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## Empowering Nurse Practitioners to make Health Policy CHANGE: A Guide to Successful Passage of Legislation in Utah

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Empowering Nurse Practitioners to make Health Policy CHANGE: A Guide to Successful  
Passage of Legislation in Utah

Heather Merrill

A scholarly paper submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of  
Master of Science

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## ABSTRACT

### Empowering Nurse Practitioners to make Health Policy CHANGE: A Guide to Successful Passage of Legislation in Utah

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**Introduction:** There is growing political apathy among nurses. This trend must be reversed to make meaningful change in healthcare. In 2017, the authors championed a bill, House Bill 308 Substitution 2 (HB 308 Sub 2), which passed in the Utah Legislature.

**Guide:** This health policy paper details the process of enacting HB 308 Substitution 2 to guide Nurse Practitioners in enacting legislation. The steps detailed to enact legislation are based on the acronym CHANGE which stands for collecting data, hinge, associations, negotiate, gather, and expect to be the expert. Basics of the legislature are also explained such as timing, the three readings, and lobbying.

**CHANGE:** Collecting data strengthens proposed legislation by legitimizing the problem and proposed solution. The hinge is deciding the approach to the solution, or the specifics of the proposed solution. Associations refer to involving key stakeholders early and often. Negotiate is the step of choosing a bill sponsor that is trustworthy, negotiates well, and has political capital. Gather means gathering public support. The more support from the public, the more likely the bill will pass. Expect to be the expert refers to knowing pro and con arguments and crafting power statements that convince legislators and answer common questions.

**Conclusion:** HB 308 Substitution 2 is a good start for Utah, but there is still much to do for vaccine legislation in Utah as well as in other spheres of healthcare nationally. Nurse Practitioners have the ability and responsibility to advocate for their patients and profession.

**Keywords:** legislative change, legislation, legislature, HB 308 Sub 2, APRN, nurses, nursing, advocacy, health policy, immunization bill, CHANGE, collecting data, hinge, associations, negotiate, gather, expect to be the expert, three readings, lobbying,

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Empowering Nurse Practitioners to make Health Policy CHANGE: A Guide to Successful  
Passage of Legislation in Utah

Nurses have a long history of political advocacy that should be honored in the contemporary nursing role. Examples include Margaret Sanger who formed the National Committee on Federal Legislation for Birth Control (New York University, n.d.), Lillian Wald who advocated for impoverished women and children and founded American community nursing (Virginia Commonwealth Universities, 2019), and Harriet Tubman, who, apart from her work with the Underground Railroad operation, also worked as a nurse for the union army and political activist for women's suffrage (American Battlefield Trust, 2019). This legacy should be honored and upheld by nurses in the current political sphere.

Nurses have the potential to create a political firestorm because of their positive public perception. Year after year nurses are ranked the "most trustworthy profession" on the Gallup poll (Reinhart, 2020). This trust gives political power to the nursing profession and could be an enormous political advantage if more nurses advocated for their profession and their patients in the legislative arena. Nurses who receive advanced practice degrees have an even greater potential to influence policy because of their additional education and skillset (Mullin, 2010). This increased potential, coupled with the Nurse Practitioner's drive to help diverse and underserved populations, make them perfectly positioned to be advocates for important and meaningful change.

Although there are limited recent examples of nursing political action, nurses have the potential to do much more. Based on size alone, a politically active nursing workforce would have the power to transform the entire healthcare system. A study of 50,000 Nurse Practitioners reports that increased political advocacy is correlated with policy education and negatively

correlated with insecurity surrounding the political process. The study also reports methods to improving political involvement such as mentorship and replicating other successful campaigns (Ryan & Rosenberg, 2015).

The authors of this paper have completed several vaccine community outreach projects and recognized the decreasing vaccination rates in Utah. The authors wanted to change Utah policy to slow the rise in vaccine exemptions. In 2017, the authors of this paper championed a bill that passed in Utah—House Bill 308 Substitution 2 (HB 308 Sub 2)—requiring parents to complete an online educational module before claiming personal vaccine exemptions for their children. The legislative steps taken to pass HB 308 Sub 2 are detailed in this paper to provide Nurse Practitioners with increased education and less insecurity about the political process, a type of mentorship, and a successful legislative campaign to replicate. While this example is focused on a vaccine policy, the basic principles can be generalized to any policy change. The overall goal is to empower Nurse Practitioners with a knowledge of how to enact healthcare policy so they can drive change in their own states and in policy areas unique to their own passions.

