

Chronological: Hawaii Nurses Association, Honolulu: Before the Hawaii Nurses' Association at Mabel Smyth Auditorium

Senator Daniel K. Inouye Papers
Speeches, Chronological, Box SP3, Folder 43
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SPEECH BY SENATOR DANIEL K. INOUE BEFORE THE HAWAII NURSES'
ASSOCIATION AT MABEL SMYTH AUDITORIUM, HONOLULU, HAWAII ON
AUGUST 12, 1975 AT 7:00 PM

The vast majority of our Registered Nurses are professionally trained and fully capable of performing competently like any other professional. It is now expected by both patient and physician alike that you will carry on your contribution without supervision, and that you will serve as a professional colleague--one with whom both the patient and the physician can share their observations and one with whom a joint determination about the best course of therapy will evolve.

In recognition of your steadily increasing professional status, I introduced S. 104 at the beginning of the 94th Congress. My bill would amend our Medicare and Medicaid legislation to insure that all services performed by registered nurses which are authorized under the various state professional nursing practice act would now be directly reimbursable by both of these federal health programs. S. 104 would also move to broaden the basic concept behind Medicare and Medicaid--from a purely medical or "sickness" orientation to a more social and preventive one.

If passed, S. 104 would provide for direct federal government third-party reimbursement to the individual registered nurse and in so doing would undoubtedly nudge our private insurance carriers towards a similar provision under their policies. However, there are two additional facets to S. 104 which I feel especially deserve your consideration. First, by relying upon the individual states to define, and I expect in some cases, to perhaps limit the scope of nursing practice, I have attempted to place the responsibility and authority for nursing practice where I feel it truly belongs--on the local level. You should know that a number of your colleagues from the mainland states have strongly urged me to work towards establishing a national nursing practice act. But I resisted their pressure because I instinctively feel that we should first allow our local jurisdiction to experiment and evolve their own health delivery legislation. The inequities, bungling and lack of responsive and creative leadership of our federal bureaucracy, are legion. And for a program as important to our nation's citizenry as I envision under S. 104, I would be most distressed to see the heavy hand of HEW's bureaucracy in firm control.

Instead, I would much prefer to see the scope of responsibility of our nursing profession debated first on the local level. For example, I would like to see our State Legislature wrestle with the issue of insuring high quality nursing services, and of providing a formal peer review mechanism. At the State level is where your real strength lies and where your accomplishments and admiration is the greatest. It is with your patients and with those who work closely with you on a day-to-day basis that you have earned the greatest respect. Quite frankly, on the national level, organized medicine is less than enthusiastic about the prospects of treating you as true professional colleagues.

But perhaps most important to your profession is the probable very real relationship between S. 104 and our forthcoming comprehensive national health insurance program. As I am sure all of you are aware, my colleagues and I in the Congress are becoming increasingly concerned about the rampantly escalating costs of our health care system. Since 1950, the cost for health services to the average American has increased by 465%; a figure more than two and a half times his increase in wages during the same period. Further, it saddens me greatly to learn that since the adoption of our Medicare program, the average annual "out of pocket" cost of health care for an elderly person has actually increased by \$179. And these are the very people who often must live out the remainder of their lives on a fixed income--those who can least afford such an increase. We are the only Western industrialized nation that still does not have a national health policy nor a legal, nor even a moral commitment to the proposition that health is each citizen's right, and not merely a luxury that only the rich can afford.

I am confident, therefore, that we will eventually pass a comprehensive National Health Insurance program; but when and under what conditions, I, in all honesty, cannot even begin to guess. The appropriate committees of the Congress are presently in the midst of their initial deliberations, but there is considerable disagreement about certain basic issues: how much should we attempt to reorganize the entire health delivery system; what should be the role of the private health insurance companies; how fast should we attempt to phase in our new programs? Under our organizational structure, these same committees also have jurisdiction over the current efforts to revise our income tax structure, as well as respond to our nation's energy problems. Given these facts, I would be less than honest if I did not say that the thorny problems of National Health Insurance will be taking a "back seat" to these other pressing issues.

However, even at this point in our deliberations, it is abundantly clear to me that there is very little enthusiasm in the Congress for broadening the scope of independent practice to include any health care providers beyond those already covered under Medicare. Almost without exception, every major National Health Insurance proposal before us has limited its definition of the independent provider to those presently under Medicare. The services of the other professionals would be reimbursed, but only if they were performed under the direct supervision of the attending physician.

