



## MNORN Elections

You are encouraged to run for office to join the MNORN Leadership.

This is an opportunity to shape the direction of MNORN and be part of a dynamic organization that gives voice to the nursing profession in Minnesota.

## MNORN Positions to be elected this Fall:

First Vice President

Treasurer

2 Directors

3 Members of the Nominating Committee

3 Representatives to ANA Membership Assembly, and 2 alternates

## Nominating Committee Members:

Oriana Beaudet, chair

Kenya Birkle

Martha Turner

Eileen Weber

Maria Bernhardt

## ANA Position Statement on Immunizations

Effective Date: 7/22/20, updated 6/29/21

Status: Revised Position Statement  
Written By: Nursing Practice & Work Environment Department and LT. Steven G. Pochop, Jr. ANA member  
Adopted By: ANA Board of Directors  
This position statement supersedes the Position Statement on Immunizations, July 21, 2015.

### I. PURPOSE

Historically, the American Nurses Association (ANA) has strongly supported immunizations to protect the public from highly communicable and deadly diseases such as measles, mumps, diphtheria, pertussis, and influenza (ANA, 2019; ANA, 2015; ANA, 2006), and has supported mandatory vaccination policies for registered nurses and health care workers under certain circumstances. Considering several recent and significant measles outbreaks in the United States, as well as the global pandemic of COVID-19, ANA has reviewed our current position statement for clarity and intent and examined present best practices and recommendations from the broader health care community.

### II. STATEMENT OF ANA POSITION

Effective protection of the public health mandates that all individuals receive immunizations against vaccine-preventable diseases according to the best and most current evidence outlined by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). All health care personnel (HCP), including registered nurses (RNs), should be vaccinated according to current recommendations for immunization of HCP by the CDC and Association for Professionals in Infection Control and Epidemiology (APIC). ANA also believes that it is imperative for everyone to receive immunizations for vaccine-preventable diseases as vaccines are critical to

infectious disease prevention and control. Moreover, nurses have a professional and ethical obligation to model the same health care standards they prescribe to their patients.

ANA does not support any exemptions from immunization other than for medical contraindications. All requests for medical exemption from vaccination should be accompanied by documentation from the appropriate authority to support the request. Recertification of the medical exemption is an annual obligation. Individuals exempted from vaccination may be required to adopt measures or practices in the workplace to reduce the chance of disease transmission. Employers should offer reasonable accommodations in such circumstances. ANA does not endorse philosophical or religious exemptions.

ANA strongly recommends that all registered nurses, health care workers and the public be vaccinated against COVID-19. There is significant clinical evidence on the safety and effectiveness of the three approved COVID-19 vaccines (Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen) being administered under the Food and Drug Administration's (FDA) Emergency Use Authorization process. With regard to these three vaccines, ANA does not support any exemptions other than for medical contraindications to being vaccinated against COVID-19.

As novel diseases emerge, such as COVID-19, ANA supports ongoing research and development of safe, easily accessed vaccinations for these public health threats. Vaccinations must be available and accessible to all to ensure public health and safety.

### III. BACKGROUND

In 2015, ANA revised our immunization and vaccine policy statement to address the culture of vaccines that were prevalent at that time (ANA, 2015). The contemporary evolving climate and growth in vaccination hesitancy and noncompliance coupled with outbreaks of once eradicated and vaccine-preventable illnesses emphatically indicate a narrower approach is necessary for public safety.

The CDC reported 1,241 confirmed cases of measles from January 1 to September 12, 2019, in 31 states (CDC, 2019a). Individual reasons for decisions not to vaccinate vary and include concerns about the safety of a vaccination and/or its ingredients, religious or philosophical objections, fear of side effects and associated illness, and lack of urgency or priority, explained in part by the supposition that herd immunity will protect the unvaccinated from infection (LaVail & Kennedy, 2012; CDC, 2016; CDC, 2018a). Unvaccinated adults and children are susceptible to the transmission of the highly contagious measles virus, but of those, young children under the age of 5, adults over 20 years, pregnant women, and those with compromised immune systems assume the most considerable risk for contraction and complications of the disease (CDC, 2019b,c).

The measles virus is one of the most contagious viral illnesses due to its high rate of reproduction. Its virulence is such that it can remain in a room for up to two hours after an infected individual has coughed or sneezed and, each affected person can transmit measles to others from four days before through four days after the rash appears to upwards of 12 to 18 other individuals (CDC, 2019b; Lambert, 2019). It is because of this virulence that herd immunity or community immunity must remain at approximately 90% to 95%, however, if an unvaccinated person encounters another person that is infected with the virus, they too will become infected, regardless of herd immunity percentages (Oxford Vaccine Group, 2016).