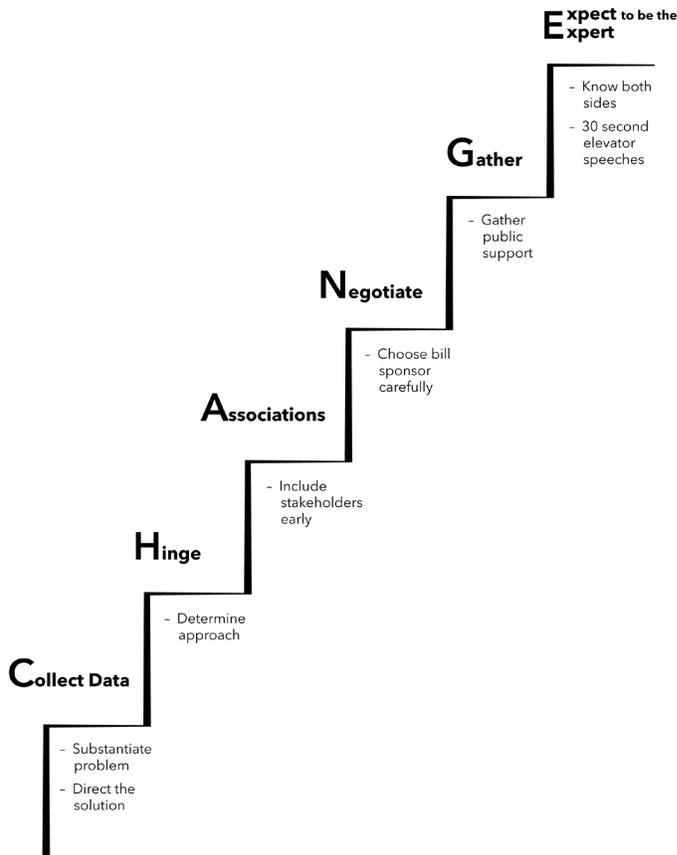
### **Guide**

Steps taken to pass HB 308 Sub 2 were based on Longest's (2010) framework of policy making. Because mnemonics can improve retention of information, the acronym CHANGE (see Figure 1) is used to introduce each step of the process. Longest (2010) suggests the first step is to define the issue. The C in the CHANGE acronym stands for "collecting information" and aligns with Longest's first step. The second step in the Longest (2010) model is to define the solution. The H in the CHANGE acronym stands for "hinge," or the solution to the problem. The last step in the Longest (2010) model is to turn the solution into political action. The final four letters of

the CHANGE acronym align with this final step. The A stands for “associations,” the N stands for “negotiation,” the G stands for “gather support,” and the E stands for being the “expert.”

**Figure 1**

CHANGE Acronym Steps



**C = Collect Information**

Writing and passing legislation begins with identification of a problem. An individual must first “collect information” to support that the problem exists and to direct the solution. In the case of HB 308 Sub 2, the authors recognized a need for a policy change in Utah when, in 2014, a local newspaper published the vaccination rates of every elementary school in the state. In many Utah schools, vaccine compliance was dismal with almost two thirds of schools in Utah

having no herd immunity (The Salt Lake Tribune, 2014). Recognizing low vaccination rates can lead to disease outbreak and put vulnerable populations at risk, a policy change was needed (World Health Organization, 2019).

Once a problem is identified, data are gathered to delineate the extent of the problem. For HB 308 Sub 2, Utah vaccination rate data were gathered. In addition to the data found in the Salt Lake Tribune, further research showed an incremental increase in personal vaccine exemptions every year since 2010. Collecting data is vital to convincing legislators that a change is necessary. For data to be effective, it must be applicable to the legislator's geographic area, accurate, and personal enough to motivate action.

### **H = Hinge**

Once a problem is identified, it is crucial to find the most effective way to solve the problem. This CHANGE step is called the "hinge." The hinge step is what the solution "hinges" on or what the bill champion decides is the best specific approach to solving the problem.

Every state has laws that require specific vaccines for school-aged children. All 50 states grant exemptions for medical reasons, 45 for religious reasons, and 15 for personal, moral, or other beliefs (Skinner & Garcia, 2020). Whittington et al. (2017) found that states with nonmedical exemption policies are 140% to 190% more likely to have measles outbreaks than states with only medical exemptions for vaccines. In Oregon, legislation that mandated vaccine education modules to receive personal or religious exemptions led to a 40% increase in vaccine compliance (Aleccia, 2019). Considering these different avenues for change, the authors needed to decide what would work best in Utah.

