequivocally opposed to the denial of human and civil rights and condemns any discrimination based on sexual orientation, gender identity, and/or gender expression in access to or provision of healthcare.

Gender Affirming Care

Gender-affirming care offers developmentally appropriate care that is oriented towards understanding and appreciating the youth's gender experience. This integrative model of care combines medical and psychosocial services and supports for TGD youth and their families. There is significant data that gender affirming care reduces negative health consequences, improves quality of life, reduces harm, and even reduces incidence of suicide.

Supportive environments significantly improve the mental health of TGD youth. The more supportive environments (e.g., home, school, work) in which TGD youth experience gender-affirming support (i.e., chosen name and pronoun use) the less they experience depressive symptoms, suicidal ideation and behavior.⁴

A 2011 study found that after an average of two years of pubertal suppression¹ clinically significant behavior problems (acting out in school and at home) dropped from 44% to 22%.⁵ Additionally, after two years of pubertal suppression and gender affirming care TGD youth experienced almost 20% less clinically significant emotional problems such as depression, anxiety, and self-harm.⁵

TGD youth who did use puberty blockers were found to have the same depression rates as their cisgender peers.⁶ A study in 2020 compared TGD youth who have not yet received gender-affirming care suffered twice as many suicidal thoughts and attempts as compared to those who received it.⁷ Puberty blockers and gender affirming hormones also reduce anxiety, improve body image, and help decrease suicidality.⁸ These positive effects last into adulthood.

¹ The reversible suppression of puberty with hormone blocking medications.

The multitude of data indicating positive improvements in health for TGD youth has led many professional organizations such as ACOG, AAP, APA, AAN, ANA, AMA, and SAHM² to consider gender-affirming care as standard and basic healthcare. In fact, Healthy People 2030 has set a goals to improve health outcomes for transgender students. These include reducing "...suicidal ideation among transgender students, including those who seriously considered suicide, made a plan, or made an attempt in the past year."⁹

ANA Code of Ethics

The Code of Ethics for Nurses provides guidance when there is a discordance between ethical nursing practice and state/federal laws or institutional policies.

Provision 8.4 "Nurses must always stress human rights protection with particular attention to preserving the human rights of vulnerable groups such as the poor, the homeless, the elderly, the mentally ill, prisoners, refugees, women, children, and socially stigmatized groups. All actions and omissions risk unintended consequences with implications for human rights. Thus, nurses must engage in discernment, carefully assessing their intentions, reflectively weighing all possible options and rationales, and formulating clear moral justifications for their actions."¹

Provision 1 "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person...the need for and right to healthcare is universal, transcending all individual differences...nurses consider the needs and respect the values of each person in every professional relationship and setting...factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation, or gender expression, and primary language when planning individual, family and population-centered care."^{1, 10}

Provision 3.5 "Nurses must be alert to and must take appropriate action in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights or best interests of the patient in jeopardy."¹

Nurses have a primary responsibility to the patient. This ethical directive is a professional obligation that supersedes personal opinion and/or beliefs. While the Code maintains the

² ACOG American College of Obstetricians and Gynecologists
AAP American Academy of Pediatrics
APA American Psychological Association
AAN American Academy of Nursing
ANA American Nurses Association
AMA American Medical Association
SAHM Society for Adolescent Health and Medicine

right to conscientious objection this right cannot come at the expense of denying a patient access to healthcare.

Gender-affirming care is evidence-based healthcare and is well supported by the medical community. Criminalizing healthcare or removing access is a human rights issue. Nurses must consider the intentions and justifications for any action requested by the state involving patients. Nurses have a primary obligation to the patient regardless of personal factors. Nurses have an obligation to act when actions impede patient rights or ethical practice. These obligations supersede any immoral legal mandate.

Professional Organization Statements

American College of Obstetricians and Gynecologists

American College of Obstetricians and Gynecologists. (2021). Health Care for transgender and gender diverse individuals: ACOG Committee Opinion, Number 823. *Obstet Gynecol*, 137, e75.

American Academy of Pediatrics

Rafferty, J., Yogman, M., Baum, R., Gambon, T. B., Lavin, A., Mattson, G., ... & COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, 142(4).

American Psychological Association

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832-864.

