

2012 LEGISLATIVE “SOUP”

When committed nurses mix patience and persistence, then add equal measures of coalitions, concessions, compromise and courage, it is possible to create successful legislation – as demonstrated by the passage of **SB 286**. The new legislation authorizes the Pharmacy Board to establish a secure program to electronically collect controlled drug dispensing data from pharmacies. Prescribers and dispensers will be able to access the system before writing or dispensing a controlled drug. Though not required to check this data, prescribers who choose to do so will be able to avoid both under and over prescribing. The legislation is designed to reduce diversion of controlled drugs as well as provide better patient care. The system is not designed as an aid to law enforcement, other than in highly controlled and specific circumstances. With the information available in this new system, an appropriate referral to detox and rehabilitation may replace a prescription for additional drugs of abuse. Maybe an adolescent will avoid death by overdose.

To nurses and nursing students at this year’s Town Hall caucus in January, SB 286 was a “no-brainer”. Our colleague, Laurie Harding (D-Grafton, District 11), enlightened us to the challenges a similar bill has faced each of the five past years it had been proposed. Some issues were expected: confidentiality of health care information, cost of service, restraint of trade for small pharmacies. Some issues were unexpected: charging the physicians with the responsibility to enter information for prescriptions written, rather than the pharmacists with entering prescriptions filled. The argument against “over-regulation” was an absolute guarantee. Neil Kurk (R – Hillsborough, District 7) epitomized the traditional Live Free or Die attitude by his response to a nurse lobbying in favor of this bill: “Not every problem can be solved with legislation” – so true.

SB286 also had the benefit of strategic coalitions. A bipartisan group of Senators and Representatives were joined by law enforcement, the Board of Pharmacy, Emergency Room doctors and nurses, as well as the group working to reduce drug and alcohol abuse in the state to present a message of thoughtful and resolute support. All acknowledged that concessions were made to move this bill forward; for example, limiting the length of time the information would be kept. While this concession would limit the value that might be gained through statistical analysis of prescribing trends over a longer period, a compromise meant a greater likelihood of passage and that was the goal.

It was my privilege to represent NHNA at hearings in both the Senate and the House, and I shared the honor with Jean Proehl, RN, MN, CEN, CPEN, FAEN representing the NH Emergency Nurses Association, and from the NH Nurse Practitioner Association: Deborah A. Sampson, PhD, APRN, FNP-BC and Kathleen (Kitty) Kidder, MSN, APRN, FNP-BC. I will admit I wished for a bit more courage to keep my voice from sounding like a whisper at times, instead of the “roar” I wished to project. Luckily, many of our NHNA members were on the phone to their legislators. As one member of Ways and Means commented, “we just got so many calls about this bill” that the intense lobbying from smaller groups can’t sway us. NHNA prioritized SB 286, and should feel proud of the effort.

NHNA also weighed in on several other pieces of legislation. The NHNA Government Affairs Commission sent a letter to the House committee regarding the **HB 1617** – a bill that would eliminate the requirement that a hospital must demonstrate a need for a clinical service before expanding. This bill included a separate bill – **HB 1642** that would have exempted specialty hospitals from the certificate of need process and payment of the Medicaid enhancement tax. Each of these bills would have had a

negative impact on patients and health care staff. As of June 1, the certificate of need process was given three more years.

NHNA was pleased to see that **HB 1653**, a bill prohibiting discrimination against health care providers who “conscientiously object” to participating in ANY health care service, did not progress.

Nursing students, whose Health Policy classes provided the spark to get them interested, contacted NHNA for information and the NHNA position on various bills. We enjoyed talking with them and look forward to their continued involvement. Thank you to the nurse educators who are investing in our future!

Patience and persistence, coalitions, concessions, compromise and courage – but how much of each, and when to add? The Government Affairs Commission and NHNA, along with our lobbyist Bob Dunn, are still working on perfecting the “perfect soup”, but this year’s legislative efforts were tasty, nonetheless.

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