Complications from measles are not limited to a simple rash and fever; some may also develop severe ear infections, respiratory and neurologic issues, pneumonia, subacute sclerosing panencephalitis (SSPE), and immune system amnesia (CDC, 2019c). Subacute sclerosing panencephalitis is a progressive neurological disease that is nearly always fatal and may develop up to 10 years after the initial clearance of the virus (Jenco, 2019; Liko, 2016; NIH, 2019). Measles induced immune amnesia renders the patient vulnerable to secondary infections from illnesses they may have already overcome in the past, including those they have already received vaccinations against, requiring revaccination (Griffin, 2019).

### The Public

The reduction or elimination of vaccine-preventable diseases is one of the greatest public health achievements of the United States (CDC, 2011). Current evidence and research illustrate that immunizations are essential to the primary prevention of disease from infancy throughout adulthood. According to the current recommendations of the CDC and ACIP, effective vaccination programs for children and adults promote and maintain the health of the populace, and include obtaining the annual seasonal influenza immunization, another vaccine-preventable disease. Between 2010 and 2018, the number of deaths annually from influenza is estimated to be from 12,000 to 79,000, with many more people hospitalized due to the severity of symptoms (CDC, 2018b).

### Registered Nurses

As stated in the Code of Ethics for Nurses (ANA, 2015, p. 19), RNs have an ethical responsibility to “model the same health maintenance and health promotion measures that they teach and research...,” which includes immunization against vaccine-preventable diseases.

### Immunization of HCP

Many states do not have legislation requiring vaccination of HCP. Therefore, the responsibility falls upon hospitals and other health care facilities to develop and enforce their own policies. Evidence of vaccination against highly communicable diseases such as

mumps, measles, and rubella, as well as an annual influenza immunization, is often a prerequisite of employment in health care facilities.

The most successful vaccination program is the voluntary influenza vaccination programs for HCP's, established in 1984 upon the CDC's recommendation for all health care workers to receive the influenza vaccination. However, immunization rates amongst health care workers achieved only 78 percent coverage during the most recent 2017-2018 flu season and signal that improvement is needed (CDC, 2018a). In sharp contrast, facilities that have adopted mandatory influenza vaccination policies and programs have been highly successful (Rakita, Hagar, & Crome, 2010; Galanakis, Jansen, & Lopalco, 2013; Yasmin, 2013). Such adoption rates emphasize the need for mandatory immunization programs where voluntary programs fail in order to promote and maintain the health of the public.

All individuals may apply for a medically contraindicated vaccination exemption that meets standard criteria. Formal documentation from an appropriate authority such as a health care provider must accompany an exemption request that details the condition that compels the request. This medical exemption needs to be recertified annually.

If an RN or other health care worker is medically exempt from vaccination, the health care facility will have the discretion to determine what steps, if any, unvaccinated RNs or health care workers must take to reduce the risk of transmitting disease to patients, while complying with all local, state and national regulations. Refusal by RNs or other health care workers to: (a) participate in a mandatory vaccination program, or (b) if medically exempted from vaccination, to follow steps to reduce the risk of disease transmission, may result in disciplinary action by the employer and jeopardizes patient and employee health.

#### IV. RESPONSIBILITIES OF REGISTERED NURSES AND EMPLOYERS

Successful immunization policies and programs require open communication and transparency between RNs and employers. RNs are responsible for providing patients with evidence-based information to support and promote optimal health and wellness, and for leading by example by participating in health-oriented activities such as immunizations to the greatest possible extent. "Public trust will be damaged if [nurses] appear to suggest vaccines for others but avoid them for themselves" (Galanakis, Jansen, & Lopalco, 2013).

Nurses must advocate for, educate, and advise patients to adhere to vaccination schedules recommended by the CDC and ACIP, explaining their need and public health implications. Patients' fears and questions regarding immunizations should be acknowledged, and then answered with evidence-based information. Nurses must emphasize that recommended immunizations are safe and necessary. Please see sections V and VI below for resources to assist with this messaging.