American Medical Association

<https://www.ama-assn.org/delivering-care/population-care/advocating-lgbtq-community>

Society for Adolescent Health and Medicine

Promoting Health Equality and Nondiscrimination for Transgender and Gender-Diverse Youth. The Society for Adolescent Health and Medicine (2020) 66 (6): P761-765 DOI:<https://doi.org/10.1016/j.jadohealth.2020.03.016>

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9. Office of Disease Prevention and Health Promotion. (n.d.-a). Healthy People 2030. U.S. Department of Health and Human Services. <https://health.gov/healthypeople>. Accessed March 25th, 2022. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/lgbt/reduce-suicidal-thoughts-lesbian-gay-or-bisexual-high-school-students-lgbt-06>
10. ANA Ethics Advisory Board, (November 19, 2018) "ANA Position Statement: Nursing Advocacy for LGBTQ+ Populations" *OJIN: The Online Journal of Issues in Nursing*. 24(1).

Summaries of MNORN Member Meetings

We have held two Member Meetings since the last newsletter.

The first meeting was on March 10th. The topic was “Advocacy and Lobbying: Lessons from the Field.” Presenters were Susan D. Stout and Kathi Koehn.

Objectives of the presentation were to:

- Differentiate between the role of an advocate and a lobbyist in influencing public policy.
- Describe actions nurses can take to effect change in the law making (legislative) process.
- Describe the concept of power as it relates to healthcare policy and nursing practice.

Kathi started us off by inviting the attendees to share their stories about advocacy, lobbying and finding your voice as a nurse. Susan shared her very first lobbying experience as a

nursing student and described how that launched years of advocacy, lobbying and leadership. Kathi and many others shared stories of advocacy, coalitions, creation of the Vietnam Women's War Memorial and other impactful experiences. Advice was shared with the group including getting to know your legislators before you meeting with them and getting involved at the local level as a starting point.

Heidi Orstad shared some references about storytelling and advocacy:

- RWJ What Research Tells Us About Effective Advocacy Might Surprise You. https://www.rwjf.org/en/blog/2022/02/what-research-tells-us-about-effective-advocacy-might-surprise-you.html?rid=0032S00002EhVTjQAN&et_cid=2521817
- The Collaborative on Media & Messaging - <https://commhsp.org/areas-of-focus/>

Also recommended is the book, "Boundary Spanning Leadership" by Chris Ernst and Donna Chrobot-Mason.

The second meeting was on April 7th. April Lenzmeier RN presented on the topic entitled, **"Substance Use Disorder (SUD)-Awareness and Support for Nurses."**

Objectives of the presentation:

1. Will be able to define SUD in nurses as it compares to the general public.
2. Can describe the examples of available resources for nurses suffering from SUD and be able to find them online.
3. Will demonstrate an understanding of how to incorporate these resources for nurses in other organizations in Minnesota or beyond.
4. Can verify that the conspiracy of silence with addiction is still very real in our current workplaces.

April Lenzmeier is graduating with her DNP from the University of MN in May 2022, specializing in Health Innovations and Leadership. April gave a history of her professional work in health care starting out as a nurses aid to serving as a Nurse Manager role for Vascular Access, ICU, and Inpatient Dialysis units during the pandemic. April is in long term recovery and shares the passion of publicly speaking about her journey in an attempt to connect to others and help them also become the best version of themselves. She shared her journey which included many difficult barriers and stigma. She expressed her passion for this work and is excited about her many future prospects helping nurses in this area of SUD.

Q and A program followed the formal portion of the presentation. A robust conversation followed with overwhelming support for April and her work.

To learn more about April's work and the Nurses Peer Support Network: <http://www.npsnetwork-mn.org>

Topics to Be Discussed at ANA Membership Assembly in June

The following topics have been selected for this June's Membership Assembly

- Impact of Climate Change on Health
- Advancing Solutions to Address Workplace Violence and Bullying Across the Continuum of Care
- Nurse Staffing, with focus on problem solving and sharing best practices

There will also be education sessions on APRNs and Post-COVID (topic still under development) and some less formal lunchtime discussions.

ANA's Racial Reckoning Statement (draft) will also be discussed.

Here are all of the topics that were submitted for possible Dialogue Forum Topics:

- RN nurse - Florida
- Hospital RN Staffing Lacks Flexibility - Arizona
- PPE with CPR - AORN
- Nurse Safety - Oregon
- Improving the perception of health and well-being of inpatient frontline staff during the COVID-19 pandemic through implementation of 10-15-minute guided meditation sessions - Georgia
- Verbal Abuse - Maintaining a Safe Work Environment for Nurses - New Jersey
- CPT coding for outpatient nursing and telephone care - IMD
- Confusion Regarding ANA Communications on Nurse Bullying - Maine
- Just-in-Time Mentoring - Practicing with an Expert Clinician - Missouri
- Impact of Climate Change on Health - New Hampshire (MNORN supported)
- Maintaining Safety of the Hospital Environment by Addressing High-Risk Non-Adherent Behaviors - Pennsylvania
- Financial Impact of COVID-19 Pandemic on U.S. Nurses - New York
- Workplace Violence Prevention - IMD
- Using Standardized Four-hour Decreased Work Hour Schedules to Improve Nursing Staffing - Virginia

