

Q: You've been NCNA's legislator of the year 3 times?

A: Well, it kinda fell upon me. I was named the chair of the study commission back in the '80s when we had the first nursing shortage, and at that point in time I always liked nurses, I knew nurses, but I knew very little about the profession, about the working conditions and that sort of thing, and I had a great learning experience. We held hearings across the state and worked on trying to solve that and out of that we became great friends, I'm a great admirer of the nursing profession and so far I think the like for me to handle their bills so we've had a good working relationship.

Q: Why's nursing important?

A: Well, I don't think I have to describe to people why it's essential. Something that absolutely amazed me when we did our hearings, and you've gotta realize this was in a time of crisis, when there's a nursing shortage and usually when that occurs they would blame the nurses for the shortage and there would be blame going around. And when I got into this issue I found just the opposite. And I told them as a group, I told them this a number of times, I know of no other group in state government where you participate in an in depth study and no one had any criticism of nurses. Not the doctors, not the hospitals, not the patients. And that says a ton about that profession, and one of the other groups that are some of my favorite are school teachers. And if you talk to them, they'll tell you that there are as many doubters as there are supporters. But for nurses, they're highly capable, they're highly skilled, their competency is never questioned by the doctors or the patients. And I think everyone realizes that the hospitals won't function, the doctors won't function, without nurses, that you've got to have them, they're just a critical piece there.

Q: What can the citizen do to support nursing?

A: Well, I think there is good support for the nursing profession. One of the very difficult things I had to deal with with the shortage is that the state doesn't employ that many nurses, and usually when we're dealing with a crisis we're dealing with a teacher shortage where we do all the employment, and we can adjust salaries and we can adjust benefits and do some things to help stimulate it. In the case of nurses, most of them are employed by private enterprise, and when we got into the problems for the shortage we found a number of problems that I kind of consolidated down into one fault, and that is that nurses were too nice for their own good. They don't ask for anything, they do not complain, they simply go home. When they can't work a graveyard shift because they have children, they have to quit nursing. When they can't work weekends every 3rd week because they've got children, they go home, and when we looked at the shortage a lot of them had simply retired out of the profession as they had children that went to the home,

and talking with those people, they indicated they'd love to come back and be of service if they could on terms that they could live with. And back then we did a lot of challenge grants and that kind of stuff to the hospitals to encourage them to work at shift differential pay, at rearranging schedules to where a nurse with children can be home with the children when they're there. A young nurse that has no family can work Saturday nights, but you've gotta pay them twice as much. Those types of very minor things just to make the profession do-able for a lot of people. And I think when you see that the problem is what I described to you, I don't know what people can do for that. They are supportive of nurses, and it just goes, it's an unspoken, they don't have to tell me they wanna make sure that nurses are in the hospitals, you know that.

Q: What's it say about NC that we had the first law?

A: Well, this was gonna be a program about nursing so I'll try to stay on the subject, but North Carolina has done amazingly progressive things in its history. And nursing certainly fits with those, we had the first state university system in the country, Chapel Hill. And as we've come along, we have recognized that certain things are essential to the people of this state, and have gone forth and promoted them. And

I think with a nurse practice act, I think some of my forefathers had good judgment at that time and saw that this was something we need to lock into stone and support and promote and do it.

Q: What's important about the elected board?

A: Well, it's my opinion of the state nursing hierarchy is that it works extremely well, and I think that's why. They do come from their peers, and they work for those people. They don't come from the politicians down, where they're trying to impose the latest and greatest on the ranks, they are part of the workforce and it's a great model. We, in North Carolina a lot of our boards and commissions work that way.

Q: The nursing scholars program?

A: Well, when we were looking at the nursing shortage, we were looking for any answer we could find. We had the problem of people getting out of the profession prematurely and I mentioned that a while ago, we had to create better working conditions, better hours so that we could get them back in, we had to pay them more too. And then on the other end we didn't have people wanting to go into nursing, and the good news is, we had just created the teaching fellows program a few years earlier that was unique in a lot of ways in this country and we were able to simply replicate that for nurses because it works well in the teaching profession. And what it does is, it goes into your high schools, it's not about just the kids that get the scholarships. If you go into the high schools, and the scholarships are so nice that people will compete for them and you'll get the brightest that want to go into the profession and compete for those scholarships. That brings others

with them, when they see a leader in their class going into nursing and competing for that scholarship, they decide they want to be a nurse. And it gives some people that perhaps couldn't afford to go into college a way to go. But it educates some of the very brightest people in this state to go into the nursing profession.

Q: The NC Center for Nursing?

