1986

Pre-Convention Bd. of Directors; Series II; File 95

Juanita Hunter

Follow this and additional works at: https://digitalcommons.buffalostate.edu/jhunter-papers

Part of the Health Law and Policy Commons, History Commons, and the Nursing Commons

Recommended Citation


This Article is brought to you for free and open access by the Organizations and Individual Collections at Digital Commons at Buffalo State. It has been accepted for inclusion in Juanita Hunter, RN & NYSNA Papers [1973-1990] by an authorized administrator of Digital Commons at Buffalo State. For more information, please contact digitalcommons@buffalostate.edu.
TO: Finance Committee
FROM: Robert R. Sacco, Director of Business Affairs
SUBJECT: Report on Divestiture

The chart below represents our activity in the implementation of our divestiture resolution:

<table>
<thead>
<tr>
<th>Date (as of)</th>
<th>Total Shares Held in South African Related Investments</th>
<th>Market Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/11/86</td>
<td>4,400 shares</td>
<td>$230,424</td>
</tr>
<tr>
<td>8/31/86</td>
<td>1,900 shares</td>
<td>94,575</td>
</tr>
<tr>
<td>10/22/86</td>
<td>1,050 shares</td>
<td>70,275</td>
</tr>
</tbody>
</table>

The 1,050 shares represent our holdings in International Fragrance, Dun & Bradstreet, J.P. Morgan and Raytheon. We will begin trading these stocks as the market permits, and anticipate achieving a full divestiture position by early summer, 1987.

RBS: Robert R. Sacco, Director of Business Affairs
10-23-86
THE NEW YORK STATE NURSES ASSOCIATION
MINUTES OF MEETING OF COMMITTEE ON FINANCE
Ramada Inn
Albany, New York
September 11, 1986

PRESIDING: Rita Reis Wieczorek, Treasurer

I. CALL TO ORDER: approximately 7:20 PM

Attendance
Committee
Rita Reis Wieczorek, Chairman
Nettie Birnbaum
Barbara Knauer
Claire Murray
Ex Officio
Ellen M. Burns, President
Juanita K. Hunter, President-elect
Staff
Martha L. Orr, Executive Director
Elizabeth Carter, Deputy Director
Robert R. Sacco, Director of Business Affairs
William J. Odendahl, Jr., Financial Management Consultant
Wendy M. Burbank, Administrative Assistant to the Executive Director

II. RESIGNATION OF COMMITTEE MEMBER
The Treasurer announced the resignation of Committee member Ann Adams in August. Ms. Adams had been unable to attend meetings. The vacancy on the Committee created by Ms. Adams' resignation will be filled at the Board of Directors' pre- or post-convention meeting.

III. MINUTES OF JULY 11, 1986 MEETING
The following typographical error in the minutes was noted:
page 2, v. B., line 3 - the numeral "3." should be deleted.
Ms. Orr noted that language in v.B. on page 2 which attributes the projected 1986-87 budget deficit to one-time capital expenses of office relocation and "data processing equipment purchases" would more accurately describe conditions if the data processing expenditure were referred to...
The Committee noted that the reduction of 167 members between month-end July and August 1986 reflects manual elimination of duplicate records as a phase of the data processing membership records conversion.

VII. OTHER

A. Requests from SNAs for Financial Assistance

Ms. Orr informed the Committee of receipt by the Association of requests from two state nurses associations for financial assistance for purposes of application to operating expenses and funding an entry into practice legislative effort. These requests were received from Maine State Nurses Association and Nevada Nurses Association.

In its discussion of these requests the Committee considered:

1. Advice of legal counsel against providing financial assistance to an SNA for operating expenses because such assistance would be compatible neither with the Association's Articles of Incorporation nor with responsible fiduciary standards with respect to use of dues income;

2. The Association's need to apply very limited financial resources to its own effort to enact entry into practice legislation.

The Committee concurred that the Association must decline approval of these requests.

B. Report on Divestiture

Mr. Sacco directed attention to the Report on Divestiture. The Committee will review a full detailed report of divestiture and investment at its pre-convention meeting.

VIII. DATE OF NEXT MEETING

The pre-convention Committee meeting will take place on Thursday, October 30, 1986, at 10:00 AM in Lake Placid.

{Signature}  
Erita Reis Wiescorak, Treasurer
I purpose further to state that the principal purposes of our mission are the health, welfare, and happiness of the children, and that we must always act in the interests of the children. We must not be afraid to speak out when necessary. We must not be afraid to act when necessary. We must always act with the best interests of the children in mind. We must always act with the best interests of the community in mind. We must always act with the best interests of the nation in mind. We must always act with the best interests of the world in mind. We must always act with the best interests of humanity in mind. We must always act with the best interests of the future in mind. We must always act with the best interests of the present in mind. We must always act with the best interests of the past in mind.
The organizations will:
1. Utilize its potential to achieve more future horizons
2. Acknowledge the contributions of all members to the success of the organization regardless of race, or geographic location
3. Institute strategies to facilitate and enhance a sense of community within the membership
4. Adhere to principles of organizational management in volunteer organizations
5. Penetrate the atmosphere of organizational, volunteer organizational, respect and other's values related to the organization
6. Will become future oriented and take calculated risks to create avenues for change, but without being too bold, aggressive, forsake future
7. Actively work toward increasing cooperation with other music organizations
8. Develop an organizational climate which will encourage full participation of all members
9. Create leadership development programs designed to prepare and bring the membership to assume progressive leadership positions within the organization
10. Membership growth not to be determined by numbers only
At a well-rehearsed moment, a few weeks before you
and present my final strategic address. Two short years
ago, I began the journey as President of the premier
state association in the nation. I am sure we all once
were members of a fleeting moment in time depending on
the context of the situation and our perspective. And so
how two years have passed since the period that I share
with you these few minutes. I applaud our successes,
specificfied, and above all, I thank you for having the
given opportunity to serve. I have been honored by
being asked to serve as a leader in the field of physical
and emotional energies as related to the nursing sciences. MS.
I have seen the growth and the maturity that nurses have had
to grow and to become trained as nurses. Physical and emotional
energies are related to the nursing sciences. MS.
And I have been honored to have been a part of so many
future changes and new directions during these past
two years.
sustain existing donors' commitments to their local chapters.

"We don't do saturation mailings," says Joe Suarez, manager of Direct Approach. "We target our prospect mailings toward a Red Cross audience."

Much of the Holiday campaign's success is due to the flexibility of Direct Approach. All production is managed in house, allowing letters to be tailored to meet the specific demographic and geographic needs of donors.

Dobb emphasizes that in addition to providing chapters with state-of-the-art direct mail services, Direct Approach should be a part of each chapter's fundraising plan. For example, reports generated by Direct Approach can help chapters target major donors and planned giving prospects.

"We're helping chapters look at the other options that build upon direct mail," Dobb says. "Fund raising is a dynamic force; everybody and his brother are competing with the Red Cross. The flexibility of Direct Approach, as well as its many applications, can help our chapters find their niche in this marketplace."

For additional information about Direct Approach, call Joe Suarez at national headquarters at (202) 659-3423.

Continued from page 1

Schubert Resigns

The CMS functions will be transferred to the Finance and Systems Department, which is headed by vice president Jack Campbell. The corporate planning functions will be merged with the government relations duties to form a new unit, Public Policy and Planning, which will be managed by Fred Gervasi. Gervasi served as director of Planning at national headquarters from 1982 to 1984, and most recently served as Government Relations officer.

The human resources functions will remain in a separate department under the direction of a new vice president, Janis MacRae. MacRae served 14 years as director of Personnel for the Los Angeles Chapter and Los Angeles-Orange Counties Blood Services Region, and two years as the region's assistant administrator. She joined national headquarters in September of 1980 as director of Benefits and Compensation.

The changes in senior management will leave Red Cross national headquarters with three senior vice presidents (Barker, Richards, and Tills), and five vice presidents (Campbell, Kuchess, Krueger, MacRae, and Miller). Under the previous structure, national headquarters had two senior vice presidents and 11 vice presidents.

Committee for Blood Services Mission Meets

The Ad Hoc Committee for Blood Services, chaired by Board of Governors member Joseph F. Sheehy, Jr., held its first meeting March 17 at national headquarters.

The committee held a daylong executive session during which it discussed approaches to its three-part charge. That charge is as follows:

• To define and reach broad agreement on the mission of Red Cross Blood Services
• To review options for achieving the mission
• To recommend any changes needed to achieve the mission

The committee asked senior vice president Gil Tills to serve as its liaison with headquarters and field resources and to coordinate staff support to the committee. The committee agreed to meet again at national headquarters on April 21.

Food and Shelter Board to Sponsor Convention Booth

Representatives of the Emergency Food and Shelter National Board Program will staff a booth at the 1989 Red Cross National Convention to discuss the program and answer questions. Nearly 2,000 Red Cross chapters have participated in the National Board Program since its inception in 1983. During that time, the program has disbursed more than $600 million to help the homeless and hungry.

Congress is considering transferring the National Board Program from the Federal Emergency Management Agency (FEMA) to the Department of Housing and Urban Development.

Program representatives will discuss this issue with convention delegates.

Addenda to V2000 Study Distributed to Field

Volumes II and III of the Volunteer 2000 (V2000) Study were distributed to Groups I, II, and III chapters, SAF stations, Blood Services regions, field service teams, regional management teams, and headquarters in late March.

Volume II is a reference document that presents data on social, economic, and demographic trends in the United States, and on trends and resources affecting volunteerism in the nonprofit sector. Volume II also provides survey-generated information on volunteer participation in the American Red Cross.

Volume III presents the history of volunteerism in the Red Cross.

Copies of Volume I (ARC 4704), Volume II (ARC 4705), and Volume III (ARC 4706) of the V2000 Study are available from GSD. Volume I presents the principal findings and recommendations of the study.
From the Chairman:

One of the tests of an organization is how well it responds when its leaders change. As Dick Schubert steps down as President, the American Red Cross will pass that test because of its capable volunteer and paid staff leaders at every level of the organization, from the smallest chapter staffed by a few volunteers to our largest chapters and national headquarters. The depth and breadth of Red Cross leadership means that we will never lessen our commitment or slow the progress we are making toward fulfilling our mission of service.

The 1990s brought both challenge and accomplishments for the American Red Cross, and we can thank Dick Schubert for having helped us to do so. I will miss his leadership, but I am very pleased that he will continue to serve the Red Cross as a special assistant supporting me on international matters.

To find a new President, I will appoint a search committee and ask them to look within the Red Cross as well as outside the organization. Meanwhile, I have appointed a special management team to work with me. The team members are:
- Gwen Jackson, National Chairman of Volunteers
- Steve Richards, senior vice president, secretary, and general counsel
- Gil Tills, senior vice president

We will rely heavily on Gwen Jackson, who became our National Chairman of Volunteers on January 1. Her responsibilities for Red Cross efforts in volunteer recruitment and development will continue. Steve Richards will be responsible for the public support, human resources, finance, systems, public policy and planning, and international services functions, in addition to his previous duties as secretary and general counsel. Gil Tills will be responsible for the three Red Cross operations headquarters, as well as the blood, transplantation, and programs and services functions.

It is time to take inventory, to plan our future wisely and with the input of all members of the Red Cross family. Now let's get on with building the Red Cross of the 1990s.

George F. Moody
Chairman

April 17, 1989, CUB-IN

From the President:

Six and one-half years is at once a long and a short period of time, depending on the context. And arguably, for some things, it is just right.

For me, 78 months was "just right" for building an unshakeable loyalty and confidence in the American Red Cross, the rightness and nobility of its mission, and the quality and compassion of its people. I will forever be grateful for the opportunity to have been involved.

It has been my unique privilege to take a part of leadership in a time of probably unprecedented self-analysis, renewal, reorganization, and empowerment all of which adds up to the challenge of change. I am satisfied that the directions set are basically right for bringing this organization to its proper place in the next decade and the century that will follow. Among the most important directions are:
- The reaffirmation of our historic emergency focus.
- The recognition of the overriding importance of strategic planning for every level and unit in the organization.
- The need to bring, by accountability, the macro goals of the organization down to each individual member of the Red Cross family, volunteer and paid.
- The necessity for customer, client, and beneficiary services to drive the organization.
- The objective of getting the right product to the right people at the right time, every time, with excellence.
- The diversification of our fund-raising base to support our objectives.
- The diversification of our human resources to match the changing complexion of society.
- The recognition of one Red Cross worldwide, as well as at the community level.

It remains for all of us to see that the directions on which we have found common ground now be translated into higher levels of compassionate service—more for more. Perhaps never has there been a greater opportunity for the Red Cross, the "big plus," to reach out as a change agent from literally the cradle to the last steps of senior citizenry. I have every confidence that the torch will be carried a little higher and burn a little brighter as a consequence of some of the things that we have been able to do together.

I thank you most sincerely for this chance. My prayer is for God's richest blessings for each of you, your families, and the American Red Cross.

Richard F. Schubert
President
The Address of the President of the New York State Nurses Association

Jumia K. Hunter, EdD, RN

Two years can be at once an eternity and a fleeting moment in time depending upon the context of one's perspective or situation. As I complete my term of office as the 37th President of the New York State Nurses Association and present you to my last presidential address, I am filled with a sense of accomplishment and regret. And the words which I will share with you have been framed by the challenges, successes, failures, and above all the many things I have experienced and that I continue to hold for the profession of nursing and this professional Association. It has been my privilege to serve as the president of the leading and largest nurses association in the state.

Challenges

During these past two years we have collectively shared time and talent to face recurring issues such as the nursing shortage, declining enrollment in nursing schools, the Labor-Health Industry Task Force Report, the thrust of the RCT proposal, the LPM intrusive therapy issue, the more praticitioners legislation and the question of who shall be the member of ANA. Each of these states individually and collectively has had the capability of setting new directions in health care, nursing philosophy, nursing practice, and nursing education. These challenges have been ongoing, awesome at times, and have on occasion evoked inappropriate opposition for creative leadership and exceptional achievements by this association.

As I have recently reflected on these periods and their outcomes as I prepare this address, I have asked myself once more if this was truly necessary to invest so much of our physical, emotional, organizational energies and resources in addressing these current issues. As I sought to answer my own question I referred to several important and historic nursing documents.

The primary source I utilized was the ANA 1989 Nursing: A Social Policy Statement. Within this document, professional nursing is described as a social contract between the society and the nursing profession. It states: "...society guides the profession by authority over functions vital to itself and permits them considerable autonomy in the conduct of their own affairs. In return, the professions are expected to act responsibly, always mindful of the public trust."

This social contract reflects the interdependent nature of the relationships between the profession and the society it serves. Thus, the professional nurse acts in the public interest locally and globally and contributes to health care improvement and the nursing profession. This document mandates collective professional efforts in behalf of ourselves and our clients.

A second source I utilized was an essay which I was asked to write as the New York State Nurses Association bylaws. State nurses associations perform an essential function in articulating, strengthening, and maintaining this social contract between society and the nursing states associations, and in this instance NYNSA, further specifies this work in bylaws which state the functions of this Association shall be among others, to promote nursing and health services of a nature compatible with the human needs; to prepare and effect a system of delivery of nursing care; to identify and promulgate standards of nursing education, practices and services; and, to act and speak for nurses and nursing in the state.

My third source of reference was the book authored by Dr. Veronica Driscoll, Legislating The Profession of Nursing: The District Mission of The New York State Nurses Association (1990), which records the history of NYNSA. In this book, Dr. Driscoll summarized the leadership of NYNSA in fulfilling the social contract between nursing and society. This leadership was demonstrated through the care with which the first SNA (NYNSA), formed in organization and membership structure in 1901. Organization and membership in 1901 were perceived to be issues which would have implications for the future of other state and national organizations. These issues proved to be controversial in 1901 and continued to be so in 1987, 1988 and 1989.

Furthermore, this history documented that NYNSA led the movement to secure: (a) mandatory recognition of the profession of nursing (1901-1903); (b) the title of"nurse" (1913-1920); (c) the creation of the practice of nursing (1913-1938); and (d) delineation of the independent and distinct practice of nursing.

A third summary of these three key sources, I concluded, indeed was necessary to express these energies over the past two years on those issues which clearly reflect our purpose, mission, and philosophy about the profession of nursing. By engaging in these activities, NYNSA has continued to demonstrate a unique ability to promote and isolate the importance of and to influence the political and social issues. These events have the potential for directing actions to alter or change the current situation in the direction toward positive gains to achieve professional status and better health care system commensurate with human needs.

Successes

As the beginning of my term of office, I pledged to work on three goals I outlined for my presidency. They included: (a) improve the image of the professional Association; (b) develop a relation with key consumer groups; and (c) develop continuing education opportunities with other nurse organizations.

Throughout the past two years we have achieved many successes and have made great strides in communicating with our many publics beyond the language of nursing, particularly with consumers and to dialogue about concerns important and common with other health care professionals. Of particular significance is our increased positive dialogue with the LPN educators, the Medical Society of the State of New York.

Likewise, we have increased our collaboration with other nurses organizations and have demonstrated an increased willingness to share information, resources, and sometimes power to achieve common goals. This has been demonstrated through legislative initiatives, co-sponsored rallies, and support of public rallies. We have developed and supported strong consumer advisory councils at both state and district levels. However, we have only scratched the surface of this new way of doing business.

Change is often painful and accompanied by anger which needs to preserve the status quo. You, the membership, have continually extended suggestions for expansion of these efforts and I thank you for these suggestions.

I am proud that we have established a membership program, a student nurse award, and that our outreach to nurses outside of NYNSA has increased. We should all feel proud that NYNSA has maintained a high visibility throughout these past two years in addressing the nursing shortage. The Arthur Asutett House Committee Report was outstanding and continues to serve as a paradigm for outlining the steps to solving our recruitment and retention problems. We have truly been leaders in charting the future course for health care and have assisted others to articulate these same concerns.

We have increased our visibility and interactions with key political and other leaders including Governor Mario Cuomo and his staff, and Claude Brace Johnstone in the State University. We have continued to work for and be united in our cause and our goal and be utilized as the vehicle for leadership development, professional socialization, increased membership and increased leadership within NYNSA.