- Reducing Regulatory Barriers - Alabama
- Nursing Care Environment and Nurse Liability - Oregon
- Safety and Well-being for Nurses Working in Communities - National Association of School Nurses

ANA's Summary of \$1.5 trillion Omnibus Includes Several Nursing Priorities



by Kristina Weger

Below is ANA's legislative breakdown of the nursing provisions included in the \$1.5 trillion omnibus appropriations bill that will fund the Federal government through the end of the current fiscal year. The bill, which also includes Ukraine emergency spending attached, was signed into law on March 15, 2022.

Nursing

- Title VIII Nursing Workforce Development programs received \$280.472 million, which is a \$16 million increase over Fiscal Year 2021.
- National Institute of Nursing Research received \$180.862 million, which is a \$5.905 million increase over FY enacted levels.
- Sexual Assault Nurse Examiners Program – The bill includes \$13 million, an increase of \$4 million within the total for Advanced Education Nursing to expand training and certification of RNs, APRNs, and Forensic Nurses to practice as sexual assault nurse examiners.
- RN Shortage – The bill includes \$4.750 million within the Nurse Education, Practice, Quality, and Retention to address the shortage of RNs. The agreement directs Health Resources Service Administration (HRSA) to give priority in new funding announcements to public entities for training of additional RNs, specifically for acute care settings. In addition, it directs HRSA to give priority to applicants in States listed in the HRSA publication "Supply and Demand Projections of the Nursing Workforce 2014-2030" as having the greatest shortages.
- Nurse Practitioner Optional Fellowship Program – The agreement includes \$6 million for this program.

- Impact of COVID-19 on the Rural Nursing Workforce – This agreement directs HRSA to submit a report within one year of enactment on the impact of the current public health emergency on the nursing workforce, especially in rural areas, and summarize strategies to mitigate and address these impacts.
- Nursing and Allied Health Workforce Shortages – The Committee notes that in a March 2021 survey conducted by the HHS Office of the Inspector General, hospitals reported that nursing shortages during the COVID–19 pandemic significantly strained health care delivery and were a significant obstacle to addressing the public health emergency. The survey found that these shortages exacerbated longstanding challenges in health care delivery, access to care, and health outcomes. The Committee requests a report within 180 days of enactment of this Act addressing the role of Medicare funding in supporting the training of nursing and allied health professionals. Such report should also include an assessment of how CMS can exercise its discretion under existing payment rules to further address shortfalls in the nursing and allied health workforce.
- Department of Veterans Affairs Nurse and Physician Assistant Retention and Income Security Enhancement Act (VA Nurse and PA Raise Act) – This will lift the salary caps at the U.S. Department of Veterans Affairs (VA) for APRNs and PAs.

Telehealth

The legislation includes provisions to extend and expand telehealth flexibilities for 151 days after the end of the COVID-19 public health emergency. Provisions of note include:

- Expanding originating site to include any site at which the patient is located, including the patient's home;
- Extending the ability for federally qualified health centers (FQHCs) and rural health clinics (RHCs) to furnish telehealth services;
- Delaying the six month in-person requirement for mental health services furnished through telehealth until 152 days after the emergency, including the in-person requirements for FQHCs and RHCs;
- Extending the coverage and payment for audio only telehealth services;
- Extending the ability to use telehealth services to meet the face-to-face recertification requirement for hospice care;
- Requiring the Medicare Payment Advisory Commission to conduct a study on the expansion of telehealth services and to require the Department of Health and Human Services (HHS) Secretary to publicly post data with respect to telemedicine utilization.

Maternal Health

- The Maternal Health Quality Improvement Act would provide for Public Health Service Act grants to develop and disseminate best practices with authorization of \$45 million for 2023-2027; accredit health professional schools to train health care professionals about perceptions and biases with authorization of \$15 million for 2023-2027; support states and tribal organizations for integrated health care services with authorization of \$50 million for 2023-2027; and instruct HHS to include pregnant and postpartum women as part of their public awareness campaign.
- The Improving Rural Maternal and Obstetric Care Data which would amend the Public Health Service Act to improve rural maternal and obstetric care data collection and care networks with authorization of \$15 million for 2023-2027, as well as establishes grants to support health care professional training and telehealth resources with authorization of \$25 million for 2023-2027.