Q: Well, the, once again, we replicated the Center for the Advancement of Teaching, and it's worked extremely well. I had a legislator, interestingly enough, about 2 months ago asked me what they were doing, they were looking at them in the budget like it was something maybe we didn't need. And he said, "You know, what are they doing, here we've got another nursing shortage coming, what is this?" That day, when I got back to my office I had this quarterly bulletin, or anyhow their bulletin's about 6 pages long, where they had done an analysis of the nursing shortage and what needed to be done to fix it. I walked back in the next day and I said, "You asked the question at the right time." And he looked at me and he said, "It was on my desk when I got back in there," he said, "that's incredible. They are doing, they're solving our problems for us." And the Center for Nursing, when you realize that nurses are too good for their own good, and don't ask for the things they need to stay in their profession, that somebody needs to look at this profession and tell them what changes need to be made, and it gives nurses a chance to participate in that process, and if you will, renew their spirit for nursing, to get away and think about the profession for a while and it gives us good public policy on how to solve the problems that we have when we have nursing shortages. This has become the core group for generating the ideas that need to be generated to improve the profession.

Q: How'd the Center come into being?

A: Well it was born out of the study commission on the shortage of nursing, we did several things. We did the Center, we did the fellows program. We actually went into technical schools and found out that a lot of nurses that were beginning their education there were working moms who were on a shoestring and if they had a crisis they had to drop out of school, if they lost their childcare, the car broke down, we actually even just created an emergency fund and gave it to the community colleges and said, "Go fix whatever ails them, we've got to keep them in school." So it was one of many things that was a broad-based approach to trying to encourage people to get in the profession, and doing everything that we could as a state to make sure they could stay in school long enough to get the degree and get the job, the jobs were there, it's just a matter of getting them educated.

Q: Judy Siemens?

A: Well, I guess, and I've worked with lots of great people in the nursing profession over the years, but she was probably the most forceful of those that I worked with, she was a very gracious lady who had a very pleasant way about her, but forceful. And it's interesting, during that time, she didn't have to be the aggressor, she could simply sit back and second the motion, because a lot of good ideas were coming forth, but she was a great

advocate for the nurses and for all of these programs, and as you can tell, most times when you have a study commission to study a shortage of something, you just put a Band-Aid on it and go on. When we came out of this, we had fundamentally changed the way this profession would be perceived and treated and, for the long haul. These are lasting institutions that will affect the nursing profession.

Q: Why are advance practice nurses important?

A: Well, all nurses are, and I really mean that, from the least degree to the highest degree, they all serve a valuable purpose, in my opinion the healthcare system would break down without them, but the advance practice nurses are, they're front-line operators. We can't educate and keep enough doctors in this state to handle the need out there, and these advance practice nurses are just an extension of the doctor, they allow him to manage more patients and they're extremely well qualified to do what they do and it just makes the system work.

Q: Do you support 'bringing all nursing under the Board of Nursing'?

A: Well that's a little bit more in-house baseball. And I'm sure there are people much more qualified than I am to comment on what they would like to have done. I personally think it's a good idea because they need to all be together. As you pointed out, we started the Nurse Practice Act at the beginning of the century, and it has served us well, and we've got this board that serves us well, we've got a profession where no one ever criticizes them from any side, why not put them all under that board and let them all function as one group?

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Q: What should people know about requiring insurance companies to reimburse advance practice nurses?

A: Well, a lot of these issues like this are turf issues, and control issues, if you will. You can equate it to the dental profession, they insist that the dental hygienist work in their offices and not work independently and not be paid independently. And I really think it's that kind of an issue. To some degree the insurance companies are involved but I think it's probably more between the doctors and the nurses. Eventually it will happen, and these things always do, there's no reason that, for things that they can do independently they shouldn't be reimbursed independently. And it's, the system becomes more burdened, [word] let go, that's just the way things happen. You would never have thought 20 years ago that advance practice nurses would have the independence they have now. It's come about because people had to let go, they just couldn't oversee everything and they had to delegate and they found out that they can and it works, and everything works well, and I think the reimbursement is just an extension of that, it'll come in its own time.

Q: The 1999 legislation allowing NPs to sign forms?

A: Well, a bill that I considered extremely minor, I ended up living with for the whole session. And it's pointed up kind of what I mentioned in my last answer, it was a turf issue and we, I had to go through extended conversations about how this was not an attempt to expand the scope of nursing, it was not an attempt to usurp doctors' authority, it was an attempt to make legal what they were doing already. The nurses were in fact signing these forms on the physicals, when they gave the physical, because they were the one that did the work and this was simply a report of what the results were. And after much more than we should have ever had to talk about, everyone realized that, the bill passed, and we went on to the next subject. But you see a lot of this turf issue, it's not just in the medical profession, it's in the legal profession, it's in the dentistry as I mentioned before, and it's almost political. You just have to work through and people have to get comfortable that they're not giving up anything, every time you try to help someone down the pecking order.