Employers of registered nurses are responsible for establishing a culture of safety and implementing policies that improve the health of their workers. The Infectious Diseases

Society of America, the Society for Healthcare Epidemiology of America, and the Pediatric Infectious Diseases Society recommend that immunizations be provided in the work setting at no cost to HCP to ensure access to vaccinations, and that workplace immunization programs include appropriate education and training of staff (IDSA, SHEA, & PIDS, 2013).

If registered nurses are represented by a union or collective bargaining unit, the employer should work with the designated representative to clarify or resolve any issues that may arise associated with implementation of a mandatory vaccination policy or program.

## V. SUMMARY OF RELEVANT ANA PUBLICATIONS AND INITIATIVES

### Code of Ethics for Nurses

The Code of Ethics for Nurses (the Code) makes explicit the primary goals, values, and obligations of the profession. ANA believes that the Code is nonnegotiable and that each nurse has an obligation to uphold and adhere to its ethical precepts.

Five provisions within the Code speak to the obligation of registered nurses to act in a manner that is consistent with maintaining patient and personal health:

- Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
- Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
- Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

### ANA Immunize Website

The ANA Immunize website (<https://www.nursingworld.org/practice-policy/work-environment/health-safety/immunize/>) provides nurses and other health professionals with research, education, tools, advocacy information, and resources related to immunizations. The site also includes information by workplace setting and for special populations.

### ANA Enterprise's Healthy Nurse, Healthy Nation Grand Challenge (HNHN)

HNHN ([www.hnhn.org](http://www.hnhn.org)) is a social movement to transform the health of the nation by first improving the health of nurses. It is free and open to all. It connects and engages nurses and partner organizations to act within five domains: physical activity, rest, nutrition, quality of life, and safety. HCP immunizations are an important topic in the safety domain.

## VI. ADDITIONAL RELEVANT RESOURCES

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## Executive Director Shirley Brekken MS, RN, FAAN Retires from the Board of Nursing<sup>1</sup>

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Shirley A. Brekken retired as the Executive Director of the Minnesota Board of Nursing in June 2021. She served the Board of Nursing as a Board member, the Associate Executive Director and the Executive Director for the Board of Nursing for 36 years. Brekken has been recognized as a leader in nursing regulation excellence and received numerous awards and honors in her years as a public servant. Board President Michelle Harker stated, “Board

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staff and members are grateful for her service, expertise, and guidance for the Board of Nursing and recognize the significant impact her leadership has had on the Board and nursing regulation."

As executive director, Brekken was responsible for leadership and administration of programs and operations of the Board, including education, licensure, discipline, and enforcement of state laws and rules related to the practice of nursing. Under her leadership, the Board achieved legislative successes impacting nurses and nursing practice, including, a landmark update of the Nurse Practice Act and full practice authority for advanced practice registered nurses in Minnesota. She also affected regulation of all health care professionals by advancing legislation for criminal background checks for licensure applicants and the Health Professionals Services Program.

Prior to coming to the Board, her work experiences included nursing education, educational administration and public health, school, and hospital staff nursing. In 1993, she was recognized by the Minnesota Legislature as the technical college educator of the year. She was appointed as a Board member in 1986, served two terms and was the Board president. This experience provided her with an understanding and passion for regulation, public policy, and the role of the Board, preparing her for a future position at the Board. She started at the Board in the role of Associate Executive Director in 1993 and became the executive director in 1999. She is only the Board's fourth executive director of the Board as originally the Executive Director was a volunteer position.

Brekken has seen significant changes in nursing and nursing education in her tenure. In 1999, there were approximately 80,000 licensed nurses in Minnesota. Today there are approximately 140,000. At that time, there were 50 Minnesota nursing education programs, and there are now 74 programs and 12 advanced practice nursing programs approved by the Board of Nursing. Brekken led the Board to be an early adopter of online services for licensure, which soon became a model for other regulatory boards in Minnesota and nationally.

Brekken was active in nursing regulation nationally and internationally. She served on many committees for the National Council of State Boards of Nursing which advanced innovation in regulation. She was instrumental in the development and deployment of computer adaptive testing for nurse licensure; Nursys, a national nurse licensure data base; and the Nurse Licensure Compact for licensure portability.

Brekken served on the NCSBN Board of Directors as vice-president and president. She represented nursing regulation internationally as a delegate to a meeting of the World Health Professions and was the NCSBN member representative of the International Nurse Regulatory Collaborative, comprised of Australia, New Zealand, Ireland, Singapore, Spain,



British Columbia, Ontario, and Great Britain. She also presented at meetings of the International Council of Nurses. Brekken has served on the Editorial Advisory Board of the Journal of Nursing Regulation since its beginning.