Agencies

Health and Human Services: \$108.3 billion in total spending, an increase of \$11.3 billion. As part of this appropriation, Congress would establish and/or fund the following agencies, among others:

Centers for Medicare & Medicaid Services: \$4 billion in total spending, an increase of \$50 million.

Advanced Research Projects Agency for Health (ARPA-H): \$1 billion to establish ARPA-H with the intent of accelerating the development of scientific breakthroughs for diseases such as ALS, Alzheimer's disease, diabetes and cancer.

National Institutes of Health: \$45 billion, an increase of \$2.25 billion with a particular focus on investments in research to address cancer, HIV and dementia, among other conditions.

Centers for Disease Control and Prevention: \$8.5 billion, an increase of \$582 million, with a particular emphasis on improving the nation's public health infrastructure, including data collection and monitoring.

Substance Abuse and Mental Health Services Administration: \$6.5 billion, an increase of \$530 million to invest in a number of mental health programs, including those particularly targeted at children and youth.

Health Resources and Services Administration: \$8.9 billion, an increase of \$1.4 billion, to improve access to care in underserved communities, develop the workforce, and improve maternal and child health outcomes.

Food and Drug Administration: \$3.3 billion, representing an increase of \$102 million with new investments to address the opioid crisis, improve medical supply chain surveillance, facilitate the development of treatments for rare cancers and accelerate medical product development as authorized in the 21st Century Cures Act.

Federal Emergency Management Agency: \$23.9 billion, representing an increase of \$2.19 billion with a particular focus on disaster response and recovery efforts.

Explanatory Statements

From **L-HHS-ED** Explanatory Statement:

- **Experiential learning Opportunities** – Within the total for Nurse Education, Practice, Quality, and Retention, the agreement includes \$5,750,000, an increase of \$2,750,000, to expand competitive grants to enhance nurse education through the expansion of experiential learning opportunities as directed in P .L. 116-260.
- **Mental and Substance Use Disorder Workforce Training Demonstration** – Within the total for BHWET, the agreement includes \$31,700,000 for this program. The agreement continues support for grants to expand the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental and substance use disorder services in underserved community-based settings as authorized under section 760 of the PHS Act.
- **Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program** – Within the total for BHWET, the agreement includes \$24,000,000 for this program.
- **Opioid Prescribing Guidelines** – The agreement applauds CDC's February 2022 Updated Clinical Practice Guideline for Prescribing Opioids for Chronic Pain, for use by primary care clinicians for chronic pain in outpatient settings outside of active cancer treatment, palliative care, and end-of-life care. The agreement directs CDC to continue its work educating patients and providers, and to encourage uptake and use of the Guidelines. The agreement urges CDC to continue coordination with other Federal agencies in implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal government.

- Replenishing Personal Protective Equipment (PPE) – The agreement notes with concern the emergence of counterfeit PPE products in the U.S. healthcare system and the critical need to boost domestic PPE manufacturing. The agreement urges the Secretary to develop a long-term sustainable procurement plan that gives preference to and results in purchases from domestic manufacturers of PPE and PPE raw materials.

From **Mil Con-VA** Explanatory Statement:

Annual Staffing Report -The Committees appreciate the Department's efforts to provide useful information regarding its staffing challenges. Building off of the directive included in the Joint Explanatory Statement accompanying Public Law 116-260, the Committees direct the Veterans Health Administration to provide no later than January 31 of each calendar year, beginning in January 2023, a comprehensive report on: 1) staffing shortages generally; 2) staffing needs in rural and remote areas; 3) staffing needs for women's health providers; 4) the development, use, and refinement of credentialing and staffing models; and 5) its plans to address these workforce issues. The Committees encourage the Department to focus on annually identified occupational shortages, but note that it may from time-to-time request information regarding specific types of shortages, such as mental health providers. As such, the Department is requested to track professions and specialties of interest.

Samuel Hewitt, Associate Director of Policy and Government Affairs, is a co-author and contributor of this article.

Message from Howard Catton, CEO of the International Council of Nurses



"Ukrainian nurses are demonstrating incredible strength and dedication to their profession. Many are living in the basements of hospitals in order to be ready to care for injured patients as soon as they arrive. ICN's support and admiration also goes to the nurses in neighbouring countries of Poland, Moldova, Romania, Slovakia and Hungary who are caring for the refugees flooding across the borders to safety.

We are so appreciative of the support from nursing colleagues across the world and we are working closely with Ukrainian nurses to identify their needs and learn how best to support them. Your generous donation will go along way to helping them care for their patients."

