

# 2023 Nurse Lobby Packet

## Step-By-Step Guide & Materials for Effective Legislative Advocacy

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# Guide to Leading Successful Lobby Visits

## STEP 1:

### Schedule a visit with your legislator(s), and let us know

Use <https://bit.ly/legislatorpa> to find your State Representative and Senator and to get their contact information. Review the list of current co-sponsors on page 9 of this guide to see if your legislator has signed on to the Patient Safety Act yet.

Call them first (Mon-Fri, 9am-4pm) to schedule a time to meet with them in their local office. Then, follow up with an email: edit and send our sample outreach email on page 5 or write your own. When you reach out, make sure to state your name and that you are a constituent, say why you are asking for a visit, and suggest two or three meeting dates and times that work for you.

When you have scheduled a meeting, email our Political Organizer, Dwayne, with details at [dwayne.heisler@seiuhcpa.org](mailto:dwayne.heisler@seiuhcpa.org)

#### **Step 1 Best Practices:**

- Make friends :) Remember the name and title of the person you are communicating with to schedule the meeting. You will most likely speak to them again!
- You might need to follow up several times in order to get a meeting. **Persistence is key!**
- When you confirm the meeting: Make sure that the date, time, and location are clear.

#### **Step 1 Helpful Links & Tools:**

- Find your legislator & their contact info: <https://bit.ly/legislatorpa>
- Sample Legislator Outreach Email on page 5.
- Sample Follow-Up Call Script on page 5.
- When you schedule a meeting, email Dwayne with details at [dwayne.heisler@seiuhcpa.org](mailto:dwayne.heisler@seiuhcpa.org).

## STEP 2:

### Recruit a team of local nurses to join you for your visit

Legislators are most likely to listen to nurses who (a) live or work in their district, and (b) show that they're not alone. Assemble a team by inviting coworkers or other nurses you know and connecting with other healthcare workers and allies in your area.

When you email Dwayne with the details of your meeting, we will send you an outreach list with other nurses in your district. You should call and text those nurses, as well as others, to invite them to attend. Plan to huddle with your team at least 15 minutes before the actual lobby meeting to make sure everyone signs in (use the sign-in form on page 7) and is on the same page with the plan.

### **Step 2 Best Practices:**

- The more specific you can be with other nurses on the front end, the better. For example: “We’re meeting with our State Rep next Wednesday to discuss the staffing crisis and ask for their support on the Patient Safety Act. Can you join to share your perspective?”
- This is your meeting. If someone you invite is really off-topic or insists on using the opportunity to talk about unrelated issues, you should politely uninvite them, explaining the focus of this meeting and encouraging them to reach out to their legislator on their own about the issues they care most about.

### **Step 2 Helpful Links & Tools:**

- When you email Dwayne with the details of your scheduled lobby meeting, we will provide a list of local nurses who have taken action in support of safe staffing before. You should call and text them to invite them to your lobby meeting.
- Sign-in Sheet for prep meeting is on page 7 of this packet.

## **STEP 3:**

### **Share your story, and use the Legislative Leave-Behind**

For a lot more information about how to run a successful lobby meeting, please review the “Best Practices for Lobby Meetings” included on page 6 of this packet. There are three primary things we want to do when we lobby: 1.) Share your story of the crisis from your perspective, 2.) Ask the legislator to take concrete action to address the issue, and 3.) Give them our Legislative Leave-Behind (pages 8-9 of this packet) and schedule a follow-up.

### **Step 3 Best Practices:**

- Send the appropriate Legislative Leave-Behind document to your legislator ahead of the meeting, so they can have it to reference as you talk about the issues.
- Also share the Leave-Behind with any other members who will be attending the visit.
- Take some time to review the Leave-Behind sheet before going into your meeting. For each bullet point, take a few notes that highlight your own personal experience at the bedside. This will help give your meeting structure and make your talking points more compelling.
- Remember: most legislators and their staff really don’t know about what it’s like to be at the bedside and you really do. Consider your first hand experience as your credentials for being a policy expert in healthcare.

### **Step 3 Helpful Links & Tools:**

Legislative Leave-Behind to Give to Legislator is on pages 8-9.