Brekken is a member of the national nurse honorary society, Sigma Theta Tau, the Minnesota Organization of Leaders in Nursing, the Minnesota Organization of Registered Nurses, and the American Academy of Nursing. She has received numerous state and national awards, including, the Minnesota Organization of Leaders in Nursing Star and Moline awards, the NCSBN Meritorious Service Award and the R. Louise McManus award, the most prestigious award given for sustained and significant contributions through the highest commitment and dedication to the purposes of the NCSBN and nursing regulation. She was named the first honorary member of the Minnesota Affiliate of the National Association of Clinical Nurse Specialists and received the Public Affairs Award from the Minnesota Association of Nurse Anesthetists.

Brekken was inducted as a fellow of the American Academy of Nursing in 2016 and recognized by the Minnesota Physician as one of the 100 Influential Minnesota Health Care Leaders twice, most recently in 2020. Brekken has been a servant leader for the citizens and nurses of Minnesota. Through her vision and courage as the Executive Director, she has advanced nursing regulation in Minnesota, the nation, and the international nursing community. Board staff and members wish her a most happy retirement.

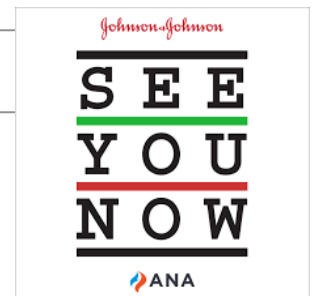
As we say goodbye to Shirley Brekken, we congratulate Kimberly Miller, MC, BSN, RN who is transitioning from a Board of Nursing Practice Specialist to the new Executive Director.

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**See You Now - 51: The Planet is Our Patient**

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The health of our planet is in serious condition. Climate change is anticipated to result in increasingly warmer global temperatures, more extreme weather events, and rising sea levels. Without accelerated intervention and broad scale innovation across all economic sectors, we face devastating effects on global water and food supplies, critical infrastructure and supply chains, physical and mental health, and a less certain future. Understanding the impacts of climate change on human health is vitally important for the global population. You can't have healthy people without a healthy environment: something that health professionals today increasingly understand. Just as nurses are skilled at turning around a health crisis that humans can experience -- they're also well trained and ideally positioned for addressing the critical condition of our planet.



In this episode we meet our friend Teddie Potter, PhD, RN, FAAN, Director of Planetary Health for the School of Nursing at the University of Minnesota to learn how nurses can and are reducing greenhouse emissions, find out why educating girls is key to a healthier planet, and discover who the best intergenerational storytellers are for helping us understand our relationship to and stewardship of the planet and where to innovate to improve its health. [Link to The Planet is Our Patient podcast](#)

For more podcasts, email us at [hello@seeyounowpodcast.com](mailto:hello@seeyounowpodcast.com). For additional resources, visit our website at [www.seeyounowpodcast.com](http://www.seeyounowpodcast.com).



Open Positions:

**Minnesota E-health Advisory Committee**

Vacancies: 1 Seat -- Community Clinics/Fed Qual. Health Centers

Vacancies: 1 Seat -- Consumer Member

Vacancies: 1 Seat -- Health Care Administrator

Vacancies: 1 Seat -- Health Care Purchasers and Employers

Vacancies: 1 Seat -- Health IT Vendors

Vacancies: 2 Seats -- Health Plans Representatives

Vacancies: 1 Seat -- Health System Chief Information Officer

Vacancies: 2 Seats -- Hospital Representatives

Vacancies: 2 Seats -- Licensed Health Professionals (Physician/Nurse)

Vacancies: 1 Seat -- Local Public Health

Vacancies: 1 Seat -- Long Term and Post-Acute Care

Vacancies: 1 Seat -- Professional with Expert Knowledge in Health IT

Vacancies: 2 Seats -- Rotating Professionals - Additional Health Settings (Dentists, Pharmacists, Behavior Health Laboratory, Home Health, Social Services, etc)

**HOW TO APPLY**

Visit the [Open Positions page](#).

Scroll down to find the correct Agency/Board/Council.

Choose the correct seat type, and click button that says APPLY

The system will walk you through creating an application profile.

Page 2 of the application will now allow you to attach the following documents:

- Letter of Interest
- Resume or Biography

Applicants are encouraged to use the online application as the Appointing Authority will have access to your information as soon as it is submitted.

