

APRIL 26-28, 2026

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***Insights for
Occupational Health
Nurses on Federal
and State Policies***

Ann Marie Loiseau, DNP, MS, BSN, RN, CSN, CCM
Assistant Profess
DeSales University



Disclosure

“No relevant financial relationships with ineligible companies exist for anyone in a position to control content of this educational activity, including planners, planning committee members, presenters/instructors, authors, and content reviewers. To obtain contact hours, complete the evaluation survey for this course.

The American Association of Occupational Health Nurses, Inc. (AAOHN) is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.”

Objectives

- Compare and contrast the federal and state government and the process by which a bill becomes law in Congress versus state legislatures.
- Identify key resources, such as websites, for finding legislator information, federal acts and state bills relevant to nurses including occupational health nurses as well as community/population health.
- Explain how to interpret federal statutes and state bills relevant to health, nursing and occupational health.
- Identify the essential information to consider when advocating for or against legislation.

What is Health Policy

According to the AACN: Health policy involves goal directed decision-making about health that is the result of an authorized public decision-making process (Keller & Ridenour, 2021).

Authoritative decisions-made and actions taken by governments that pertain to health.

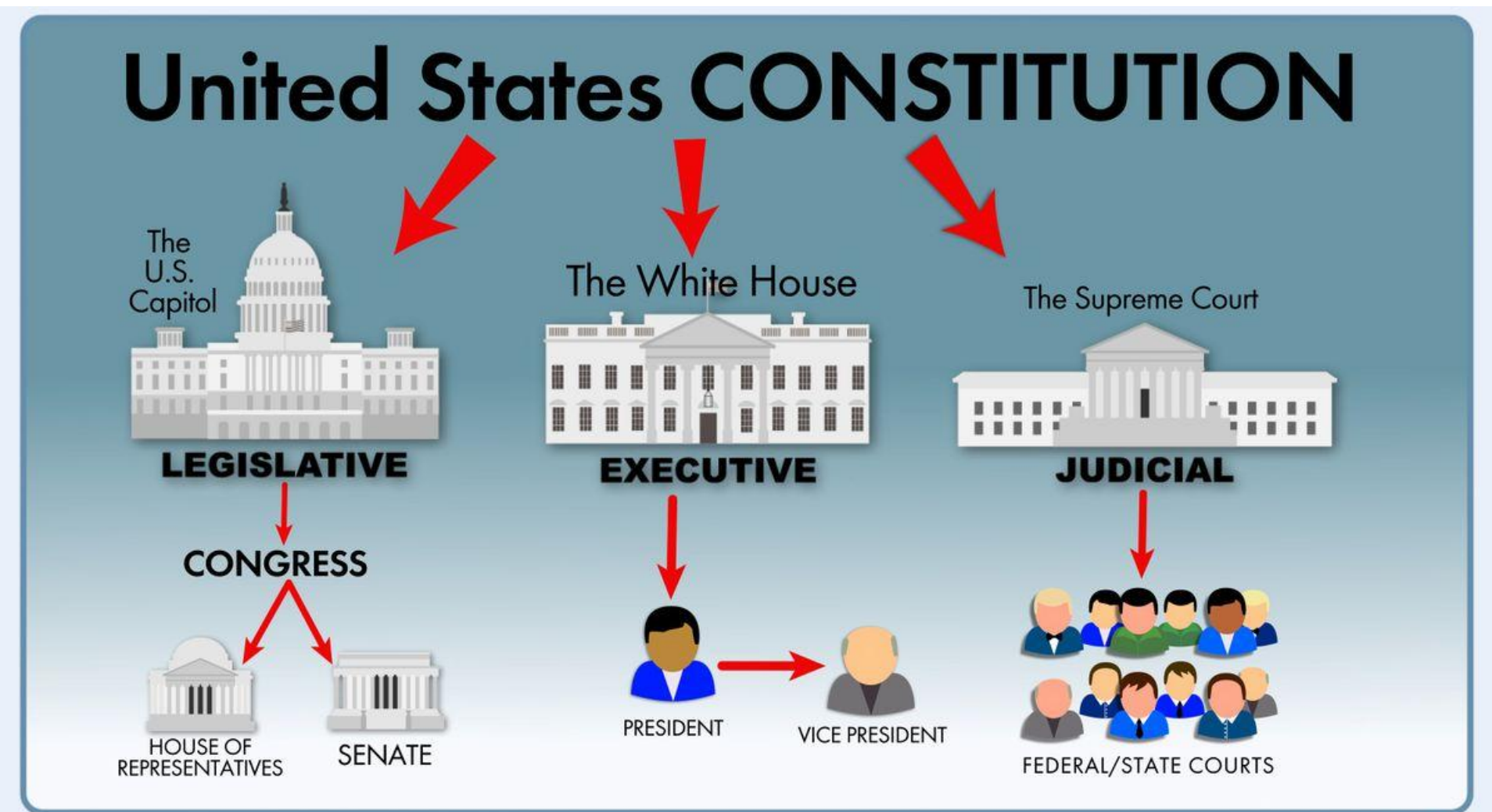
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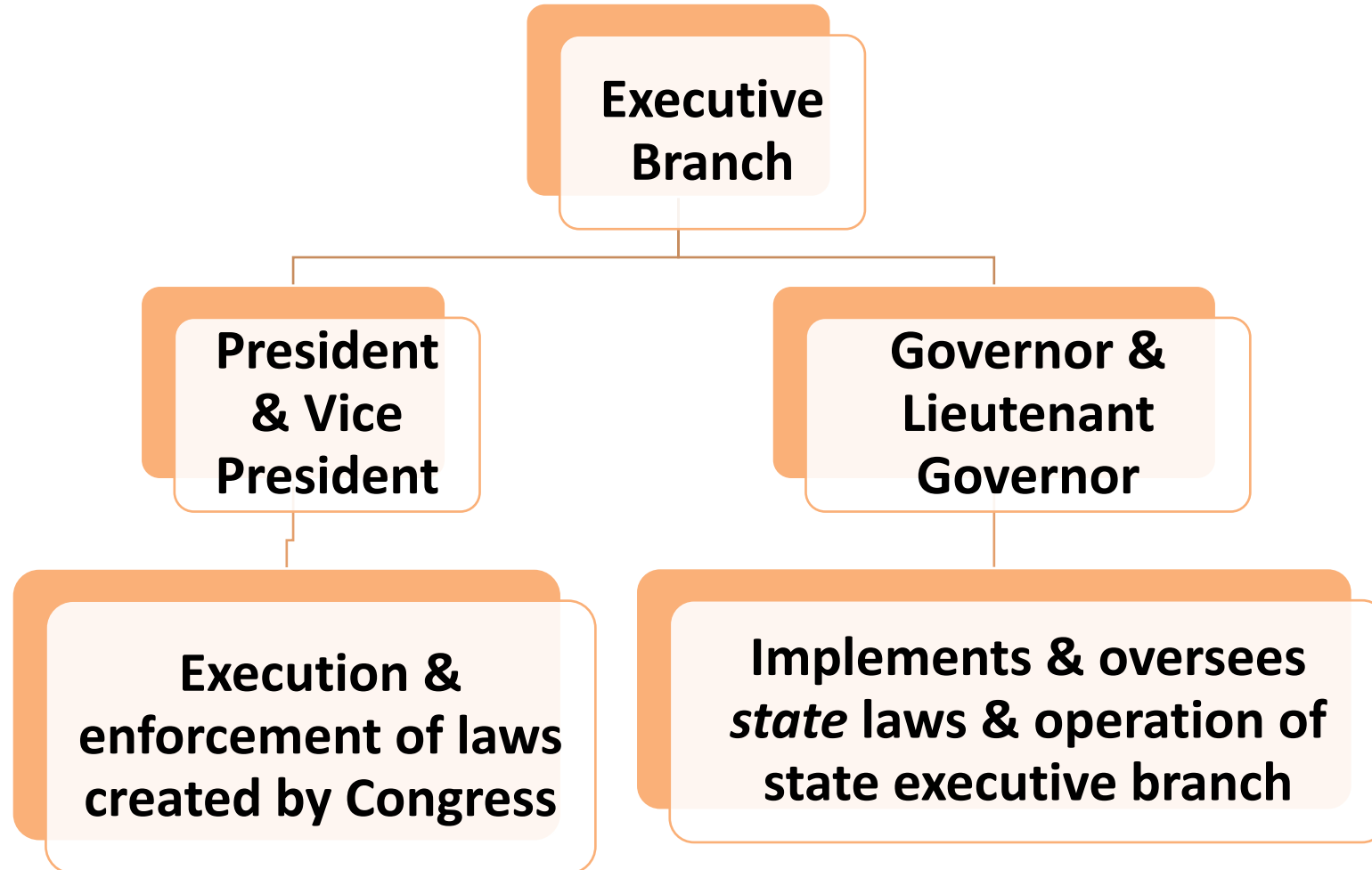
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Branches and Structure of Government