## STEP 4:

### Take a picture, schedule a follow-up, and debrief with your team

Before you wrap up the meeting, take a picture! Even if you are in a virtual meeting: take a screenshot. This is an important step for legislator accountability and it's always valuable to show nurse advocacy in action. Email or text the photo(s) to our Political Organizer Dwayne Heisler at [dwayne.heisler@seiuhcpa.org](mailto:dwayne.heisler@seiuhcpa.org) or 570-317-6214, and please make sure to include the full names of everyone in the photo.

Schedule a follow-up with the legislator or their staff. If nothing else, you should ask if they will be available to meet with nurses on May 2nd! Once you adjourn the meeting, take about 15 minutes to debrief with the other members who attended: What went well? What did not go well? What's next? What should our next steps be with the decision-maker you lobbied? Ask the other members if they are interested in being involved in this type of advocacy moving forward. If so, add their contact info to your phone and let them know that you'll follow up soon with some next steps.

#### **Step 4 Best Practices:**

- Don't forget to take a picture: Make sure the legislator (or staff person) and as many nurses as possible are visible. Take 2-3 shots just in case one is blurry.
- Be as concrete as you can in talking about your follow-up with legislators. Try to put either a specific or general date on the follow-up: "I'll give you a call on Tuesday" or "I'll call your office the last week in February..." or "I'll see you at the Capitol on May 2nd!"
- If they don't schedule a follow-up with you, or are dismissive about the idea, then just let them know: "We'll follow up soon"
- We want our nurse advocates to have a good experience (even if the meeting is frustrating or the legislator doesn't do what we want). Make time to check in and debrief with the other nurses who attend. If the meeting went well, it's fun to celebrate together; if the meeting didn't go well, it's fun to vent together!
- The final - but absolutely critical - step is to call our Political Organizer Dwayne Heisler with a report from your meeting. This is particularly important for coordinating our legislative outreach across the state - we need to know who is talking to who, and the outcome of those meetings so that we can coordinate effectively across so many different districts and nurse organizations!

#### **Step 4 Helpful Links & Tools:**

- Email or text all photos of your visits (with names!) to [dwayne.heisler@seiuhcpa.org](mailto:dwayne.heisler@seiuhcpa.org)
- Call Dwayne and report how your visit went at 570-317-6214.

# Sample Outreach Materials

## Call script to schedule a meeting:

Hi! My name is **[Your Name]**, I'm a constituent of **[Legislator's Name]**. I work as a **[Job Title]** at **[Facility]**, along with other nurses in the district, and am an active volunteer with **[Name of Your Nursing Organization - Nurse Alliance, Nurses of PA, JNESO, etc.]**. We are looking to schedule a meeting with **[Legislator's Name]** to discuss the staffing crisis we're facing, to give them a sense of what it is like for caregivers in our community. We're hoping to meet with **[Legislator's Name]** on **[Proposed Date & Time 1]** or **[Proposed Date & Time 2]** to discuss their support for the Patient Safety Act. Would the **[Legislator's Title: "Representative" or "Senator"]** be available to meet with us at those times?

## Confirming a Meeting Checklist:

- Talked to correct person & have accurate / updated contact info for the office.
- Confirmed date and time of meeting.
- Confirmed who from their office will attend (legislator, chief of staff, etc.)
- Confirmed the location (if virtual, who is hosting the meeting & link.)

## Email script to schedule a meeting:

Hello, my name is **[Your Name]**, I'm a constituent of **[Legislator's Name]**. I work as a **[Job Title]** at **[Facility]**, along with other nurses in the district, and am an active volunteer with **[Name of Your Nursing Organization - Nurse Alliance, Nurses of PA, JNESO, etc.]**. We are looking to schedule a meeting with **[Legislator's Name]** to discuss the staffing crisis we're facing, to give them a sense of what it is like for caregivers in our community, and to talk about the urgency of passing the Patient Safety Act in 2023.

We are available to meet on:

**[Proposed Date & Time 1]**

**[Proposed Date & Time 2]**

Do either of those dates work for the **[Legislator's Title: "Representative" or "Senator"]**? Please call or email me at the information below for any questions or follow-up you may have.