Applications submitted via downloadable application may experience some delay in reaching the Appointing Authority.

[Paper applications](#) may be submitted by email to: [Open Appointments](#) or by mail or in person to:

Office of the Minnesota Secretary of State  
180 State Office Building  
100 Rev. Dr. Martin Luther King, Jr. Blvd.  
St Paul, MN 55155-1299

In accordance with the Minnesota Open Appointments Law, the Secretary of State acts as an administrator in publishing vacancies, receiving applications and recording appointments. Applications will be reviewed and appointments made by the appointing authorities; questions about specific vacancies and appointments should be directed to the appointing authority. Applications are kept on file for a one-year period.



## From the ANA Committee on Appointments

The 2021 Call for Nominations for Appointed Positions has been extended to **11:59pm ET, Monday, August 9, 2021**, for the following ANA committees **ONLY**:

- Committee on Honorary Awards - Subcommittee
- Minority Fellowship Program National Advisory Committee
- Professional Policy Committee

Please share this announcement broadly. Positions for both ANA Members and non-members are available.

Committee profiles can be viewed on NursingWorld [HERE](#).

Nominations can be submitted via the links below:

- [Biographical Data Form - ANA Members](#)
- [Biographical Data Form - Non ANA Members](#)

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## Editorial: The Future of Nursing 2020-2030 Report: Good for You, Good for the Profession

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### My American Nurse, July 2021

The recently released National Academies of Sciences, Engineering, and Medicine report, *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*, outlines the role nurses can play in creating healthy communities for all. I was impressed with this specific focus and the emphasis on how the systems that educate, pay, employ, and enable nurses can better support them. Sponsored by Robert Wood Johnson Foundation, the report builds on the 2011 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*.



After reading the 500-page report, the bottom line is that the findings and recommendations are good for you and good for the profession. Until you have time to read the complete work, I'll review the key points.

To create a future path for nursing into 2030, an expert committee evaluated previous literature in addition to new information from the COVID-19 pandemic to better understand the dramatic changes the healthcare industry is undergoing. The panel then summarized the challenges healthcare and the nursing profession will likely face in the future and discussed steps for overcoming them, including how nurses can

- work over the next decade to reduce health disparities and promote equity
- address rising costs through more equitable care delivery
- use technology to maximize reaching vulnerable populations
- prioritize patient- and family-focused care.

The report notes that nurses “are well prepared to create, partner in, and lead the complex work of integrating the social and health sectors in support of the health and well-being of individuals, families, and communities.” Its authors envision “a major role for the nursing profession in engaging in the complex work of aligning public health, health care, social services, and public policies to eliminate health disparities and achieve health equity.” Achieving this vision will require strengthening and resetting the profession's focus in education, practice, and research, which can build a path toward health equity.

I was troubled to learn that compared to other developed countries, the United States has the highest poverty rate, the greatest income inequality, and some of the poorest health

outcomes. The COVID-19 pandemic didn't create health inequities—it shined a bright light on them.

The expert committee stated that the current system of care isn't designed intentionally enough or powerfully enough to address health inequities. It advises that better healthcare can be achieved by addressing six priorities to meet the needs of the U.S. population and the nursing profession over the next decade:

1. By 2022, make permanent all state and federal policy changes that have expanded nursing scope of practice in response to the COVID-19 pandemic.
2. Prioritize funding and deployment of more school and public health nurses at all levels.
3. Strengthen nursing education to prepare students to adapt to new technologies and the application of big data.
4. Protect nurses' health and well-being via changes in workplace culture, environment, and policies.
5. Better prepare nurses for disaster and public health emergency response.
6. Increase the number of PhD-prepared nurses.

Nurses are powerful in number and powerful in voice, and the entire world needs our expertise now more than ever. Investing in nursing at these enormous levels saves lives, saves money, and catalyzes the changes needed to achieve health equity. Here's hoping it won't take too long.

Lillee Gelinas, MSN, RN, CPPS, FAAN

<https://www.myamericannurse.com.cdn.ampproject.org/c/s/www.myamericannurse.com/future-of-nursing-2020-2030-report/amp/#>



Tune in virtually for the 2021 ANA Policy, Innovation and Advocacy Forum, September 14 and hear opening keynote [Rear Admiral Susan M. Orsega](#), MSN, FNP-BC, FAANP, FAAN, Director of Commissioned Corps Headquarters, U.S. Public Health Service and more [great speakers](#). Enjoy a day of rich discussions and gain insight about the health care policy landscape, delivery system innovation, and nursing advocacy.