To help decide on a hinge, the authors evaluated legislative solutions in other states. The authors sent a survey to every state's vaccine program directors to collect information about their

vaccination laws. Through the survey, the authors gathered data on which states allowed personal exemptions and what policies were in place to improve vaccine education or compliance in those states. When the authors sent the survey in 2016, due to resurgence of vaccine preventable diseases, several legislatures in states across the country were working on vaccine-related bills (Eden et al., 2017).

An evaluation of other state vaccine laws and information on effective vaccine legislative campaigns helped the authors identify a hinge. Additionally, inquiring about the political and social climate in the state through meetings with legislators and stakeholders also guided the support of an effective hinge. The authors chose the hinge from the example of Oregon's law requiring a mandatory online education module prior to obtaining a vaccine exemption. To this end, the authors, in partnership with the Utah Health Department created an evidence-based online vaccine education module. The module has a trifold purpose: 1) teach parents to recognize symptoms of vaccine-preventable diseases; 2) disseminate information for how to respond in the event of a communicable-disease outbreak; 3) and prevent the spread of vaccine-preventable diseases (Immunization Education Module, 2020). Although not all legislation will include developing a module, the basic principles to developing the hinge for any legislation are similar; ensuring it is evidenced-based, taking into consideration the political and social climate of the state, and researching past legislation in and outside the state to determine the best approach.

#### **A = Associations**

Once information is collected and the hinge is in place, the next CHANGE step is to meet with "associations." When implementing policy change, it is vital to include all stakeholders in the process. For HB 308 Sub 2, stakeholders included the Utah Nurse Practitioners Association, the Utah Medical Association, the Utah Chapter of the American Academy of Pediatrics, the

Utah School Nurses Association, the Utah Local Boards of Health, the Utah Health Department, the State Immunization Manager, school administrators, and the Parent Teacher Association.

Gathering support from key stakeholders is vital to ensure the success of a bill. For example, in Utah there is significant vaccine hesitancy and an active anti-vaccination movement, so without significant support from stakeholders the bill would not have passed. It is also important to have stakeholder input on the proposed language and implementation of the bill. For HB 308 Sub 2, the key stakeholders were asked to give input on both the vaccine module and proposed wording of the bill. Their voices were invaluable to making effective change. For example, to implement HB 308 Sub 2, the Utah Health Department needed to administer and record compliance of the module, so without their support, HB 308 Sub 2 likely would not have passed in the legislature or implementation could have failed or been poorly executed. Another reason input from key stakeholders is needed prior to bill drafting is because bills can easily to lose the support of key stakeholders because of wording or differing opinions on how best to achieve change, even when the underlying convictions are the same. It is best to gain key stakeholders' support early, before drafting of the bill, so they can positively influence the proposed legislation.

#### **N = Negotiate**

“Negotiate” refers to finding bill sponsors that will effectively negotiate a bill through the legislative process, which is arguably the most important step. Finding the right bill sponsor, a Senator and House Representative willing to sponsor the bill in their respective chamber, is key to successfully passing a bill. Political capital, ability to negotiate, and trustworthiness are important qualities to consider when selecting legislative sponsors. Political capital is the sway a

legislator has in their respective chamber. Associations with other legislators in the chamber, political party affiliation, and years of experience all amass to political capital.

Trustworthiness and ability to negotiate are key qualities to look for in a bill sponsor because legislators with these qualities help maintain the fidelity of a bill. If a legislator has these attributes the Nurse Practitioner can trust that the legislator will closely collaborate while simultaneously knowing which concessions to make to ensure passage of a bill. Finding the right bill sponsor for HB 308 Sub 2 was a process of several years. In 2014, the authors first contacted their own local representatives who declined sponsoring a vaccination bill. Then, in 2016, a key stakeholder suggested a different representative. This representative agreed to help draft and sponsor the bill, but unfortunately the bill did not pass in 2016. This failure was a road to success though, because after failure of the bill in 2016, a different representative with significant political capital in the Utah House of Representatives contacted the authors to ask for their involvement in running the vaccine bill again in 2017. With the right bill sponsors, proposed legislation is much more likely to become law, as did HB 308 Sub 2 in 2017.