Unfinished Business

The mingled sense of regret which I expect you will share as you reflect on the next year will be an unfinished business. It is unfinished because we have not yet realized the potential for full recognition of the potential for our nurses power within New York state.

We must increase the potential for full recognition of nurses power within New York state. We must increase our potential for power when we reach out, include others, extend ourselves beyond our organizational boundaries . . .

We increase our power when we reach out, include others, extend ourselves beyond our organizational boundaries . . .

For the next year, I hope that you will share my love of nursing, my energy, and persistence is completing work started, my inability to readily accept no for an answer and my dream of a truly powerful professional nurses association.
To the board of directors, I hope you will continue my commitment to the goals of a volunteer association and a true partnership between elected officials and staff within this organization. I also leave my hope that each succeeding board of directors will accept the challenge and responsibility to foster a community of nursing within this state to engage in critical self-appraisal, to openly, objectively, and tirelessly work toward resolution of common problems with other nurses and further, to boldly and creatively build on our glorious past yet design and implement new models for integration within nursing, the professional Association, for health care, and for nursing care of the future.

To the membership, I leave my belief that you are the key participant in the thrust for a more powerful NYSNA. By your very presence here you have demonstrated your faith in your profession, a belief in ideals, and a willingness to participate in actualizing the notion of collective power. You have the authority to elect Association leaders to act on your behalf, to speak for nursing in this state and to guide and direct your input, involvement, and decision-making. Select your leaders wisely. Exercise your power of participation. You are the ambassadors of this Association, the role models for this profession and you are the essential component in this business we call nursing.

In summary, during the past two years NYSNA has faced many challenges which threatened our ability to have appropriate control over nursing practice, nursing education and the future evolution of nursing care. Our efforts to meet these situations have brought new opportunities to increase our effectiveness and to broaden our sphere of influence within New York state. Current trends indicate we must continue to re-examine our relations with other nurses and increase our outreach efforts to effect increased nursing power. In doing this, we have the opportunity to share our professional dreams and ideals. I leave you with these words from Carl Schurz, and I quote: "Ideals are like stars. You will not succeed in touching them with your hands, but like the seafaring man on the desert waters, you choose them as your guides and following them, you reach your destiny." I thank you once again for the opportunity to serve as the 37th president of this great Association.

AIM HIGH

"The Air Force discovered a way to detect lupus anticoagulants with a spider's venom — and I found a breakthrough in my career."

— Lieutenant Joesphine Saitto

The Air Force seeks many kinds of nursing specialists — OB/GYN, pediatrics, anesthesia, medical/surgical and others. Discover the Air Force opportunity. Call USAF HEALTH PROFESSIONS 315-455-7060 Collect or Station to Station
To: JK
From: MB

I have added to final agenda a brief report from me to include:
A) withdrawal of CNP lawsuit
B) follow-up on Board action to institute.

NEW YORK STATE NURSES ASSOCIATION
Memorandum 19/18

THE NEW YORK STATE NURSES ASSOCIATION
PRE-CONVENTION MEETING OF BOARD OF DIRECTORS
BEVERWYCK ROOM
ALBANY HILTON HOTEL
OCTOBER 26, 1989
TENTATIVE AGENDA

PRESIDING: JUANITA K. HUNTER, PRESIDENT

1. CALL TO ORDER
2. MINUTES OF SEPTEMBER 21-22 MEETING

3. ANNOUNCEMENTS
   - Madeline - inducted into FAAN

4. CONVENTION/VOTING BODY MATTERS
   - Debbie Materson
      a) REGISTRATION PACKET ENCLOSURES
      b) PROPOSED ORDER OF VOTING BODY BUSINESS (ACTION)
      c) HONORARY RECOGNITION RESOLUTION (ACTION)
      d) OTHER
5. Committee on Finance
   ✓ Review of Annual Audit
     Robert Gola and
     Robert Valenti
   ✓ Report of MLO/Communication to ANA Institute of CT

6. American Nurses' Association Matters
   ✓ A) Nominations for 1990 Elections
     We will have a worksheet of all nominations for election and appointment in folders.
   ✓ B) Nominations for ANA Representative to Commission on Graduates of Foreign Nursing Schools
   ✓ C) Nominations for Appointment to ANF Board of Trustees
   ✓ D) Nominations for Appointment to ANA Committee on Credentialing, Delegate Credentials Committee and Committee on Impaired Nursing Practice
   ✓ E) Nomination for ANA Representative to JCAHO Hospice Professional and Technical Advisory Committee
   ✓ F) Statement of Understanding

6) Request of Task Force on Strategic Planning and Reproductive Health
   ✓ Report of Task Force is in folders.
   ✓ Does Board wish to create a study committee?  Almost in favor.

7. State Board for Nursing Proposal for Mandatory Continuing Education
   ✓ Gretchen will give brief report...to prepare Board in the event the issue comes up at Voting Body.  Action will be deferred to January Board.

8. 1990 Center for Women in Government Conference
   Follow-up Plan
   Joy will present plan for redistribution of leg workshop money.  Board approval is needed.

9. Other Items
   ✓ A) Proposed Board Policy on Official Travel, Reimbursement and Honoraria for Board of Directors
     B. Ferratto...Action Requested
   ✓ B) Board Committee on Appointments
     D. Williams...NYC Regional Review Team
     Eastern Review Team
     Consumer Advisory Council
     NYS Statewide Planning
   ✓ C) MSSNY Lombardi Scholarship
     Board approval to administer Scholarship is needed; also, some discussion of how we will do this.
     Board should act now - do this because remember dues
D) Ratification of Referendum Vote on NJSNA Nomination for ANA Honorary Human Rights Award (Tungvaasci)

How to handle MAN nomination by PNA...?
Letter of support was sent.

E. Mid-Council/EPW Report
F. Thank you. Acknowledged award

10. Adjournment

G. Strategic Planning

10/11/89
Board/OCT-AG
JKH's announcement to the Board of Directors re NJSNA's nomination of Peter J. Ungvarski for the ANA Human Rights Award:

The Board voted to endorse the NJSNA nomination for the ANA Human Rights Award. Eleven board members voted in the affirmative.

---

BOARD OF DIRECTORS - Referendum on endorsement of the nomination of NJSNA of Peter J. Ungvarski for the ANA Human Rights Award

<table>
<thead>
<tr>
<th>Name</th>
<th>Endorse NJSNA nomination</th>
<th>Make the nomination instead of MJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juanita K. Hunter</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Madeline A. Maegle</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Joan A. Lynch</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Maggie Jacobs</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Nettie Birnbach</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Erika Baker</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Janet Arundel Cadogan</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mary Eileen Callan</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Jerold S. Cohen</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>William R. Donovan</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Miriam Gonzalez</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Bonnie Perratto</td>
<td>Abstention</td>
<td></td>
</tr>
<tr>
<td>Dorothy M. Williams</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

10/24/89
/bcr
THE NEW YORK STATE NURSES ASSOCIATION
PRE-CONVENTION MEETING OF BOARD OF DIRECTORS
Beverwyck Room
Albany Hilton Hotel
October 26, 1989
TENTATIVE AGENDA

Presiding: Juanita K. Hunter, President

1. Call to order
2. Minutes of September 21-22 meeting
3. Convention/voting body matters
   a) Registration packet enclosures
   b) Proposed order of voting body business (ACTION)
   c) Honorary Recognition resolution (ACTION)
   d) Other
4. Committee on Finance
   Review of annual audit
5. Report of the executive director
6. American Nurses' Association matters
   a) Nominations for 1990 elections
   b) Nominations for ANA representative to Commission on
      Graduates of Foreign Nursing Schools
   c) Nominations for appointment to ANF Board of Trustees
   d) Nominations for appointment to ANA Committee on
      Credentialing, Delegate Credentials Committee
   e) Nomination for ANA representative to JCAHO Hospice
      Professional and Technical Advisory Committee
   f) Statement of understanding
   g) Request of Task Force on Strategic Planning and
      Reproductive Health
7. State Board for Nursing proposal for mandatory continuing
   education
8. 1990 Center for Women in Government conference
    follow-up plan

[continued over]
9. Other items
   a) Proposed board policy on official travel, reimbursement and honoraria for board of directors
   b) Board committee on appointments
   c) MSSNY Lombardi scholarship
   d) Ratification of referendum vote on NJSNA nomination for ANA Honorary Human Rights Award

10. Adjournment
    Information that was requested from ANA that we tend a) supporting letter in last day that nominations were due discussed & determined that it would be appropriate to continue support of b) candidate 600 had already indicated sent a letter from NYSNA acknowledging Madeline's contribution in this area.
I. STAFF MATTERS

Resignation: Bernard McCann, Associate Director Legislative Program

Appointment: Larry Marin, Programmer/Systems Analyst, Data Processing
Pamela Yakymyshyn, PC Coordinator Data Processing

II. MEMBERSHIP FIGURES

Membership in the Association was down 91 members in the month of September. For the calendar year September, 1988 - September, 1989, membership gained 632.

III. NYSNA LAWSUITS PERTAINING TO LPN REGULATIONS

Revised regulations were adopted by the Code Committee of the State Health Planning and Review Committee. We have received confirmation from the State Education Department that Regents adopted the resolution affirming the authority of the State Education Department on this matter. (See attachments.)

Since the conditions specified by the Board have been met, NYSNA legal counsel will be asked to withdraw the pending litigation.

IV. IMPLEMENTATION OF BOARD ACTION

A document has been prepared to accompany the transmittal to ANA of the Board’s actions pertaining to the ANA Institute of Constituent Member Collective Bargaining Programs. (See attached.) The purpose of the document is to present the rationale and concerns of the Association in an educational format.

V. EXECUTIVE DIRECTOR’S CALENDAR, November – December

Nov. 1-2 Pennsylvania Nurses Association Convention
Nov. 6-7 ANA: Meeting of SNA Presidents and EDs, SNA with Collective Bargaining Programs
Nov. 12-15 International Association of Benefits Funds, Annual Meeting, Orlando Florida
Nov. 16-24 Vacation
Nov. 28-Dec. 1 ANA Constituent Assembly, Kansas City
Dec. 2 Meeting of SNA Executive Directors, States with Collective Bargaining Programs
Dec. 4 Committee on Bylaws Meeting
Dec. 5 Board Orientation (Proposed date)
Dec. 10-13 ASAE Management Conference, Dallas
September 28, 1989

George W. Harder, Esq.
Harder, Silber & Bergan
275 1/2 Lark Street
Albany, NY 12210

Re: MYSMA v. Axelrod and Sobol
Reber v. Axelrod and Sobol

Dear Mr. Harder:

As we discussed, I enclose herewith minutes of the July 27, 1989 Regents meeting, reflecting adoption of the resolution concerning the scope of practice for the profession of licensed practical nursing. I have also enclosed copies of the June 14 and September 20, 1989 State Registers, setting forth the text and notice of adoption of the new Department of Health regulations.

In light of the above, it is the hope of the Education Department that we can continue working with you toward a mutually agreeable resolution of these matters.

I look forward to hearing from you.

Sincerely,

[Signature]

Elizabeth H. Russell
Senior Attorney

Enc.
TO: Regents Committee on Professional Practice
FROM: Robert E. Diaz  
By: Elizabeth H. Russell
SUBJECT: LPN litigation
DATE: July 26, 1989

There have been several developments in the LPN-intravenous therapy litigation since distribution of my memorandum to you dated July 6, 1989.

On June 7, 1989 the Appellate Division, Third Department heard oral argument on the two article 78 proceedings which are pending against Commissioners Axelrod and Sobol. The question of "standing" was the only issue on appeal. As you may recall, Supreme Court dismissed one proceeding on the ground that petitioners, registered professional nurses, lacked standing to challenge regulations governing the profession of licensed practical nursing. A different judge sustained standing in the second, similar proceeding.

The Appellate Division rendered a decision on July 20, 1989, holding that the registered professional nurses, in both proceedings, have standing to challenge the disputed Department of Health regulations. If SED is unable to secure petitioners' agreement to discontinue the litigation, the matters will therefore proceed on the merits, in the near future.

As I indicated in my July 6, 1989 memorandum, discontinuance of this litigation will depend in part upon DOH's promulgation of the mutually agreeable, amended regulations. The proposed amended regulations were published in the June 14, 1989 State Register, in nearly the same form as had been initially approved by SED. One minor change creates an exception permitting LPNs to perform intravenous therapy procedures in the course of chronic hemodialysis treatment. The Office of the Professions and the Office of Counsel have reviewed this change, and consider the service permitted thereby to be properly within the scope of practice for the profession of licensed practical nursing. The proposed amendments are being submitted to the Department of Health's Code Committee today, and should be promulgated officially very soon.
In light of the developments I have described, it has become necessary to revise the resolution which I transmitted to you with my July 6, 1989 memorandum. I attach a revised resolution hereinafter, for your consideration.

Accordingly, I recommend that you take the following action:

VOTED that the Board of Regents approve the following resolution relating to the scope of practice for the profession of licensed practical nursing:

WHEREAS, the New York State Department of Health, through the State Hospital Review and Planning Council, promulgated regulations on January 18, 1988 permitting licensed practical nurses to perform intravenous therapy procedures in facilities under the jurisdiction of Public Health Law articles 28, 36 and 40, and

WHEREAS, said regulations were set forth at 10 NYCRR 400.15 and 10 NYCRR 700.4, and

WHEREAS, the Board of Regents and the State Education Department objected to said regulations as permitting the performance of services which exceed the scope of practice for the profession of licensed practical nursing, specifically in that said regulations permitted licensed practical nurses to provide total parenteral nutrition therapy, to perform intermittent flushing of intravenous therapy devices and to perform central venous line procedures in home-care settings, and

WHEREAS, the State Department of Health has concurrent jurisdiction over practice in facilities regulated by the Public Health Law but lacks the authority in the exercise of such jurisdiction to adopt regulations which are inconsistent with provisions of the Education Law, as interpreted by the State Education Department, and

WHEREAS, the State Department of Health agreed to modify the regulations set forth at 10 NYCRR 400.15 and 10 NYCRR 700.4 following discussion and consultation with the State Education Department, and

WHEREAS, the State Department of Health has proposed to amend said regulations to accommodate the interpretation of the State Education Department concerning Education Law § 6902(2) and the scope of practice for the profession of licensed practical nursing, and

WHEREAS, the proposed amendments are consistent with the interpretation of the State Education Department concerning the scope of practice for the profession of licensed practical nursing, in that they require appropriate training and supervision and prohibit the performance of central venous line procedures by licensed practical nurses in home care settings,

IT IS RESOLVED, that the proposal of the State Department of Health to amend the regulations set forth at 10 NYCRR 400.15 and 10 NYCRR 700.4 is hereby accepted, as set forth in the notice of proposed rule making which appears at pages 23-25 of the June 14, 1989 New York State Register, and

IT IS FURTHER RESOLVED, that the procedures permitted under said regulations, as amended, will be within the scope of practice for the profession of licensed practical nursing, as such is defined pursuant to Education Law § 6902(2).

Attachment

Approved by Commissioner for submission to Board of Regents

[Signature]
Commissioner of Education

7/25/89 Date
I. Median actual reimbursable costs. Voluntary sector hospitals are authorized to pay refunds to official the remaining bad debt over the range of the revised Medicaid public hospitals in the period April 1, 1989, through December 31, 1990. The major public hospitals may seek such an adjustment from the commissioner, providing the appropriate documentation. The adjustment will be made provided the approval of the State Director of Medicaid and federal government with respect to federal financial participation has been granted.

The adjustment will be based on the amount that major public hospitals would have refunded from the bad debt and charity care pool on a voluntary basis, from refunds the providers of such services are expected to make. Such an adjustment will reflect actual disbursements made to major public hospitals from the regional bad debt and charity care pools.

Chapter 74 of the Laws of 1989 also stipulates that resources needed to make these additional Medicaid hospital payments will be based on 30 percent federal financial participation and 20 percent local share. There are also provisions that stipulate which localities are responsible for the local share when a patient receives services from a public hospital in their home care catchment area.

Costs to State government:

The total amount of a voluntary sector hospital from the regional bad debt and charity care pools will vary depending on a hospital's specific bad debt and charity care need relative to the region's bad debt and charity care pool costs. This will be an impact on the disbursement made to voluntary sector hospitals from the bad debt and charity care pool.

Costs to the Department of Health:

There will be no additional cost to the Department of Health for implementation of the proposed rules.

Proposed rules requesting the supplementary bed and charity care adjustment may submit such a request in writing to the Commissioner of Health.

Duplications:

These regulations do not duplicate existing State and federal regulations.

Alternatives:

No alternatives were considered.

Regulatory Flexibility Analysis:

For the purposes of this regulatory flexibility analysis small businesses were considered to be general hospitals with 300 or less full time employees. The proposed amendments will also apply to any small business. Public Health Law 2807(1)(c)(5) describes major public hospitals as all non-federal hospitals, including all non-profit hospitals owned by the New York City Health and Hospitals Corporation and all other public general hospitals with an annual operating costs in excess of $23 million.

Proposed rule does not impact the small business community and a regulatory flexibility analysis is not required.

PROPOSED RULE MAKING

NO HEARINGS SCHEDULED

Licensed Practical Nurses and Intravenous Therapy Procedures 1(O, No. NLT-134-90001-7

Pursuant to the provisions of the State Administrative Procedure Act, NOTICE is hereby given of the following proposed rules:

Proposed action: Amendments of sections 406.15 and 760.4 of Title 10

N.Y.C.R.
RULE MAKING ACTIVITIES

NYS Register/June 14, 1989

Regulatory Impact Statement

The authority for the promulgation of the subject regulations is contained in the New York State Administrative Code of 1974, in the sections 20.110, 20.113, 20.116, and 20.117 of the New York State Administrative Code, and in the regulations of the New York City Department of Housing, Preservation and Development.

Costs to local government cannot be estimated as explained above.

To regulate patient

Costs to regulated person cannot be estimated as explained above.

To the Department of Health

There are no costs to the Department of Health.