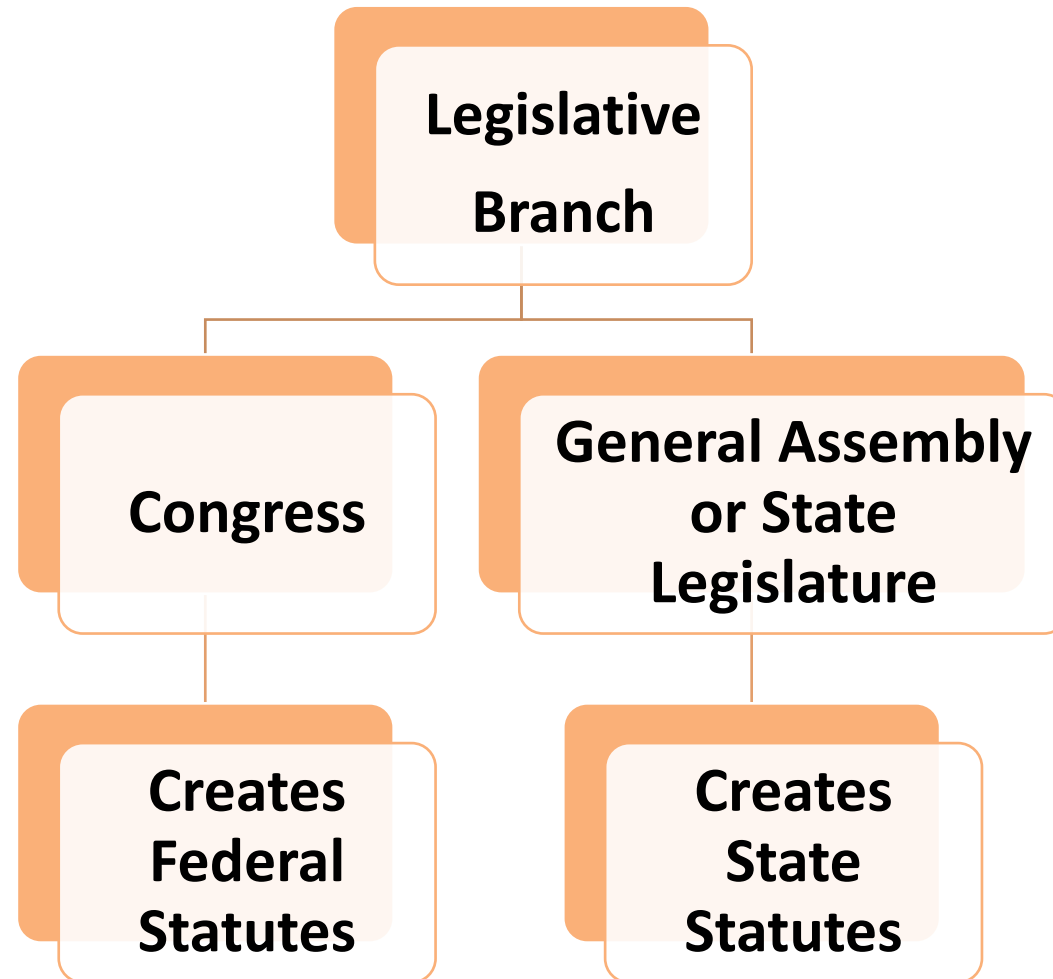
United States Government



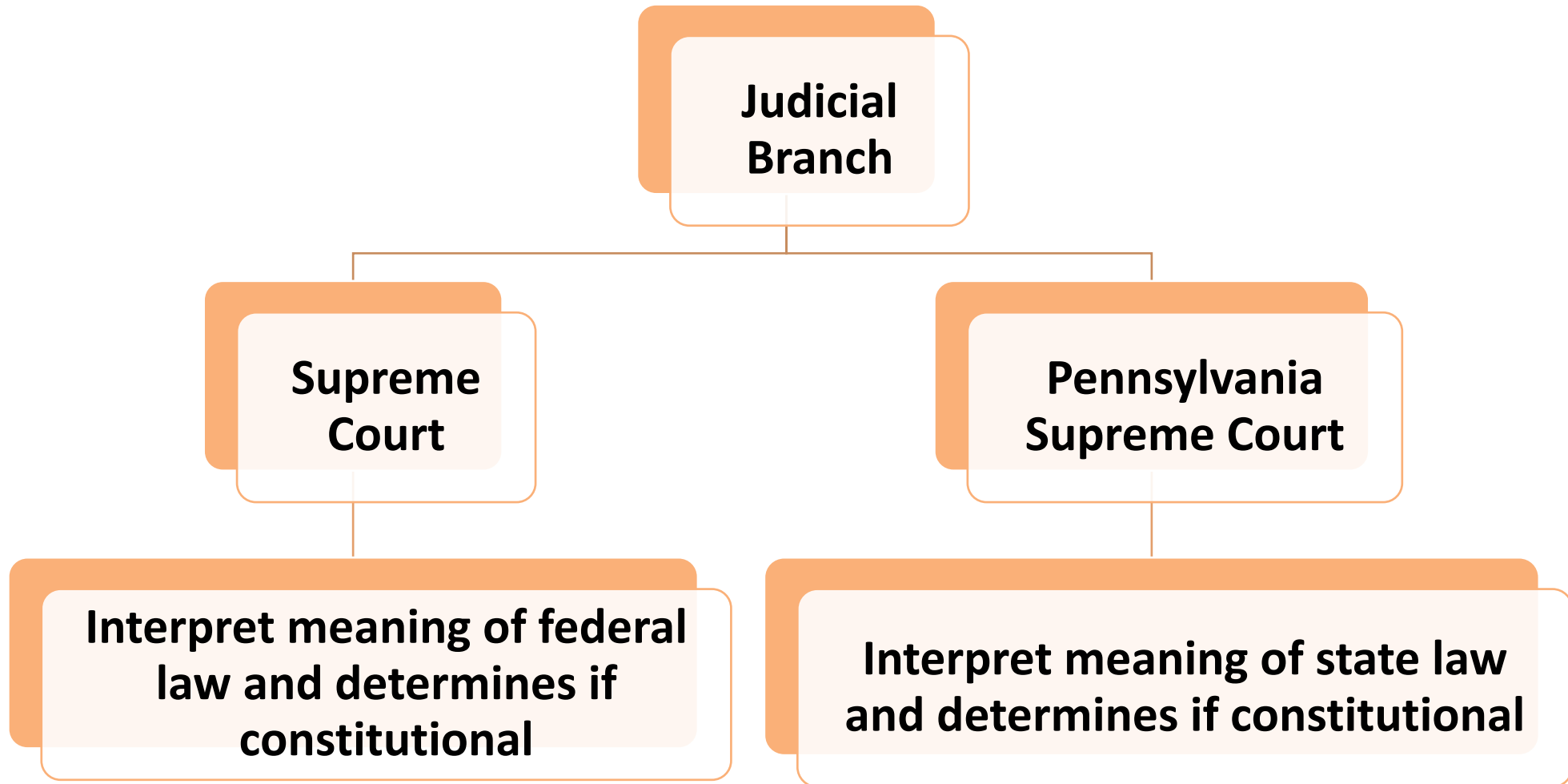
Executive Branch Terminology – Federal & State



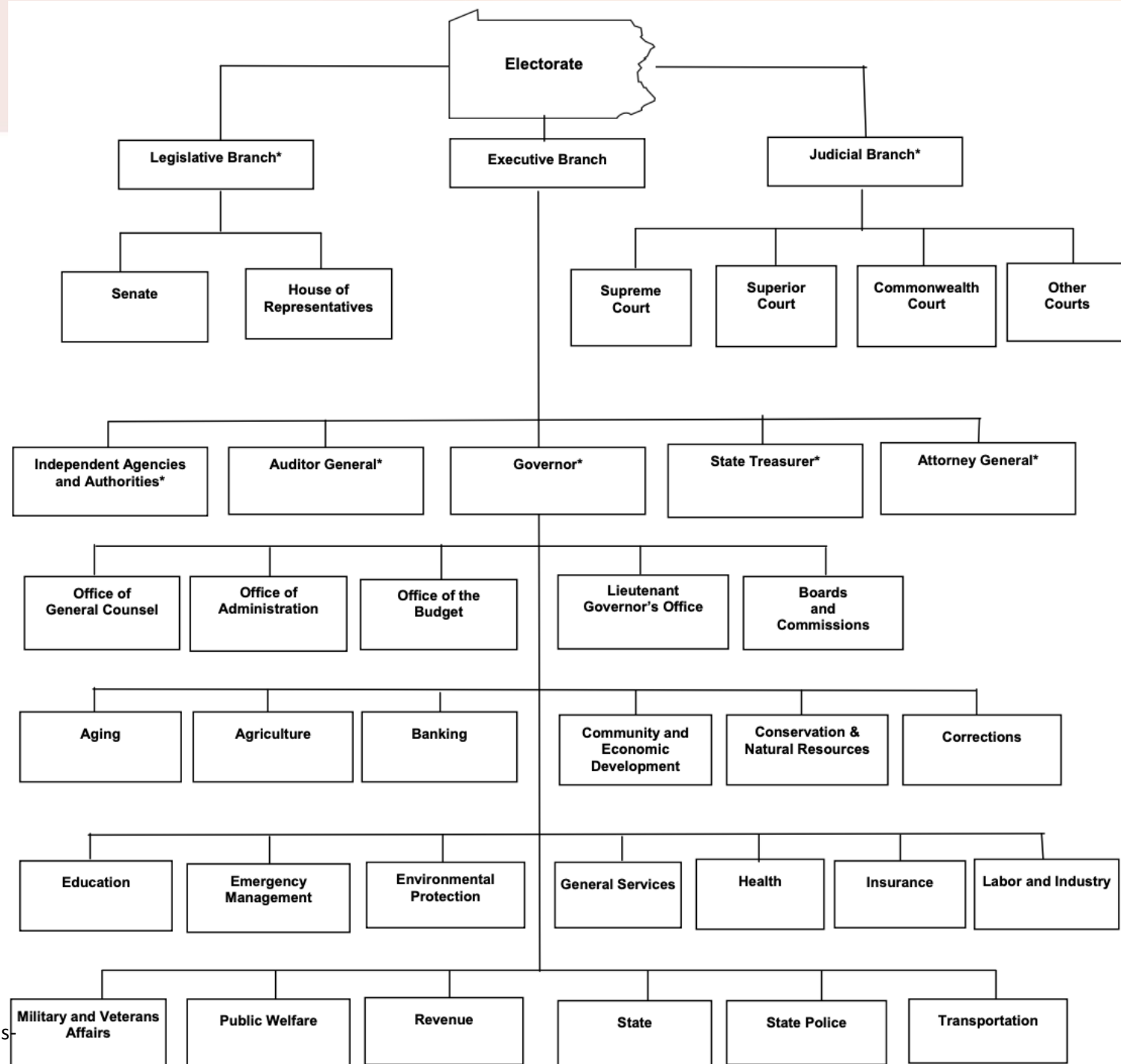
Legislative Branch Terminology – Federal & State



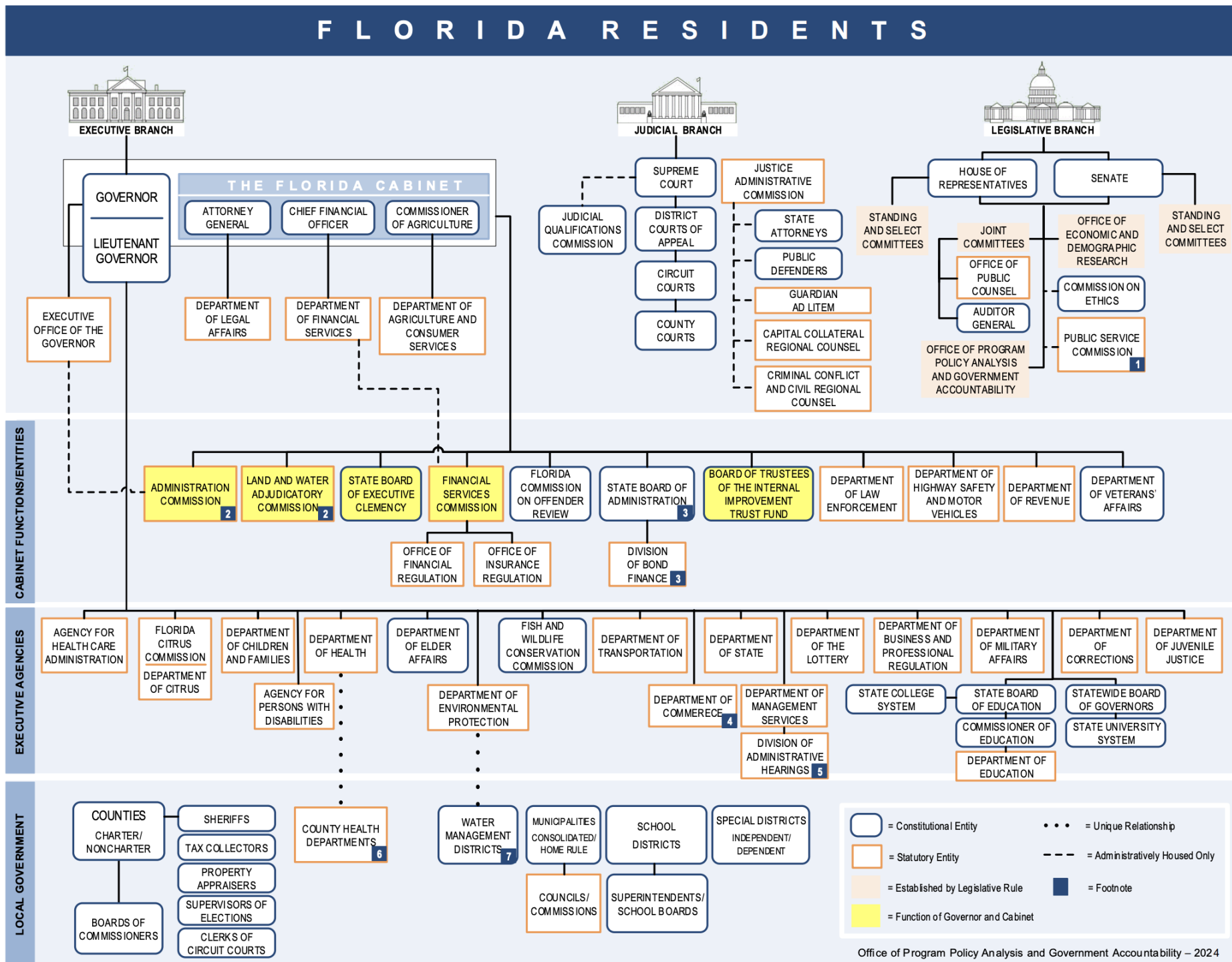
Judicial Branch Terminology – Federal & State