Every bill is written using a basic process. The bill sponsor meets with an attorney in the legislature's legal counsel to review the bill draft. It is the attorney's responsibility to ensure the legality and efficacy of the bill. Bill drafting and approval works on a first come, first serve basis. The earlier the bill draft is approved by a legislative attorney, the sooner the bill receives a number. The bill number is important because it is how the bill will be recognized going forward. Additionally, bills progress through the legislative process in numerical order. If a bill is assigned a high number, it may not be read before the end of the legislative session. If a bill is not read, it is dissolved and the process of approval and numbering starts over in the next legislative session. After receiving a number, a legislative fiscal analyst reviews the bill.

Legislative fiscal analysts review the state's financial data and prepare financial forecasts for new bills. The legislative fiscal analyst will determine if the bill should have a fiscal note. Bills that do not have a fiscal note, meaning they do not cost the state money, are generally debated less and have a higher likelihood of passing. The bill goes through a final review for statutory or constitutional concerns before the end of the current session. Once approved, the bill is ready to be presented to either the House or the Senate.

### **G = Gathering Support**

The process of “gathering support” focuses on gaining widespread support from the public. The tactics utilized to gather support for HB 308 Sub 2 are only some examples of potentially beneficial avenues to gather support. The authors gathered support by creating a *Facebook* group called *Why Immunize Utah* (WIU) and email list to inform the public of the bill progress and how to support the legislative effort at each stage. Fliers were distributed to online platforms as well as at physical locations, such as doctor's offices and nurse's stations in hospitals. Finally, many individuals and organizations were contacted to raise awareness and support. The organizations were asked to send a “call to action” email to their membership that included information about HB 308 Sub 2, and a template letter the members could use to request support from their legislators. Organizations contacted include Utah Chapter of the American Academy of Pediatrics, Utah Nurse Practitioners Association, Utah School Nurses Association, Voices for Utah Children, Parent Teachers Association, Utah School Sports Association, Utah Association of School Business Officials, University of Utah College of Nursing, and Utah Chapter of the American Cancer. Essentially, any Utah organization whose mission promoted children's health and wellness was considered an asset.

Personalizing the issue and having powerful statistics are strategies that work well for both the general population and in the legislature with senators and representatives. Public voices can make an otherwise doomed bill succeed, so be creative and loud in outreach efforts to gain public support. Ultimately, the success of a bill is a simple majority of votes in both chambers, so solidifying votes from individual legislators through public outreach will make any bill successful.

### **E = Expect to be the Expert**

“Expect to be the expert” refers to the expectation that the Nurse Practitioner (the bill champion) is the expert both before and after passage of the bill. The Nurse Practitioner should be well informed about the content of the bill, the issues at hand, and arguments that support the legislation as well as those that might arise in opposition to it. For example, in the case of HB 308 Sub 2, researching anti-vaccine rhetoric was important in preparing evidenced-based responses to support HB 308 Sub 2.

The Nurse Practitioner should prepare a few power statements, statements that can be presented in 30 seconds or less, that are convincing and effectively communicate the main purpose of the legislation. Carefully crafted power statements are helpful when communicating with legislators who have limited time during the legislative session. Even after a bill has passed, the Nurse Practitioner guides the implementation of the bill and is again regarded as the expert on how to best execute the law. For example, after HB 308 Sub 2 passed, the authors were asked how the module would be distributed, how completion of the module would be recorded, and how the schools would communicate compliance with the Health Department. Ultimately, the Nurse Practitioner can be an expert at all stages of the legislation. Therefore, a thorough understanding of the bill as well as knowledge of arguments from both sides of the issue is needed to maximize influence.

**Basics of the Legislature**

To understand the general flow of a bill through the legislature, a detailed explanation of the Utah legislative process and what happened with HB 308 Sub 2 is described. For a timeline detailing the 2016 and 2017 legislative sessions and the passage of HB 308 Sub 2, see appendix A. The Utah legislature is similar to many state legislatures. Therefore, the information pertains to Nurse Practitioners in various states. More generalized information about state legislatures can be found in Table 1. Additionally, 70% of state legislatures use Mason’s Manual for parliamentary guidelines; the Utah state legislature follows this manual (National Conference of State Legislatures, 2020). Other states implement Robert’s Rules of Order (Robert, Robert, & Robert, 1970). Table 1 provides a resource to better understand Roberts Rule of Order.