Paperswork

There will be an increase in paperwork for home care service agencies.

Duplication

The proposed regulations do not duplicate or conflict with any other regulations.

Alternatives

This was considered the most reasonable alternative.

Regulatory Flexibility Analysis

Effect on Small Business

When home care service agencies are small businesses that will be affected by the regulations, the business costs are estimated as follows:

Compliance Requirements

The proposed regulations specify that before any home care service agency may be licensed, it must demonstrate that it is operating in accordance with the proposed regulations. This demonstrates that the proposed regulations have been written in a manner that will not be burdensome to home care service agencies.

Professional Services

In order to comply with the proposed rules, small businesses will need the services of a registered professional nurse agency or hospital to provide home health care services.

In accordance with the proposed regulations, home care service agencies will be licensed by the New York State Department of Health. They will be required to provide the services specified in the regulations, and to comply with all applicable state and federal laws.

Errors

The proposed regulations will require that home care service agencies provide the services specified in the regulations, and to comply with all applicable state and federal laws.

To all a home setting, the proposed regulations will require that home care service agencies provide the services specified in the regulations, and to comply with all applicable state and federal laws.

New managements the nurses receive in order to evaluate any adverse impact on the nursing staff.

The proposed regulations stipulate that before any home care service agency may be licensed, it must demonstrate that it is operating in accordance with the proposed regulations. This demonstrates that the proposed regulations have been written in a manner that will not be burdensome to home care service agencies.

The proposed regulations stipulate that before any home care service agency may be licensed, it must demonstrate that it is operating in accordance with the proposed regulations. This demonstrates that the proposed regulations have been written in a manner that will not be burdensome to home care service agencies.

To the extent that costs to the Consumer are not estimated as above, the Consumer is encouraged to contact the Department of Health for further information.

To local government

The responsibility for the implementation of the proposed regulations will be assigned to the Home Health Care Program.

DIVISION OF HOUSING AND COMMUNITY RENEWAL

ERRATUM

Division of Housing and Community Renewal
NYS Register/September 20, 1989

RULE MAKING ACTIVITIES

In order to obtain the additional reimbursements, facilities will be required to maintain the necessary, financial records required by the Title 10 rules. The facility must also have a qualified person on staff who has successfully completed a state approved training program in the area of specialty the facility is seeking reimbursement for.

These amendments do not displace any existing state or federal laws.

Altemative:

No significant alternatives were noted.

Regulatory Flexibility Analysis

Effort on Small Business

For the purposes of this regulatory flexibility analysis, small businesses were considered to be all public facilities with 100 or fewer beds. The amendments to the Title 10 rules do not increase costs on any business.

Compliance Requirements

Other regulations require the establishment and implementation of a new state agency policy program, which includes the establishment of a new state agency policy program.

Compliance Costs

The costs of implementing the new state agency policy program are expected to be minimal.

Professional Services

No new professional services are required.

Provision of Notice

No notice is required as the regulations do not impose new costs on small businesses.

Pursuant to the provisions of the State Administrative Procedure Act, 2 nd edition, Article 3 (A) (2) (a) (3) and (f), the proposed rules are subject to the requirements of sections 440.17 and 780.4 c 3 Title 10 N.Y.C.R.

Effective date: September 20, 1989

PURSUANT TO THE PROVISIONS OF THE State Administrative Procedure Act, 2nd edition, Article 3 (A) (2) (a) (3) and (f), the proposed rules are subject to the requirements of sections 440.17 and 780.4 c 3 Title 10 N.Y.C.R.

New York State Register

This proposed rule was published in the Notice of Public Hearing on June 14, 1989.

Text was published in the notice of proposed rule making, I.D. No. HLT- 26/4-20801-8, June 14, 1989.

Final rule as compared with proposed rule: no substantive changes.
For receipt of proposals to become a member of AMERICAN NURSES' ASSOCIATION, it is hereby notified that the AMERICAN NURSES' ASSOCIATION is open from 1990. The admission to the AMERICAN NURSES' ASSOCIATION is open for a period of time and may at any time be extended at the discretion of the Board of Directors.

The purpose of the AMERICAN NURSES' ASSOCIATION is to promote the welfare of the public by the advancement of nursing education, research, and service and to further the interests of nurses and the public in these fields.

The Board of Directors of the AMERICAN NURSES' ASSOCIATION, at its meeting held on September 1, 1999, amended the AMERICAN NURSES' ASSOCIATION's Bylaws.

From the AMERICAN NURSES' ASSOCIATION, Chairman, 1411 E. 18th Street, Kansas City, Missouri 64108.

American Nurses' Association, Inc.

---

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>President</td>
</tr>
<tr>
<td>Jane Smith</td>
<td>Vice President</td>
</tr>
<tr>
<td>Mary Johnson</td>
<td>Secretary</td>
</tr>
<tr>
<td>Robert Williams</td>
<td>Treasurer</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td></td>
</tr>
<tr>
<td>Jane Smith</td>
<td></td>
</tr>
<tr>
<td>Mary Johnson</td>
<td></td>
</tr>
<tr>
<td>Robert Williams</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>123 Main St, Kansas City, MO 64108</td>
</tr>
<tr>
<td>Jane Smith</td>
<td>456 Market St, Kansas City, MO 64108</td>
</tr>
<tr>
<td>Mary Johnson</td>
<td>789 Broadway, Kansas City, MO 64108</td>
</tr>
<tr>
<td>Robert Williams</td>
<td>1011 Elm St, Kansas City, MO 64108</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>City, State</td>
</tr>
<tr>
<td>Jane Smith</td>
<td>City, State</td>
</tr>
<tr>
<td>Mary Johnson</td>
<td>City, State</td>
</tr>
<tr>
<td>Robert Williams</td>
<td>City, State</td>
</tr>
</tbody>
</table>
As mandated by the 1989 House of Delegates, through adoption of the Report of the Commission on Organizational Assessment and Renewal, the Committee on Bylaws will present, to the 1990 House, bylaws amendments to streamline the ANA Bylaws. The committee appreciates your consideration of this charge when forwarding additional proposals for bylaws amendments.

Please submit proposals for bylaws amendments to the attention of Marty Wellington, Coordinator, Office of Governance, at ANA headquarters by December 18, 1989. If you have any questions about the process, please do not hesitate to call Mrs. Wellington.
American Nurses' Association, Inc.
2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-0720
Fax: (816) 471-4803

Lolita A. Joal, Ed.D., R.N., FAAN
President
Barbara K. Redman, Ph.D., R.N., FAAN
Executive Director

TO: SNA Presidents and Treasurers
SNA Executive Directors

FROM: Pamela Gipriano, M.N., R.N.
ANA Treasurer

DATE: October 3, 1989

RE: Implementation of Dues Related Policies

At ANA's June 1989 House of Delegates, two dues related policies were adopted as described below:

- ANA's Dues Conversion Factor was increased from $55 to $70 effective July 1, 1990; on July 1, 1992 the $70 will be increased to $85.
- An SNA membership incentive program was adopted that establishes a cap on the amount of dues the SNA pays to ANA each year.

Implementation procedures for each of these policies are described below.

Increase in Dues Conversion Factor

Attachment 1 is the dues assessment policy adopted by the 1984 House of Delegates. It requires that a Conversion Factor Percentage be calculated for each SNA which would be applied to SNA dues revenue. The Conversion Factor Percentage is calculated by the following formula:

\[ \text{ANA Dues Conversion Factor Percentage} = \frac{\text{ANA Dues Conversion Factor}}{\text{SNA Dues Per Member}} \]

The "ANA Dues Conversion Factor" is presently $55. In July 1990, this changes to $70; in July 1992 it becomes $85. The "SNA Dues Per Member" is the amount an SNA charges as dues to a full-pay member less district dues, the "ANA Dues Conversion Factor" amount, and any other assessment or contribution such as bargaining unit fees, PAC donations, etc.

As an example, assume the total amount your SNA charges to a full-pay member is $165. Of that $165, $10 is for district dues, $55 is for the "ANA Dues Conversion Factor", and $100 is for the "SNA Dues per Member". This example assumes that no additional fees for bargaining units, PAC donations, etc. are collected. In this example, the Conversion Factor Percentage is 35.48% calculated as follows:

\[
\frac{165}{100} = 1.65 
\]

In July 1990, the Conversion Factor Percentage will be recalculated. Some SNAs will pass along the ANA Dues Conversion Factor increase to its members; some will not. Following are examples which cover these situations:

Example 1 - ANA Dues Conversion Factor Increase is Passed Along

Assume the same circumstances cited above. The Conversion Factor Percentage will change to 41.18% calculated as follows:

\[
\frac{70}{100} = 0.70 
\]

Note that the denominator totals $170 which equals the new amount being charged to this SNA's full-pay members for the "ANA Dues Conversion Factor" and the "SNA Dues per Member".

At each month end, the amount of dues received by the SNA from individual members in payment of the "ANA Dues Conversion Factor" and the "SNA Dues per Member" will be multiplied by 41.18% to determine the amount due to ANA.

Example 2 - ANA Dues Conversion Factor Increase is NOT Passed Along

Again assume the same circumstances. The Conversion Factor Percentage will change to 45.16% calculated as follows:

\[
\frac{165}{35.48/100} = 45.16 
\]

Note that the denominator still totals $155 which equals the amount that this SNA continues to charge full-pay members for the "ANA Dues Conversion Factor" and the "SNA Dues per Member"; remember, in this example the ANA Dues Conversion Factor increase was not passed along to individuals. The net result in this example will be that this SNA will no longer retain $100 for each full-pay member; instead, $15 of the $100 will go to ANA while the SNA retains $85.

At month end, the appropriate dues amount will be multiplied by 45.16% to determine the amount due to ANA.

In the Spring of 1990, ANA will provide each SNA with its calculation of the Conversion Factor Percentage for review and verification.

Membership Incentive Program

Attachment 2 is the Membership Incentive Program adopted by the house. Each year the dues payment to ANA by the SNA will be capped at the level of ANA dues.
Subject: Assessment of ANA Dues from SNAs

Introduced by: California Nurses Association

Referred to: Reference Committee on Finance
(Susan Harris, R.N., B.S.N., Chairperson)

In order to provide the financial resources necessary for the effective execution of the functions of the American Nurses' Association, it is necessary for the house to adopt policies related to assessment.

Bylaws Authority Related to Assessment

The American Nurses' Association is composed of member state nurses' associations (SNAs) that meet the qualifications and responsibilities specified in the ANA Bylaws. (Article II, Section 1)

A constituent SNA is an association that provides that each of its members either has been granted a license to practice as a registered nurse in at least one state, territory or possession of the United States and does not have a license under suspension or revocation in any state, or has completed a nursing education program qualifying the individual to take the state-recognized examination for registered nurse licensure as a first-time writer. (Article II, Section 2c)

The House of Delegates shall establish the dues. (Article III, Section 1)

ANA dues shall be paid in accordance with policy adopted by the House of Delegates. (Article III, Section 4)

Fast House Action: ANA Bylaws as revised July 1, 1982, Article II, and as amended June 27, 1984, Article III.
The 1984 House of Delegates adopted the following recommendations and provisions related to assessment.

The method of assessment is based on two principles: (1) that each state nurses' association bears an equitable obligation to provide the resources needed to execute the functions of ANA, and (2) that within a federated structure, ANA has an obligation to assure maximum flexibility within which members can fulfill their obligation to the American Nurses' Association and to each other.

1. That ANA recognize the SNA's right to establish dues categories.
   **Rationale:** Permits flexibility among SNAs in designing membership recruitment and retention projects in terms of amount of dues.

2. That ANA be based on a percentage (%) of total dues income collected by each SNA per the conversion factor formula.*
   **Rationale:** Provides the payment of dues to ANA in accord with a variety of dues categories established by the SNAs and on actual dollars received by the SNA.

3. The amount of SNA dues owed ANA be adjusted monthly based on the actual dollar amount received as of 12:01 a.m. on the last day of the month.
   **Rationale:** Allows for the adjustment of dues owed ANA by the SNA on a monthly basis in order to advance ANA and SNAs in terms of membership and dues income fluctuations. The uniform application of the monthly adjustment assures equity for all SNAs.

4. That the amount of dues owed ANA by the SNA be due and payable by the last day of the month following the month for which the SNA is paying.
   **Rationale:** Clarifies date upon which dues are due and payable.

*The conversion factor is defined by the following formula:

\[
\text{ANA Dues Conversion Factor} = \frac{\text{ANA Dues per Month}}{\text{SNA Dues per Member}}
\]
9. That an SNA, which at any time falls three (3) months in arrears on
dues payments and/or interest owed to ANA and has not entered into
an agreement mutually acceptable to ANA and the SNA for satisfying
the obligation, shall be considered delinquent in payment of dues
to ANA and subject to disciplinary action in accordance with ANA
Bylaws, policies and procedures.

Rationale: That ANA Bylaws as revised July 1, 1982, (Article II,
Section 2f), note that a constituent SNA is an association that is
not delinquent in paying dues to ANA. Should an SNA become delinquent
in paying dues to ANA, the SNA is subject to disciplinary action by
ANA. (ANA Bylaws as revised July 1, 1982, Article II, Section 5)

Proviso: That the Dues Conversion Factor Formula approved by the
House of Delegates on June 26, 1984, for payment of dues to ANA by
SNAs become effective July 1, 1984.

American Nurses' Association
ATTACHMENT 2

Membership Incentive Program

Adopted by June 1989 House of Delegates

1. The dues paid by an SNA for the year prior to the date of implementation
will establish the cap for the implementation year. In the first year
the amount of dues paid by an SNA to ANA shall not exceed the cap.

2. In each subsequent year that the SNA dues revenue remains the same, the
cap does not change for the following year.

3. In each subsequent year that the SNA dues revenue increases, the cap for
the following year would reflect the increased amount.

4. In each subsequent year that the SNA dues revenue decreases, the cap for
the following year would reflect an amount based on the decreased amount.

5. In the event of any increase or decrease in the dues conversion factor,
the annualized change in percentage will be applied to the dues paid by
the SNA in the previous year prior to establishment of the cap. This
applies to the first and all subsequent years.

Conditions of Implementation include:

1. The option will become available to SNAs beginning July 1, 1990.*

2. In order to participate in the option for a given year the SNA shall notify
ANA of its intent, in writing, to participate prior to September 1 of the
preceding year.

3. The SNA agrees to abide by established procedure to verify total state
dues revenue for purpose of adjusting the cap.

4. The ANA Board will evaluate the impact of this option with a report to the
House two years after implementation.

* The House concurred with the request of the treasurer that the effective
date be July 1, 1990 for a six month period and then the option will become
available with the caps set on a calendar year basis.
TO: American Nurses' Association
2420 Pershing Road
Suite 500
Kansas City, Missouri 64108
Attn: Corporate Finance - Membership Incentive Program

FROM: SNA

DATE: 

RE: Option to Participate in Membership Incentive Program for period July 1, 1990 through December 31, 1990.

This must be returned to ANA no later than January 1, 1990 if you wish to participate in the Membership Incentive Program.

Yes, our SNA wishes to participate in the Membership Incentive Program for the period July 1, 1990 through December 31, 1990. I understand that ANA will calculate and distribute cap amounts in the Spring of 1990.

Signed: SNA

By: SNA President

EED: lls
c:\word\lls5\mipresp.men
091889
THE AIDS EPIDEMIC AND ITS IMPACT ON NURSES' WELL-BEING: PRELIMINARY RESULTS OF A SURVEY OF NEW YORK STATE NURSES

This report presents some preliminary results from a study of the effects of the AIDS epidemic on members of the New York State Nurses Association. In 1989, 1,500 randomly sampled members of the Association received a mail survey. Two hundred fifty-six (17%) usable surveys were returned. This report contains information on the respondents' demographic characteristics and some preliminary evidence of the impact of AIDS care-giving on nurses' well-being.

<table>
<thead>
<tr>
<th>Marital Status</th>
<th># Nurses</th>
<th>% Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>83</td>
<td>32.8%</td>
</tr>
<tr>
<td>Married</td>
<td>135</td>
<td>53.4%</td>
</tr>
<tr>
<td>Widowed</td>
<td>6</td>
<td>2.4%</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>29</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex:</th>
<th># Nurses</th>
<th>% Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>243</td>
<td>95.7%</td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>40 years</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>11.09</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>21 - 70 years</td>
<td></td>
</tr>
</tbody>
</table>
Race:  
- African American: 41 (16.1%)
- Asian: 28 (10.2%)
- Hispanic: 3 (1.2%)
- White: 183 (71.5%)
- Other: 2 (.8%)

Years nursing experience:
- Average experience: 15 years, 6 months
- Standard Deviation: 2.81
- Range: 7 months - 48 years

The nurses who responded worked for a number of different facilities around the state. Information on these facilities is presented below.

Type of Facility:  
- Hospital: 220 (86.6%)
- Clinic: 9 (3.5%)
- Nursing home: 4 (1.6%)
- Home care: 7 (2.8%)
- Other type of facility: 4 (1.6%)
- Other facility: 10 (3.9%)

Location of the facility:  
- # Nurses: 185 (74%)
- Downstate
- Upstate: 65 (25.4%)

Number of employees:
- Mean: 1522
- Standard Deviation: 1631.51
- Range: 3 - 7000

Number of Beds:
- Mean: 578 beds
- Standard Deviation: 355.17
- Range: 20 - 1300 beds

The respondents also were asked questions dealing with the percent of their patients who have AIDS, the percent of time they spend with AIDS patients, and the number of years experience they have working with AIDS patients. The results from this portion of the questionnaire are presented below.

Percentage of patients with AIDS:
- Mean: 12%
- Standard Deviation: 22.02
- Range: 0 - 100%
Percentage of time spent with AIDS patients:

- Mean: 15%
- Standard Deviation: 25.06
- Range: 0 - 100%

Number of years experience with AIDS patients:

- Mean: 1.2 years
- Standard Deviation: 3.36
- Range: 0 - 8 years

While there were nurses who reported having cared for persons with AIDS, there were still a large number who reported not being exposed to these individuals. Sixty nurses (23.4%) reported never having had experience working with AIDS patients, ninety-three (36.3%) reported spending 0% of their time working with AIDS patients, and eighty-nine reported 0% of their patients had AIDS.