Q: Almost parental?

A: Well, it is, it's demeaning, I think is probably a better word than parental, it's not even maternal, it's demeaning to nurses, I know that, but it is what it is. And the nurses have always had the ability to recognize that, not get upset by it, deal with it, the problem you have in the general assembly, if you start an all-out war over some of these issues, all the doctors have to say is, "You're gonna hurt somebody." And we are laymen of the worst order, and you can, you'll stop the whole thing right there. I mean, legislators are not gonna do anything that they fear will be harmful to the people, because we've got a system that works extremely well so if there's some doubt, why change it? And that's what happens every time, that the folks at the top raise doubt and we stop. And so you end up fighting the battles incrementally and you move as far as you can move each session and just keep, keep on keeping on. I'm satisfied the nurses will have a bill for us to introduce every session.

Q: What should viewers know about NCNA?

A: Well, I can't go back and tell you how we got to the place that we got to. We are at a time and space where nursing is the most respected profession on the planet, in my opinion. Nobody thinks they're overpaid, nobody thinks they're incompetent, everybody loves them, their doctors like them, the hospitals like them, the people the treat like them, and I think you've gotta give the credit to the Board of Nursing, I mean who else is responsible for that profession if it's not that Board of Nursing? We have a Nurse Practice Act, and some of us have advocated for them, and we've created the Center for Nursing, but you add all that together, that doesn't explain it. Nurses have been here a long time and they've done a great job for a long time and I think the only single common denominator I see is the Board of Nursing.

Q: What about NCNA?

A: Well, there's a distinction, clearly. But I don't think I can ever remember when they weren't together on issues. You know the Board of Nursing has regulatory powers and

the Association is an advocate, and so I guess their missions are a little bit different, but they've always been on the same page, at least when they were in my office. I'm sure they have their moments, but I think they all work in tandem for the good of nursing and they're all very professional. And I'll be honest with you, I couldn't tell you which one some of them belong to, I don't ask, it doesn't matter, they're all free to pursue their agenda.

Q: How's a unified voice in nursing benefit you as a legislator?

A: Well, first of all, that unified voice is absolutely essential to get a starting place. I can't, and no other member, can develop a nursing bill out of this thick head. I don't have the knowledge, I do not know the profession, I don't know the needs, so they've got to develop that for us. And when I can sit down with them in confidence and know that they know how to lead their folks and it makes it easier for me, then, to get over that, that question, and go on and start pursuing the bill. And then probably the most critical is that as you pursue the agenda for them, they are able to communicate with their nurses back home and they are able to communicate with their legislators and you get one message going out all over the state. And that's powerful. Like I said,

when somebody that you like calls you back home about their profession and it's a profession that's kinda mystical to the rest of us, and says, "You know there's a bill down there that we're very much in favor for, in favor of, and here's why, and we'd like you to support it," that's powerful. Much more powerful than me standing on the floor trying to tell them that.

Q: What's the biggest challenge?

A: I think the nursing shortage is our biggest potential problem. We are going to have a nursing shortage and a teachers shortage very quickly, we're probably already into it and haven't realized the full impact of it yet. And probably 20 years from now we'll have another one, in 20 years from now we're gonna have another one, and it's, you know as a policymaker you try to figure out, "How can I stop this from happening?" and I'm not sure that I know how. I think elevating them to a more professional status, making their working conditions better are the key to having enough of anyone, but especially in those two fields. These are very, very highly educated people, who a lot of them don't have to do this, they can stay home or they can do something else, and when you make the working conditions such that it's not fun for them any more, they're not gonna do it. Or if you put them in a situation where they don't feel like they can fully perform, and they can do their job the way they wanna do it, they're not gonna do it. And so I think, and really a lot of people say, "Well, this is your job," it's my job to make sure we've got nurses, it really isn't. This is a private enterprise issue, and I think that's the challenge for the nursing profession is, make sure that you build your profession and promote your profession to the point that we will all have nurses, that's the ultimate goal here. And I think that's what they're doing, I think they work as hard as they can at it. Us

policymakers and perhaps the employers right behind them, if we'd do what they say we probably wouldn't have a shortage, but every time we have a shortage we catch back up. And they're gonna have to be the driving force in this.

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