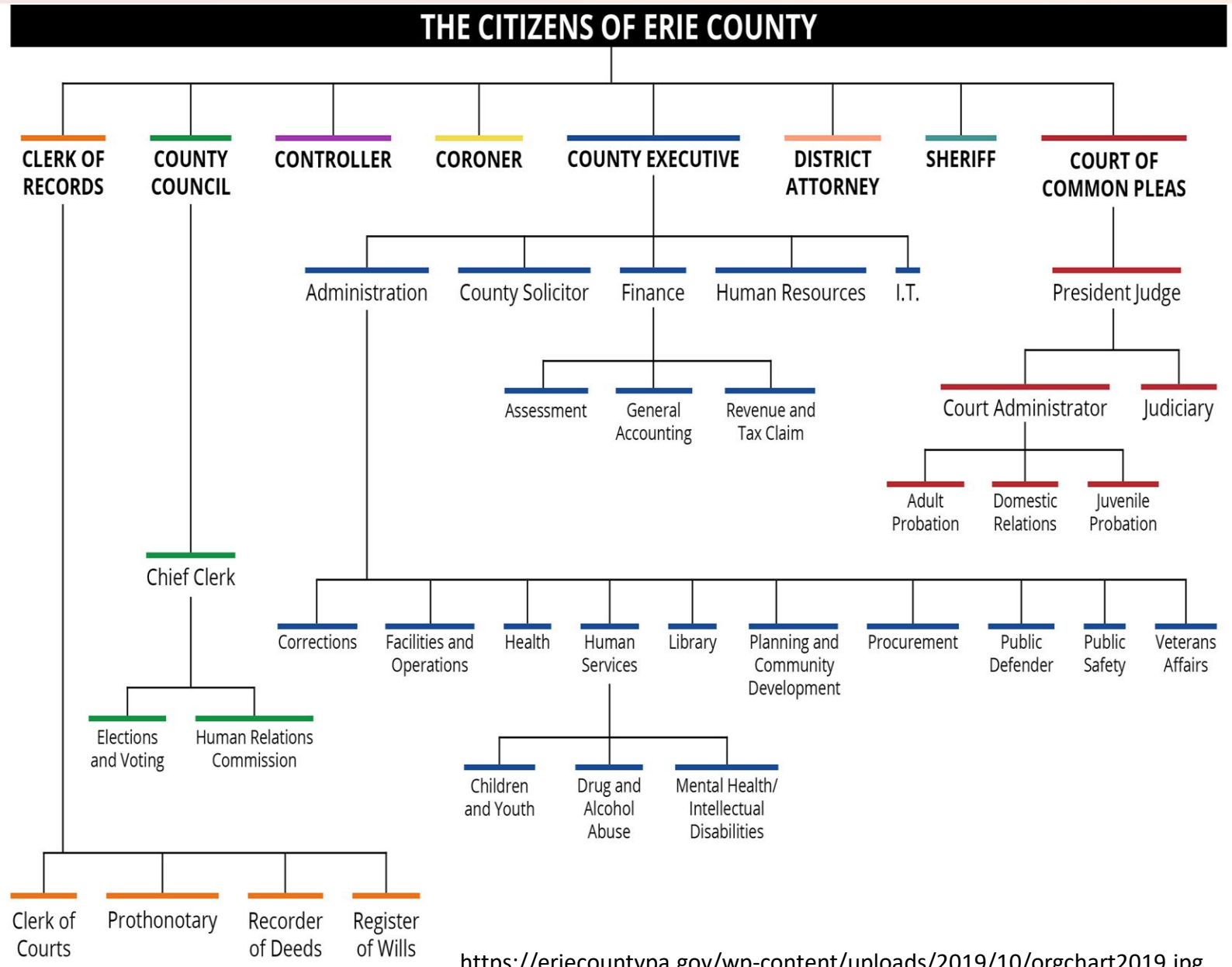
Commonwealth of Pennsylvania Organizational Chart



Florida Organizational Charts



Local (Erie County, PA) Government





Responsibilities of Government at Federal, State, and Local Level

Federal, State and Local Government

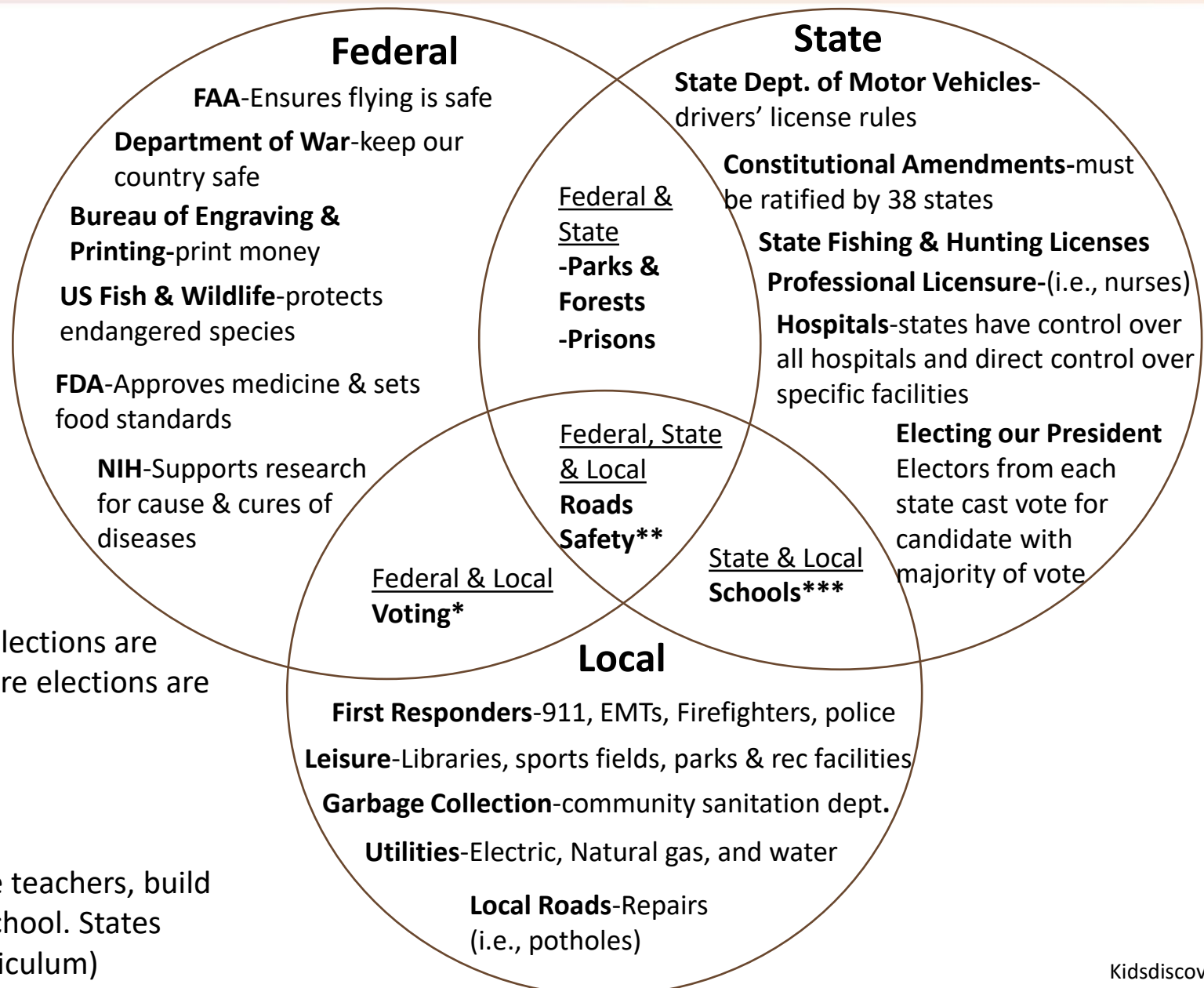
Federal - Constitution defines structure and powers of federal government and contains provisions regarding state government.

State – each state has its own constitution which contains provisions for local government

Pennsylvania: <https://www.legis.state.pa.us/cfdocs/legis/li/constitution.cfm>

Local - provides rules for cities, counties, townships, and other local authorities that govern local matters

Who Takes Care of What?



***Voting**-Constitution determines how national elections are held. Local (with State oversight, determine where elections are held such as polling places)

****Safety** (FBI, State Police, community police)

*****Schools and teachers**-local communities hire teachers, build schools, & provide transportation to and from school. States determine what is taught in the school (i.e., curriculum)

Policy at All Levels

Level	Assessment	Policy Development	Assurance
Federal Level	National tobacco public health surveillance	Smoking ban on commercial flights	Federal grants for anti-smoking research
State Level	Monitor State tobacco use	Increase tobacco tax (not all states have the same tax)	Funding for campaign through proposition 99 (California funding for anti-smoking campaign)
Local Level	Report on local tobacco use	County laws prohibiting smoking in bars and restaurants	Resources to help smokers quite (written in multiple languages based on community)

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Legislative Process

Policy Making Process

1. Policy Formulation Phase

- a. Identify a problem
- b. What are possible solutions
- c. Understand the political circumstances – **window of opportunity**

Inform and Advocate

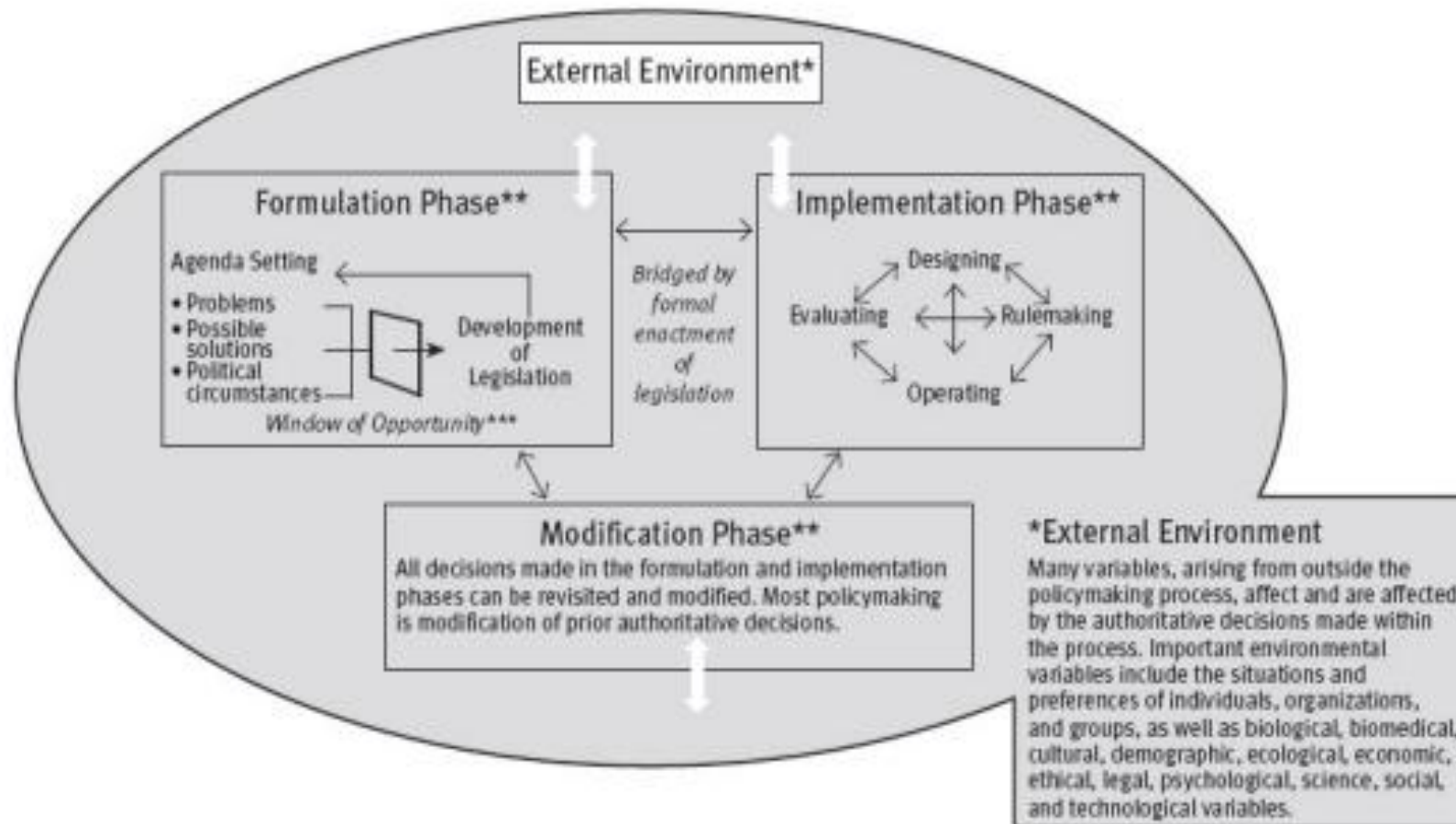
- 1. Scientific Evidence
- 2. Best Practices
- 3. Stakeholder Input
- 4. Educate policy makers/decision makers