With this information, it was possible to perform analyses which looked at some of the relationships between many of these variables. In particular, we looked at differences between location of the facility (upstate vs. downstate), the nurses' length of time working at that facility, and their experience working with AIDS patients.

First, a number of differences between nurses at facilities located downstate (New York City, Westchester, Rockland, Orange, Nassau, and Suffolk counties) vs. upstate (all other counties) were investigated. Nurses at upstate facilities reported less experience working with AIDS patients (F=5.83, p < .02), less exposure to AIDS patients' body fluids (F=10.74, p < .01), greater satisfaction with their lives (F=6.64, p < .01), and less depression (F=4.63, p < .05) than their counterparts located at downstate facilities.

Nurses working at facilities with a large number of beds were more likely to report experiencing stress about AIDS (F=6.52, p < .01), and also reported a greater number of years experience caring for AIDS patients (F=14.46, p < .01) than nurses employed at facilities with fewer beds.

Analyses were performed to investigate differences between individuals reporting very little experience (values below the median) working with AIDS patients and those reporting greater experience (values above the median) working with AIDS patients. Those nurses reporting little experience working with AIDS patients were more likely to report having greater organizational support (F=3.99, p < .05), feeling less depressed (F=7.47, p < .01), and feeling more satisfied with their lives (F=3.77, p < .05) than were nurses reporting greater experience working with AIDS patients. Also, nurses reporting little experience with AIDS patients had longer tenure with their facility than nurses with greater experience working with AIDS patients (F=6.40, p < .01).

Although these simple descriptive statistics can provide useful information about the nurses who participated in this study, care must be taken in making inferences about the impact of AIDS care-giving on nurses' well-being. A multivariate analysis is needed to obtain a more precise understanding of the relationships among these factors. The table below provides some preliminary evidence of the impact of AIDS care-giving on nurses. (See Table 1, page 9.)
The dependent variable, or the factor we are trying to explain, is the nurse's self-reported experience of stress directly attributable to caring for AIDS patients. We call this variable AIDS-STRESS. Some interesting results are contained in this analysis.

We found that AIDS-STRESS is reduced among nurses who report receiving much social support (SOCSUPS) in their lives. Nurses who are beneficiaries of caring and supportive relationships report less AIDS-related stress than nurses who have more tenuous social support networks. Although the ability of the Association and employing facilities to influence the amount of social support received by nurses caring for AIDS patients may be limited, there are practical steps that can be taken to increase the likelihood that nurses will be enmeshed in strong and supportive networks. One obvious step would be to facilitate stable and predictable work schedules for nurses. Shift work is stressful for nurses and their families; for single nurses, shift work presents some unique problems in developing and maintaining relationships outside the work place. The reduction of shift work may help nurses to build and benefit from the social support networks that may be important in insulating nurses from some of the negative aspects of caring for AIDS patients.

We found that AIDS-STRESS is reduced when the nurses receive support (ASOCSUPP) from spouses/lovers, family members, and friends for their work with AIDS patients. This relationships suggests that it is important for nurses who care for AIDS patients to receive encouragement and support for this work from significant people in their lives. The Association and employing facilities may have an important role to play in this regard by helping to educate and inform families of nurses about the true risks associated with AIDS caregiving.

We also examined the relationship between AIDS-STRESS and organizational support (ORGSUPP), or the extent to which nurses believe that co-workers, supervisors, and the facility provide a supportive environment in which to work. Once again, we found that self-reported AIDS-STRESS was reduced when organizational support was high, although the relationship was not statistically significant at conventional levels. The Association and employing facilities should continue to encourage the development of supportive work environments for nurses.

Exposure to the body fluids of AIDS patients (EXPAIDS) significantly increases reports of AIDS-STRESS among the nurses in this study. The Association and employing facilities should continue to encourage nurses to fully protect themselves from exposure to body fluids that may serve as vehicles for transmission of the the HIV virus.

We also examined the relationship between AIDS-STRESS and negative attitudes about IV-drug abusers (IVDRUG). As expected, nurses who had strong negative attitudes about IV-drug abusers experienced increased AIDS-STRESS. The Association and employing facilities should consider educational interventions to encourage nurses to confront their negative attitudes about caring for IV-drug abusers.

The relationship between AIDS-STRESS and PERAIDS (percent of patients usually treated by the nurses who are diagnosed positive for the HIV virus) suggests that AIDS-STRESS may be reduced as the PERAIDS increases. Although this relationship is not statistically
significant at conventional levels, it suggests that nurses' AIDS-STRESS may be reduced as nurses gain more and more experience working with AIDS patients. This result may indicate that not only patients but also nurses may benefit form the creation of AIDS-units in hospitals.

Surprisingly, there apparently is no relationship between AIDS-STRESS and knowledge about AIDS (TFAIDS). A True-False test was given to the sample of nurses to determine their knowledge about AIDS. One would expect that AIDS-STRESS would decline as knowledge about AIDS increased. Apparently this is not the case.

Two additional variables were included in the analysis. Neither being married (WEDLOCK) nor working in a large hospital (NOBEDS) appears to be associated with AIDS-STRESS.

CONCLUSION

This report contains some preliminary evidence of the relationship between AIDS care-giving and nurses' well-being. Interested readers should contact Professors Reed and George to obtain subsequent, final reports that may refine some of the findings presented in this report.

<table>
<thead>
<tr>
<th></th>
<th>Coefficient</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASOCSUPP</td>
<td>-.105417</td>
<td>.000</td>
</tr>
<tr>
<td>SCSUPS</td>
<td>.994220</td>
<td>.000</td>
</tr>
<tr>
<td>ORGSUPP</td>
<td>-.027303</td>
<td>.094</td>
</tr>
<tr>
<td>EXPAIDS</td>
<td>.619211</td>
<td>.042</td>
</tr>
<tr>
<td>IVDRUG</td>
<td>.203584</td>
<td>.015</td>
</tr>
<tr>
<td>PEAIDS</td>
<td>-.022843</td>
<td>.060</td>
</tr>
<tr>
<td>TFAIDS</td>
<td>.048590</td>
<td>.415</td>
</tr>
<tr>
<td>WEDLOCK</td>
<td>-.205880</td>
<td>.808</td>
</tr>
<tr>
<td>NOBEDS</td>
<td>-.001351</td>
<td>.245</td>
</tr>
</tbody>
</table>

$F = 7.377$, $R^2 = .40$, $\text{Adjusted } R^2 = .35$
OFFICE

President
(L. Joel - incumbent, eligible for re-election)

1st Vice President
(V. Betts - incumbent, eligible for re-election)

Treasurer
(P. Cipriano - incumbent, eligible for re-election)

Board of Directors
(M. Germaine, N. Kern, B. Malone, J. Steel - incumbent, eligible for re-election)

Congress of Nsg. Practice
(W. Donovan currently serving on Cabinet on Nsg. Practice)

Congress on Nsg. Economics
(E. Sanders currently serving on Cabinet on E&GW)

ANF Trustees
(appointed)

COGFRS
(appointed)

Committee on Credentialing
(appointed)

Delegate Credentials
(appointed)

JCAHO Hospice

PTAC (appointed)

---

SUGGESTED NOMINEE '90

ANA NOMINATIONS FOR ELECTION / APPOINTMENT

NYSNA NOMINEE '88

NYSNA NOMINEE '89

Ngozi Nkongho

Margaret Sovie

Claire Murray

W. Donovan

(to Cabinet on Nsg. Practice)

Judith Ronald

(to Cabinet on Nsg. Education)

Elizabeth Ayello (D14)

William Donovan (staff)

Susan Heldmann (D14)

Jacqueline R. Holt (D14)

Maureen Chatson Stewart (D14)

(TNSM (Arizona)

Verita Brown (D14)

Etta Williams (M. Naegle) (Kansas)

Madeline Schmitt

Littleton, Colorado (staff)

Pearl S. Bailey (staff)

Lolita Compas (staff)

McGregor

Linda Muller

Guthrie, Kansas

Cathleen Fennell (D14)

Cornelia Fleming (staff)

Juanita K. Hunter (D14)

Maggie Jacobs (D14)

Rita R. Mieczorek (D14)

Maggie Jacobs (D14)

Rita R. Mieczorek (D14)

Linda Muller

Guthrie, Kansas

Cathleen Fennell (D14)

Cornelia Fleming (staff)

/ker
10/25/89
THE NEW YORK STATE NURSES ASSOCIATION
MINUTES OF MEETING OF BOARD OF DIRECTORS
The Veronica M. Driscoll Center for Nursing
Guilderland, New York
September 21-22, 1989

PRESIDING: Juanita K. Hunter, President

I. CALL TO ORDER - approximately 9:15 AM

Attendance

Board of Directors
Officers
Juanita K. Hunter, President
Madeline A. Naegle, President-elect
Joan A. Lynch, Vice President
Maggie Jacobs, Secretary
Nettie Birnbach, Treasurer

Directors at Large
Erika Baker
Janet Arundel Cadogan
Mary Eileen Callan
Jerold Cohen
William R. Donovan
Mirtis Gonzalez
*Bonnie Perratto
*Dorothy M. Williams

Staff
Martha L. Orr, Executive Director
Elizabeth Carter, Deputy Director
Karen A. Ballard, Director, Nursing Practice and Services Program
Wendy M. Burbank, Associate to the Executive Director
Gretchen Crawford, Director, Nursing Education Program
Gail DeMarco, Associate Director, Nursing Practice and Services Program
Barbara Garrett, Associate Director, Nursing Education Program
E. Joyce Gould, Director, Legislative Program
Margaret Graham, Research Associate, Economic and General Welfare Program
Warren G. Hawkes, Director, Library
Rosalyn Johnson, Nursing Representative, Economic and General Welfare Program

1
II. MINUTES OF JULY 26-27, 1989 MEETING

The minutes of the July 26-27 meeting were accepted with the following corrections:

page 3, paragraph 2, line 3 - substitute "past activities" for "past activities"

page 15, paragraph 2, line 13 to line 14 - delete the words "the Board's" between "obligation to" and "the voting body."

III. REORDERING OF AGENDA

The President announced that the report of the Board Committee on Appointments would be given on the morning of the first day of the Board meeting.

IV. REPORT OF THE PRESIDENT

A. September 14-15 Advisory Council meeting

Dr. Hunter reported that the two-day orientation and business meeting included a presentation by NYSNA Consumer Advisory Council chairperson about establishing district consumer advisory committees. Newly elected presidents participated in an orientation to the structure, governance, objectives and services of NYSNA, and DNA-NYSNA relationships. The business session included discussions of major issues of concern to the profession and the organization. Advisory Council representatives believe that the proposed bylaw amendment calling for substitution of the NYSNA bylaw article which provides for the district advisory council would succeed in clarifying the group’s role.

B. Strategic planning

The Board concurred that it would be appropriate and desirable for individual board members to engage in additional review of the Action Plan evaluation (summarized in agenda item #5[c]) before decisions are made.

C. August 29 and September 12 meetings with MSSNY

Dr. Hunter reported on the August 29 meeting at the Center for Nursing with representatives of the Medical Society of the State of New York, and Dr. Naegle and Dr. Carter reported on the September 12 meeting at MSSNY’s office in Albany.

MSSNY’s concepts of the level, nature and objectives of recent joint meetings have been unclear to NYSNA representatives. NYSNA and MSSNY representatives have met informally and without regularity during the past few years. Part or all of the respective organizations’ executive committees have participated in these meetings. Apart from this activity, the Medical Society established a group in September 1989 that it has designated the "subcommittee on crisis in health care." The Society has invited other organizations, including NYSNA and the Hospital Association of New York State to participate in the subcommittee.

MSSNY representatives informed NYSNA representatives at the September 12 meeting that MSSNY wishes to gather information about the effects of over-regulation on patient care. NYSNA representatives informed MSSNY representatives that NYSNA constantly monitors conditions that affect nursing practice in any way.
The Board agreed that:

1. It would be appropriate to participate in continued informal meetings with MSSNY representatives and other representatives within the coalition that the Medical Society forms.

2. Information about nursing practice conditions that the Association learns from its members must continue to be treated with utmost discretion.

3. The Association will request to participate in preparing agenda for meetings.

4. The Association will inform MSSNY of the expectation that the Association's involvement in decision making and in the development and release of public statements must be viewed and presented as equal to the involvement of all other organizations involved.

D. September 15 meeting with SUNY chancellor

Dr. Hunter reported that she and Dr. Crawford met with Chancellor Bruce Johnstone and Ruth Baines, Vice Chancellor for Health Affairs. The Chancellor was urged to consider increasing public support of baccalaureate nursing programs. The Chancellor expressed understanding of the Association's position; however, he made no commitment to particular actions.

V. BOARD COMMITTEE ON APPOINTMENTS

Director at Large Dorothy Williams, chairperson of the Board Committee on Appointments, directed attention to the written report. The Committee met on September 20 to consider necessary appointments to units for the 1989-1990 year. The Committee's recommendations and the Board's actions follow.

The Board noted that it will be necessary for the Board to consider some appointments at the October pre-convention meeting.

A. Consumer Advisory Council

MOTION The Committee moved the Board request that Lynn Evans be requested to serve as chairperson for the remainder of her term which expires in October 1990. Carried.

B. Council on Continuing Education

MOTION The Committee moved the Board request that Beth Quin-O'Neill be asked to serve as chair for the remainder of her term which expires in October 1990. Carried.

MOTION The Committee moved the Board approve appointment of Rosalie Yazbeck to the Council on Continuing Education for a two-year term. Carried.

C. Council on Continuing Education Regional Review Teams

1. Central

MOTION The Committee moved the Board approve appointments of Barbara Carranti and Margaret Vining for two-year terms. Carried.

2. Eastern

MOTION The Committee moved the Board approve reappointment of Paula Hemmings for a two-year term, appointment of Jo Ann DiBlasio for a two-year term and reappointment of Joan Tompkins for a one-year term. Carried.

3. Long Island

MOTION The Committee moved reappointments of Ema lyn Bravo, Lilieth Clark and Marie Hemy for two-year terms. Carried.

4. Western

MOTION The Committee moved appointment of Harriet Seigel. Carried.

5. New York City

Appointments to the New York City review team will be considered at the next meeting.
D. Council on Ethical Practice
MOTION The Committee moved reappointments of Terri Cavaliere, Carol Gavan and Kathleen Nokes for two-year terms. Carried.

E. Council on Human Rights
MOTION The Committee moved the Board approve appointments of Edna Neumann and Priscilla Santayana for two-year terms and reappointment of Carolyn Braddock for a two-year term. Carried.

F. Council on Legislation
MOTION The Committee moved reappointments of Susan Fraley as chairperson, Louise Gallagher, Carole Kuszmark and Kattie Washington for two-year terms. Carried.

G. Council on Nursing Education
MOTION The Committee moved reappointments of Jeanette Coleman, Marilyn Jaffe-Ruiz and Cecilia Mulvey for two-year terms.

H. Regional Planning Committees on Nursing Education
New York City
MOTION The Committee moved appointment of Barbara Cohen to the New York City Regional Planning Committee on Nursing Education for a two-year term. Carried.

I. Council on Nursing Practice
MOTION The Committee moved appointments of Elizabeth Ayello and Barbara Joyce for two-year terms. Carried.
MOTION The Committee moved reappointment of Nancy McGinn as chairperson for a one-year term. Carried.

J. Council on Nursing Research
MOTION The Committee moved reappointment of Wills Doswell for a two-year term. Carried.
MOTION The Committee moved reappointment of Rona Levin for a one-year term. Carried.
MOTION The Committee moved appointment of Linbania Jacobson for a two-year term. Carried.

K. Committee on Bylaws
MOTION The Committee moved appointments of Joan Hoexter and M. Elaine Wittman for two-year terms. Carried.
MOTION The Committee moved the Board request that Ruth Harper serve as chairperson for the remainder of her term, and that M. Elaine Wittman be asked to serve as chairperson in the event Ms. Harper declines. Carried.

L. Committee on Impaired Practice
MOTION The Committee moved reappointments of Miriam Aaron as chairperson, Brenda Haughey, Susan Kemble, Georgette McCabe and Karen Wolcott for two-year terms.

Dr. Naegle requested Board consideration of staggering terms of these continuing members given the previous service of three of them on the Committee's forerunner, the Task Force on Alcohol and Substance Abuse in the Profession. Following discussion,

MOTION William Donovan moved to amend the motion by striking "Brenda Haughey" and "Karen Wolcott" and by adding at the end of the motion "and reappointments of Brenda Haughey and Karen Wolcott for three-year terms."

[The motion would read: "... reappointments of Miriam Aaron as chairperson, Susan Kemble and..."]
VI.

Georgine McCabe for two-year terms, and reappointments of Brenda Haughey and Karen Wolcott for three-year terms."

Carried.

The main motion, as amended, carried by a vote of:
11 yes; 1 no.

M. Editorial Review Board of JOURNAL

MOTION The Committee moved reappointments of all members: Nettie Birnbach, Mary X. Britten, Mary E. Evans, Charmaine Fitzig, Marilyn Jaffe-Bult, Janet Natapoff, Ann L. Sedore, Lilie M. Shortridge and Elizabeth Dorsev Smith. Carried. Vote: 11 yes; 0 no; 1 abstention.

The Board acknowledged that frequent change in the composition of the editorial board would create obstacles to its effectiveness as a working group. Following discussion,

MOTION Bonnie Perratto moved the Board develop a policy governing appointments to the editorial review board separate from existing policy governing appointments to board-appointed units. Seconded. Carried.

The Board concurred that the Editorial Review Board should have the opportunity to make recommendations about the content of this policy.

N. Committee recommendation about terms for 1990 appointments

The Board noted that the Committee has recommended to the 1990 committee on appointments that effort be made to stagger some terms of appointment to ensure continuity within appointed units.