Thank you,

**[Your Name]**

**[Your Phone Number]**

**[Your Email Address]**

# Best Practices for Lobby Meetings

## **1. Introduce Yourself:**

Share your name, where you're from, how long you have worked in healthcare, and that you are part of a larger nurse organization. Pass it to the other nurses: make sure everyone introduces themselves. If there are a lot of people, keep it to name and where you work only. Keep it brief & moving!

## **2. State Why You're Meeting:**

As the leader of the lobby visit, you should clearly lay out the purpose for the meeting. For example: "We are here to discuss the unsafe staffing crisis nurses are facing in your district and why the legislature needs to pass the Patient Safety Act immediately."

## **3. Share Your Story:**

Why is improving staffing important to you and your patients? What struggles do you face as a caregiver? As the lobby lead, you should follow up with encouraging questions, clarifications, and comments. Think of yourself as helping to facilitate the meeting. We really want to lift up your unique, personal perspective as a nurse living or working in their district.

## **4. Claim Your Power:**

RN is the largest single job class in Pennsylvania - there are more than 330,000 licensed RNs in PA. Safe staffing legislation is a top priority for over 90% of them! Nurses are overwhelmingly united to pass the Patient Safety Act this year. Make sure you mention that. For example: "I, along with my organization and the thousands of nurses in your district, want to be sure that we have what we need to support our patients and residents."

## **5. Ask specific questions of your legislator to get a firm commitment:**

Will you co-sponsor the Patient Safety Act? If they are already on board, thank them! And ask: Which other legislators can you get on board?

## **6. Ask for follow up:**

"How can I follow up with you to hear your progress on this?" Send a follow-up email to legislators with action steps within 48 hours of your meeting, that includes a "Thank You," small recap of the issue, our clear ask, and the scheduled follow-up. If you can, send a personal thank you card!

## **7. Take a picture:**

We want to share with other nurses and legislators! Email the picture to [dwayne.heisler@gmail.com](mailto:dwayne.heisler@gmail.com) with the subject line that includes the legislator's name (we don't know what they all look like!).

## **8. Tell us how it went:**

After your visit, call our Political Organizer Dwayne Heisler at 570-317-6214 and let us know how it went. This is particularly important because you are not the only ones reaching out to legislators about this, and we need up-to-date info on who is talking to who and the outcome of each visit to effectively coordinate our legislative advocacy across the state.

# 2023 Nurse Legislative Meeting

Meeting with: \_\_\_\_\_ Date: \_\_\_\_\_

Welcome! Sign in so we can stay in touch and share outcomes and next steps. Please complete all fields.

Name	Email	Cell*	Ok to Photo?
			<input type="checkbox"/>
			<input type="checkbox"/>
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\*By submitting your cell phone number you are agreeing to receive periodic text messages from this organization. Message and data rates may apply.  
Text HELP for more information, Text STOP to stop receiving messages.\*

# THE PATIENT SAFETY ACT

THE PATIENT SAFETY ACT WOULD CREATE SAFE STAFFING STANDARDS IN HOSPITALS ACROSS THE STATE.

## THE BASICS

### House Bill

Introduced by prime cosponsors Kathleen C. Tomlinson (R) serving parts of Bucks County, Bridget Kosierowski (D) serving Lackawanna County and Reps. Thomas L. Mehaffie, III (R) serving Dauphin County.

### Senate Bill

Introduced by prime cosponsor Sen. Maria Collett (D), serving parts of Bucks and Montgomery Counties, herself a nurse.

The two identical versions of the Patient Safety Act would limit the number of patients a Registered Nurse can be assigned depending on the level of care the patient requires. The wording is very specific. In a lengthy, 17-item list, Section 840-A of both bills mandates these minimum nurse to-patient staffing standards per unit:

UNIT	NURSE-TO-PATIENT MINIMUM STANDARD
ICU	1:2 or fewer
Critical Care Unit	1:2 or fewer
Neonatal ICU	1:2 or fewer
Burn Unit	1:2 or fewer
Step-down Intermediate Care Unit	1:3 or fewer
OR	At least 1 direct care RN assigned to the duties of the circulating RN and a minimum of 1 additional person as a scrub assistant for each patient-occupied OR
Postanesthesia Recovery Unit	1:2 or fewer
Patients Receiving Conscious Sedation	1:1 at all times
ER	1:4 or fewer; 1:2 or fewer for critical care patients in the ER; 1:1 or fewer for critical trauma patients in the ER
Labor & Delivery	1:1 for active labor patients and patients with medical or obstetrical complications; 1:1 for initiating epidural anesthesia and circulation for cesarean delivery; 1:2 or fewer for patients in immediate postpartum