2. Policy Implementation Phase

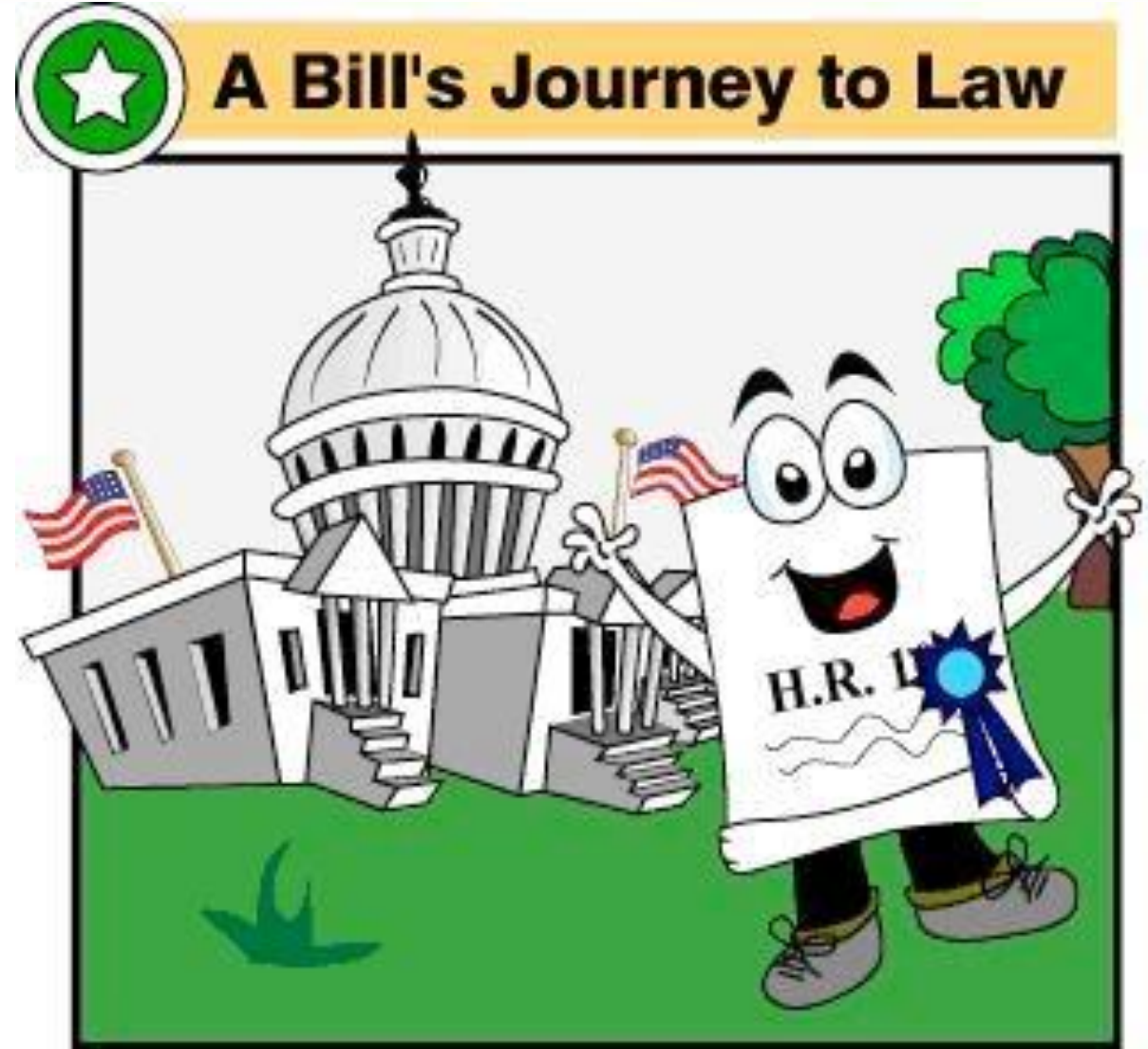
- a. Rulemaking – Regulations (or application or ordinances)
- b. Implementation or Operation

3. **Policy Modification Phase:** In this phase the feedback from all involved including assessment to see how the policy is working.

Model of Policy Making



How A Federal Bill Becomes a Law (Congress)

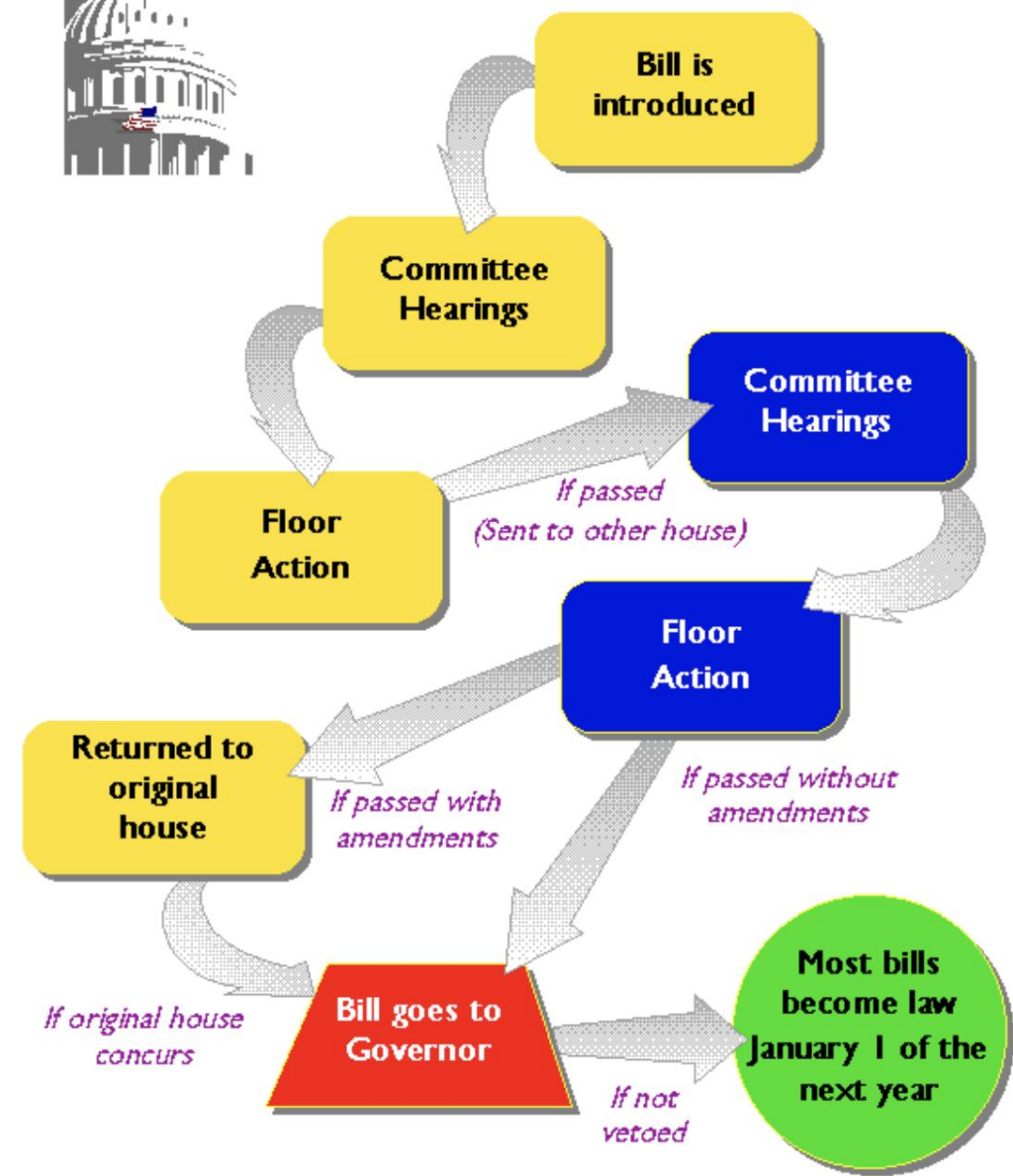


How a Federal Bill Becomes a Law (Congress)