VI. REPORT OF EXECUTIVE DIRECTOR

A. Staff changes

Ms. Orr introduced four new staff members present at the meeting:

Rosalyn Johnson, Nursing Representative, E&GW Program;

Nancy Kalela, Labor Relations Representative, E&GW Program;

Marilyn Levine, Nursing Representative, E&GW Program;

Glennie Millard, Nursing Representative, E&GW Program.

Ms. Orr announced the resignation of nursing representative Bonnie Becker, the retirement of computer operator Ilse Leuchten, and the appointment of office manager Lorraine Charboneau.

B. Membership figures

The Board reviewed membership figures for month-end July and August, noting August enrollment of 30,554 - an increase of 142 compared with July 1989 and an increase of 892 compared with August 1988.

C. LPN lawsuit

Ms. Orr reported that regulations were adopted by the Code Committee and approved by the State Hospital Review and Planning Committee. The regulations incorporate revisions recommended by the Association. Adoption by the Board of Regents of the resolution asserting the State Education Department's role and responsibility in defining scope of practice has not yet been confirmed.

D. Report on ANA staff visit

Ms. Orr reported to the Board on the September 11-12, 1989 visit to NYSNA of ANA staff members Sandra Hoaglan, Director, Labor Relations Program, and Lawrence MacLachlan, Labor Counsel.

Ms. Orr directed attention to the Executive Director's "Report and Recommendations to the Board of Directors re ANA Institute of Constituent Member Collective Bargaining Programs." The Board gave careful consideration to the information and the recommendations contained in the report.
Following discussion,

MOTION
Nettie Birnbach moved the Board of Directors approve the following course of action:

1. The Association will notify ANA that NYSNA cannot participate in the Institute of Collective Bargaining Programs at this time.

2. The Association will request reconsideration of the ANA Board of Directors of the Appropriateness of the structural relationships between the Institute, the Congress and the Board of Directors.

3. The Association will explore the possibility of achieving a delay in the implementation of Article X of the ANA bylaws until these issues are resolved.

Seconded. Carried.

The foregoing decision will be disseminated appropriately.

VII. COMMUNICATIONS
Ms. Schott directed attention to the written report.

VIII. LIBRARY
Mr. Hawkes directed attention to the written report.

IX. ORGANIZATION SERVICES
1989 Convention
Award Banquet Tickets
Board members discussed briefly the expectation that Board members attend the Awards Banquet. Following discussion,

MOTION
Jerold Cohen moved the Board approve provision of tickets for the NYSNA Awards Banquet for Board members. Seconded. Carried.

Vote: 6 yes; 5 no.

X. NURSING EDUCATION PROGRAM
Council on Continuing Education’s proposed revision of board policy on cosponsorship of educational programs (Policy 1.11)

Dr. Crawford directed attention to the Council’s written request for Board consideration of revision of Policy 1.11 in the Board Policy Manual. The Board noted that the request is being made to meet recommendations of the ANA Board on Accreditation. Following discussion,

MOTION
The Council moved the Board approve the proposed revisions in Policy 1.11 in the NYSNA Board Policy Manual: Policy on Cosponsorship of Educational Programs. Carried.

The revised policy is appended to these minutes.

XI. LEGISLATIVE PROGRAM
A. Council on Legislation
Ms. Gould directed attention to the written report.

1. Proposed 1990 legislative program

The Board considered the Council’s recommended 1990 legislative program. These revisions were agreed upon:

Addition of this phrase under “I. Consumer Advocacy and Health Promotion/D. Support the Rights of All Individuals”: “Protect the right of all individuals to be protected from unsafe health care providers.”

Addition of this phrase under “II. Promote Control of the Environment in which Nursing is Practiced/F. Promote Professional Practice”: “Support efforts to prevent and contain practice
by health care providers whose practice is impaired."

Following discussion,

**MOTION** William Donovan moved the Board approve for presentation to the 1989 NYSNA voting body the appended proposed 1990 legislative program.

Seconded. Carried.

2. Proposed participation in Center for Women in Government Conference

Ms. Gould directed the Board's attention to the Council's proposal that monies budgeted for the 1990 legislative workshop and reception be used to fund participation in the 1990 Nurses and Public Policy Conference sponsored by the Center for Women in Government; and a one-day workshop for the chairs of district legislative committees.

In the course of the discussion, these motions were made.

**MOTION** William Donovan moved the Board: not conduct a legislative workshop and reception in 1990; approve in principle use of budgeted monies to fund participation in the 1990 Center for Women in Government conference and a workshop for district legislative committee chairs and postpone approval of specific plans for these activities to the October pre-convention Board meeting. Seconded.

**MOTION** Jerold Cohen moved to amend the motion by striking the words "not conduct a legislative workshop and reception in 1990." Seconded. Lost. Vote: 2 yes; 8 no.

The main motion lost by a vote of: 5 yes; 6 no.

**MOTION** Miriam Gonzalez moved the Board approve the Council on Legislation's proposal that monies budgeted for the 1990 legislative workshop and reception be used as follows (specific financial plans

will be presented by staff to the Board at its pre-convention meeting):

- NYSNA representatives who make presentations at the Conference on Nurses and Public Policy should have their expenses fully paid by NYSNA.
- NYSNA members who attend the conference should receive stipends to defray expenses; special incentives should be provided to encourage groups from NYSNA districts and CNPs to attend the conference.
- A one-day workshop will be conducted for the chairs of district legislative committees.

Seconded. Carried. Vote: 8 yes; 1 no; 1 abstention.

The Board agreed that it continues to be important to participate in events conducted by the Black and Puerto Rican Caucus.

3. Proposed participation in Campaign for Healthy Children

Ms. Gould directed the Board's attention to the Council's proposal for endorsement of the Campaign for Healthy Children 1990 Legislative Agenda. Following brief discussion,

**MOTION** Nettie Birnbach moved the Board approve the recommendation of the Council on Legislation that the Association endorse the Campaign for Healthy Children 1990 Legislative Agenda. Seconded. Carried.

B. Continued consideration of NYS-NPA requests

Ms. Orr directed attention to the summary entitled "Requests of NYS-NPA Pending Action of the NYSNA Board of Directors" and Ms. Gould's memorandum to the Board containing information about nursing PACs.
NYS-NPA requests that have financial implications were considered and resolved by the Board in July. The Board continued its consideration of the pending requests of NYS-NPA, which do not have financial implications. In the course of discussion,

**MOTION** Madeline Naegle moved the Board approve the request of New York State Nurses for Political Action that NYS-NPA be made a visible part of NYSNA's legislative efforts by means of these activities:

- Consider including NYS-NPA representatives in lobbying of our key contacts.
- Feature nurses who are involved in political action in our publications.
- Invite NYS-NPA to join NYSNA organizational units in lobby days as appropriate.

Seconded.

**MOTION** Jerold Cohen moved to divide the question. Seconded. Carried.

The first two components of the above motion were carried. These are: consider including NYS-NPA representatives in lobbying of our key contacts; and feature nurses who are involved in political action in our publications.

The last component of the motion was lost. (Invite NYS-NPA to join NYSNA organizational units in lobby days as appropriate.)

The Board agreed that consideration could be postponed of appropriate specific activities designed to accomplish the objectives of NYS-NPA's requests.

**MOTION** Nettie Birnbach moved the Board approve these activities requested by NYS-NPA:

- Assist NYS-NPA in its fund raising efforts.

Continue to develop a model for a political action committee within NYSNA.

Seconded. Carried.

Consideration of the remainder of the NYS-NPA requests contained in the summary was postponed to a future meeting.

The Board considered NYS-NPA's request to conduct a fund-raising pledge period during a break in the 1989 NYSNA voting body session.

**MOTION** Mary Eileen Callan moved the Board approve conduct by NYS-NPA of a pledge period during a break in the 1989 voting body session. Seconded. Carried.

XII. BOARD COMMITTEE TO CONSIDER HONORARIA AND EXPENSE REIMBURSEMENT FOR BOARD MEMBERS

Director at large Bonnie Perratto, chairperson of the Board Committee to Consider Honoraria and Expense Reimbursement for Board Members, reported that the Committee met on September 20. Ms. Perratto directed the Board's attention to the draft document entitled "Possible elements of board policy on official travel reimbursement and honoraria for Board of Directors."

The Board agreed on the following revision in the language about honoraria: Deletion of the sentence "No honorarium will be requested."

Ms. Perratto requested that Board members notify the Committee approximately two weeks before the October pre-convention meeting of suggested revisions. The Committee will complete work on the draft policy by telephone conference call and present the proposed policy to the Board at the pre-convention meeting.

XIII. PRESENTATION BY DEPUTY SECRETARY TO THE GOVERNOR FOR HUMAN SERVICES

On behalf of the Board of Directors, President Hunter welcomed Michael Dowling, Deputy Secretary for Human Services to New York Governor Mario M. Cuomo. Mr. Dowling's presentation to the Board represents a continuation of Association leaders' communications with the Governor that began with the May 10, 1989 meeting.
Mr. Dowling informed the Board that the Governor's "State of the State" address which is delivered each January is in the preliminary stage of preparation. It is anticipated that the Governor will include in the address mention of his plans for activity related to these issues: nursing recruitment, retention and scholarships; drug treatment; care of AIDS patients; children's access to primary care; hospital reimbursement. Mr. Dowling emphasized that health care in general and access to care in particular will be predominant in the Governor's plans for 1990.

Board members discussed briefly specific issues with Mr. Dowling. The possibility was discussed of increasing systematic communication between representatives of the Governor's office and the nursing profession about health care issues and the health care delivery system in New York.

Mr. Dowling assured the Board that work is in progress on the public service announcement featuring the Governor that the Association requested be produced. It is anticipated that the PSA will be completed in approximately two weeks.

Mr. Dowling informed the Board that the Governor's consideration of topics that the Association believes should be addressed in the "State of the State" message should be requested before October 16.

NURSING PRACTICE AND SERVICES PROGRAM

A. Council on Nursing Practice

1. Proposed position statement on registered care technologists: training and supervision

The Board reviewed the proposed statement.

MOTION William Donovan moved the Board approve the Council on Nursing Practice's proposed position statement on registered care technologists: training and supervision. Seconded. Carried.

2. Proposed position statement on the professional nurse's role in supervision

Ms. Ballard informed the Board that consideration of this proposed position statement must be postponed until after the decision has been reached in a pending court case that may have implications for the position.

B. Functional Unit of Direct Care Practitioners

Proposed position statement on the professional nurse and nonnursing functions

Following brief discussion,

MOTION William Donovan moved the Board approve the Functional Unit of Direct Care Practitioners Executive Committee's proposed position statement on the professional nurse and nonnursing functions. Seconded. Carried.

The Board concurred that the specific examples of orders under "miscellaneous" in the attachment "examples of nonnursing functions" be deleted.

C. Committee on Impaired Nursing Practice

Proposed peer assistance manual

Consideration of the manual was postponed to the October Board meeting.

AMERICAN NURSES' ASSOCIATION MATTERS

A. Nominations for national awards

The Board considered nominations for 1990 ANA national awards. The following actions were taken.

1. Honorary Recognition Award

MOTION Nettie Birnbach moved the Board approve renomination of Martha Rogers for the ANA 1990 Honorary Recognition Award. Seconded. Carried. Vote: 8 yes; 1 no.

2. Honorary Nursing Practice Award

MOTION Maggie Jacobs moved the Board approve renomination of Ruth Watson Lubic for the ANA 1990 Honorary Nursing Practice Award. Seconded. Carried.
3. Distinguished Membership Award

MOTION  Nettie Birnbach moved the Board to approve a renomination of Cathryne Welch for the 1990 ANA Distinguished Membership Award. Seconded. Carried.

4. Pearl McIver Award

MOTION  Mary Eileen Callan moved the Board to approve a nomination of Gloria Smith for the 1990 ANA Pearl McIver Award. Seconded. Carried.

5. Mary Mahoney Award

MOTION  Miriam Gonzalez moved the Board to approve a renomination of Pearl Skeete Bailey for the 1990 ANA Mary Mahoney Award. Seconded. Carried.

6. Shirley Titus Award

MOTION  Miriam Gonzalez moved the Board to approve a renomination of Kathleen Hoover for the 1990 ANA Shirley Titus Award. Seconded. Carried.

7. Jessie M. Scott Award

MOTION  Jerold Cohen moved the Board to approve a nomination of Lillie Shortridge for the 1990 ANA Jessie M. Scott Award. Seconded. Carried.

Vote: 5 yes; 2 no; 1 abstention.

8. Requests for Board consideration of nominations

The Board considered the nomination requests of other SNAs, groups, and individuals. The Board declined to nominate the suggested individuals.

Committee on Nominations present.

Preliminary Funding

XVI. DATE OF NEXT MEETING

The next meeting is scheduled for Thursday, October 26, 1989 at 12:00 noon at the Albany Hilton Hotel.

XVII. ADJOURNMENT

The meeting was adjourned at 3:20 PM.

Maggie Jacobs  
Secretary
Policy: Cosponsorship of Educational Programs

Adopted by: Board of Directors

Date: May 18-19, 1988
Revised: September 21-22, 1989

The Association will consider cosponsorship of educational programs provided that the following guidelines are observed:

1. Content of the educational program is consistent with the mission and purposes of the New York State Nurses Association.
2. If the expected participants in the program include registered nurses, the program is submitted for continuing education review and approval to the New York State Nurses Association.
3. The Association's responsibility for administration of the budget, determination of objectives and content, selection of faculty, awarding of contact hours, record keeping and evaluation is identified.
4. The primary sponsor of the program submits a written coprovidership agreement which includes specification of any shared expenses and/or revenues. In general, financial participation of the Association shall be limited to waiver of continuing education application fees and fees for mailing labels, unless there is specific provision for revenue sharing between the Association and the primary sponsor.

Consumer Advocacy and Health Promotion

NYSNA Monitors and Supports State and Federal legislative proposals to:

A. Protect the Health of Vulnerable Populations

1. HIV Epidemic
   - Support funding for increased HIV research, prevention and educational programs.
   - Support AIDS centers and treatment initiatives.
   - Monitor attempts to require mandatory HIV testing. Support programs of voluntary, confidential testing.

2. Homeless
   - Support programs which provide comprehensive, coordinated health and social services at the community level.
   - Monitor all housing legislation to evaluate the impact on available housing units.

3. Long Term Care
   - Support adequate funding for community-based and institutional long term care services for all ages.
   - Support efforts for the development of long term care insurance.
   - Support efforts to develop a continuum of services to meet the chronic health needs of the disabled of all ages.
Support efforts to utilize nurses as case managers of long term care services.

4. Welfare Reform

- Support efforts to enact legislation to enable New York State to obtain additional federal funds for child care and health care.
- Support legislation to help welfare recipients to gain useful employment and move out of poverty.
- Support legislation to raise welfare grant to the federal poverty level.

5. Child Care

- Promote access to quality, affordable child care for all families.
- Support funding for quality day care.
- Support the medical and family leave legislation.

6. School Age

- Support efforts to prevent substance abuse including alcohol, drugs, and tobacco.
- Support programs to prevent teenage pregnancy.
- Support efforts to prevent sexually transmitted diseases.

B. Promote Access to Health Care for All People

- Support health insurance for basic health care of all individuals regardless of employment status.
- Promote legislation for direct access to services provided by professional nurses.
- Expand health care services into underserved urban and rural areas.
- Support access to health services for all children through expanded school health services which include health promotion, health counseling, and care for acute and chronic illness.

- Foster the development of health services which are culturally appropriate.
- Advocate for access to a full range of reproductive services for all women, including low income women, adolescents, those with high risk pregnancies, and those without insurance.
- Advocate for a state budget which meets the needs of the frail, the elderly, the young, the disabled, and the medically indigent.

C. Obtain Funding/Insurance Coverage for Preventive Health Care

- Advocate for a health system that encourages disease prevention and health promotion.
- Support drug and alcohol rehabilitation programs.
- Support prenatal care and immunization programs.
- Encourage clean air legislation and smoking cessation programs.
- Support efforts to enhance nutrition and promote exercise.
- Encourage screening programs for early detection and treatment of disease.
- Support employer-paid insurance which adequately covers prevention as well as illness regardless of the site of care.

D. Support the Rights of All Individuals

- Promote passage of the Equal Rights Amendment.
- Support programs to protect and support victims of abuse.
- Support efforts to study the causes of abuse and find interventions and alternatives for the causes of abuse.
- Protect the right of each individual to make informed choices about all aspects of their health care.
Protect the right of all individuals to be protected from unsafe health care providers.

Support efforts to disseminate health care provider specific information which enables individuals to have adequate, accurate information for choosing a provider.

E. Foster Pay Equity and Comparable Worth

Support efforts to improve the economic status of women.

Support legislation to guarantee pay equity for women.

Encourage the implementation of a fair and adequate retirement plan for all health care workers.

F. Protect the Environment

Promote a safe environment through adequate waste management including medical waste and nuclear waste.

Support environmental reclamation programs.

Support legislation to protect the air and water.

II. Promote Control of the Environment in Which Nursing is Practiced

NYSNA monitors and supports state and federal legislative proposals to:

A. Strengthen the Educational System for Nursing

Standardize nursing education within institutions of higher learning, maintaining two careers, one professional and one technical.

Secure increased appropriations for nursing scholarships.

Encourage loan forgiveness programs and expansion of the State Health Service Corps Program.

Promote the development of additional nurse-midwifery educational programs.

Advocate for increased access to publicly funded baccalaureate nursing education programs north of New York City.

B. Eliminate the Nursing Shortage

Foster legislative and/or regulatory initiatives to promote recruitment and retention of nurses in New York State.

Develop incentives to promote professional practice in health care facilities.

Oppose any attempts to substitute unlicensed personnel for health professionals.

C. Protect the Nurse Practice Act

Protect the public by assuring that only licensed nurses practice nursing.

Advocate for expanding nurse-midwifery practice to include prescriptive privileges.

D. Provide Adequate Reimbursement to Health Care Facilities

Support adequate reimbursement for health care facilities to meet rising personnel costs of providing health care.

Promote adequate reimbursement for health care facilities to provide adequate funding for nursing services.