UNIT	NURSE-TO-PATIENT MINIMUM STANDARD
Antepartum Patients Not in Active Labor	1:3 or fewer; 4 or fewer mothers plus infants for cesarean deliveries; 6 or fewer mothers plus infants in the event of multiple births; 1:4 or fewer for postpartum areas in which the RN's assignment is care for mothers only; 1:4 or fewer for postpartum women or post-surgical gynecological patients; 1:5 or fewer for newborns in well baby nursery; 1:1 for unstable newborns and those in the resuscitation period; 1:4 or fewer for recently born infants
Pediatrics	1:3 or fewer
Telemetry	1:3 or fewer
Med/Surg	1:4 or fewer; 1:4 or fewer for presurgical and admissions units or ambulatory surgical units
Other Specialty Units	1:4 or fewer
Psychiatric Unit	1:4 or fewer
Rehabilitation Unit	1:5 or fewer

## PLUS

### Safe Harbor

Both bills include protections for nurses from “adverse action by the healthcare facility where the nurse is working when the nurse makes a good-faith request to reject an assignment based on the nurse’s own education, knowledge, competence and experience, and an immediate assessment of the risk for patient safety.”

### No Mandatory Overtime

Hospitals may not impose mandatory overtime requirements to meet the minimum staffing standards mandated by both bills.

### Fines

Hospitals found to have violated provisions within the bills will be subject to monetary penalties. Plus: They can be held liable to the employee in a lawsuit.

### Committee Review

A review committee, half of whom must be RNs elected by staff nurses on their respective units, must review the minimum standards set forth in the bills annually or more frequently to decide whether they meet patient-care needs.

*“This legislation is an important part of keeping hospital patients safe and ensuring they receive the best care possible. In addition, the Patient Safety Act represents an excellent way for hospitals to make an investment in patient care that will pay dividends in overall savings.”*

–From the introductory memorandum attached to both bills

# Current Patient Safety Act Co-Sponsors

## **House Bill**

State Rep. Thomas Mehaffie	State Rep. Robert F. Matzie	State Rep. Liz Hanbidge
State Rep. Kathleen C. Tomlinson	State Rep. Kyle J. Mullins	State Rep. Regina G. Young
State Rep. Jason Ortitay	State Rep. Ed Neilson	State Rep. Tim Briggs
State Rep. Joe Hogan	State Rep. Tarah Probst	State Rep. Gina H. Curry
State Rep. Shelby Labs	State Rep. Christopher M. Rabb	State Rep. Brian Munroe
State Rep. Jack Rader, Jr.	State Rep. Benjamin V. Sanchez	State Rep. Eddie Day Pashinski
State Rep. James B. Struzzi, II	State Rep. Ismail Smith-Wade-El	State Rep. Melissa Cerrato
State Rep. Mike Armanini	State Rep. Jared G. Solomon	State Rep. Ben Waxman
State Rep. Aaron Kaufer	State Rep. Arvind Venkat	State Rep. Roni Green
State Rep. Jessica Benham	State Rep. Perry S. Warren	State Rep. Darisha Parker
State Rep. Joe Ciresi	State Rep. Mike Zabel	State Rep. Scott Conklin
State Rep. Kyle Donahue	State Rep. Danielle Friel Otten	State Rep. Mandy Steele
State Rep. Elizabeth Fiedler	State Rep. Malcolm Kenyatta	State Rep. Joshua Siegel
State Rep. Justin C. Fleming	State Rep. John T. Galloway	State Rep. Anita Kulik
State Rep. Robert Freeman	State Rep. Johanny Cepeda-Freytiz	State Rep. Donna Bullock
State Rep. Patrick J. Harkins	State Rep. Jeanne McNeill	State Rep. Mike Sturla
State Rep. Joseph C. Hohenstein	State Rep. Jose Giral	State Rep. Christina Sappey
State Rep. MaryLouise Isaacson	State Rep. Jennifer O'Mara	State Rep. Melissa Shusterman
State Rep. Tarik Khan	State Rep. Joe Webster	State Rep. Leanne Krueger
State Rep. Bridget M. Kosierowski	State Rep. Kevin J. Boyle	State Rep. Mary Jo Daley
State Rep. Patty Kim	State Rep. Lisa A. Borowski	State Rep. Nancy Guent
State Rep. Emily Kinkead	State Rep. Stephen Kinsey	State Rep. Tim Brennan
State Rep. Rick Krajewski	State Rep. Tina M. Davis	