- Discover how advances in public policy and delivery system innovation are impacting the nursing profession.
- Examine how virtual care is enhancing access to services, reducing disparities, and improving safety.
- Discuss the impact of the COVID-19 pandemic on the health care policy landscape.
- Learn successful strategies to apply design thinking to your work and life. Find out about the health priorities of the current Administration.
- Leverage insight from experts managing implemented policy programs.
- Celebrate Nurses leading care model design at the NursePitch™ Showcase.

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Accreditation information found at [CoursesThatClickMN.com](http://CoursesThatClickMN.com)





Take advantage of YOUR member benefits: MNORN now offers Professional Liability Insurance through the NSO company, an AON Affinity Partner. So, if you are in the need of liability insurance or wish to make some changes in your current coverage, consider NSO.

**Facts About Nurses’ Professional Liability Claims<sup>1</sup>**

\$210,513 Average Malpractice Claim Cost	Death Most Common Injury	Improper Care Most Common Allegation	\$5,330 Average License Defense Cost
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**Reasons to Choose NSO for Malpractice Coverage**

Industry Recognition Endorsed by the ANA and more than 70 state & national nursing associations	Superior Service Rated 4.75 out of 5 by new customers <sup>2</sup>	Customer Satisfaction 94% of nurses would recommend NSO after a claim <sup>3</sup>
Trusted by Nurses 500,000+ professional nursing clients	Long-Term Reliability Offering dependable coverage since 1976	Affordable Rates On average \$111 a year <sup>4</sup>

**Why Nurses Should Not Rely on Employer Coverage**

License Complaints There are 50X more license complaints filed against nurses than malpractice claims. <sup>6</sup>	\$5,300 Average cost for a lawyer to defend a nurse before their state board of nursing.	Employer Coverage Does not pay legal expenses to defend employees from license complaints.	License Protection The individual policy through NSO includes \$25,000 of License Defense coverage.
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**Little Known Facts About Nurses’ Malpractice Insurance**

Affordable Rates \$111 a year in most states <sup>4</sup>	\$1 Million Protection \$1 million protection pays up to \$1M each claim, \$6M aggregate	Lawyers’ Fees Pays unlimited legal expenses	More than Malpractice License Protection Sexual Misconduct HIPAA Violations Defendant Expenses	24/7 Peace of Mind Coverage while working, volunteering, retired or acting as a Good Samaritan
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**Contact Us**

Nurses Service Organization  
1100 Virginia Drive, Suite 250  
Fort Washington, PA 19034  
800.247.1500 | nso.com

<sup>1</sup>Nurse Professional Liability Exposures Claim Report, 4th Edition, NSO, CNA, September 2020.

<sup>2</sup>Reseller Ratings, [https://www.resellerratings.com/store/nso\\_com/page/3](https://www.resellerratings.com/store/nso_com/page/3), based on 10,000+ ratings as of November 2020.

<sup>3</sup>CNA Customer Satisfaction Survey, July 2018.

<sup>4</sup>Rate is for a nurse employed full-time. Rates may vary by state. Student Graduate and Risk Management discounts available.

<sup>5</sup>Testimonials provided by NSO clients who responded to the CNA Customer Satisfaction Surveys and the NSO NPS Surveys, 2018.

<sup>6</sup>National Practitioner Data Bank, U.S. Department of Health & Human Services, November 2020.



## Take a Chance on Yourself!

If you haven't started yet, you still have plenty of time to get your application submitted. We are accepting applications for the 2022 ANA Innovation Awards, sponsored by Stryker, until October 31. You could win \$25,000 entering as an individual or \$50,000 for the team award.

## Expand your reach and what's possible!

We are looking for nurse-led innovations that improve patient health and increase safety. Do you need help developing your ideas? Be part of the discussion at the virtual [ANA Innovation Lounge](#) on August 17.

Awards will be presented to a nurse and a nurse-led team whose submission best exemplifies innovations that could positively impact patient health and healthcare. This can look like: an educational intervention, a product or device, technology, research, a business or program, a service, or a new care model!

Make sure your application is submitted for consideration. Every nurse is eligible to apply (see rules for details). 2022 ANA Innovation Award winners will be notified this November. Get inspired! [See the 2021 winners.](#)

## Thank You to Our Sponsor - Stryker