E. Protect and Respect Employee Rights

Advocate for increasing and indexing the rate of payment for Workers' Compensation benefits.

Evaluate legislation regarding drug testing in the work place.

Support the rights of nurses to join together collectively for purposes of labor representation.

Oppose any weakening of labor laws and anti-discrimination laws.
. Support efforts to protect whistle blowers.
. Oppose any efforts to establish state fee structures which are inequitable.
. Promote a tax code which assures that those most able to pay contribute a fair share and those least able to pay are taxed proportionately less.
. Support unemployment insurance and worker’s compensation systems with adequate funding and fair distribution of benefits.

F. Promote Professional Practice

. Support public recognition of nurses as independent health care providers with a legal scope of practice which fully entitles them to render and be reimbursed for services.
. Obtain mandatory third-party reimbursement benefit for registered professional nurses from all payer sources.
. Support nursing research to promote and advance nursing expertise in patient care delivery.
. Support efforts to prevent and contain practice by health care providers whose practice is impaired.
. Support continuing education as a method to maintain nurses’ positions as knowledgeable health care providers.
. Repeal the exemption clause in the Nurse Practice Act which permits unlicensed personnel to practice professional and practical nursing in institutions under the jurisdiction of the Office Mental Health and the Office of Mental Retardation and Developmental Disabilities.

G. Maintain Liability Insurance

. Support legislation which maintains affordable and available liability insurance for nurses.
. Support efforts to maintain an individual’s right to seek redress for wrongs while controlling any exorbitant increases in the cost of professional liability insurance.

. Support disclosure of data by insurance companies on professional liability claims against nurses.

H. Promote Safety in the Work Place

. Support efforts to assess and abate hazards.
. Support research of occupational health and safety hazards in health care facilities.
. Promote safety programs for workers in health care facilities.
. Promote nursing participation in the development of safety programs for industry.

This is an illustrative, but not exhaustive list, of issues the Legislative Program will address in working to advance the cause of nursing and promoting the health and welfare of all New Yorkers.
November 1, 1989

Lucille A. Joel, Ed.D., R.N., F.A.A.N.
President
Board of Directors
American Nurses' Association, Inc.
2420 Pershing Road
Kansas City, MO 64108

Dear Dr. Joel and Board of Directors:

The New York State Nurses Association is deeply concerned about the possible results of the recent restructuring of The American Nurses Association's organizational units pertaining to the Economic and General Welfare Program. The NYSNA Board respectfully urges the ANA Board of Directors to review the legal issues embedded in the new structure, particularly insofar as the Institute of Constituent Member Collective Bargaining Programs is concerned.

The New York State Nurses Association believes that the issue of actual or potential influence/domination of statutory supervisors on the affairs of SNA collective bargaining programs has not been resolved in the context of the structural revision, and that the new ANA structure may well provide employers with a renewed basis on which to challenge SNA appropriateness as a collective bargaining representative.

Therefore, the NYSNA Board of Directors requests the ANA Board of Directors to:

1. Review the structure and functions of the Institute of Constituent Member Collective Bargaining Programs in the context of the North Shore, Highland, and Walker decisions.

2. Consider obtaining additional legal interpretation of the issue of actual or potential supervisory influence on the affairs of the collective bargaining programs of SMAs as related to the Institute.

3. Consider proposing to the House of Delegates a delay of implementation of Article X of the bylaws pending further analysis of the risks to SNA collective bargaining programs posed by the Institute.

The Association's detailed rationale and explanation for these requests is enclosed. We would be pleased to enter into a dialogue with the Board of Directors concerning the requests and/or the rationale and are hopeful of the Board's earliest possible consideration.

Sincerely,

Madeline A. Naegle, Ph.D., R.N., F.A.A.N.
President
Concerns of The New York State Nurses Association

American Nurses Association Institute of Constituent Member
Collective Bargaining Programs

Introduction of Issue:

Representation of registered professional nurses by state nurses associations (SNAs) continues to be threatened by a variety of forces in the labor relations environment. In the four months following the close of the 1989 ANA House of Delegates, these forces have been amply demonstrated by the following examples:

- Competing national labor unions have escalated their attempts to wrest control of SNA collective bargaining units from the Washington State Nurses Association. These trade unions have clearly stated their intent to focus their organizing efforts on professional nurses and are committing enormous financial and human resources to their goals.

- At least two states (Pennsylvania and Maryland) have active proposals to detach their collective bargaining programs from the SNA. Perceived problems of excessive costs arising from the representation function, or of internal political issues arising from divergent goals and expectations of the professional association have fueled these decisions.

- Internal disassociation related to appropriate organizational structure, finance, and control of the collective bargaining programs is stressing at least three other SNAs (Hawaii, California, and Massachusetts).

- The American Hospital Association successfully pursued a course of litigation to enjoin promulgation of the NLRB rules which would authorize an all-RN bargaining unit.

In addition to these internal and external destabilizing forces, the labor relations environment has been demonstrably hostile to SNA representation of nurses in a variety of ways. The New York State Nurses Association has, over the past decade, been required to defend our status as a labor organization and our right to represent registered nurses through extremely prolonged and expensive litigation. It is clear that employers who wish to bar representation of nurses in their facilities have had two means to prolong, often for years, the interval between our petition

for an all-RN bargaining unit, and the election:

(1) by challenging the appropriate unit determination and

(2) by challenging the Association’s legal status as a labor organization, based upon alleged supervisory domination of the collective bargaining program.

In the past two years alone, challenges such as these have effectively resulted in NYSNA (1) withdrawing two valid petitions rather than expose the nurses to months (if not years) of being unrepresented while the employers’ challenges ran their course; and, (2) ultimately losing three elections because of erosion of a potential unit’s support during prolonged hearings and litigation.

However, NYSNA’s ability to deter such challenges and to proceed with the work of the Association was enormously strengthened by the affirmative decisions of the NLRB and the Courts in the Highland decision. That decision effectively foreclosed further challenges to our status as a labor organization.

Similarly, the proposed NLRB rules authorizing an all-RN bargaining unit offer a real opportunity to foreclose the second major means of challenging SNA representation proceedings.

In light of these developments, the Board of Directors of NYSNA is deeply concerned about the possible results of the recent restructuring of The American Nurses Association’s organizational units pertaining to the Economic and General Welfare Program. The NYSNA Board respectfully urges the ANA Board of Directors to carefully review the legal issues embedded in the new structure, particularly insofar as the Institute of Constituent Member Collective Bargaining Programs is concerned.

The New York State Nurses Association believes that the issue of actual or potential influence/domination of statutory supervisors on the affairs of collective bargaining programs has not been resolved in the context of the structural revision, and that the new ANA structure may well provide employers with a renewed basis on which to challenge SNA appropriateness as a collective bargaining representative.

If the SNAs which represent registered nurses are again challenged on the basis of alleged supervisory domination, this time invoking an assertion of ANA’s supervisory involvement in the affairs of the rank and file, our defense will be exceedingly complex, difficult and expensive. We cannot afford to lose such a challenge since the potential loss of membership if cannot successfully represent nurses ranges from 40-90% in the SNAs with large collective bargaining programs. We also cannot afford to divert our limited financial resources to another protracted
legal battle at a time when the profession of nursing needs our leadership in numerous other ways.

Rationale for Concern:

1. The bylaws of The American Nurses Association now provide for the establishment of a new Institute of Constituent Member Collective Bargaining Programs. The definition of the Institute and its listed responsibilities clearly establish that the Institute will consider issues related to the conduct of constituent member collective bargaining programs.

The dictionary definition of "conduct" (American Heritage Dictionary of the English Language) is of particular relevance to our concern: as a verb, the definition is "to direct the course of; manage; control;" as a noun, the definition is "the act of directing or controlling; management; administration."

Since the composition of the Institute consists of elected representatives of constituent member bargaining units, it is necessary to suppose that the intention of the Institute is to inform, guide, lead, or otherwise influence these representatives on matters pertaining to collective bargaining; were this not true, there would be no purpose to the deliberations of the Institute.

Further, it is logical to surmise that these elected representatives will be expected to share the information, voluntary guidelines, standards, positions, and policies developed by the Institute with their SNA's elected or appointed leadership of the collective bargaining programs. It must be supposed, then, that these voluntary guidelines, standards, etc., will, at some level, exert an influence on the conduct of SNA collective bargaining programs. Whether this influence is controlling or advisory may become an issue for the NLRB to decide; more importantly, the mere appearance of an influence, however direct or indirect, establishes a need to assure that the Institute is itself not influenced by statutory supervisors.

2. The language of the ANA bylaws contains disclaimer clauses which specify that the Institute is not intended to control the constituent members in their role as the bargaining agents and that the Institute's relationship to the SNAs is advisory only. The very fact that these disclaimer clauses were adopted draws attention to the existence of the issue of concern; in effect, these clauses act as an alert to those who may wish to raise the issue of supervisory influence and/or domination.

NYSNA believes that supervisory influence, as described in the North Shore decision, is just as important an issue when the influence is exercised in a controlling capacity.

In support of this belief, we cite the North Shore decision itself, a decision which revoked NYSNA's certification as the collective bargaining representative of the 400 nurses at North Shore University Hospital:

"The NLRB's inquiry must extend to all relevant circumstances, including the governing structure and actual practice of the organization seeking certification as a bargaining representative so far as participation by supervisors is concerned.

"Supervisors as a class have interests of their own and an organization which is itself governed in part by supervisors will tend to reflect at least in part those interests...An organization in which supervisors play a significant governing role will have difficulty in isolating and reflecting only the view of the rank and file on that issue...

"Evidence of explicit interference in collective bargaining of the kind demanded by the Board may not be available even in cases in which the structure of a professional organization leads to a pervasive supervisory influence. When supervisors and employees are not members in a common union, the former can usually influence union affairs only through job-related activities. Where active membership is shared, such influence may be internalized in the normal course of union affairs and not be subject to direct proof."

3. The Institute is assigned its responsibilities by the Congress on Nursing Economics. Although it is specified that the Institute is autonomous in some respects, its overall accountability to the Congress is stated in the bylaws. The extent to which the Institute, in its functions related to the conduct of constituent member collective bargaining programs, would be deemed by the NLRB and/or the courts "accountable" to the Congress cannot be prejudged.

3. The composition of the Congress on Nursing Economics is unrestricted by position title or membership in a collective bargaining unit. It may be presumed, therefore, that some members of the Congress will hold employment positions which would be determined by the NLRB to be statutory supervisors.

4. The Congress on Nursing Economics is accountable to the ANA Board of Directors and House of Delegates. All but four members of the ANA Board of Directors can be persons who hold employment positions which would be determined by the NLRB to be statutory supervisors.
5. NYSNA believes that the ANA organizational structure establishes a clear line of accountability between the Institute, the Congress, and the ANA Board of Directors, and that the functions and responsibilities of the Institute bear a clearly traceable relationship to the conduct of SNA collective bargaining programs. Therefore, we believe that it is imperative that the Institute be insulated from the actual or potential influence of statutory supervisors within ANA’s governance structure.

In the ANA analysis of labor law issues pertaining to the COAR report, the following statement is made (p.4):

“If the intent of the COAR recommendation is that ANA, through the Institute of SNA Collective Bargaining Programs will become more directly involved in matters affecting the representation of local units than is now the case, the Institute would then be required to be insulated from the real or potential influence of supervisory members of ANA governing bodies. Insulation of the Institute of SNA Collective Bargaining Programs would have to address issues of governance, finances, staff and eligibility to serve on the institute’s governing body. This opinion is based on the requirements of Section 8(a)2 of the LMRA as interpreted by the courts in the cases of Sierra Vista, North Shore University Hospital, and Highland Hospital among others.”

NYSNA concurs with this opinion and believes that (1) ANA, through the Institute, will indeed become more directly involved in matters affecting the representation of local units, and (2) that insulation as described is essential to the protection of the SNA’s ability to protect its status as a labor organization.

6. It must be emphasized that whether or not ANA is in fact more involved in matters affecting the representation of local units is not the basic issue. A challenge to NYSNA or other SNA’s status as a labor organization can at least be raised as an issue of actual or potential supervisory influence on the SNA.

Further, we do not believe that the absence of direct ANA/Institute involvement in the staffing, financing, or decision making processes relative to SNA organizing, negotiation, or administration of collective bargaining agreements makes us immune from the challenge of supervisory influence. One has only to postulate that representatives to the Institute will in some way be influenced in their perceptions of their own SNA’s collective bargaining programs, or will pass along Institute recommendations to their peers or to SNA staff responsible for the collective bargaining programs, to recognize that indirect ANA involvement in local affairs can at least be raised as an issue for the NLRB and the courts to decide.

The Second Circuit Court of Appeals in the Highland Hospital v. NYSNA decision provides helpful guidance in this matter:

"In an earlier case, NLRB v. North Shore University Hospital, we expressed concern about various features of NYSNA’s general organizational structure that suggested imminent danger of supervisory influence on employee collective bargaining. The record in this case provides substantial evidence that NYSNA has effectively changed its structure to allay the concerns expressed in North Shore and has insulated its collective bargaining activities from supervisory influence."

Our vulnerability to challenge has been demonstrated; we have established the record that insulation is an effective means of protection. Let us not revisit this issue again.

Conclusion and recommendations:

In conclusion, having struggled through more than 10 years of litigation to establish our legal rights to represent nurses as a labor organization, while preserving the rights of statutory supervisors to hold membership and to participate in the affairs of the professional organization, NYSNA is deeply committed to maintaining appropriate insulation of our collective bargaining program. The model which we have developed has been tested and found acceptable by the Courts. We believe such a model could be constructed for ANA without doing violence to the multipurpose nature of the Association.

Therefore, the NYSNA Board of Directors requests the ANA Board of Directors to:

1. Review the structure and functions of the Institute of Constituent Member Collective Bargaining Programs in the context of the North Shore, Highland, and Walker decisions.

2. Consider obtaining additional legal interpretation of the issue of actual or potential supervisory influence on the affairs of the collective bargaining programs of SNAs as related to the Institute.

3. Consider proposing to the House of Delegates a delay of implementation of Article X of the bylaws pending further analysis of the risks to SNA collective bargaining programs posed by the Institute.
TO: Presidents
      Executive Directors
      State Nurses' Associations

FROM: Lucille Joel, Ed.D., R.N., F.A.A.N.
      President

DATE: October 6, 1989

RE: Report of the Task Force on Strategic Planning and Reproductive Health

Attached is the report and recommendations of the Task Force for Strategic Planning on Reproductive Health of the ANA Board of Directors. The task force has identified strategies and materials that can be used at the state level to address issues surrounding reproductive health. The materials include an educational packet and a political education packet. I urge each SNA to establish a study committee to review the enclosed materials and make recommendations to the board of directors of the SNA. A packet of media materials will be mailed under separate cover.

The task force also determined that regional conference calls with the SNAs would enable timely communication between SNAs and ANA on issues related to legislation, regulation or other political action underway in each state specific to reproductive health. ANA staff will contact you shortly regarding scheduling the conference calls. Virginia Trotter Betts, J.D., M.S.N., R.N., task force chairperson and member of the ANA Board of Directors, and another member of the task force, as well as ANA staff will participate on each call.

Please contact Virginia Trotter Betts or Karen S. O'Connor, M.A., R.N., director, Division of Nursing Practice and Economics, if you have any questions regarding the enclosed materials.

Recommendation 1

Regional conference calls with the SNAs following the model established by the SNA Nursing Shortage Task Force to address the RCT issue in 1988. It was felt that this would allow for group problem solving between ANA and the SNAs and between the SNAs on issues related to legislation, regulation and/or other political action underway in each state specific to reproductive health. Recognizing that reproductive health is a subject that is emotionally charged and potentially polarizing, the task force addressed these strategic points in planning for the conference calls:

- Acknowledge that reproductive health is a difficult and controversial issue, but one which will be impossible to avoid.
- Reaffirm that ANA is neither "pro-choice" nor an anti-abortion organization. Affirm that for ANA, reproductive health is a significant health related issue and must be addressed by the national association.
- Focus the discussion in a context that emphasizes access to care, basic rights to privacy, confidential relationships with providers and the provider's own ethical rights and obligations in the nurse/patient relationship, freedom of speech and the need for responsible decision making by individual health care providers and the professional health care organizations.
- Urge SNAs that are already involved in this issue, and are developing positive outcomes from their efforts, to provide consultation to other SNAs.
Find common areas of agreement and values between constituents and among members of constituents.

Recommendation #2
Preparation and distribution of a packet of background/educational materials to each SNA. This packet includes information which:

- Examines who/why women have unintended pregnancies and their outcomes
- Provides analysis of data on reproductive health services in the United States
- Discusses the impending cases before the U.S. Supreme Court related to reproductive health
- Outlines ANA's House of Delegates resolutions and other activities specific to women's health issues
- Cites the position(s) of other professional health care organizations on reproductive health issues

The task force recommends that each SNA designate a study group within its board or among its membership to analyze its educational packet and make state-specific recommendations for SNA action.

Recommendation #3
Preparation and distribution of a media packet to SNAs containing:

- General information explaining "how to handle the media"
- Examples of the types of questions that the SNAs can anticipate from the public/media/nurses specific to reproductive health issues
- Highlight the need for SNA leadership and staff to participate in media training on this and other health issues in order to enhance nursing's image as a significant player in state health policy development

Preparation and distribution of a political education packet including:

- Anticipatory expectations for state actions on reproductive health, for example:
  1) parental notification
  2) site certification
  3) restricted public funding
- Suggested testimony for legislative committees from a health provider's standpoint
- Development of state health coalitions for reproductive health concerns
- Possible electoral posture of SNAs considering candidates' positions on reproductive health
Issues surrounding reproductive health have become the focus of intense personal, legal and political debate. Because important health care considerations are associated with the issues involving decisions about reproductive health, the American Nurses’ Association has addressed these concerns.