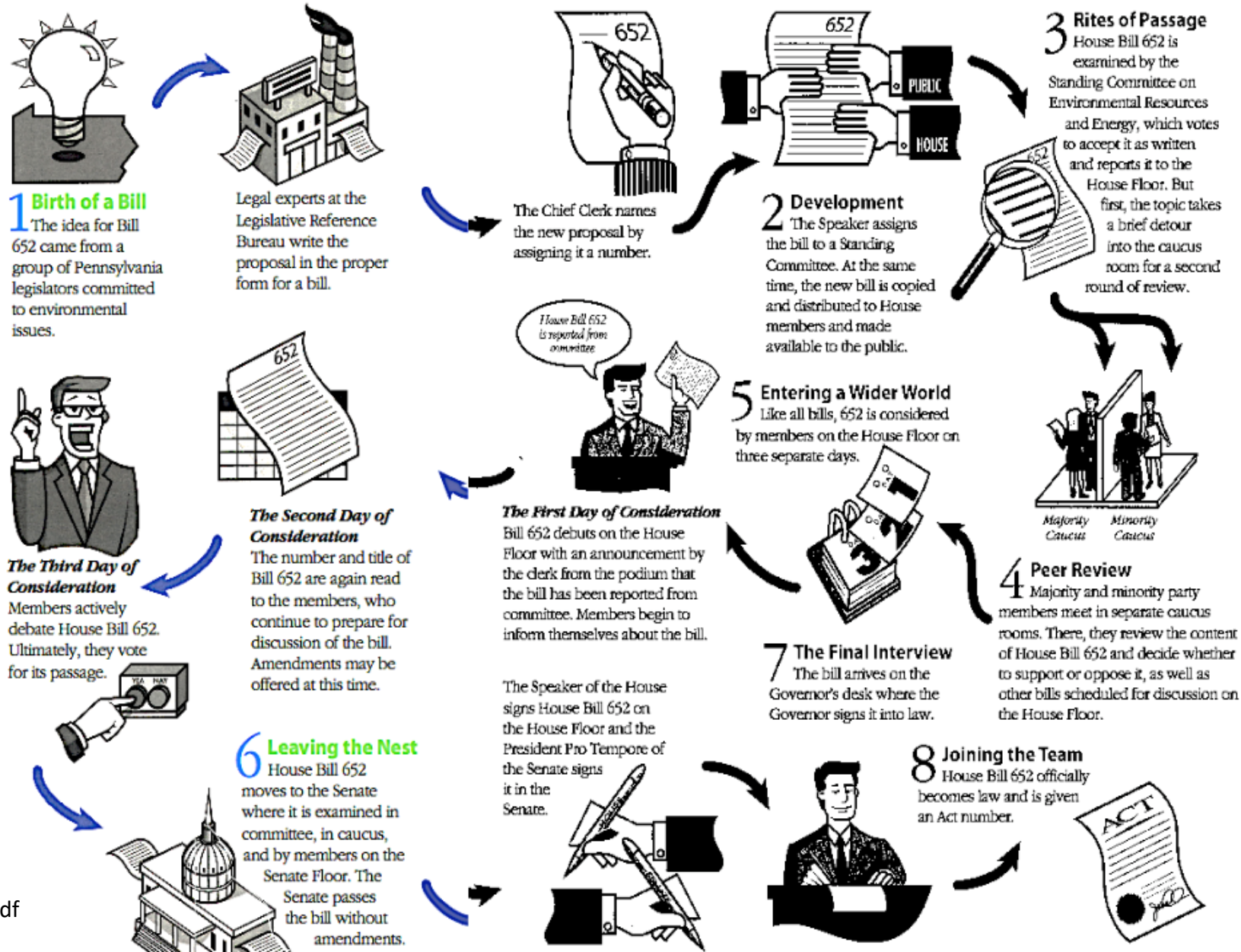




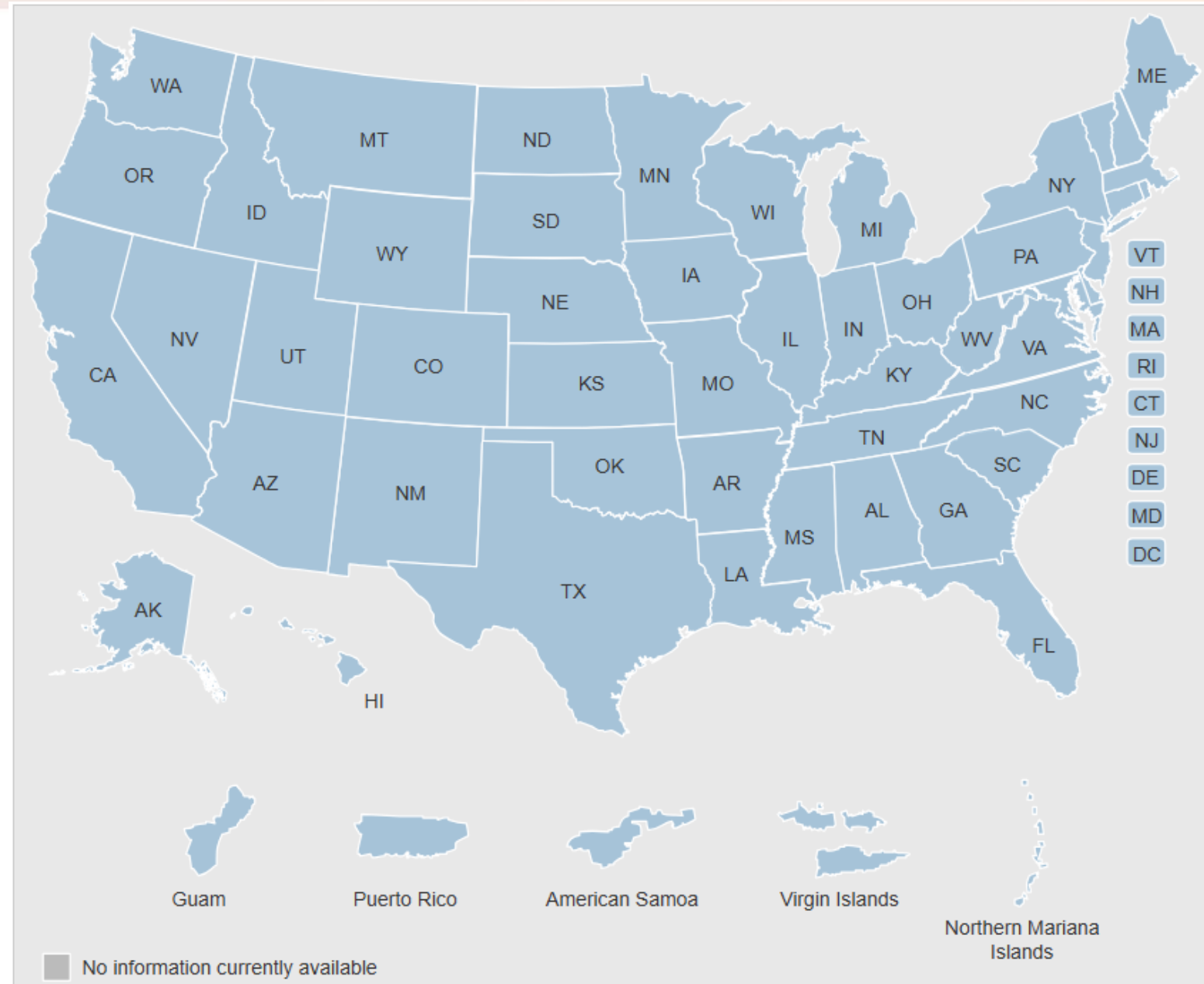
How a Bill Becomes Law



Detailed Process: How a Pennsylvania Bill Becomes Law



State Legislature Map



<https://www.congress.gov/state-legislature-websites>

State Legislation with National Support

- Modernization of Professional Nurse Law
- Nurse Licensure Compact Act
- Patient Safety Act
- Occupational Health and Safety
 - Musculoskeletal Injury Prevention
 - Nosocomial Infections
 - RaDonda Vaught

Primary Sources of Information

➤ State

- <https://www.congress.gov/state-legislature-websites> (use for all states)
- <https://www.palegis.us/> (Pennsylvania)

➤ Federal

- Congress.gov is the Library of Congress (includes all bills, laws, and Congressional Record)
- govtrack.us is an independent organization that tracks activities in US Congress and White House
- Federal Register reports daily at <https://federalregister.gov>

➤ Combination Websites

- VoteSmart.org changed name to Vote Smart Facts for All. <https://justfacts.votesmart.org>
 - Was a free website but recently requires registration or log in to continue for free.

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Modernization of Professional Nurse Law

Advanced Nursing Scope of Practice

Allows advanced practice registered nurses (APRNs) the ability to utilize knowledge, skills, and judgment to practice to the full extent of their education and training.



PSNA Legislative Priorities

01. SAFE STAFFING: PATIENT SAFETY ACT

Challenges with understaffing existed before the pandemic due to cost-cutting measures, disease complexity, and an aging population. Patients are suffering the consequences of chronic, understaffing levels. A legislative solution can no longer be postponed.

READ MORE

TAKE ACTION

02. CHIEF NURSING OFFICER OF THE COMMONWEALTH

How can we transform our State's healthcare system? Strong leadership – including that of the registered nurse. It is imperative that RNs work as full partners with physicians and other health professionals to realize the goals of healthcare reform. Governor-appointed ...

READ MORE

TAKE ACTION

03. MODERNIZATION OF PROFESSIONAL NURSE LAW

An Act amending the act of May 22, 1951 (P.L.317, No.69), known as The Professional Nursing Law, further providing for definitions, for State Board of Nursing, for dietitian-nutritionist ...

READ MORE

TAKE ACTION



The PA Medical Society Opposes SB 25

Do you agree that “collaborative agreement best for patients”

Johnstown Tribune-Democrat (2020), Dr. Lawrence John, President of PA Medical Society states,

“NPs deliver excellent care within the physician-led team concept, their skills are not interchangeable with physicians. Becoming an NP is shorter and less arduous (500-750 hours of education/training) compared to becoming a physician (12,000-16,000 hours).”

Can Nurses Practitioners Practice in your State

a. Independent

No requirement for written collaborative agreement, no supervision no condition for practice (may follow a specified time for a collaborative agreement)

b. Not independent

Written requirement for a collaborative agreement or requirement for practice with direct supervision by a MD, DO, DDS, podiatrist or APRN)

c. Don't know

PA Legislation for Professional Nursing Law Modernization (AKA Full Practice Authority)

GOAL: To modernize Pennsylvania's Professional Nursing Law to allow qualified Advanced Practice Registered Nurses (APRNs) to practice in their field of specialty independent of a physician.

- **House bill (HB) 739** (previously HB 1825) has been the companion bill to SB 25.
 - HB 739 - introduced 2/26/25 by Rep. Guent (Montgomery County)-**Professional Licensure Committee**
- **Senate Bill (SB) 25 introduced 1/22/25** by **Senator Bartolotta** (2023-24 & 2025-26 sessions)
 - **Consumer Protection and Professional Licensure Committee**
 - Introduced in multiple legislative sessions with same bill #

SB 25 requires a transition to practice period from collaborative to independent:

- **Current:** Requires Collaborative Physician Agreements for Life
- **Proposed:** NPs work 3 years AND 3,600 hours with collaborative agreement in clinical setting before Full Practice Authority
- Regulated by the PA State Board of Nursing

SB 25: Senate Consumer Protection and Professional Licensure Committee since January 2025

Bill Status & History

Last Action: Referred to [Consumer Protection & Professional Licensure](#), Jan. 22, 2025 Senate

S H

[View Full History](#)

[0054](#) Referred to [Consumer Protection & Professional Licensure](#), Jan. 22, 2025

Votes

There are no votes available.

Committee Meetings

There are no committee meetings available.

How Bills in Consumer Protection and Professional Licensure Committee?

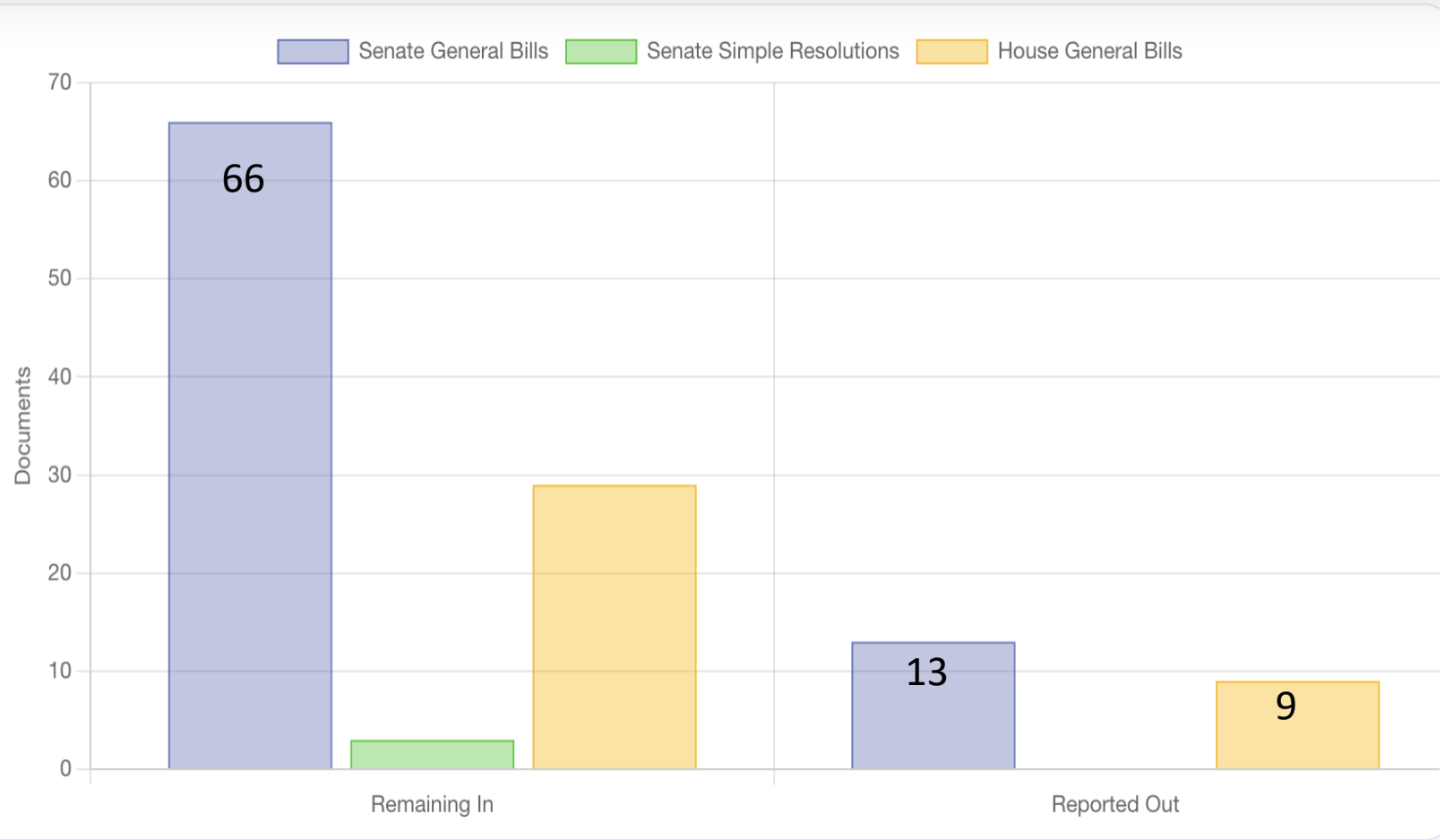
120
TOTAL DOCUMENTS

↓

98
REMAINING IN

↓

22
REPORTED OUT



Let's Take a Closer Look at the Committee

Senate General Bills Total # of Senate General Bills: 79 ^

Remaining In: 66 Bills

SB 25	SB 81	SB 197	SB 215	SB 312	SB 329	SB 338	SB 355
SB 363	SB 372	SB 395	SB 420	SB 421	SB 424	SB 483	SB 504
SB 505	SB 512	SB 538	SB 539	SB 540	SB 574	SB 579	SB 585
SB 595	SB 600	SB 601	SB 616	SB 639	SB 640	SB 676	SB 677
SB 724	SB 758	SB 833	SB 883	SB 887	SB 891	SB 892	SB 897
SB 907	SB 948	SB 950	SB 966	SB 977	SB 981	SB 983	SB 1005
SB 1019	SB 1043	SB 1051	SB 1055	SB 1114	SB 1119	SB 1128	SB 1129
SB 1130	SB 1133	SB 1158	SB 1182	SB 1205	SB 1240	SB 1243	SB 1249
SB 1254	SB 1260						

Reported Out: 13 Bills

SB 154	SB 184	SB 331	SB 507	SB 535	SB 536	SB 571	SB 583
SB 604	SB 719	SB 748	SB 842	SB 992			

House General Bills Total # of House General Bills: 38 ^

Remaining In: 29 Bills

HB 30	HB 60	HB 81	HB 129	HB 463	HB 504	HB 505	HB 543
HB 660	HB 825	HB 967	HB 1063	HB 1161	HB 1191	HB 1216	HB 1251
HB 1299	HB 1433	HB 1512	HB 1525	HB 1526	HB 1530	HB 1599	HB 1646
HB 1750	HB 1834	HB 1881	HB 1980	HB 2163			

