

Looking Forward

Mary Satre, MSN, MBA RN, Colorado Nurses Association President 2023-2025



2025 is not going out quietly. Activity within Colorado Nurses Association has been on high alert with the Legislative Special Session in August and all the implications of changes at the Federal level to health care and social determinants of health in Colorado, in both rural and urban areas. Nurses remain “the most trusted profession” as we continue to provide care for the people of Colorado. We are reliable – we show up for work and do what needs to be done. And for that, we receive gratitude. But does gratitude extend to respect? Are the years of study and experience that nurses bring to the profession enough to influence policy and effect the changes that are necessary to keep people healthy and healthcare on track?

With resignations and cuts to the CDC and unclear information on the availability of COVID vaccines this season, GAPP leadership engaged in an animated online discussion involving potential concerns and alternate scenarios that nurses may encounter. Some of these were summarized in an early September article in the New York Times that asked:

- Will insurance continue to cover certain vaccines if they are recommended by states but not by the federal government?
- Will primary care providers and perhaps pharmacies face repercussions if they provide these vaccines?
- Will some states continue to require certain vaccines if they are no longer recommended by the reduced-size CDC?

Add to this the very real concerns brought forward by the rural nurses of our state who care for a population that consists of, in some areas, up to or more than 70% Medicaid patients. Given the federal cuts to Medicaid, what does the future

hold for these people?

What I have heard nurses say in meetings over the past few months is that they are looking for ways to continue to provide care and services despite hurtful budget cuts and looming uncertainty. A hospital in one rural area of Colorado faces almost certain closure. What then will become of the people it currently serves? In at least one area of this state there is a movement toward building a healthcare coalition of services and information. A guest speaker at a recent Rural A.N.T. (Advisory and Networking Team) meeting presented details of the La Plata Healthcare Improvement Coalition, dedicated to “areas of concern and needs regarding healthcare in La Plata County (lphic.org).”



One of the ways in which CNA excels is in its advocacy work. Our Executive Team regularly engages with state politicians and representatives of regulatory and other agencies at the top level, building working relationships. They are always available to hear the questions and concerns of nurses in this state, both CNA members and non-members. The GAPP Committee meets throughout the year to keep on top of legislative action.

At the beginning of this column I noted that nurses earn accolades for doing the work but are not necessarily valued for the knowledge and experience they can bring to finding solutions for ongoing healthcare problems and issues. We need to con-

tinue to advocate for the things that we know are essential and right, whether for individual patients or on a broader scale. Both are important. We can advocate for preventive healthcare – we know and understand the science. We can engage with our local and national legislators in many ways to form beneficial relationships and continue to support the healthcare population we serve. Several of our members have been working to develop a platform for teaching “Advocacy 101” to interested but potentially uncertain members. Our Annual Conference on September 26th introduced this opportunity.

Examine your own practice. What do you value in your work? In what ways do you make a difference by continuing to show up every day? Are you able and willing to continue making that difference if you are deprived of certain safeguards and assurances? If the answer is no, what are you prepared to do about that? Tell your story to a colleague or family member and then find a way to tell your local legislator. We are here to help with that. Join a small group and discuss ways we can improve the next edition of Colorado’s Nurse Practice Act (see GAPP Update for more information). I cannot help but think of the Welsh poet Dylan Thomas’s famous words: “Do not go gentle into that good night. Rage, rage against the dying of the light.” Ask yourself: Is it about life and death? Or is it more important than that?

It is good to look over the achievements of a career or a lifetime and be complacent and thankful. But I challenge you to keep your eyes fixed ahead and looking for ways to continue that work, no matter your title or role. All hands are needed to keep the healthcare boat stable in stormy waters.

Yes, this is my last column as CNA President; when this edition of Colorado Nurse reaches readers I will be “official status”

Past President and busy using the collective wisdom I have gleaned from my involvement with committees, interest groups, and individual members during the past two years to inform my continued support of CNA in any way I can.

I am delighted to relinquish the duties and responsibilities of this position to my colleague Mavis Mesi-Goresko. We have worked together as co-chairs of the GAPP Committee for several years and spent time together at local and national con-

ferences. She is a dedicated educator and will bring solid leadership to CNA. I am excited about what I see when I look forward, rather than back. My thanks to each one of you for all that you do to make that possible. ■

ED Corner

Mark Longshore, PhD, RN; Executive Director



Strong Together. I know I have used that phrase — from CNA's Mission Statement— in previous ED Corners, but the happenings of the past few months has significantly increased the meaning behind it. Together can mean a professional association like CNA, a group of like-minded nurses working to change their community or their hospital, or a unionized group of nurses. What matters most are examples of working together and getting things done.

In this quarter's journal, you can read an article by Deputy Director Margaret Bishop on CNA's proposed (hopefully approved by the time you read this) Diversity, Equity, Inclusion, and Justice Position Statement. With the federal government and a number of corporations back pedaling on the importance of diversity, leadership at CNA felt it was important to reaffirm our position that diversity leads to better decisions and better outcomes for our patients and nurses. "Together" came into the process when we were fortunate to work with other nurses and nursing organizations to develop that position and work toward greater collaboration, including two CNA representatives joining the most recent Colorado Council of Black Nurses meeting in Denver alongside an invitation that they join more of CNA's activities and meetings. Moving forward, we hope to develop "organizational affiliations" with other nursing groups as we advance with a unified voice.

CNA works with several group of not

just nurses, but healthcare leaders from FQHCs, hospitals, physician groups, and long-term care. We don't always agree, but we have thoughtful discussions about how various policies impact each segment of the healthcare system. Such diversity of thought leads to healthcare professionals identifying solutions. These collaborations have led to improvements in APRN rules and the recent Workplace Violence Prevention bill of 2025.

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CNA works closely with other state associations. We met in D.C. in August for a lobbyist meeting at which we were reminded that all states have similar problems — nursing shortage, safe staffing concerns, advanced practice restrictions, workplace violence, and of course concerns over the apparent move away from evidence-based healthcare. We shared

different strategies that have or might be successful in resolving these issues at the state level. The Washington State Nurses Association recently announced a successful lawsuit against the federal government to stop the deletion of "vital public health and science data from websites maintained by the U.S. Department of Health and Human Services." While many states, including WSNA, have more power than CNA due to their organization as a union, we do sign on to many letters from ANA, WSNA, and other entities with the intent of being strong together. According to ANA, the federal legislators pay attention when most or all the states sign on. When we send out calls to action, we are looking for the same effect — most nurses signing on.

The research tells us there are three significant reasons nurses are not active in advocacy. 1. Lack of time. 2. Lack of knowledge. 3. Belief it won't make a difference. CNA is hoping to fix #2 through advocacy training we will be piloting soon (likely by the time you read this). I hope you feel a little better about #3 after reading about the success of WSNA as well as CNA's legislative wins over the past year. As for #1, I hope that you will see the difference we can make together and set aside some time for advocacy and activism. The legislative session starts back up in January and we need your knowledge and voice. ■