On March 27, 1989, the ANA Board of Directors released a statement on reproductive health (See Attachment 8). This statement was written following discussions with the ANA Committee on Ethics and the ANA Cabinets on Human Rights and Nursing Practice concerning the multiple and complex issues surrounding reproductive health, and after a thorough review of applicable past House of Delegates actions and resolutions. The Committee on Ethics expressed support for a position statement that emphasized access to care, right to privacy and freedom of choice. The members believed that this position could be supported by all nurses regardless of their personal views on reproductive health issues.

It was the consensus of the members of both cabinets that ANA should develop a clearly defined and specific position on reproductive choice. The cabinets, like the Committee on Ethics, believed this issue should be addressed from the standpoint of individuals’ right to privacy and free speech, access to care, including the right to choose among health care options and a right to a confidential relationship with their health care providers. They also believed that nurses’ rights should be addressed in this same statement.

Between March 10-27, 1989, the ANA Board of Directors held five conference calls to address actions appropriate for the association to take on this matter. The board developed an ANA position on reproductive health which summarized the association’s support for an equitable health care system of accessible services unrestricted by consideration of social or economic status or the nature of the health care need. The statement addressed ANA’s belief that such a health care system is founded on basic rights to privacy, free speech and confidentiality between client and provider. The statement acknowledged that abortion is a symptom of social failure and gave emphasis to future plans within the ANA to address the broader social issues impacting on reproductive health care.

Simultaneous to issuing the ANA Statement on Reproductive Health, the ANA Board of Directors established the Task Force to Address Health and Social Problems and Public Policy Related to Reproductive Health. The charge to that task force was:

1. To identify the current health and social problems related to reproductive health and suggest public policy alternatives to solve these problems.

2. To recommend ANA programs that advocate for the implementation of policy alternatives that better meet society’s reproductive health needs.

A meeting of the task force was held on July 10-11, 1989. The task force compiled a list of policy and program recommendations for presentation to the September ANA Board of Directors.

On March 30, 1989, the American Nurses’ Association filed an amicus brief with the Supreme Court of the United States in Webster v. Reproductive Health Services. Prior to filing the brief, a member of the ANA Board of Directors contacted each SNA regarding the content of the amicus brief. NAACOG joined ANA in filing the brief. Webster was an appeal by the Missouri attorney general of a decision by the Eighth U.S. Circuit Court of Appeals that invalidated several provisions of a Missouri law regulating access to care and to information. The invalidated provisions included banning the use of public funds or facilities for counseling a woman about available options regarding reproductive health.

In its brief, ANA supported the conclusion of the 8th Circuit that the Missouri statute infringed upon the client’s rights to all information necessary to make informed health care decisions; infringed upon the nurse’s right and responsibility to provide information necessary for the client to make informed decisions; and infringed upon the client’s access to care.

On July 1, 1989, the United States Supreme Court issued its ruling in the case of Webster v. Reproductive Health Services (451 F. 2d 1071, 8th Cir., 1988) by rejecting the opinion of the 8th Circuit Court of Appeals and allowing for increased state control over reproductive health options. Thus, the U.S. Supreme Court’s decision in Webster has opened the possibility of potentially ferocious political fights at both the national and state level on a variety of issues related to reproductive health. It is recognized that immediate political debate will occur in the state legislatures as states now have a substantial opportunity to restrict women’s access to abortions on a state by state basis for the first time in 16 years. The ruling and dicta in Webster provide further impetus for restricting (or rescinding) the principles set forth in Roe v. Wade in 1973.

On July 11, 1989, in view of the Supreme Court’s decision in the case of Webster, the ANA Board of Directors discussed the additional pressures and demands the Court’s decision can potentially place on state nurses’ associations in that the focus on reproductive health now moves to state political processes in addition to the federal judicial system. (It has been
reported that at least 250 anti-abortion bills have been introduced in state legislatures since 1988).

The board voted to establish the Task Force for Strategic Planning on Reproductive Health to facilitate organizational planning and strategy development in an effort to more fully explicate and implement the ANA statement on reproductive health and the report of the Task Force to Address Health and Social Problems and Public Policy Related to Reproductive Health at the SNA level.

During the September, 1989 ANA Board of Director's meeting, the board reviewed the ANA Statement on Reproductive Health in light of the recent U.S. Supreme court decision in the case of Webster and reaffirmed its support for the statement. The board affirmed support for the health access principles in Roe v. Wade, a position which the board believes is inherent in this statement.

Charges to the Task Force

Subsequent to the above action by the board, the charge to the Task Force for Strategic Planning on Reproductive Health was as follows:

- Development of immediate and moderate range strategies to address 1) the current legal ramifications specific to reproductive health and 2) state implications of the U.S. Supreme Court's decision in the case of Webster v. Reproductive Health Services.

Work of the Task Force

Chairpesson Virginia T. Betts reviewed the charge to the task force and determined that health implications must also be addressed. The chair then discussed the board's affirmation of support for the ANA Statement on Reproductive Health and for the health access principles in Roe v. Wade. The draft report of the ANA Task Force to Address Health and Social Problems and Public Policy Related to Reproductive Health was also reviewed by the task force. The chair explained that the ANA Board of Directors recognizes that the issues related to reproductive health are very complex but believes that abortions are largely a symptom of social failure. Until the broader issues of providing reproductive health care are resolved (i.e. day care, infant mortality, child abuse, parental leave and insurance coverage for more than 30 million Americans, especially pregnant women, adoption laws and quality sex education), "ANA cannot support initiatives that ignore individual human rights, decrease access to care or increase the potential for adversity in the human condition," as stated in the ANA Statement on Reproductive Health.

The task force accepted its charge and stated its belief that an opportunity exists for ANA and its constituents to share information and work together to maximize their effectiveness in the initiation and facilitation of positive programs relating to reproductive health issues.

Assumptions Identified by the Task Force

It was recognized that there are a variety of factors influencing reproductive health trends in the United States today. The group reviewed and assessed the current trends in the external environment (national and state) and the internal environment (ANA and the SNAs, the profession and the professional societies) and prepared a list of assumptions which guided the work of the task force. The assumptions are as follows:

1. The American Nurses' Association's Code of Ethics is the foundation for activities for the ANA and SNAs specific to reproductive health.
2. Issues related to reproductive health are controversial among SNAs and their members;
3. The responsibilities of a health care profession transcend what the individual nurse feels/believes.
4. There is a need for the American Nurses' Association and the State Nurses' Associations to help their members differentiate between the nurses' personal views and his/her professional responsibilities.
5. The American Nurses' Association and the State Nurses' Associations have a responsibility to participate in the evolving debate regarding reproductive health policy in order to advance the profession's role in patient advocacy.
6. While Roe remains currently intact (except in limited circumstances in Missouri), a plurality of Justices could overrule Roe and return broad authority to the states to more closely control women's access to reproductive health alternatives.
7. As an outcome of the Webster decision, new challenges will occur within the states both legislatively and through regulation, and SNAs will be sought out for political participation.
8. Activities within the SNAs on matters related to reproductive health will differ and SNAs will not be mandated to address this issue.
9. SNAs have the freedom to utilize/not utilize the ANA Statement on Reproductive Health and the products of the task forces related to reproductive health, in accordance with their own state climates.
Health Implications in Roe v. Wade

The task force discussed in great depth the impact of Roe v. Wade on the health of the nation. It was noted that prior to the U.S. Supreme Court’s ruling in Roe in 1973, even though abortion was illegal in most states, women who were determined not to go through with a pregnancy generally sought and found ways to end their pregnancy. Following the Roe decision in 1973, a national standard was set for legalized terminations of pregnancies. It is important to point out that Roe does not permit “abortion on demand,” but instead uses a trimester test to determine access. The trimester test allows legal termination of pregnancy to be among the reproductive health choices available to women on a national basis up to the 24th week (See Attachment C - ANA Fact Sheet on Roe v. Wade).

Since Roe, deaths related to abortion have dropped by as much as 90% according to some estimates. Although death rates attributable to child birth have also declined, deaths attributable to abortion have declined much more sharply due to earlier terminations, improved techniques and equipment, and enhanced health provider education. Likewise, the range of reproductive health care services has moved from hospitals to ambulatory care settings permitting increased consumer access and these health care agencies now provide a broader range of reproductive health care services.

Health Implications in Webster v. Reproductive Health Services

The task force identified the following health implications as outcomes of the Court’s ruling in Webster:

1. Potentially eliminates a national standard for reproductive health options by allowing a variety of state regulations to be legislated.
2. Returns immediately to state legislatures opportunities to limit access to a full range of reproductive health services.
3. Generates a dual system of care which potentially separates those who can afford reproductive health care from those who cannot.
4. Increases potential for the birth of unplanned and unwanted children without addressing the roots of the social problems leading to unintended pregnancies and attendant social ills.
5. Requires an increase in monitoring and decision making about legislative, election and regulatory activities that will affect reproductive health.
6. Potentially creates a multitude of new dilemmas for health care providers regarding the provision of reproductive health care services.
7. Increases the opportunities for coalition building with other health providers on reproductive health options.

Strategies to Assist State Nurses’ Associations in their Efforts to Address Potential Health Legislation and Regulations on Reproductive Health

The U.S. Supreme Court’s ruling in Webster enhances the possibility that there will be different legal standards in each of the 50 states related to reproductive health services. The task force believes that differing standards between the states is inappropriate and will deprive some health care clients of “access to basic health services, including services related to reproductive health.” Moreover, the task force believed that 50 fragmented state policies will not help to solve the underlying problems and social ills related to the number of abortions being performed in the United States today, and until these problems are solved, a unified national policy which provides equal access to legal and safe reproductive health alternatives should remain in effect.

Therefore, the task force recommends the following activities to immediately assist the SNAs in their efforts to plan effective programming on reproductive health:

Recommendation #1

Regional conference calls with the SNAs following the model established by the SNA Nursing Shortage Task Force to address the RCT issue in 1988. It was felt that this would allow for group problem solving between ANA and the SNAs and between the SNAs on issues related to legislation, regulation and/or other political action underway in each state specific to reproductive health. Recognizing that reproductive health is a subject that is emotionally charged and potentially polarizing, the task force addressed these strategic points in planning for the conference calls:

- Acknowledge that reproductive health is a difficult and controversial issue, but one which will be impossible to avoid.
- Reaffirm that ANA is neither a “pro-choice” nor an “anti-abortion” organization. Affirm that for ANA, reproductive health is a significant health related issue and must be addressed by the national association.
Focus the discussion in a context that emphasizes access to care, basic rights to privacy, confidential relationships with providers and the provider's own ethical rights and obligations in the nurse/patient relationship, freedom of speech and the need for responsible decision making by individual health care providers and the professional health care organizations.

Urge SNAs that are already involved in this issue and are developing positive outcomes from their efforts to provide consultation to other SNAs.

Find common areas of agreement and values between constituents and among members of constituents.

A suggested agenda for the regional conference calls is attached.

An effort will be made to target SNAs with conventions scheduled in the early fall for the immediate conference calls. Participants on the conference calls will include Virginia Trotter Betts, chairperson and member, ANA Board of Directors, the president and executive director of each SNA or their designees, an additional member of the task force and task force staff from ANA's Kansas City and Washington, D.C. office.

**Recommendation #2**

Preparation and distribution of a packet of background/educational materials to each SNA. This packet includes, but is not limited to, information which:

- Examines who/why women have unintended pregnancies and their outcomes
- Provides analysis of data on reproductive health services in the United States
- Discusses the pending cases before the U.S. Supreme Court related to reproductive health
- Outlines ANA's House of Delegates resolutions and other activities specific to women's health issues
- Cites the position(s) of other professional health care organizations on reproductive health issues

**Recommendation #3**

Preparation and distribution of a media packet to SNAs containing:

- General information explaining "how to handle the media"
- Examples of the types of questions that the SNAs can anticipate from the public/media/nurses specific to reproductive health issues
- Highlight the need for SNA leadership and staff to participate in media training on this and other health issues in order to enhance nursing's image as a significant player in state health policy development

**Recommendation #4**

Preparation and distribution of a political education packet including:

- Anticipatory expectations for state actions on reproductive health, for example:
  1) parental notification
  2) site certification
  3) restricted public funding
- Suggested testimony for legislative committees from a health provider's standpoint
- Development of state health coalitions for reproductive health concerns
- Possible electoral posture of SNAs considering candidates' positions on reproductive health

**Summary**

The task force concurred in the prior positions and activities of the ANA Board of Directors in reference to reproductive health. The task force urges the Board of Directors to immediately adopt and implement these four significant, SNA-specific recommendations:
Recommendation #1
Regional conference calls with the SNAs following the model established by the SNA Nursing Shortage Task Force to address the RCT issue in 1988. It was felt that this would allow for group problem solving between ANA and the SNAs and between the SNAs on issues related to legislation, regulation and/or other political action underway in each state specific to reproductive health.

Recommendation #2
Preparation and distribution of a packet of background/educational materials to each SNA.

Recommendation #3
Preparation and distribution of a media packet to SNAs.

Recommendation #4
Preparation and distribution of a political education packet.
The American Nurses' Association (ANA) believes that abortion is largely a symptom of social failure. The controversy over abortion is just one of many stages on which the critical social issues of access to care, freedom of choice, and the right to privacy are being played out.

The American Nurses' Association cannot support initiatives that ignore individual human rights, decrease access to care, or increase the potential for adversity in the human condition. Should the Supreme Court of the United States rule to reverse the 1973 Roe v. Wade decision, a serious situation of unequal access could be created. States would predictably choose to take differing positions on the legality and financing of abortion. Therefore, many women would inevitably rely on illegal procedures performed in clandestine systems, resulting in a return to high mortality and morbidity.

ANA believes that the health care client has the right to privacy and the right to make decisions about personal health care based on full information and without coercion. It is the obligation of the health care provider to share with the client all relevant information about health choices that are legal and to support that client regardless of the decision the client makes. Abortion is a reproductive alternative that is legal and that the health care provider can objectively discuss when counseling clients. If the state limits the provision of such information to the client, an unethical and clinically inappropriate restraint will be imposed on the provider and the provider-client relationship will be jeopardized.

Just as the client has rights, the nurse also has rights, including the right to refuse to participate in a particular case on ethical grounds. However, if the nurse becomes involved in such a case and the client's life is in jeopardy, the nurse is obligated to provide for the client's safety, to avoid abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the client.

The fact that thousands of American women are seeking abortion is a symptom, not the disease. The treatment lies in addressing the problems underlying a deteriorating social fabric. Health care providers have the right and responsibility to seek viable solutions to problems that signal social failure, such as ineffective family planning, deficient prenatal care, drug and alcohol abuse, domestic violence, unsuccessful parenting, sexually transmitted disease, and inadequate child care.

As one of the major national health care provider organizations, the American Nurses' Association believes it has a responsibility to continue its advocacy for a healthier nation. To this end, ANA has established a task force to address health and social problems and policies that have contributed to the abortion-related concerns confronting society today. Policy recommendations from this task force will provide future direction for ANA programs in the legislative and regulatory arenas as well as those programs that address nursing practice.

Adopted by ANA Board of Directors
March 27, 1989

2420 Pershing Road • Kansas City, Missouri • 64108
CASE SUMMARY: In 1973, the U.S. Supreme Court held unconstitutional a Texas statute prohibiting abortions except to save the life of the mother. The decision held:

- That during the first trimester of pregnancy (12 weeks), the abortion decision and the abortion itself must be left to the woman and her physician.
- That during the second trimester of pregnancy, the state may regulate the abortion procedure in ways reasonably related to the woman's health.
- That subsequent to viability, the state may regulate abortion further or prosecute it, except when necessary to preserve the woman's life or health.

Key Issues:

- The premise behind the Supreme Court decision that established a woman's constitutional right to reproductive choice was that women's interests in privacy and personal liberty are constitutionally protected. Specifically, that states may not abridge the traditional common law right to terminate an unwanted pregnancy without violating women's fundamental rights.
- Since 1973, the Supreme Court has ruled on nearly two dozen cases, each time maintaining the right of the individual to make their own personal decision concerning reproduction.
- The Court later ruled that neither federal or state governments may be required to fund abortions not otherwise provided by statute. But it has consistently struck down efforts to end or complicate access to abortion by regulations such as mandatory waiting periods or exposing all patients to anti-abortion materials.

03/30/89
The following additional materials will be available to the SNAs upon request from ANA:

- "Teenage Pregnancy in the United States" - article from *Family Planning Perspectives*, Vol. 20, Number 6, November/December 1988
- "Reproductive Rights: A Status Report"
- "Defending the Vulnerable" - article from *Second Opinion*, Vol. 10, March 1989
- "Theology and Politics" (Religious Coalition for Abortion Rights)
- "Persuasion and Change" - article from *Health Progress*, November 1988
- "Commitment and Tolerance" - article from *Health Progress*, November 1988
- "Where the states stand on the issue" - *USA Today*, July 5, 1989
- Who Decides? A State by State Review of Abortion Rights in America
Suggested Agenda for Conference Calls

1. A summary of the background packet of information, the media packet and the political packet
2. An update on the work of the task force on this issue
3. A review of Roe v. Wade, the impact of Webster on Roe, and resulting implications for the SNAs
4. Group problem-solving on legislation, regulation and political action underway in each state and on problems or actions anticipated at annual conventions or other professional meetings
5. Summary and planning for further action

AMERICAN NURSES' ASSOCIATION
STATEMENT ON REPRODUCTIVE HEALTH

As health care providers, nurses have a long and proud history of support for a fair and equitable health care delivery system in which all Americans have access to basic health services, including services related to reproductive health. The foundation of such a system rests on the broader social rights of privacy, free speech, freedom of choice, confidentiality between client and provider, and equity of access to essential services.

The American Nurses' Association (ANA) believes that abortion is largely a symptom of social failure. The controversy over abortion is just one of many stages on which the critical social issues of access to care, freedom of choice, and the right to privacy are being played out.

The American Nurses' Association cannot support initiatives that ignore individual human rights, decrease access to care, or increase the potential for adversity in the human condition. Should the Supreme Court of the United States rule to reverse the 1973 Roe v. Wade decision, a serious situation of unequal access could be created. States would predictably choose to take differing positions on the legality and financing of abortion. Therefore, many women would inevitably rely on illegal procedures performed in clandestine systems, resulting in a return to high mortality and morbidity.