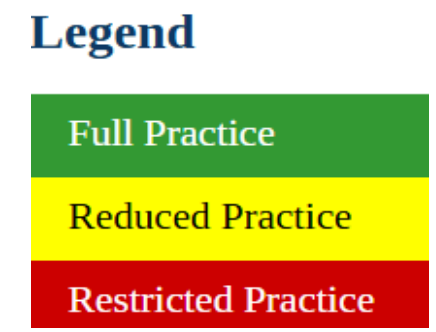
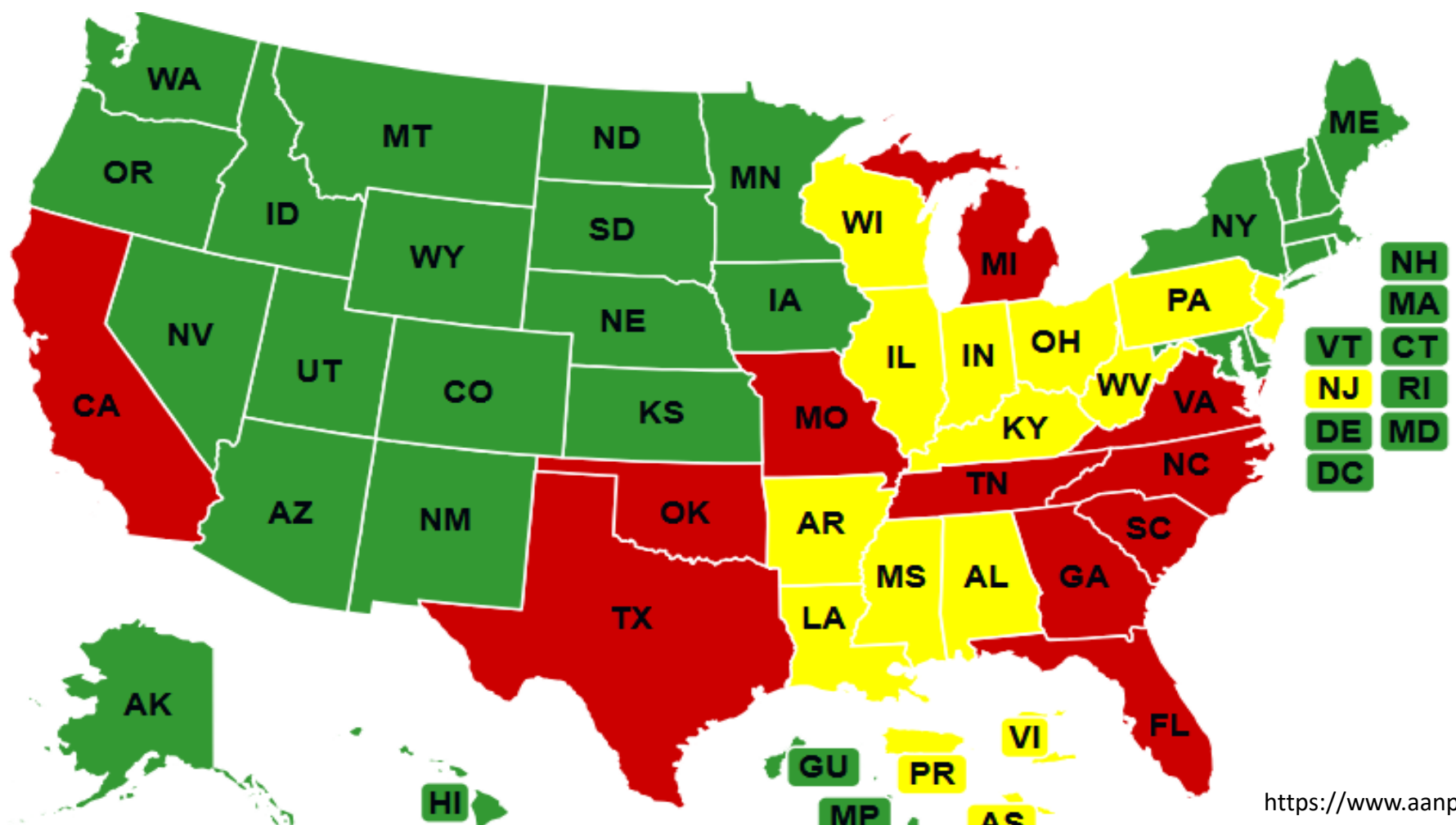
Reported Out: 9 Bills

HB 78	HB 80	HB 309	HB 482	HB 554	HB 668	HB 1057	HB 1359
HB 1961							

NP Authority & Scope of Practice (2025)

State	Board of Nursing	Practice Act	Rx Authority	Details & Resources
CT	Connecticut Board of Examiners for Nursing	Connecticut Nurse Practice Act	Collaborative practice with a supervising physician for 3 years	After 3 years and 2,000 hours of supervision, NPs may practice under their own authority.
MA	Massachusetts Board of Nursing	Massachusetts Nursing Statutes	After 2 years of Rxing meds under supervision, NPs can have independent & full prescriptive authority	Any form that must be certified by a physician may be completed by a Certified Nurse Practitioner (CNP).
MD	Maryland Board of Nursing	Maryland Nurse Practice Act	Full prescriptive authority with a current license	NP complete national certification/education program & apply to state for licensure may practice under the supervision of a licensed NP or physician until their license is approved.
NJ	New Jersey Board of Nursing	New Jersey Board of Nursing Law	Must have joint protocol with supervising physician to have prescriptive authority	Joint protocol agreement must outline how, when, and why prescriptions may be issued. Also, whether the NP may prescribe controlled substances.
NY	New York Board of Nursing	New York Nurse Rules/Regulations	After 3,600 hours of clinical practice, NP may apply for a full independent practice	After 3,600 hours of clinical practice, NPs may apply for a full independent practice
OH	Ohio Board of Nursing	OH Board of Nursing Laws & Rules	Must practice in collaboration with a supervising physician	Prescriptive authority of NP limited by authority of supervising physician. NPs may only Rx Schedule 2 controlled substances in limited circumstances.
PA	Pennsylvania Board of Nursing	Pennsylvania Code of Nursing	Must practice under a collaborative agreement with supervising physicians (2 collaborative agreements required)	NPs must register with the DEA to dispense controlled substances.
RI	Rhode Island Department of Health Nursing Licensing	Rhode Island Nursing Rules & Regulations	Full prescriptive authority	Nurse practitioners may only prescribe within their population focus
WV	West Virginia RN Board	West Virginia Nursing Code	Must have three years in a collaborative practice agreement	To prescribe meds, even in collaborative practice, NPs must complete 45 hours of education in pharmacology. Schedule 2 drug prescriptions are limited to a 3-day supply.

APRN (NP) Authority & Scope of Practice (2026)



Press Conference 1/22/24 (PA HB 1825 & SB 25)

Modernization of the PA Professional Nursing Law



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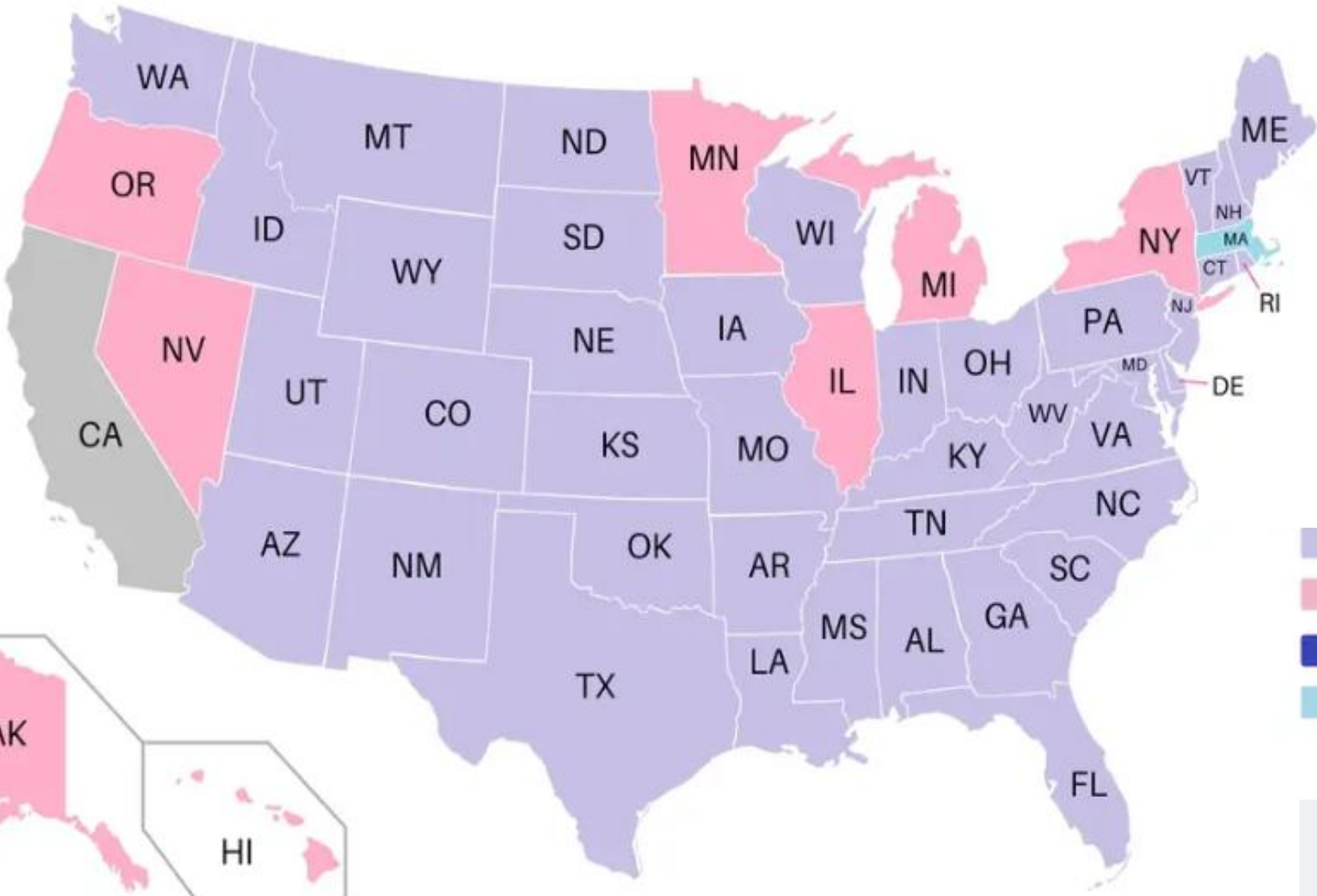
Nurse Licensure Compact (NLC)

Allows nurses to practice in multiple states under one state license



Benefits of Nurse Compact Licensure (NCL)

- Nurse practice anywhere in US with 1 license
- Nurses can practice across state borders in event of disaster
- Removes expenses for organizations that employ nurses that work in multiple states
- Practicing across state borders is affordable & convenient for nurses
- Facilitates online nursing education



- NLC State
- State with Pending NLC Legislation
- Partial Implementation
- NLC Enacted: Awaiting Implementation

Take Action! Exemplar Letter from NCSB Expand Nursing Across US

As your constituent, I am writing to urge you to support the Nurse Licensure Compact (NLC). The goal of the NLC is to increase patient access to quality care by allowing registered nurses (RNs) and licensed practical/ vocational nurses (LPN/ VNs) the ability to practice in any compact state without obtaining and maintaining multiple licenses.

Operational for over 20 years, the NLC has many benefits for our state. The NLC is a benefit to nurses, providing flexible licensure, which enables nurses to explore careers providing care via telehealth and nurse educators to provide instruction with ease.

The NLC is a benefit to patients, increasing access to nursing services across the country quickly and efficiently, which is essential for the health of many rural and underserved communities.

The NLC is a benefit to military families. Military spouses are burdened with applying for a new nursing license each time the family must relocate. Under the NLC, the spouse's employment can continue seamlessly.

Finally, the NLC is a benefit in times of crisis. Under the NLC, a nurse is able to easily cross state lines to help those in need. Modern healthcare requires a mobile workforce, whether responding to healthcare provider shortages across the country or assisting during times of disaster.

Thank you for considering this very important issue to nurses and patients in your district.

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Patient Safety Act

Limits the number of patients a nurse can be assigned, depending on the level of care required. The limits will be set by nurses, which ensures a minimum standard of care.



PSNA Legislative Priorities



01. SAFE STAFFING: PATIENT SAFETY ACT

Challenges with understaffing existed before the pandemic due to cost-cutting measures, disease complexity, and an aging population. Patients are suffering the consequences of chronic, understaffing levels. A legislative solution can no longer be postponed.

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TAKE ACTION



PA House Health Committee Chair (2021-2022), Kathy Rapp Patient Safety Act (HB106) (SB240)

PA House Health Committee Chair Kathy Rapp claims she hasn't heard a "real grievance" about unsafe staffing in hospitals, and she won't let the Patient Safety Act advance.



