

Advancing State Policy through Nurse Leader Influence: Exemplars from a Regional Nursing Organization in New England



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Nurse leaders and professional nursing organizations are committed to influencing policy. Understanding how these commitments are actualized can accelerate success, and strategies can be replicated. The Organization of Nurse Leaders – New England (ONL), has strategic commitments and a strong track record of influencing state-level policy. Member input informs the organization’s policy priorities, and engagement in Government Affairs Committee meetings supports learning. Policy and advocacy successes are recognized through member communications and an annual award. This article provides detail about ONL’s approach to policy and advocacy work, its processes for supporting nurse leader influence, and exemplars highlighting policy success in New England.

BACKGROUND

Influencing policy requires knowledge, skills, and persistence,^{1,2} and as the largest professional health care workforce, nurses have a social responsibility to inform policy. Nurse leaders have an ability to influence policy by the nature of their positions,³ and, as an extension, their core nursing skills.⁴ They can develop their policy knowledge and influence skills

through a combination of formal education, on-going professional development, and through mentorship.^{1,3,5} Wise nurse leaders build relationships and work to expand their spheres of influence by engaging with legislators, policy staff, and civic leaders to shape policy.

Professional organizations can play a key role in supporting nurse leaders by providing opportunities to learn from experts and observe influential leaders in action, while also helping nurses better understand policy timelines, processes, and topics.^{6,7} For example, the American Organization for Nursing Leadership,⁸ hosts an advocacy day each year in Washington, DC and offers the Advocacy Academy⁹ to prepare participants on key policy issues for productive interactions with legislators. Many state nursing organizations also host advocacy events as an opportunity to learn about state policy and interact with state legislators. These experiences offer participants the opportunity to engage in policy and advocacy activities.

ONL¹⁰ is a regional American Organization for Nursing Leadership Affiliate and has strategic commitments to inform policy and has a strong track record of influencing state-level policy within the region. One of ONL’s key strategic priorities is to advance policy and practice through nurse leader influence. Addressing state policy in multiple states is complex;

KEY POINTS

- **Policy outcomes are achievable when nurse leaders and nursing organizations work together.**
- **Nursing organizations should: gather input from members when setting policy priorities, facilitate information sharing among members, coach and support member development, provide forums for shared learning and dialog on policy topics and advocacy skills, and celebrate successes.**
- **Nurses should: share their unique perspective by engaging in advocacy activities and share their experiences, successes, and lessons learned with fellow nurses.**

however, ONL's structure and process for developing policy priorities, engaging members in policy activities, supporting the development of nurse leader influence, and recognizing members for policy and advocacy success can be replicated.

In New England, each state has different legislators, different legislative calendars, and hundreds to thousands of bills filed each session. While employing a lobbyist can be a worthwhile investment for gaining access to legislators and having up to date information on legislative happenings, employing a lobbyist in each New England state was cost prohibitive for ONL. These complexities inspired leaders at ONL to think differently about how the organization should approach state policy priorities while tapping into the strengths of nurse leaders in the region.

First, it was clear that nurse leaders face similar challenges in all New England States. ONL's goal has been to advance nurse leader policy influence in New England, and this is accomplished by leveraging the similarities across states, rather than focus on the differences. ONL has developed and vetted a policy platform that describes the organization's position on key, member-defined, state policy priorities. The policy platform consists of issues that cut across our states and are the "hot topic" issues as defined by our members. Additionally, the policy platform provides a framework to assess and prioritize emerging policy topics that are relevant to nursing leadership and practice in New England. See [Figure 1](#). The process of soliciting member feedback and input for setting a policy agenda could be replicated. More information on the process

ONL used for collecting member feedback on policy priorities can be found in [Box 1](#).

Second, we recognized that to be influential in multiple states, the efforts could not sit solely with the ONL staff or President. We had to develop policy experts in each state. To do this, ONL focused efforts on developing policy knowledge and influence skills among our members. The ONL staff focus on collecting and editing policy documents and sharing timely policy information in our region. To this end, the organization functions like a wheel hub, with radiating spokes. Our strength and potential to influence state policy lies with our more than 1000 nurse leader members. In practice this means our members are encouraged to build their professional influence by engaging with key stakeholders within their organization and communities. Key stakeholders could include staff within a hospital's government affairs department,¹¹ state Representatives or Senators associated with a leader's home or work address; or state employees, such as those on Boards of Nursing or within the state Department of Public Health.