**Table 1**

*Useful resources to understand the format, players, rules, lingo and timing of the state and national legislatures*

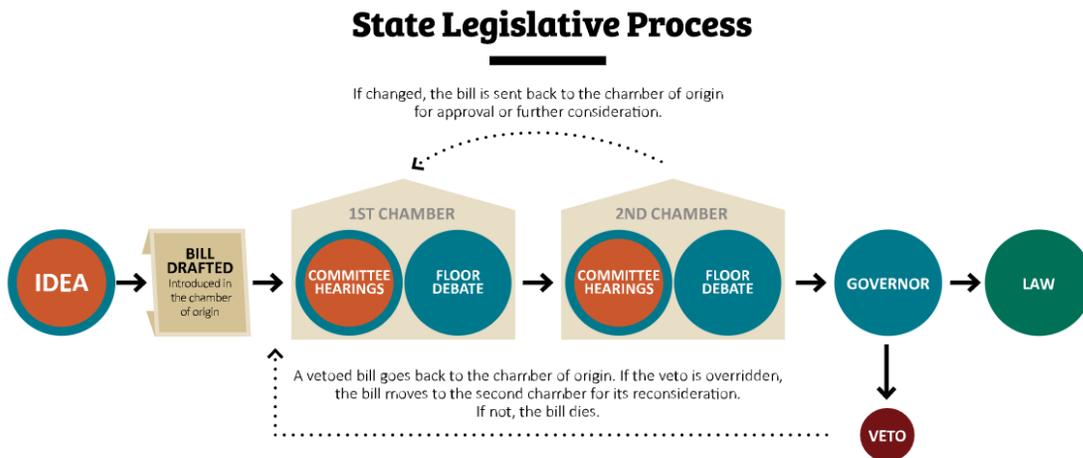
<b>Useful Resources</b>	
<b>Basic format of Utah legislature</b>	<a href="https://le.utah.gov/documents/aboutthelegislature/billtolaw.htm">https://le.utah.gov/documents/aboutthelegislature/billtolaw.htm</a> (specific to Utah, more specific to the names of the committees)
<b>Format of national legislative season, short videos</b>	<a href="https://www.congress.gov/legislative-process">https://www.congress.gov/legislative-process</a> (videos)
<b>Calendar for the timing of each state's legislative season</b>	<a href="http://www.ncsl.org/research/about-state-legislatures/2019-state-legislative-session-calendar.aspx">http://www.ncsl.org/research/about-state-legislatures/2019-state-legislative-session-calendar.aspx</a> (legislative session calendar)
<b>Legislative process, players, rules, and lingo</b>	<a href="http://www.ncsl.org/research/about-state-legislatures/learning-the-game.aspx">http://www.ncsl.org/research/about-state-legislatures/learning-the-game.aspx</a>

**The Three Readings**

The Utah Constitution states that “every bill shall be read by title three separate times in each house” (Utah Const. art. IIV, § 2). To see a map of how a bill progresses through the process of three readings, reference Figure 2. The first reading is a simple introduction of the bill in the chamber of origin, after which it goes to the rules committee to be assigned a standing committee according to bill classification. This step necessitates lobbying because the bill has a higher chance of passing if it is sent to the committee with the most interested parties. For HB 308 Sub 2, this was the committee of health and human services (HHS). To achieve this objective, the authors solicited the WIU *Facebook* group’s support in petitioning the legislators of the rules committee to assign the bill to the HHS committee.

**Figure 2**

State Legislative Process



*Note.* Visual diagram of the state legislative process and each step a bill takes in the legislature. From *National Conference of State Legislatures*. <https://www.ncsl.org/research/about-state-legislatures/learning-the-game.aspx>.

Once a bill is assigned to a standing committee, it is put on that committee’s agenda for a public meeting. At the public meeting, the bill sponsor presents the bill and the public can speak for or against the bill. Then, the standing committee votes on the bill. If they vote against the bill, the bill dies and is never discussed again in either legislative house during the session (Office of

Legislative Research and General Counsel, 2014). It is therefore crucial to encourage stakeholder presence at the public committee meeting and to contact standing committee legislators to request a favorable vote.

The second reading of a bill is a report of the committee vote. The committee report is read and adopted by the general body, no debate or amendments are allowed, and the bill is placed on the calendar for a third reading. In the Senate, the second reading includes another introduction of the bill, debate, and may include substitutions and amendments. The bill must pass by a majority of senators present to advance to the third reading (Office of Legislative Research and General Counsel, 2014).

At the third reading of a bill, the bill sponsor explains the bill and answers any questions from the House or Senate floor. Amendments and substitutions may again be made at the third reading and a final vote is held. If the bill passes the final vote in the first chamber (such as the House), it is sent to the second chamber (such as the Senate). In the second chamber, the entire process is repeated including another three readings. If the bill is amended in the second chamber, it must go back to the original chamber to be ratified again. If the chamber of origin votes not to accept the bill with the changes, and the second chamber does not rescind the changes, the bill is assigned to another committee composed of three members from each chamber to reconcile the changes. After the bill passes the second chamber or is reconciled in committee, the governor either vetoes or signs the bill. If she or he vetoes the bill, the legislature may choose to either sustain or override the veto (Office of Legislative Research and General Counsel, 2014).