Thus, the debate surrounding S. 104 is really a forerunner to the debate concerning your ultimate role under our National Health Insurance program. If you are able to develop sufficient grass roots support to pass this bill, your profession will be in an excellent bargaining position to insist on full equality under the National Health Insurance. However,

if you are not able to muster sufficient support on your behalf, I am afraid that you must expect to continue to be treated as a subordinate profession--forever at the beck and call of the physician. And this, I would suggest, would clearly not be in the best interests of our citizenry.

But if this legislation is so important, and if its basic premises are so logical, why is it not moving as fast as it should? Why is there opposition?

First, for too long a time now we have been conditioned to think of a traditional doctor-nurse relationship as one in which the nurse is always religiously "following the doctor's orders". Most people look upon the nurse as "just an employee" under constant supervision. As I'm sure you are all too aware, this relationship is constantly reinforced in the mass media, on television, and even in the Sunday comic strips. The RN is often told when to take a temperature, when to take a pulse, when to give a shot, and when intravenous feeding is necessary. In short, we never are exposed to examples of the nurse acting in a responsible, independent fashion.

The second, and probably main, reason is the general fear of malpractice suits in our health care systems today. For good reason, the threat of a malpractice suit has become an obsession with the doctors and hospitals. In Hawaii, we have not yet seen our first million dollar settlement, yet it clearly hangs over everyone's head. When a doctor hears rumors of one of his colleagues having his reputation blackened and his practice ruined in the courtroom, he can't help but be caught up in the furor. He wants to protect himself and his family, and he acts accordingly. He practices defensive medicine. With regards to nursing, he keeps them under the tightest possible control. When nurses ask for more responsibility, he instinctively pulls back and resists.

But what are the consequences of this to our society? First, there is the ever increasing cost. We are not utilizing the full talent of our nursing professionals. Instead, on the one hand, physicians are often performing tasks that they are overly trained for and, not surprisingly, studies have shown that they are not performing them as well as their nurse counterparts. Secondly, we are now witnessing a demand for a drastic expansion in our primary care medical graduates and also a proliferation of various types of health manpower which are specifically being trained to "extend the eyes and arms" of the physician. Although I share the School of Medicine's enthusiasm for these important programs, I am also very aware that these MEDEX, emergency paramedic personnel, and physician assistants are in fact being trained at the very real expense of the nursing profession. Why, for example, can't we talk about having these physician assistants functioning under the direct supervision of the Registered Nurse? Why don't we allow our Registered Nurses to do much more in the way of actually delivering services? For example, what about performing minor surgeries?

I say these things because it was not too long ago that the only time I saw a physician was in an emergency. All I saw was the public health nurse. She diagnosed and prescribed medications. She was the one who instructed my mother on how to treat measles. She instructed her when to take me to a physician to have my tonsils removed. We very seldom saw a physician and then only for surgery. She performed minor surgery.

Whether you like it or not, and regardless of what our politicians say, our society still looks upon women as being not quite on a par with men. I personally do not believe that the Registered Nurse would be in such an inferior position if you had more men among your membership. Ever since Florence Nightingale, your profession has been looked upon as one for ladies and not for men. If a man joined, he was often considered to be "different".

Accordingly, it might be wise for your profession to purposely fully expand to include more men. Otherwise, you may probably continue to be treated in a discriminatory fashion. A concrete example of what I am saying is the fact that several national studies have recently shown that physician assistants, who typically are male, are on the average paid \$3,000 to \$4,000 more per year than nurse practitioners for performing essentially the same tasks. And when you realize that our nurse practitioners usually have from two to four years more training, then you have to conclude that being female is the key factor.

I personally feel very strongly that your case for parity is an excellent one. But to be successful, you must first learn to convert your numbers into political muscle. As a profession, you clearly have the numbers.

In the past, we all know that your profession has often purposely avoided becoming involved in overt political activities. However, I would only suggest to you that today our society and you can no longer afford such luxury. As a profession, you need to become more involved and to let the politicians know what you want. As a society and as potential patients, we need you to become more involved and to speak out on our behalf.