

# Health Care Reform Stalls, Nurse Leaders React

*By Jennifer Larson, contributor*

*Feb. 5, 2010* - When Republican Scott Brown was elected to fill the late Edward Kennedy's seat in the U.S. Senate representing Massachusetts on Jan. 19, it was considered a major upset. Suddenly the Democratic Party no longer had a 60-vote supermajority in the Senate, and the future of health care reform was uncertain.

Just days before, the legislation had looked like it was a "done" deal. The House of Representatives and the Senate had both passed versions of a health care reform bill, and lawmakers were preparing to reconcile the differences. Without the filibuster-proof supermajority in the Senate, however, Democratic leaders were doubtful they could get the job done. The momentum that had propelled the legislation forward came to an abrupt halt.

So what now?

Now, many nursing leaders say that they still hope that some type of health care reform legislation can be enacted, somehow. They believe that there are too many important provisions that would benefit both the general public and the nursing workforce to let it die now.

"For us, it's the number-one priority," said Rose Gonzalez, MPS, RN, director of government affairs for the American Nurses Association. "We've worked a long time on negotiating a lot of the items in the bill. We've gotten further than anyone has ever gone before, and now is not the time to back out."

The American Academy of Nurse Practitioners also hopes that the legislation--or most of it--can be preserved.

"We still think it should go through," said Jan Towers, Ph.D., NP-C, director of health policy for the academy.

These organizations do have some reason for optimism. Despite the obvious setback to the main agenda item of his first year in office, President Barack Obama reiterated his support for health care reform during his State of the Union address on Jan. 27.

"I want everyone to take another look at the plan we've proposed. There's a reason why many doctors, nurses, and health care experts who know our system best consider this approach a vast

improvement over the status quo," Obama said, acknowledging that it was a complex issue. He added a few moments later, "Here's what I ask Congress, though: Don't walk away from reform. Not now. Not when we are so close. Let us find a way to come together and finish the job for the American people. Let's get it done."

"We're glad he didn't just abandon it," Towers said in response to the speech.

The ANA was glad, too. The association has sent letters to lawmakers and is trying to rev up grassroots support for the legislation, Gonzalez said. The group feels it could be much harder to achieve real reform if smaller, piece-meal bills are advanced one or two at a time rather than moving ahead with one comprehensive piece of legislation.

What would happen if the current health care reform legislation were to be dropped altogether? Obviously, the provisions contained in the bills would not take effect. But would that mean the end of health care reform?

"I don't think that the reform will die entirely, though any reform bill will likely look different than what has been on the table," said Matthew McHugh, Ph.D., RN, assistant professor of nursing for the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing.

Indeed many people who are following the situation say they hope that some sort of compromise can and will be reached--and that many of the most vital provisions will move forward.

And compromise is possible. Another sign of life for health care reform legislation appeared on Feb. 2 in the form of an announcement from U.S. Rep. Charles Rangel of New York. Rangel said that lawmakers have started working on a compromise bill, although no time frame was given for the bill.

The ANA and the AANP both preferred the House version of the bill over the Senate version; among other items, they liked specific language in the House bill that supports the medical home model of care that is led by a nurse practitioner. According to Towers, nurse practitioners are well-equipped to provide expanded access to much-needed primary care, and the legislation could pave the way for that to occur.

But at this point, many nurse leaders agree that a compromise would certainly be preferable to nothing.

"We want them to get this done," Gonzalez said.

Gonzalez noted that a nurse-led model of care tends to have a focus on prevention and wellness, instead of being illness-oriented. So if both of the current bills fail or the compromise bill fails to gain any traction, both nurses and their patients who depend on them for care would lose out.

Said Towers, "We think that nurse practitioners are emphasizing the common sense pieces of this legislation, and...[these] need to be emphasized."

McHugh believes there are three major things that should matter to nurses and that he'd like to see preserved in any future legislation: (1) provisions that ensure equal ongoing access to care for all people, (2) continued and expanded funding of Title VII and expanded Medicare funding to hospitals to support the training of new nurses and nursing faculty, and, (3) strategies to support advanced practice nurses, particularly those working in primary care where there is a shortage of providers, to work to their full scope of practice.

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