<https://www.youtube.com/watch?v=L2aR43oCGbk>

Counter point . . . nurses talking about unsafe patient staffing

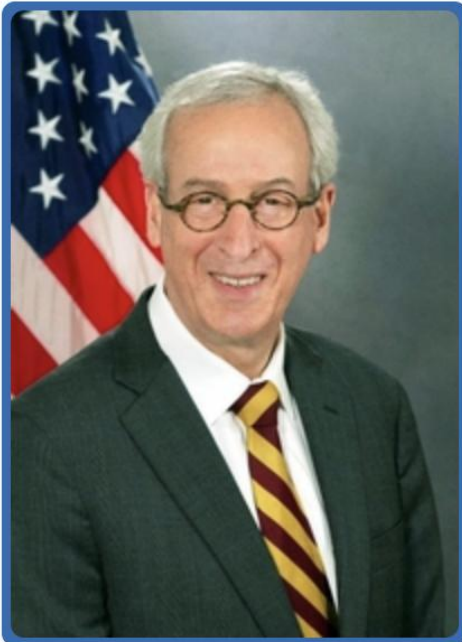
<https://www-nytimes-com.cdn.ampproject.org/c/s/www.nytimes.com/2022/01/19/opinion/covid-nurse-burnout-understaffing.amp.html>



And I believe that is best left

PA House Health Committee Chair (Change) 2023-2024

Officers



Dan Frankel

House District 23

Chair



Kathy L. Rapp

House District 65

Republican Chair

HB 106 – a new bill but same number in the 2023-2024 legislative session

Where is HB 106 in the 2023-2024 Session?

Bill Status & History



Last Action: Referred to [Health & Human Services](#), July 17, 2023 Senate



[View Full History](#)



Printers Numbers

★ Jun 27, 2023

PN 1743

[PDF](#) [Refresh](#) [Word](#)

Supporting Documents ▾

Jun 06, 2023

PN 1462

[PDF](#) [Refresh](#) [Word](#)

Supporting Documents ▾

Apr 28, 2023

PN 1044

[PDF](#) [Refresh](#) [Word](#)

PA Senate Health & Human Services Committee 2023-2024

Officers



Brooks, Michele
Chair



Haywood, Art
Minority Chair

Patient Safety Act - Where are We Now? 2025-2026

- House bill for Patient Safety Act (previously HB 106)
 - 1/16/25 – Memo to re-introduce the bill
 - 4/15/26 – No bill has been offered
- Senate bill for Patient Safety Act
 - 12/24/25 – Memo to reintroduce the bill (previously SB 247)
 - 4/15/26 – No bill has been offered
- **Please not that most of the time, bill numbers change from one session to the next. The Patient Safety Act (HB 106) has remained the same for several years**
- **NOT usually effective to write to prime or co-sponsors. They already support the bill**

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Chief Nursing Officer

Would allow RNs to work as full partners with physicians and other health professionals to realize the goals of healthcare reform.

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HB 953: The Frozen Desert Law 2023-2024

HB 953: Chief Medical Officer 2021-2022



Regular Session 2023-2024 House Bill 953

 Text

 [\[History\]](#)

 [\[Votes\]](#)

Short Title: An Act repealing the act of September 1, 1965 (P.L.420, No.215), known as The Frozen Dessert Law.

Prime Sponsor: [Representative WENTLING](#)

Last Action: Referred to [AGRICULTURE AND RURAL AFFAIRS](#), June 2, 2023 [Senate]

Memo: [Repeal of Obsolete Frozen Dessert Law – Former HB 2212](#)

Printer's No.:

Printer's No.	Text	(H) Amendments	(S) Amendments	(H) Fiscal Nc
---------------	------	----------------	----------------	---------------

950*



* denotes current Printer's Number

You need to know the bill # in the correct legislative session to find the right bill. You can use key words to find a bill in a new legislative session or look to see who introduced the bill in a previous session and look for a memo regarding a plan to re-introduce the bill.

Chief Nursing Officer (HB 953) Session 2021-2022



PRINTER'S NO. 966

Printer #

THE GENERAL ASSEMBLY OF PENNSYLVANIA

State Bill

HOUSE BILL

Bill #

No. 953

Session of
2021

Session

Sponsor's Names

INTRODUCED BY OBERLANDER, JAMES, PICKETT, LEWIS DELROSSO,
CIRESI, FREEMAN, WHEELAND, THOMAS, MARSHALL, SCHLOSSBERG,
MIZGORSKI, RYAN, MILLARD, SAYLOR AND MASSER, MARCH 17, 2021

Committee

REFERRED TO COMMITTEE ON HEALTH, MARCH 17, 2021

Title

AN ACT

Bill line #s

1 Amending the act of April 27, 1905 (P.L.312, No.218), entitled
2 "An act creating a Department of Health, and defining its
3 powers and duties," further providing for the administrative
4 structure of the Department of Health, establishing the
5 office of Chief Nursing Officer of the Commonwealth and
6 providing for the powers and duties of the Chief Nursing
7 Officer of the Commonwealth.

8 The General Assembly of the Commonwealth of Pennsylvania
9 hereby enacts as follows:

10 Section 1. Section 1 of the act of April 27, 1905 (P.L.312,
11 No.218), entitled "An act creating a Department of Health, and
12 defining its powers and duties," is amended to read:

13 Section 1. Be it enacted, &c., (a) The Department of Health
14 shall consist of a Secretary of Health, an advisory board [and],
15 a Physician General[.

16 (b) The secretary shall be the head of the department, and
17 shall be appointed by the Governor, with the advice and consent

[brackets & gray
to be removed]

How to Read A Bill



[Light face brackets] are used only in bills amending an existing law. They indicate that anything enclosed thereby appears in the existing law, but that it is proposed to omit it from the law as amended. The brackets and anything enclosed by them are carried along into the pamphlet law version of the bill, if the bill is finally enacted; thus, the reader of the pamphlet law can tell the exact date that the bracketed material was removed from Pennsylvania law. All bracketed language is shaded so the reader knows that the language has been marked to be removed from law.

Underscoring is used only in bills amending an existing law. It indicates that the underscored matter does not appear in the existing law, but that it is proposed to insert it in the law as amended. The underscored matter will be carried into the law if the bill is finally enacted.

Ellipses (* * *) are used only in bills amending an existing law. They indicate omitted law which is not proposed to be changed in the bill.

[Dark] face brackets are used only in bills that have been amended, either in committee or on the floor of either House. They indicate brackets inserted by such amendment and have the same effect as light face brackets.

~~Strike out type~~ is used only in bills that have been amended either in committee or on the floor of either House. They indicate that anything so printed appeared in a previous print of the bill but is to be deleted, and will not appear in the text of the law if the bill is finally enacted. Strike out type is also used to remove language in an original enactment that is not yet law.

CAPITAL LETTERS are used only in bills that have been amended, either in committee or on the floor of either House. They indicate that the matter in capital letters did not appear in the original print of the bill, but was inserted into the bill by amendment in either House. The matter in capital letters will be carried into the law, if the bill is finally enacted in ordinary print, unless it is also underscored, in which case it will be printed in italics.

~~Strike out type~~ and CAPITAL LETTERS indicate only the amendments made to the bill at the last previous state of passage. All prior ~~strike out amendments~~ are dropped entirely from the new print and all insert amendments previously shown in CAPITAL LETTERS are reset in lower case type. The one exception to this rule is a House bill amended more than once in the Senate or a Senate bill amended more than once in the House will, on the second and subsequent printings cumulate all amendments made in the latter House, so that all amendments in which concurrence by the House of origin is required will stand out.

The line immediately preceding the title of the bill shows the stage of passage at which the amendments appearing on that print were made. All preceding printer's numbers of each bill are shown in consecutive order in a line at the top of the first page of each bill

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State Occupational Health Policies

Musculoskeletal, Whistle Blower, and Violence Prevention



Occupational Health Legislation

- Musculoskeletal Injury Prevention
 - Texas SB 1525 (2005) and Texas SB 476 (2009)
- Whistleblower Protection
 - Texas SB 192 (2011)
- Violence Prevention – Aggravated Assault of a Healthcare Professional
 - Pennsylvania SB 351 (2020)

Musculoskeletal Injury Prevention

State	Name of Bill/Law	Year Passed
New Jersey	New Jersey S-1758/A-3028	2008
Maryland	Maryland SB 879	2007
Rhode Island	Rhode Island House 7386 Senate 2760	2006
Ohio	Ohio House Bill 67, Section 4121.48	2006
New York	New York companion bills A11484, A07836, S05116, and S08358	2005

Sample of Exemplar State Legislature Letter (1 of 2)

Date (add Senator's address)

Dear Senator Robinson,

As a registered nurse who works in the ICU and lives in Pennsylvania, I am writing to you in support of **House Bill 926**, the Health Care Workplace Violence Prevention Act, which is an act providing for violence prevention committees in health facilities, for duties of committees, for workplace violence reporting requirements and for powers and duties of the Department of Labor and Industry; and imposing fines and administrative penalties. **[Why writing, bill number, & bill name]** HB 926 passed the Pennsylvania House on May 6, 2025 and was referred to the Senate Labor & Industry Committee on May 22, 2025, where it is currently pending. **[Status in legislature]** As Chair of this committee and a member of the Appropriations, Banking & Insurance, and Law & Justice Committees, you are in a unique position to move HB 926 forward while also considering practical implementation, economic impacts, and the broader public-safety implications of health care workplace violence. In addition, I recognize your sponsorship of health-related legislation during the 2025-2026 session, including SB 516, which addresses substance overdose awareness and treatment and recovery support, as well as your "yes" vote on SB 466, demonstrating continued support for public safety and the health care workforce. **[Committees, sponsorship, & voting record]**

Workplace violence has a direct impact on staff and patient care. I personally experienced workplace violence when I was punched in the face and kicked in the abdomen while providing hygiene care to my patient. Because I sustained a visible facial injury and a bloody nose, I had to be medically evaluated off the unit and cleared by a physician. This situation immediately disrupted care for all the ICU patients because staff had to divert their attention to the violent patient to maintain staffing coverage and prevent further harm. The patient was placed in restraints to ensure safety, which further escalated the patient's agitation and made it more difficult and riskier for staff to provide care. The violent situation made some staff understandably hesitant and fearful about caring for this patient. A program for preventing workplace violence, like HB 926, would support consistent risk assessment, staff training and de-escalation strategies, incident reporting with follow-ups, and unit-level prevention planning. **[Personal story – important to include]**

Sample of Exemplar State Legislature Letter (2 of 2)

National surveillance data shows how concentrated workplace violence is in the healthcare industry. In 2021-2022, the health care and social assistance industry accounted for the largest share of private-industry workplace violence cases requiring days away from work, job restriction, or transfer, representing tens of thousands of lost-work cases (U.S. Bureau of Labor Statistics, 2024). These violent events worsen staffing instability, increase turnover, and undermine safe patient care. HB 926 will require health facilities to implement a violence prevention committee that performs an initial risk assessment evaluation, develops and maintains a detailed written violence prevention plan, trains staff, and reviews and tracks reported incidents. **[Research – important to include]**

Stakeholders directly affected, including bedside nurses and other healthcare workers, are represented by organizations such as the Pennsylvania Association of Staff Nurses and Allied Professionals, the Pennsylvania State Nurses Association, and the Service Employees International Union, who support HB 926. The main advantage of this bill is its requirement for facilities to develop a consistent, prevention-focused approach to workplace violence. Locally, this approach means fewer injuries and disruptions to care when violent events occur and promotes safer access to care for Pennsylvania communities and stable staffing statewide.

[Stakeholders/associations, stance, & advantages] Meanwhile, the Hospital and Health System Association of Pennsylvania has raised concerns about administrative burden, implementation cost, and oversight. While these concerns and disadvantages should be appropriately addressed, they should not delay prevention because the costs of injuries, lost workdays, turnover, and disrupted care are far greater. HB 926 is structured around internal facility planning and continuous improvement, aligning with the intent to protect the healthcare workforce. **[Opposition & disadvantages with counter argument]**

I kindly request that you schedule HB 926 for a hearing and committee vote and report it out of the Senate Labor & Industry Committee so the full Senate can consider it during the 2025-2026 session. **[Specific request]**

Sincerely,

Name, Credentials (add contact information)

2026

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An aerial photograph of a city, likely Atlanta, Georgia, featuring a prominent river (the Atlanta-Fulton County Stadium Canal) winding through the urban landscape. The city is densely packed with various high-rise buildings and commercial structures. A large, semi-transparent white circle is superimposed over the center of the image, serving as a background for the main title. The overall color palette is warm, with shades of orange and red, suggesting a sunset or sunrise setting.

Federal Policies

Patient Protection & Affordable Care Act (ACA)

What do you think about the ACA?

