

ED Corner

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I started to write this “ED Corner” while reviewing the digital version of CNA’s Q2 journal as well as looking back on the legislative session. Last quarter, CNA President Mary Satre mentioned Colorado’s Lt. Governor Dianne Primavera’s comment that access to healthcare is a human right. At a recent bill signing for SB25-130, Governor Polis commented that we should be striving for the best healthcare for all but instead SB130 was passed to ensure Coloradans have access to the most basic level of emergency health care. Just after his comments on SB130, he signed SB25-045 to explore and make recommendations for expanding health care for all. CNA supported both of these bills. Meanwhile, at the federal level, the Center for Medicare and Medicaid Services (CMS) has removed protections for healthcare providers who offer emergency abortion care and it is anticipated that upcoming changes to Medicaid will strip millions of their healthcare. The staffing rules issued by CMS last year, and supported by CNA and ANA, were struck down by a judge who stated Congress, not CMS, should make such rules. We can do better.

At a recent Workplace Advocacy A.N.T. meeting, Shanel Martens brought to the

group’s attention that clinicians must take seriously the pain experienced by patients during IUD insertion, with the admonition that nurses who stand by and allow a patient to suffer are complicit in that suffering. Before I was a registered nurse, I was already aware that nursing is an oppressed group. That oppression leads to nurses feeling powerless. That powerlessness can lead to the aforementioned complicity. Instead, nurses should use their voice to advocate - for their communities, their patients, and themselves.

I am writing this three weeks after the 2025 legislative session ended. To many that means our time for advocacy is done until next year. However, advocacy neither starts nor ends at the legislature. As described in the ANA Code of Ethics, nurses have a responsibility every day to advocate for their patients, whether that means making sure their pain is controlled, there is sufficient staffing on the unit, or, as described in this edition of the journal, that nurses are becoming certified as expert clinicians in their area of specialty. This is not always without risk as I learned of a nurse who called their managers to say taking care of 18 patients was not safe and was subsequently terminated for that action. At CNA we have

heard from other nurses who fear if they will lose their job if they speak up. But nurses must use their voice. We also have a responsibility to advocate for ourselves. This issue has a great article on the Sunset of the Nurse Practice Act (NPA). By the time you read this, the Colorado Nurses Association will have convened a number of groups to review the NPA, make recommendations for changes to the NPA, and provide supporting evidence for those changes. Should the prescriptive authority mentorship hours be reduced? Should nurses have to report to the Board of Nursing a chronic disease that is well controlled? Should a nurse lose their license for something that may be a crime even though that nurse has not been convicted of any crime? Should nursing schools be required to include 750 hours of clinical time when clinical sites are becoming harder to find? These are just a few of the questions that have been asked by nurses using their voice, and I anticipate many more questions as we get groups together. So this is a time to be active with CNA and any other nursing organization to which you belong. Be sure you use your voice. Be sure your organization uses their voice. The voices of 5 million nurses will make a difference. ■

2025

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