An inclusive approach to ONL's Government Affairs Committee membership is another part of ONL's structure and strategy to support member development. ONL's Government Affairs Committee is structured to advance, steer, and operationalize the organization's policy strategy. The committee is comprised of nurse leaders from each of ONL's 5 states. Meetings are structured with a policy update from each ONL state, followed by discussion; this promotes efficient information sharing and member

ONL's Multi-State Policy Priorities



Healthy Work Environments

- Workplace safety / addressing violence
- Appropriate nurse staffing and opposition to inflexible mandatory staffing ratios
- Investments in employee supports, wellbeing, and meaningful benefits
- Nurse manager span of control
- Care team re-design



Positioning Nurses & Clinicians to Lead & Influence

- Hospital Board Diversity
- Intentional messaging / strategies to elevate the image of nurses and nursing
- State appointments and collaborations relating to healthcare decision-making and oversight



Nursing & Healthcare Workforce Development

- Nursing and healthcare workforce development
- State budgets and workforce implications
- Regulations concerning Certified Nursing Assistant training and licensure
- Nurse Licensure Compact
- Engagement with state Boards of Nursing

Figure 1. Overview of ONL's Member-Defined Policy Platform.

Box 1. Process for Setting and Confirming ONL's Multistate Policy Platform

Ensuring alignment between nurse leader perspectives and ONL's policy priorities is a top priority. ONL staff conducted a 2-prong approach including a survey to all members and 2 focus groups, to collect member feedback to inform the organization's policy platform. More than 10% of ONL members participated in the policy priority setting process.

Focus group and survey results revealed a need to focus on the quality of the work environment including addressing safe and satisfactory staffing and workplace violence were evident. Workplace violence was a topic of great importance during focus group 1. Participants expressed ED nurses feeling "exposed" and "vulnerable" at work. They correlated the prevalence of violence at work with the large number of vacancies among ED nursing positions, linking the policy challenges of workplace violence and workforce challenges. Challenges with throughput such as the inability to discharge and transport patients, and a lack of psychiatric/behavioral health beds were also linked to violence in the workplace.

Other policy issues identified by members include: the need to position nurses as in roles with policy influence was another clear priority. Workforce challenges, including the training and certification of support roles such as nursing assistants and technicians, as well as high vacancy rates in specialty areas of nursing were identified as contributing factors to throughput challenges. The importance of ONL providing leadership and guidance was also shared. There was support for collaborating with hospital associations on diversification of hospital boards, and intentionally developing and promoting messages about nursing leadership and nursing practice. There was also support for working with local Boards of Nursing on regulatory "pain points" with outdated regulations.

Results were validated through discussions at ONL's Government Affairs Committee and with the full Board. The Policy Platform is shared with members through communications and during business meeting presentations.

engagement. The Government Affairs Committee welcomes all ONL members and is considered a learning space for members to expand what they know about the policy processes and topics.

The ONL Government Affairs Committee leadership is comprised of a State Representative from each state, supported by ONL's senior director of government affairs who holds a PhD in nursing with expertise in policy. The State Representatives are responsible for collecting information about key policy issues in their state. These leaders essentially serve as the ONL's "eyes and ears" to identify and describe noteworthy policy happenings in each state. They collect this information by building collaborative relationships with government relations colleagues at their organization of employment, through relationships with colleagues other state nursing organizations and through relationships with civic leaders and organizations in their state who share similar policy goals.

ONL's Senior Director of Government Affairs, Dr. Ashley Waddell supports members in growing their policy influence through coaching before meetings with legislators or hearings, providing context and background on policy topics, and offering talking points and reference material that may be useful in policy discussions. ONL's multistate structure is an asset for sharing policy insights and lessons learned from experiences in other states. Waddell collects

policy documents such as testimony and media clips and repurposes them for discussions in other states. ONL staff help leaders write and edit written testimony or prepare for media events and help to facilitate new relationships or offer ideas about productive relationships in other organizations or communities. Ultimately, ONL staff work with nurse leaders to build and advance their personal influence in their communities, so that they can leverage their professional role, organizational and community experiences, and credibility to influence policy priorities in their community. In addition, ONL leverages its position as a convener of nurse leaders to provide opportunities for shared learning and dialog about pressing policy topics.

ONL's current model for advancing nurse leader influence in state policy, across multiple states, took time to evolve. We share the structure and processes because these strategies can, and should, be replicated by other nursing organizations. Strengthening the influence of nurses in state policy is something that organizational leaders across the United States should prioritize.