- a. Agree with the policy
- b. Don't agree with the policy
- c. Don't agree or disagree with the policy

Did you know, The Patient Protection and Affordable Care Act aka ACA and Obama Care

- Provides REASONABLE BREAK TIME for nursing mothers during work
- Identified HEALTH CARE QUALITY IMPROVEMENT programs
- Provides GRANTS to promote positive health behaviors and outcomes
- Identifies INNOVATIONS IN HEALTH CARE WORKFORCE

<https://www.congress.gov/bill/111th-congress/house-bill/3590/text?s=4&r=9&hl=%22Patient+Protection+and+Affordable+Care+>

2026

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Advocacy, Policy & Professional Associations

Advocacy Definitions

“To actively promote a cause or principle involving actions that will lead to a goal”

(University of Kansas, 2024)

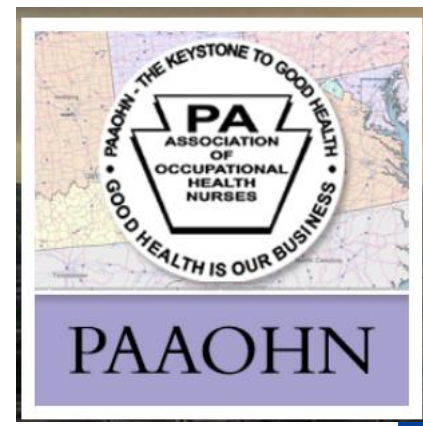
“The act or process of pleading for, supporting, or recommending a cause or course of action”

(ANA, 2025)

Key Advocacy Concepts

- We are ALL advocates
- Advocacy effects change
- Advocacy is a democratic tradition
- Speaking the truth is powerful
- Policy makers need input from health care professionals to make good policy decisions

Political Action/Legislative Affairs Committees & Advocacy



AANP Political Action Committee
Your Contributions Make a Difference



Professional Associations - Get involved in Advocacy

PSNA
Pennsylvania State Nurses Association

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Apply through July 12
Vote August 15 - September 16
Attend annual business meeting September 27

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[Salary Survey](#)

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[Career Center](#)

[Scholars Mentorship Program](#)



AAOHN Legislative Affairs Priorities & Updates (Federal) 1 of 3

Oppose:

Department of Education – Proposed rule that nursing is not a “professional” graduate degree (February 2026) within **One Big Beautiful Bill Act (OB3A)**

- Lifetime cap of \$100,000 to borrow (nurses, teachers, SWs)
- Professional students could borrow up to \$200,000 (law, chiropractors, theology)

Strength in numbers: Nursing Community Coalition

<https://www.federalregister.gov/public-inspection/2026-01912/reimagining-and-improving-student-education>



AAOHN Legislative Affairs Priorities & Updates (Federal) 2 of 3

Oppose:

- Medical Examination Proposal to Exclude a Medical Examination for Fit Testing (N95 masks)
 - “Department of Labor announced amendments to certain health and safety standards and posted a proposed rule to eliminate the requirement that a medical evaluation be administered before an employee can be fit-tested for a FFP – filtering facepiece respirator (like an N95 respirator) or a PAPR – powered air-purifying respirator.”

Support:

- National Institute for Occupational Safety and Health (NIOSH) – federal worker layoffs of 900 (which is 90% of workers). Health and Human Services reinstated over 300 employees in certain programs (i.e., National Firefighters Cancer Registry).
 - NIOSH Education and Research Centers (ERCs) – Crucial to providing graduate level education for OHNs and occupational medicine, industrial hygiene and safety professionals.
- Title VIII Nursing Workforce Reauthorization Act of 2025 (H.R.3593/S.1874)
 - “Amends the Public Health Service Act to reauthorize funding for nursing workforce development programs for 2026 through 2030, including approved nurse practitioner programs, nurse-midwifery programs, nurse anesthesia programs, and clinical nurse specialist programs.”

AAOHN Legislative Affairs Priorities & Updates (Federal) 3 of 3

Support:

- Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R.2531/S.1232)
 - “Secretary of Labor issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence (WPV) prevention plan”

Other:

- Monitoring the changes to the CDC Advisory Committee on Immunizations Practices (ACIP).
 - This will have an impact on vaccination recommendations and insurance coverage for vaccinations such as COVID-19, flu and others.

Use this link to find your Congress officials: <https://www.usa.gov/elected-officials>

Advocacy Strategies with Current Legislation

1. Identify interest groups and lobbyists and constituents
2. Understand the legislative calendar (legislative sessions, who to contact about legislation)
3. Email legislators and call and talk about issues
4. Provide your contact information
5. Meet with legislators (in their home or local offices) You don't need to travel to Washington, DC or your state capital

Develop a Strategic Plan

Consider the following:

- Include other professionals and professional organizations
- Include community leaders
- Join or start coalitions
- Start a media campaign
- Seek funding

Dos & Don'ts During Meetings/Calls

Consider the 4 Ps

- Prepare
- Precise
- Polite
- Professional

Additional Ps

- Persistent
- Positive

Advocacy Strategies

Vote in elections

- Know candidate's stance on issues you care about

Grass Roots

- Join Professional Associations
- Membership
- Volunteer for leadership positions
- Participate in political action committees (PAC) or Legislative Affairs Committees

Identify Areas for Improvement

- Nursing profession
- Health care services
- Safety issues
- Work-related issues
- Environmental issues

Contact Legislators

- Propose new legislation
- Write a letter in support (or against) bills in the current legislature
- Meet with your legislator about current issues/bills
- Develop a strategic plan (solutions)
- Recognize potential allies and bring them onboard
- Recognize potential allies/key stakeholders & community members and bring them onboard
- Identify the cause for resistance (and groups likely to oppose)
- Provide your contact information as a resource for health and nursing related content

Current Policy Issues . . . And More

Additional Policy Issues

- Cost of health insurance
- Cost of Childcare
- Legalization of Marijuana
- Heat-Related Issues
- Price Transparency
- Reimbursement for care by nurses
- Mental Health
- Safety of Workers

Top 5 Issues Nurses Face Everyday

- Inadequate staffing
- Stress
- Safety on the job
- Workplace violence

Barriers to Care Issues

- Systematic problems
- Inadequate number of physicians (PCPs)
- Nurse practitioner full practice authority
- Telehealth restrictions
 - Health literacy
 - Prevention of Illnesses
 - SDOH

Other Policy Issues

- Assault weapons-AK47 (ban/buy back)
- Should we have cars at all (? Electric)
- Regulations on sugary drinks
- Breastfeeding-supporting women at work
- Needle Exchange Programs



Nurse Faces Homicide Charges for Mistake Leading to Patient Death

State of Tennessee v. RaDonda L. Vaught



<https://www.youtube.com/watch?v=re1d4Z0ZMpk&t=2s>

RaDonda Vaught post conviction: <https://www.youtube.com/watch?v=69hdAy6oay8>



Original Medical Examiners Report

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

Davidson County Medical Examiner: Feng Li M.D., J.D., Ph.D.

Judicial District Number: 20

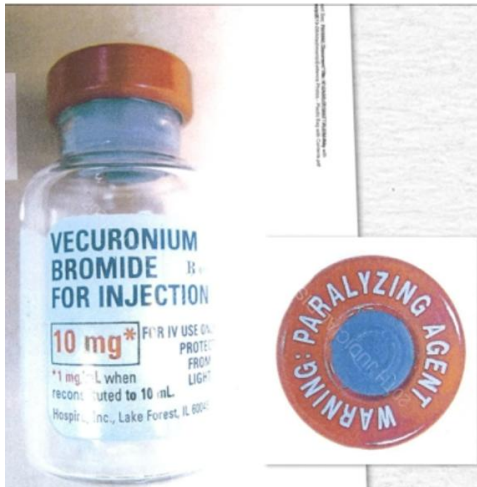
District Attorney: Honorable Glenn Funk

State Number: 17-19-7124

Case Number: MEC19-2349

Name of Decedent Charlene Marie Murphey		Age 75 Years	Race White	Date of Birth 07/21/1942	Sex Female
Address 217 Sunset Blvd., Gallatin, TN 37066					
Date of Death 12/27/2017 1:07 AM	Type of Death Death NOS (Not Otherwise Specified)		Investigating Agency/Complaint #:		
Place of Death Vanderbilt University Medical Center, Nashville, TN					
Narrative Summary Reportedly, this 75 year-old Caucasian female presented to the Vanderbilt ER on 12/24/2017 with a chief complaint of headache and nausea. A CT image revealed an intra-cerebral hemorrhage. On 12/26/2017 she arrested before going into the CT room. They did obtain ROSC (return of spontaneous circulation), and she was sent to the ICU where her prognosis became poor. Her family opted to have her care withdrawn. She declined until her pronounced death on 12/27/2017 at 0107 hours by Dr. Hartman who is also reporting this death to the Office of the Medical Examiner. He states that there is no trauma noted to the decedent, no recent reported falls or traumatic events, and no foul play suspected. She has pre-existing AFIB, breast cancer, Guillain-Barre syndrome, lupus, neuropathy and non-trauma related seizures. There is no social history reported. She suffers from anxiety without any suicidal issues. Dr. Zimmerman will attest to the death as natural causes of complications of the intra-cerebral hemorrhage. I have declined medical examiner jurisdiction in this matter. Funeral arrangements were unknown at the time of reported death.					

Anonymous Tip – Complaint to Medicare



Brand name: Versed



INTAKE DETAIL:

Date of Alleged Event:

Time:

Shift:

Standard Notes: An anonymous complainant reports the following:

On December 26, 2017 (b)(6), (b)(7)c administered an incorrect medication to (b)(6), (b)(7)c, a patient at Vanderbilt University Medical Center when she was awaiting a PET scan.

(b)(6), (b)(7)c was "the help all nurse" for the Neuro Intensive Care Unit, stepdown and the 6th floor nursing units.

She was orienting a new registered nurse (b)(6), (b)(7)c. The stepdown nurse asks (b)(6), (b)(7)c to give (b)(6), (b)(7)c some versed for anxiety before her PET scan.

(b)(6), (b)(7)c removed the incorrect drug from the Pyxis, did not read the label and accidentally administered vecuronium instead of versed.

(b)(6), (b)(7)c was in the PET scan for 20 minutes. When the patient came out of the PET scan unit, she was unresponsive, was resuscitated and passed away in the Neuro Intensive Care Unit later that day.

During an investigation with Board of Investigations (b)(6), (b)(7)c stated she administered the incorrect medication to (b)(6), (b)(7)c before the patient had the PET scan and she didn't read the label after she pulled the incorrect drug from the Pyxis. She reported the order had not crossed over to the Pyxis and when she typed in Versed, she accidentally picked the first medication that come up on the screen. She was in a busy area without a "no talk zone" designated sign. She further stated, there was no place to scan the medication before giving it to the patient. She gave the medication IV and flushed after.

It is reported the nurse did not check the Dr. orders, follow the 5 rights of medication administration, administered a drug outside her scope of practice, and failed to properly monitor the patient after administering a medication.

The patient suffered an anoxic brain syndrome as a result of being given the vecuronium and died.

(b)(6), (b)(7)c was terminated from VUMC on January 3, 2018.

Vanderbilt University Medical Center did not report this sentinel event via IRS to the SSA.

Amended Report (After Tip to CMS)

12/27/2017 1:07 AM		Death NOS (Not Otherwise Specified)	
Place of Death			
Vanderbilt University Medical Center, Nashville, TN			
Narrative Summary			
<p>Reportedly, this 75 year-old Caucasian female presented to the Vanderbilt ER on 12/24/2017 with a chief complaint of headache and nausea. A CT image revealed an intra-cerebral hemorrhage. On 12/26/2017 she arrested before going into the CT room. They did obtain ROSC (return of spontaneous circulation), and she was sent to the ICU where her prognosis became poor. Her family opted to have her care withdrawn. She declined until her pronounced death on 12/27/2017 at 0107 hours by Dr. Hartman who is also reporting this death to the Office of the Medical Examiner. He states that there is no trauma noted to the decedent, no recent reported falls or traumatic events, and no foul play suspected. She has pre-existing AFIB, breast cancer, Guillain-Barre syndrome, lupus, neuropathy and non-trauma related seizures. There is no social history reported. She suffers from anxiety without any suicidal issues. Dr. Zimmerman will attest to the death as natural causes of complications of the intra-cerebral hemorrhage. I have declined medical examiner jurisdiction in this matter. Funeral arrangements were unknown at the time of reported death.</p>			
Philip Miller - Medicolegal Death Investigator 12/27/2017		Cause of Death Acute vecuronium intoxication AMENDED	
Jurisdiction Accepted	Autopsy Ordered	Toxicology Ordered	
Yes	No	No	
Physician Responsible for Death Certificate			
Feng Li, M.D., J.D., Ph.D.			

What do you think?

Should a nurse who makes a medication error resulting in death be charged with homicide?

- a) YES
- b) NO

Florence Nightingale

“Let whoever is in charge keep this simple question in her head (not, how can I always do this right thing myself, but) how can I provide for this right thing to be always done?”

Questions and Discussion



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