If you would like to make a donation: [ICN Humanitarian Fund](#)



Health Professionals for a Healthy Climate

CODE BLUE

FOR PATIENT EARTH

PATHWAYS TO RESILIENCE

FRIDAY, APRIL 22

FORGING THE PATH TO CLIMATE ADVOCACY

Health professional leaders across Minnesota will share their personal stories of engaging in efforts to address the health impacts of climate change. This session will provide an opportunity to network with fellow health professionals in your region, and provide on-ramps for becoming involved in the climate and health movement.

SATURDAY, APRIL 23

CREATING CLIMATE SMART HEALTHCARE

Addressing climate change in the healthcare sector requires both sustainability practices that reduce waste and decrease the carbon footprint, and adaptation strategies that promote resilience in the face of current and predicted challenges. Health professional leaders in Minnesota will share their experiences with working to make their health systems climate smart.

NAVIGATING THE MENTAL HEALTH IMPACTS OF CLIMATE CHANGE

Contemplating the climate crisis can lead to anxiety, a sense of loss, and even despair. Minnesota mental health professionals will discuss the dynamic interplay of climate anxiety and burnout and share techniques for treating patients and engaging in self-care.

CLIMATE JUSTICE:

ADDRESSING CLIMATE AND HEALTH THROUGH AN EQUITY LENS

This session will review some of the underlying health and economic disparities that create social vulnerability and the specific disproportionate impacts from climate change on human health. Local leaders in Minnesota will share their experiences tackling climate justice in their respective communities.

SATURDAY SESSIONS ELIGIBLE FOR INTERPROFESSIONAL CONTINUING EDUCATION CREDITS

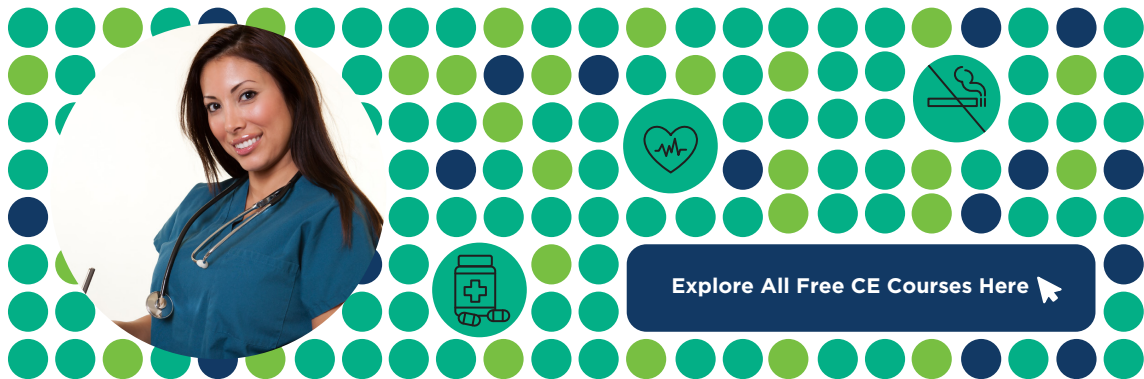
FIND MORE INFORMATION AND REGISTER NOW AT

<https://hpforhc.org/codeblue/>

THANKS TO OUR SUPPORTERS

Minnesota Chapter





Discover CE Courses That Just Click



RELEVANT
Commercial tobacco topics and trends



QUICK
Free and easy online courses



ENGAGING
Interactive and pausable modules

Learn more about the success of online quit programs and how adapting these programs can help address tobacco disparities for American Indians, pregnant and postpartum patients, patients with behavioral health conditions, and youth. These quick, free and easy board-accredited CE courses are a great way to find out about the latest resources to help support patients on their path to quitting.

Created by the Minnesota Department of Health and designed to fit the schedules of busy RNs like you, these courses cover commercial tobacco-related topics, including:



Efficacy of online programs



Tobacco disparities among diverse populations



Adapting Quitline programs for unique audiences



Accreditation information found at CoursesThatClickMN.com



10th Annual Nursing Knowledge: Big Data Science Conference

The 2022 Nursing Knowledge: Big Data Science Conference is set to be our best yet. We'll be kicking off it off with a dialogue on the National Patient Outcome Initiative and wrap up Day 1 with a panel on artificial intelligence informed by big data. Day 2 continues the conversation with a panel on the ethical, social and workforce considerations for nursing, big data and AI.

You can view the full agenda (including the pre-conference) and register on our site today.

**June 8-10
Minneapolis**

[CLICK HERE TO VIEW FULL AGENDA AND TO REGISTER](#)