The impact of ONL's strategic approach to state policy, in multiple states, and investment in growing nurse leader influence are illustrated through exemplars. The exemplars below from the 2023 legislative session provide details about how nurse leaders are successfully influencing policy in New England.

EXEMPLAR 1: CONNECTICUT—ADDRESSING WORKPLACE VIOLENCE

Responding to an episode of violence against 2 police officers in the Bristol Hospital Community, Nancy LaMonica, vice president and chief nursing officer at Bristol Hospital, invited Connecticut State Senator Henri Martin to the hospital to meet members of the care team to discuss the impact of escalating violence and the impact on health care providers. Senator Martin brought additional legislators to hear the voices and perspectives of the Bristol Hospital health care team. LaMonica shared, “I believe the Senator found it very powerful to hear first-hand how much violence was impacting members of our team, and I believe members of my team felt listened to and that their experiences mattered, by being able to share their thoughts and experiences with Senator Martin. I honestly don’t think he had any idea about the scope of violence healthcare teams encounter.”

After the meeting, Senator Martin followed up with LaMonica and indicated his desire to collaborate and introduce a bill to address the increasing prevalence of violence against health care providers. First, HB6471 *An Act Ensuring the Safety of Health Care Workers*¹² was introduced as a stand-alone bill, and then, as the bill moved through the policy process, it was incorporated into a larger bill. During the legislative session, LaMonica and members of the Bristol team testified at a hearing, submitted written testimony, built a coalition of support including nursing, social work, and hospital associations and appeared at press conferences and media events to spread the word about reducing health care violence. They collaborated with ONL members to prepare for these events, shared lessons learned, and became familiar with workplace violence bills in the region. At the end of the 2023 legislative session, the essence of *An Act Ensuring the Safety of Health Care Workers* was passed into law.

EXEMPLAR 2: RHODE ISLAND—PASSING THE NURSE LICENSURE COMPACT

Addressing the need for policy solutions to workforce challenges, ONL Government Affairs Rhode Island State Representative Ara Millette and fellow ONL Government Affairs Committee Member Dr. Cynthia Danner engaged with stakeholders in Rhode Island to ultimately succeed in getting enough legislators to support, and pass, the Nurse Licensure Compact (NLC).¹³ Initially Millette, the Director of Talent Acquisition for Lifespan Health System in Rhode Island, and Danner, the Senior Vice President and Chief Nursing Officer at Rhode Island Hospital, served on a Commission to examine the potential impact of the state joining the NLC. During commission meetings, the ONL leaders became acutely aware of points of misunderstanding and designed an educational strategy to address misconceptions. After the Commission

ultimately came out in support of the NLC, their focus shifted to convincing the legislature to also support a bill that would allow the state to participate in the NLC.

Millette and Danner both testified at multiple legislative hearings. They worked with the government relations leaders for their health system to go on record with written testimony in support of the NLC, collaborated with other nursing organizations including leaders at the American Nurses Association of Rhode Island, and worked tirelessly to “get to yes” with legislators who were hesitant to support the NLC. It was their keen ability to understand points of resistance and misunderstanding, their willingness and ability to reeducate, and ultimately their ability to compromise that led to the passage of the Nurse Licensure Compact in Rhode Island. In order to get enough votes to pass, the legislature stipulated the NLC would need to be reauthorized in 3 years. While not ideal, this politically crafted solution illustrates an important reality of advancing policy: compromise is often key to making progress. The 3-year timeline will provide time to demonstrate the value of the NLC to nurses, employers, and stakeholders in Rhode Island.

EXEMPLAR 3: VERMONT—IDENTIFYING AND RESOLVING A PROBLEMATIC CENTERS FOR MEDICARE AND MEDICAID SERVICES REGULATION RELATED TO NURSE AIDE TRAINEES

Healthcare workforce shortages were a significant challenge after the COVID-19 pandemic. Early in 2023, Vermont had a backlog of 200 nurse aide trainees who had completed their education but were unable to register for the competency testing, which was necessary to obtain licensure. The unavailability of competency testing prevented trained prospective nurse aides from being able to enter the workforce.

The 2 notable barriers were that trainees were required to complete a skills demonstration at designated sites, and the skill demonstration had to be proctored by a registered nurse. The lack of available registered nurses to serve as proctors, and the distance required to travel to designated testing sites led to a burgeoning testing backlog. The limited number of testing opportunities combined with the need to travel to remote sites created nearly insurmountable challenges for potential new nursing aides.