ANA believes that the health care client has the right to privacy and the right to make decisions about personal health care based on full information and without coercion. It is the obligation of the health care provider to share with the client all relevant information about health choices that are legal and to support that client regardless of the decision the client makes. Abortion is a reproductive alternative that is legal and that the health care provider can objectively discuss when counseling clients. If the state limits the provision of such information to the client, an unethical and clinically inappropriate restraint will be imposed on the provider and the provider-client relationship will be jeopardized.

Just as the client has rights, the nurse also has rights, including the right to refuse to participate in a particular case on ethical grounds. However, if the nurse becomes involved in such a case and the client's life is in jeopardy, the nurse is obliged to provide for the client's safety, to avoid abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the client.

The fact that thousands of American women are seeking abortion is a symptom, not the disease. The treatment lies in addressing the problems underlying a deteriorating social fabric. Health care providers have the right and responsibility to seek viable solutions to problems that signal social failure, such as ineffective family planning, deficient prenatal care, drug and alcohol abuse, domestic violence, unsuccessful parenting, sexually transmitted disease, and inadequate child care.

As one of the major national health care provider organizations, the American Nurses' Association believes it has a responsibility to continue its advocacy for a healthier nation. To this end, ANA has established a task force to address health and social problems and policies that have contributed to the abortion-related concerns confronting society today. Policy recommendations from this task force will provide future direction for ANA programs in the legislative and regulatory arenas as well as those programs that address nursing practice.

Adopted by ANA Board of Directors
March 27, 1989

2420 Pershing Road - Kansas City, Missouri - 64108
MEMORANDUM

TO: Board of Directors
FROM: Gretchen Crawford, Director, Nursing Education Program
RE: Mandatory Continuing Education
DATE: October 18, 1989

At the September 25, 1989 meeting of the State Board for Nursing’s Licensure and Examination Committee, a request was made for a resolution of support for mandatory continuing education from the NYSNA Board of Directors. This request will be placed on the January Board meeting agenda.

The attachment to this memo is intended to provide basic information for the Board in case the matter is brought up at Voting Body.

I am representing the Association in discussions with the State Board for Nursing and will keep the Board of Directors informed about further developments.

GC/bjk
10/18/89

BACKGROUND INFORMATION ON NYSNA AND MANDATORY CONTINUING EDUCATION

1971 - NYSNA sponsored a mandatory continuing education bill introduced in the state legislature. The bill applied to all health professions and was not passed.

The Board of Directors appointed a Special Committee on continuing education to investigate all matters concerning continuing education and make recommendations to the Board.

The Committee defined mandatory continuing education as experiences beyond basic nursing education which are consistent with the scope of practice as defined in the nurse practice act, i.e., knowledge basic to nursing practice on the nature of the nursing process.

The Committee agreed that the profession itself, through the professional organization, establish requirements for mandatory continuing education. For others to do so would violate professional autonomy.

The Committee recommended that NYSNA sponsor legislation in the 1973 Legislative Session to require continuing education approved by the professional association as a condition for re-registration, and recommended that the Board of Directors establish a Council on Continuing Education responsible for all matters related to mandatory continuing education. Proposed Council functions included: setting criteria for program approval, reviewing and approving programs and collaborating with the State Education Department in validating continuing education participation.

1972 - A resolution was adopted by the voting body affirming commitment to professional autonomy and accountability by actively supporting NYSNA’s efforts to implement mandatory continuing education.

1973 - Twenty-two legislative forums were held throughout the state to explain the continuing education proposal. In the forums nurses were confused and often misinformed, so NYSNA postponed introduction of the proposed legislation during the 1973 Legislative Session. Lack of readiness within the nursing community was identified. Nurses’ concerns included: “Do I have to get a baccalaureate?” “Who will pay for it?” “Will I lose my license?” “How can I find the time when I have a family and work?” “How can nurses in rural areas have access to programs?” “Does in-service count?” “Will this increase the cost of care?”

The Legislative Committee recommended that the Association introduce legislation in the 1974 Legislative Session calling for mandatory continuing education as a pre-requisite for re-registration, that the Council on Continuing Education consider 60 contact hours as the requirement that the Association retain its authority to set criteria and to approve programs for mandatory continuing education and that it seek support and collaboration of the State Board.
1974 - NYSNA's legislative proposal reduced the contact hours required to 40 per registration period. Also the bill stated that continuing education activities shall have been approved "by NYSNA's Council on Continuing Education".

1974 - 1975 - Opposition to the legislation continued to build. Arguments against mandatory continuing education had not changed. They still concerned the financial burden to nurses, difficulties in accessibility due to family and work responsibilities and geographic inaccessibility and the potential for increasing the cost of health care. Further, a question of constitutionality was raised. The question concerned a case involving the Podiatry Society in which the court determined that Societies cannot be delegated the authority to establish a continuing education program which is a condition for re-registration. In other words, societies cannot be the gatekeepers deciding what must be required for approval for re-registration; that is a governmental responsibility. NYSNA clarified this in response to the constitutionality argument by stating that the proposed legislation included language that continuing education offerings would be approved by NYSNA in accordance with regulations, and further indicated that NYSNA would participate in the approval process with the State Board.

Due to the mounting opposition to the legislation, support for the bill was withdrawn.

In the latter part of 1975, NYSNA voiced support for developing campus legislation which would apply to all health professions. This information was included in NYSNA's Testimony at the Regents' Legislative Conference.

1976 - present - No further legislative activity related to mandatory continuing education was undertaken by NYSNA.

Current status and activity - a listing of other states with mandatory continuing education is attached. In New York State, the Board of Regents has mandated that the professions look at ways to evaluate the continuing competency of their members. The Licensure and Examination Committee of the State Board for Nursing has studied the processes used by other states and is formulating a plan for nurses in New York State. Materials about the plan, sent by Milene A. Mogel, were distributed to the NYSNA Board of Directors in September. NYSNA was represented at a meeting of the Licensure and Examination Committee held on September 25 to discuss ways to evaluate continuing competency and to react to the plan as initially developed.

---

Where CE is mandatory

If you work in or transfer your license to a state that requires continuing education, you'll have to comply with those requirements. The table below lists the states with mandatory continuing education. At least three others—Delaware, Michigan, and Ohio—are weighing legislation that would make CE mandatory. The table shows which states have CE requirements and how many CE hours are required within a specified time period. For more information, contact the appropriate state board of nursing.

<table>
<thead>
<tr>
<th>State</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALASKA</td>
<td>Any two, 15 hours CE, 15 hours of professional activities, or 320 hours mandated employment in a two-year period.</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>30 hours/2 years</td>
</tr>
<tr>
<td>COLORADO</td>
<td>20 hours/2 years</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>24 hours/2 years</td>
</tr>
<tr>
<td>IOWA</td>
<td>45 hours/3 years</td>
</tr>
<tr>
<td>KANSAS</td>
<td>30 hours/2 years</td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>30 hours/2 years</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>15 hours/2 years</td>
</tr>
<tr>
<td>MINNESOTA</td>
<td>30 hours/2 years</td>
</tr>
<tr>
<td>MISSISSIPPI</td>
<td>40 hours/2 years (more practical hours only)</td>
</tr>
<tr>
<td>NEBRASKA</td>
<td>100 hours if more than 200 hours of practice in the last five years, or 100 hours if less than 200 hours</td>
</tr>
<tr>
<td>NEVADA</td>
<td>30 hours/2 years</td>
</tr>
<tr>
<td>NEW MEXICO</td>
<td>30 hours/2 years</td>
</tr>
<tr>
<td>PUERTO RICO</td>
<td>45 hours/3 years</td>
</tr>
</tbody>
</table>

---

*This material may be protected by copyright law (Title 17 U.S. Code).*
WHEREAS, issues of reproductive health services are currently the focus of intense ethical, social, political and legal debate; and though controversial, it is imperative to address them as responsible health care providers, and;

WHEREAS, society must bear the responsibility and burden for social issues related to family planning, prenatal care, substance abuse, domestic tranquility and child abuse; and;

WHEREAS, in our nation the individual is guaranteed such basic rights as privacy, personal liberty, freedom of speech; and;

WHEREAS, the profession of nursing has traditionally supported an equitable health care system of accessible services unrestricted by social or economic status or the nature of the health care need; and;

WHEREAS, The ANA Code for Nurses supports both the clients' and the nurses' rights in the provision of nursing care, while emphasizing the nurse's responsibility for not imposing personal beliefs upon clients, and;

WHEREAS, individual professional nurses have a right to their own beliefs, including in New York State, under the Civil Rights Law, the legally affirmed right to refuse to participate in the voluntary termination of a pregnancy where such participation is contrary to the nurse's conscience or religious beliefs, therefore;

BE IT RESOLVED, that the New York State Nurses Association supports the individual's rights to personal liberty, privacy and access to the provision of unrestricted reproductive health care.
WELCOME TO CONVENTION '89!

Since the convention program went to print, the following new exhibitors have joined us:

American Irish Nurses Association
The professional association for nurses of Irish descent or surname. Membership is open to RNs and LPNs and retired nurses. The focus is continuing education for nurses. Founded in 1988. For more information, call (718) 389-4912 or (718) 482-0229.

Dixie U.S.A., Inc.
See the Smooth Mover (R) Body Mover, an economical one piece patented polyethylene board that allows one person to move a very large person quickly and easily. Also see designer colored scrubs and stethoscopes.

Drustar Drug Control Systems

GNI Home Care Service

General Vision Services
General Vision Services, front runner in providing optical services, leads the in industry in quality and prices. We have expanded our selection to offer you the most in total vision services.

Leonard Hospital
Leonard Hospital is an acute care facility located in north Troy. Services include critical care, medical/surgical and substance abuse detoxification and rehabilitation units. Visit our booth in the Base of the Egg for more information.

New Medico Head Injury System
New Medico is a nation-wide constituent of acute, post acute and outpatient facilities specializing in the rehabilitation of children and adults who have been traumatically brain injured.

New Rochelle Hospital Medical Center
New Rochelle Hospital Medical Center is a 461-bed suburban medical center just twenty minutes from New York City, affiliated with the New York Medical College. We offer a challenging environment filled with growth, change and progressive thinking. If you would like to know more, come by our booth, or call us at (914) 632-9344.

(over)
New York Counties Registered Nurses Association/District 13
Find out about District 13’s activities and membership services.

New York State Office of Mental Health moved to Booth #65

Nurses House, Inc. Booth #64
Nurses House provides short term financial grants to RNs who are without income because of illness, disability or other life crises. Nurses House needs your support and contributions. Help Nurses House help nurses in need.

Professional Nurses Association of Suffolk County/District 19

Wyeth-Ayerst Laboratories
(CVPH Medical Center, Interfaith Medical Center and U.S. Army Nurse Corps/ROTC will not be able to be with us for this convention.)

********
New exhibitor raffle prizes have also been added!

An 11” by 5” crystal dolphin courtesy of the Nurses House, Inc.

Two digital blood pressure cups (batteries included) and totes courtesy of St. Mary’s Hospital at Amsterdam

Two AM/FM radio headsets

Wine

A handmade afghan

Autographed copies of Political Action and Nursing

Valuable framed historic picture about nursing all courtesy of The New York State Nurses for Political Action

********

One more addition:

Dorothy Talotta, poster show participant, now is employed as Associate Professor of Nursing at the College of New Rochelle.
AGENDA #8

THE NEW YORK STATE NURSES ASSOCIATION
REPORT TO THE BOARD OF DIRECTORS

LEGISLATIVE PROGRAM
October 26, 1989

I. LOBBY DAYS
The Council on Legislation has planned a series of lobby days for 1990:
January 30, 1990 (Albany)
February 21, 1990 (Albany)
March 20, 1990 (In conjunction with Nurses and Public Policy Conference)
April 24, 1990 (Albany)
May 24, 1990 (In legislators’ local district offices)
June 12, 1990 (Albany)

II. NURSES AND PUBLIC POLICY CONFERENCE
Center for Women in Government – March 18, 19, 20, 1990
A. On March 18, 1990 before the conference starts, the Council on Legislation will have a room at the Hilton where NYSNA leaders attending the conference can meet. This will be a time to discuss final details on how to maximize NYSNA’s visibility and participation at the conference.
B. On March 18, 1990 during pre and post registration, the Council on Legislation will have a room at the Hilton where NYSNA members attending the conference can obtain NYSNA buttons, 1990 Legislative Agendas and details for lobbying on March 20, 1990.
C. On the last day of the conference, March 20, 1990, NYSNA will organize lobbying visits to legislators. There will be time to inform NYSNA members about NYSNA’s 1990 Legislative Agenda, the current status of legislation sponsored by NYSNA, and information on how to lobby.

D. Funding for NYSNA members to attend the conference is described on the attachment entitled “Reallocation of $9,500 Budgeted for 1990 Legislative Reception.”

E. Joyce Gould, Director
Legislative Program

Council on Legislation
Susan Fraley, Chairperson
David Clark
Phyllis L. Collier
Louise Gallagher
Mary Keane
Virginia Keene
Carole Kuzmack
Juanita Majewski
Katie Washington

BJG/BD/cjp
10/18/89
Reallocation
$9,500 Budgeted for 1990 Legislative Reception

I. Workshop for Chairpersons of District Legislative Committees

Cost for 15 District Chairpersons and Chairperson of Council on Legislation

$2,960.00

II. Nurses and Public Policy Conference March 18 - 20, 1990

Cost for NYSHA members serving as speakers and moderators at conference, President, Executive Director, and Chairperson of Council on Legislation

$2,540.00

Funding for members of Board of Directors and Council on Legislation to attend conference ($100 each)

$2,000.00

Funding for NYSHA members to attend conference. Priority will be given to Districts and CHNs requesting funding for their representatives ($250 for each NYSHA member; $75 each for two or more NYSHA members representing the same District or CHN.)

$2,000.00

TOTAL

$9,500.00

10/18/89
#9(a)

ACTION REQUESTED

THE NEW YORK STATE NURSES ASSOCIATION

REPORT TO THE BOARD OF DIRECTORS

BOARD COMMITTEE TO CONSIDER HONORARIA AND EXPENSE REIMBURSEMENT FOR BOARD MEMBERS

October 26, 1989

At the September Board meeting, the Committee requested that Board members review and comment about the draft document entitled "possible elements of Board policy re official travel, reimbursement and honoraria for Board of Directors." No suggested revisions were received by the Committee after the September Board meeting. Therefore, the Committee requests Board consideration and approval of the attached proposed policy 5.5 (in Board policy manual) "Policy / Procedure: Official Travel, Reimbursement and Honoraria for Board of Directors."

Board committee to consider honoraria and expense reimbursement for board members:

Nettie Birnbach
Mary Eileen Callan
Madeline A. Kneple
Dorothy M. Williams
Bonnie Perratto, Chairperson

Policy/Procedure: Official Travel, Reimbursement and Honoraria for Board of Directors

Date: October 26, 1989
Revised:

Definition of Official Travel

The invitation is issued to the Board member as spokesperson for the Association. The invitation is in writing and addressed to the Board member at the Association's address.

The purpose of the invitation is to represent the Association and/or to speak on matters of Association business.

Process

In the event the invitation does not request a specific Board member, the President and Executive Director will determine whom to designate. Consideration will be given to Board members' geographic location, cost of participation and special expertise required.

Decisions about specific events about which there could be question regarding appropriateness of the travel will be resolved by consultation with Executive Committee. Such decisions will be guided by principles of fiduciary responsibility.

Reimbursement

Reimbursement of travel expenses will be requested of all parties issuing invitations. At the discretion of the Association, reimbursement of part or all of the travel expenses may be waived if:

a) payment of the expenses would be a financial hardship for the inviting group;

b) the expense is within previously approved budget allocations;

c) the event is considered to be of importance to the work of the Association.

Travel outside of New York state will not be reimbursed without prior approval of the Board of Directors. Budgeted travel to such meetings as those of ESREC, ANA Board of Directors, ANA House of Delegates and Constituent Assembly, are exceptions to this policy.
Honoraria

If an honorarium is offered, the Board participant will have the option of:

a) retaining the honorarium if his/her travel expenses are being paid by the party issuing the invitation;

b) retaining the honorarium and paying his/her own travel expenses;

c) having the Association receive the honorarium and pay travel expenses if party issuing invitation does not underwrite expenses.

Reporting

The Board member who represents the Association will complete the "Report of NYSNA Board Member Attendance at Official Meetings," in accordance with Board Policy #2.5.
Ms. Juanita K. Hunter, E.D.D., R.N.
President
New York State Nurses Association
2113 Western Avenue
Guilderland, NY 12084

Dear Ms. Hunter:

At the meeting of the House of Delegates of the Medical Society of the State
of New York in 1989, several resolutions were adopted by our Delegates to
Implement short and long range measures to address nursing and other health care
personnel shortages. One in particular, Resolution 89-31, called on the Society
to strongly support programs that will assist and encourage persons to enter the
field of nursing, and that these programs be integrated to allow transfer of
credits toward high levels of education.

In support of this commitment, the Board of Trustees of the Society, on
September 6, 1989, approved a contribution of $7,500 to the New York State
Nurses Association to establish a nursing scholarship in the name of Senator
Tarky Lombardi.

Senator Lombardi served as Chairman of the New York State Senate Health
Committee for 19 years, the longest tenure of any legislator in that important
position. He has been the principal force in securing passage of many
significant health measures. Senator Lombardi has also initiated laws having a
positive impact on the economy, education, higher education, libraries, social
services, the elderly and children. He was named legislator of the year by many
statewide organizations in recognition of his leadership and many contributions
in the area of health care and human services.

Please advise us of your plans to establish the nursing scholarship, and we
will be pleased to forward the check in recognition of the nursing profession’s
and Senator Lombardi’s contributions to the finest health care for the citizens
of New York State.

Sincerely yours,

Donald F. Foy
Executive Vice-President

cc: Ms. Martha Orr
Executive Director
Senator Tarky Lombardi