

Guide to Developing Legislation for CNS Practice and the Legislative Process

In most cases, issues concerning CNS scope of practice need to be legislated by the members of the state legislature. Sometimes the Board of Nursing has the authority to make these changes in the practice act, but this is rare. The following steps in the legislative process are a summary of how a Bill becomes a law in the Congress. However, most state legislatures follow a similar procedure.

Steps in the Legislative Process

1. **Find a state legislator to introduce the Bill.**
 - a. Identify the Committee and the members in the Legislature that have authority over the Board of Nursing. If one of these members represents your district, he might be willing to introduce a Bill.
 - b. Contact the State Nursing Association (SNA) to determine if “friends of nursing” might be interested in introducing the bill. The SNA will most likely be able to give you some background on legislators that you may have identified.
 - c. Develop a brief one-page statement on the issue and why the change in scope of practice is needed, including how this will impact constituents. The Institute of Medicine Report on the Future of Nursing and the Federal Trade Commission letters, which are both in the section on resources, can provide support for the issue.
 - d. Obtain supporters from the health care and consumer community to support your issue.

2. **Work with the legislative staff** to ensure that there is specificity in the statute that is needed for CNS scope of practice, such as definition, educational requirements. Consider using model language from Pennsylvania and Oregon.

Pennsylvania signed the CNS Title Protection Bill into law July, 2009. The law requires that the CNS graduated from a Master’s or Doctorate program in Nursing in the CNS track. The CNS also must be certified in a specialty at the Advanced Practice level in order to be licensed to practice as a CNS in PA. The State Board of Nursing has a list of approved providers of certification examinations. If the CNS is ineligible to sit for a certification examination, then a portfolio may be submitted. Criteria for ineligibility include: No certification examination available for a particular specialty; CNS does not meet clinical hour requirements (from graduate school) required to sit for the exam. If the CNS is not certified through examination, then a portfolio is the second option. The portfolio includes proof of graduation, course descriptions, official transcripts, letters of recommendation from colleagues, immediate supervisors describing examples of the CNS’s work at the Advanced Practice level.

The SBON reviews the portfolio and notifies the CNS if further clarification or information is required or if the criteria have been met and the CNS will be granted a license to practice as a CNS in the Commonwealth. The CNS must also be able to provide proof of liability insurance if requested by the Board regardless of whether licensure was granted through certification or portfolio.

The requirements are fairly straightforward, however, sometimes the reviewers of the information may not be objective. This creates a problem for the CNS who then must submit more information. In addition, the requirement for a certification examination creates a problem for the CNS in a specialty that does not have an existing exam. The portfolio should be an option in the legislation for the CNS that is unable to meet the examination requirement. One important statement must be in any CNS title protection or scope of practice legislation. That statement needs to identify the Clinical Nurse Specialist as an Advanced Practice Nurse.

3. **Introduction of the Bill by the state legislator.**

The CNSs will need to work with the staff to find supporters from the legislative members to sign onto the Bill. Working with the SNA will be beneficial. The SNA employs people that are familiar with the legislative process and have contacts in the Legislature. You should plan to meet with your legislator personally. Have a prepared statement that introduces your issue and support it with facts. Don't be surprised if your legislator asks questions related to nursing in general.

Offer to testify at hearings related to your issue. Give a business card to the legislator and encourage her/him to contact you if issues related to nursing arise in the future. After the meeting, follow up with a letter or e-mail thanking the legislator for meeting with you. Enclose a business card.

4. **Referred to Committee**

Bills are almost always referred to a standing committee for review. When the Bill reaches the committee, it is put on the committee's schedule. Sometimes it is referred to a subcommittee. Sometimes hearings are scheduled by the committee to hear the views of experts, supporters and opponents. Be prepared to offer testimony in support of your Bill.

5. **Mark Up**

When the hearings are completed, the subcommittee may meet to make changes and amendments prior to recommending the Bill to the full committee. If a subcommittee votes not to report legislation to the full committee, the Bill dies.

6. **Debate**

When a Bill reaches the floor of the House or Senate, there are rules or procedures governing the debate on legislation. These rules determine the conditions and amount of time allocated for general debate.

7. Voting

After the debate and the approval of any amendments, the Bill is passed or defeated.

8. Referral to Other Chamber

When the House or the Senate passes a Bill, it is referred to the other chamber where it usually follows the same route through committee and floor action. This chamber may approve the Bill as received, reject it, ignore it, or change it.

9. Conference Committee Action

If only minor changes are made to a Bill by the other chamber, it is common for the legislation to go back to the first chamber for concurrence. However, when the actions of the other chamber significantly alter the Bill, a conference committee is formed to reconcile the differences between the House and Senate versions. If the conferees are unable to reach agreement, the legislation dies. If agreement is reached, a conference report is prepared describing the committee members' recommendations for changes. Both the House and the Senate must approve the conference report.

10. Final Actions

After both the House and Senate have approved a Bill in identical form, it is sent to the President/Governor. If the President/Governor approves of the legislation he signs it and it becomes law. Or, the President/Governor can take no action for ten days, while Congress is in session, and it automatically becomes law. If the President/Governor opposes the bill he can veto it; or, if he takes no action after the Congress has adjourned its second session, it is a "pocket veto" and the legislation dies.

11. Overriding a Veto

If the President/Governor vetoes a Bill, Congress may attempt to "override the veto." This requires a two-thirds roll call vote of the members who are present in sufficient numbers for a quorum.

12. Reintroduction of a Bill

If the Bill died in a previous legislative session, it may be reintroduced in a new session. The Bill will be assigned a new number and will have to go through the process again. This means that you will need to find legislators to sponsor the Bill and other supporters will need to be found. The legislators can be the same ones that sponsored the Bill in the previous session. Continue to meet with supporters of the Bill and remind them of the importance of the issue.

Source: ANA website

<http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/Federal/Toolkit/LegislativeProcess.aspx>