Dr. Betsy Hassan, Director of Nursing Education and Professional Development at the University of Vermont Medical Center (UVMC) and ONL Government Affairs Committee Member, worked with ONL colleagues from around New England on this challenging issue. Hassan and her colleague Dr. Laura Lang, Manager of Nursing Education at UVMC, identified problematic testing requirements required by the *Nurse Aide Competency Evaluation* regulation found in

42 CFR 483.154.¹⁴ Interestingly, this issue presents differently in states, because while Centers for Medicare and Medicaid Services (CMS) regulations guide the training and testing requirements for nurse aides, states individually interpret and implement these requirements. Seeking flexibility to improve testing access in Vermont, Hassan partnered with Lang and Shiela Boni, Nurse Executive from the Vermont Office of Professional Regulation and responded to a request from Senator Bernie Sanders and the Health, Education, Labor, and Pensions Committee (HELP Committee) for Health Care Workforce Solutions.¹⁵ Through their response, they proposed a solution to eliminate the barriers in the Nurse Aide Skills Demonstration portion of the Competency Evaluation Program.

Their feedback was well received, and Hassan worked with senior staff from the HELP Committee and Senator Sanders' office to familiarize them with the testing regulations and the proposed solution. For 10 months, Hassan led the work with the Senate HELP Committee staff and CMS¹⁶ to obtain approval for an improved process that both eliminates the burden on trainees associated with travel to competency testing facilities and addressed the lack of available registered nurse proctors.

The State of Vermont obtained an approval letter from CMS that authorized flexibility in competency testing to minimize the burdens on trainees. Implemented in April 2024, this process can serve as a

replicable model for other states who face similar workforce challenges.

The partnership with the HELP Committee served as an important intermediary to develop a compromise with CMS to ease the individual regulatory burdens placed on nurse aides. The flexibility approved by CMS provided a small victory, but Hassan continued her persistent advocacy to seek a change in the regulation by leading a call with the Office of Management and Budget¹⁷ requesting that the Biden Administration eliminate the rule's independent testing requirement because it imposes an inequitable burden on nurse aide trainees.

CONCLUSION

ONL's strategy, which could be replicated, is to support nurse leaders in building their influence by engaging with legislators and key stakeholders within their organization and communities. The strategy is actualized through specific structures and processes that have resulted in meaningful state policy changes and engagement among nurse leaders in New England. The exemplars shared highlight a few great outcomes brought about by a nursing organization's focus on developing influence among members. Key takeaways for success in state policy are provided in [Box 2](#). Strategic adjustments to how nursing organizations and nurses work together can lead to changes in state policy. Nursing organizations should: gather input when setting policy priorities, facilitate information

Box 2. Key Takeaways from ONL's State Policy Exemplars

- **Share your unique perspective and develop relationships with civic leaders from your community:** Building relationships with local civic leaders will help you find your way into important policy discussions. Many legislators have a background in law or business and most are not experts in healthcare. You have knowledge and insights that are important to legislators and local policy makers. Pairing stories with data can sway others' opinions on a topic.
- **Open the door:** Seek opportunities to engage with legislators and other key stakeholders in your community. In collaboration with staff from your organization's office of Government Affairs, consider inviting local representatives and senators to a breakfast or lunch. Make sure nursing is a part of tours for elected leaders at your organization. Prepare and offer insights on current healthcare challenges as well as potential solutions and best practices to discuss during visits.
- **Build bridges and collaborate:** Advancing policy is rarely a solo endeavor. Identify others (people and organizations) that share similar policy goals, and work with them. Professional nursing organizations can serve as conveners to get a new coalition off the ground, or they can participate alongside other organizations in an existing coalition.
- **Stick it out:** Policy changes rarely happen quickly. Nurse leaders should continue to engage and advocate, recognizing that changing policy requires endurance and sustained commitment.
- **Advance your knowledge:** Nurses looking to advance in their role should lean into developing their knowledge, skills, and influence as it relates to policy creation. Policy know-how must be learned like any other skill.

sharing among members, coach and support member development, provide forums for shared learning and dialog on policy topics and advocacy skills, and celebrate successes. Nurses are encouraged to publish their policy and advocacy experiences to promote sharing ideas, successes, and lessons learned.

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