### **Circling a Bill**

Circling a bill effectively puts the bill on a temporary hold. In Utah, the term circle refers to the electronic information board inside and outside each legislative chamber that shows the order the bills will be read; when a bill is on hold it has a literal circle around it to show it will be skipped until the bill sponsor decides to release it. The bill sponsor can choose to circle a bill if they are not ready to discuss it, or they think more work is needed before it is introduced. An example of a smart time to circle a bill was during the 2016 legislative session. During this session, the author's proposed bill had been changed almost beyond recognition, and most stakeholders hoped the bill would not pass. The bill sponsor could have circled the bill at that point, effectively killing the bill until the time ran out on the legislative session.

### **Lobbying**

Each state has its own laws of what constitutes lobbying (Birdsong, n.d.), but to maintain simplicity, the authors will explain only what lobbying is like for a lay citizen, not a paid lobbyist. Further, the authors will specifically explain lobbying as it relates to how to talk to legislators when the House or Senate sessions are in progress. Again, this structure is specific to the Utah legislature, but principles can be generalized to other states.

To talk to legislators during an ongoing legislative session, there is a specific process to follow. Outside each chamber there are gatekeepers, in Utah they wear either a green suit coat or a blue suit coat, depending on whether they are part of the House or Senate. The gatekeepers admit people to the viewing areas within the chambers as well as notify legislators of meeting requests. Anyone requesting a meeting must write their name, phone number, bill number and discussion topic on preformatted slips of paper. The papers are delivered to the intended legislator, and when he or she has a break, the legislator will come out of the chamber and call the person who requested the meeting. When the legislator calls the Nurse Practitioner's name, it

is important for the Nurse Practitioner to deliver the message quickly and effectively. Using 30 second power statements and written talking points to be brief and to the point is helpful. It is also easier to wait by the doors and know exactly what the legislator looks like so that it is easier recognize them and take advantage of the brief time the Nurse Practitioner and legislator have together. Handouts are helpful because if the legislator does not have time, the handout can communicate the message and serve as a reminder when the bill is read. Alternatively, the legislator may request a visit to discuss the bill via phone call.

### **Conclusion**

Owing to the nature of the legislature, compromises and wording changes to HB 308 Sub 2 decreased the scope and power of the bill. The original goal for the legislation would have mandated longer modules that needed to be renewed annually, no doubt decreasing personal vaccine exemption rates more dramatically than what HB 308 Sub 2 has accomplished since 2017 (Utah Department of Health, 2019). Although the results from HB 308 Sub 2 were not as significant as originally hoped, the passage of any pro-vaccine bill is an important step in Utah, a state with a strong anti-vaccine movement. Additionally, the passage of HB 308 Sub 2 paves the way for future vaccine legislation to have greater success.

Other successes that are harder to measure are the lessons learned from the passage of HB 308 Sub 2 that can aid in future successes in Utah and for Nurse Practitioners enacting legislation in their own states. One lesson learned is that policy is a process instead of one singular event. For example, most potential legislation takes an average of 5 years to finally become law (Utah State Representative Carol Spackman Moss, personal communication, March, 2016), so trying again after one or several failures is important for success. Another lesson learned is that the timing for introduction of legislation is important; the political and social

climate must be factored in when determining the approach to change. Patience with timing is advantageous, allowing for the first shock reaction to settle to wait for more mild responses.

Nurse Practitioners are highly aware of the changes that the healthcare system needs both nationally and locally. There are many important ways to affect change, including active membership in professional nursing organizations, developing established relationships with legislators, and voting in local and national elections. If specific and timely change is sought after, championing a bill is the solution. Nurse Practitioners must make their voices heard in this and other effective ways, otherwise disciplines outside of nursing will control the conversation. It is time Nurse Practitioners decide what is best for their own profession and patients. Nurse Practitioners can honor great nursing predecessors and CHANGE the silence with active advocacy and can spark a wildfire that will necessarily transform the healthcare industry and the Nurse Practitioner profession.

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Appendix A

*A timeline detailing 2016 and 2017 legislative sessions and the passage of HB 308 Sub 2*

# Legislative Steps Timeline