## **Senate Bill**

State Sen. Maria Collett	State Sen. Sharif Street
State Sen. Art Haywood	State Sen. Nikil Saval
State Sen. Vincent J. Hughes	State Sen. Jay Costa
State Sen. Timothy P. Kearney	State Sen. Amanda M. Cappelletti
State Sen. Wayne D. Fontana	State Sen. Carolyn T. Comitta
State Sen. Marty Flynn	State Sen. Steven J. Santarsiero
State Sen. Judith L. Schwank	State Sen. Lindsey M. Williams
State Sen. John I. Kane	State Sen. James R. Brewster
State Sen. Jimmy Dillon	State Sen. Katie Muth
State Sen. Christine M. Tartaglione	State Sen. Anthony Williams

# Additional Talking Points & Research

## Safe staffing saves lives:

- Safely staffed hospitals have lower mortality rates.<sup>1</sup>
- Patients miss nursing care when staffing levels are low.<sup>2</sup>
- Safe staffing could prevent the deaths of 1 in 10 surgical patients.<sup>3</sup>
- Safely staffed hospitals have lower emergency room wait times.<sup>4</sup>
- Safe staffing drastically reduces readmissions for pediatric patients.<sup>5</sup>

## We know this can work:

- California hospitals have operated under safe staffing ratio legislation for many years. It's clear: improved safe staffing standards save lives and reduce nurse burnout, trauma, and turnover.
- Despite what some might tell you will happen here - the hospitals there are still open, and the patients get better care
- On average, hospital nurses in Pennsylvania have 1.3 more patients than nurses in California.<sup>6</sup>
- This is not an unprecedented idea in Pennsylvania. When we drop our kids off at daycare, we can rest assured that the facility is legally required to adhere to limits on the number of kids a childcare worker can be assigned. Why should we accept less if our kids are in the hospital?

## Safe staffing saves hospitals money — we can afford better care:

- In competitive hospital markets like Pittsburgh and Philadelphia, safe staffing levels are associated with positive financial indicators for hospitals. In less competitive markets, lowered nurse staffing levels do not generate financial gains for hospitals.<sup>7</sup>
- Unsafe staffing costs hospitals a lot of money — unsafe staffing is strongly associated with increased patient falls, increased surgical complications, more readmissions, more medical errors, more patient lawsuits, more burnout, trauma, and turnover for staff, and more nurses leaving the profession. These are massive expenses for PA hospitals. Safe staffing laws, by improving care, create cost-saving measures for hospitals.

- A national study found that the financial costs and benefits of increasing nurse staffing for hospitals more or less evened out (a <1.5% increase), concluding that the decision to increase or reduce staffing was based more on the value placed on human life rather than any potential cost to hospital systems.<sup>8</sup>
- Unsafe staffing leads nurses (both new and experienced) to leave the bedside. Hospitals are then forced to hire, train, and support new nurses. The cost of replacing a single burned out or traumatized nurse can cost as much as \$80,000<sup>9</sup>, and the leading cause of nurse burnout is unsafe working conditions.

**Safe staffing solves one of the major root causes of the nursing shortage and keeps more nurses at the bedside for longer:**

- We're often asked how we'll find all the nurses to have safe patient limits, because there aren't enough - so they say. The truth is we have enough nurses, just not enough nurses willing or able to work at the bedside under increasingly unsafe conditions.
- Only 76% of Registered Nurses in PA are currently employed as nurses, and 6% are unemployed.<sup>10</sup> There are over 100,000 nurses of working age and currently licensed to practice in Pennsylvania who are choosing to not practice at the bedside. Many have said that if staffing improved, they would actively return to bedside practice.

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