

**2015 INA Resolution #1**  
**American Nurses Association (ANA)**  
**2015 Code of Ethics**  
**By INA Resolution Committee**

**Whereas:** ANA has published the 2015 *Codes of Ethics for Nurses with Interpretive Statements* (the Code) which establishes the ethical standard for the profession and provides a guide for nurses to use in ethical analysis and decision making.

**Whereas,** The purpose of the Code is:

- ▶ A succinct statement of the ethical values, obligations, duties, and professional ideals of nurses individually and collectively.
- ▶ The profession's non-negotiable ethical standard.
- ▶ An expression of nursing's own understanding of its commitment to society.

**Whereas:** The Iowa Nurse Practice Act states that all nurses will be held to the ANA Code of Ethics.

**Therefore let it be resolved:** That the Iowa Nurses' Association supports the 2015 edition of the ANA *Code of Ethics for Nurses with Interpretive Statements*.

**Implementation Steps:**

1. Provide a link on the INA website to the ANA Code of Ethics on the ANA website.
  2. Encourage INA Regions to discuss the Code of Ethics at one of their meetings.
  3. Request that a representative from the Iowa Board of Nursing write an article for the INR to discuss how the code applies to Iowa nurses.
- ▶ **Cost:** Zero
  - ▶ **Priority:** High

**2015 INA Resolution #2**

**Integration of Palliative Care into Health Care Delivery Systems: Removing Barriers-Improving Access**  
**Adapted from the ANA 2014 Reference Committee Hearing**  
**Submitted by: INA Resolution Committee**

**Whereas:** Medicare coverage for hospice services and payment models have not been changed in over 30 years and do not reflect current recommendations for exemplary palliative and hospice care delivery models. While hospice and palliative care associations do support and lobby for changes that address these concerns, substantive change will require the efforts of many, working in partnership, to reform hospice and palliative care reimbursement mechanisms;

**Whereas:** Barriers such as lack of education for nurse and other healthcare providers; lack of patient education and community outreach; lack of qualified providers; stringent requirement for reimbursement limits and cultural differences and attitudes related to death and dying, access to hospice and/or palliative care may exist;

**Whereas:** Nurse led programs/processes such as palliative care teams, embedded palliative care education/principles in primary care, promotion of earlier access to palliative care have been effective in removing some of the barriers to hospice and /or palliative care;

**Therefore let it be resolved:** that the Iowa Nurses' Association:

1. Promote and support payment models to improve access to palliative and hospice care,
2. Advocate for comprehensive integration of palliative and hospice care education into basic and advanced nursing education and professional development programs.

**Implementation Steps:**

1. Publish an article in the INR on palliative care.
2. Provide a continuing education program on palliative care at the INA annual meeting.

- **Cost:** \$100.00
- **Priority:** Medium

**2015 Resolution #3 Reaffirmation of 2009 Resolution  
Support for Professional Midwives  
By Lynne Himmelreich, RN, MPH, CNM, ARNP  
Updated by INA Resolutions Committee**

**Whereas:** in the United States this is a person who has graduated from a formal education program in midwifery accredited by an agency recognized by the U.S. Department of Education and the professional midwife has evidence of meeting established midwifery competencies that accord with a defined scope of practice corresponding to the components and extent of coursework and supervised clinical education completed, and

**Whereas:** the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), World Health Organization (WHO) and the American College of Nurse Midwives (ACNM) support the International Confederation of Midwives' definition of a professional midwife, and

**Whereas:** this definition states that successful completion of a recognized midwifery educational program and acquisition of the applicable legal requirements in the country of practice are essential components for a midwife to be recognized for clinical practice, and

**Whereas:** in addition, this person has successfully completed a national certification examination in midwifery and is legally authorized to practice midwifery or nurse-midwifery in one of the 50 states, District of Columbia or U.S. jurisdictions, and

**Whereas:** there will always be women desiring out-of-hospital birth and that in the interest of their public health and safety, all women deserve the same standard of care and the safety net provided by access to a full range of providers for consultation, collaboration, and referral with qualified health care professionals and institutions, as needed, within the healthcare system

**THEREFORE BE IT RESOLVED** that the Iowa Nurses Association:

- Supports legal recognition of professional midwives meeting the International Confederation of Midwives' definition as independent providers of health care services to women and newborns in the state of Iowa;
- Supports a woman's right to choose and have access to a full range of providers and settings for pregnancy, birth and women's health care including hospital, birth center and home birth;
- Supports laws and regulations that include:

1. Successful completion of a formal education program in midwifery accredited by an agency recognized by the U.S. Department of Education.
2. Successful completion of a national certification examination in midwifery.
3. Successful completion of regular recertification/continuing education.
4. A scope of practice that is consistent with the content of the education process and certification exam.
5. Support for access to a full range of providers for consultation, collaboration, and referral with qualified health care professionals and institutions, as needed, within the healthcare system.

**Implementation Steps:**

1. Publish an article/s in the *Iowa Nurse Reporter* and post information on the INA website to educate Health care providers, legislators, regulators and the public about the many routes to individuals seeking to be recognized as professional midwives.
2. Work in cooperation with all parties who support a woman’s choice of birth site and interested in removing barriers to access to a full range of providers for safe care for those women to support legislation to recognize professional midwives.

**Cost:** Zero                      **Priority:** Medium

**References:**

- ▶ International Confederation of Midwives. (2005). *Definition of the midwife*, Retrieved December 17, 2008 from <http://www.internationalmidwives.org/Portals/5/Documentation/ICM%20Definition%20of%20the%20Midwife%202005.pdf>
- ▶ **American College of Nurse-Midwives (ACNM)** Issue Brief: “Midwifery Certification in the United States” posted on the web site. [www.midwife.org](http://www.midwife.org)
- ▶ Approved ACNM Board of Directors, September 1997
- ▶ Revised February 1998; February 1999; January 2008
- ▶ **Association of Women’s Health Obstetric and Neonatal Nurses (AWHONN) Position Statement on midwifery** at [www.awhonn.org](http://www.awhonn.org)
- ▶ The *Midwifery* position statement was approved by the AWHONN Executive Board, April 1985. Reaffirmed, 1990, 1992. Revised and reaffirmed, November 1993. Reaffirmed, 1995. Revised, re-titled and reaffirmed, April 2000. Revised and reaffirmed, January 2009.

**2015 Resolution #4 Reaffirmation of 2009 Resolution  
System of Classification for Direct Care Workers  
By Larry Hertel, RN, MSN and Cindy Baddeloo, RN PhD, MPA, BSN  
Updated by: INA Resolutions Committee**

**Whereas:** nurses have delegated nursing tasks to paraprofessionals; and

**Whereas:** the titles utilized by paraprofessionals are many and varied in different health, long term, and home care settings; and

**Whereas:** the educational requirements for paraprofessionals are varied, depending on care setting and type of clients; and

**Whereas:** nurses are responsible to supervise some of these paraprofessionals; and

**Whereas:** the supervision of these paraprofessionals is problematic because of the different education requirements required of these direct care workers (DCW); and

**Whereas:** this problem has been recognized by the Iowa Department of Public Health (IDPH) and the Iowa legislature and;

**Therefore be resolved that the Iowa Nurses Association:**

- ▶ Support standardized curriculum development for DCW;
- ▶ Support and maintain active involvement in development and implementation of a tiered career pathway and certification for DCW;
- ▶ Collaborate with the Iowa Department of Public Health and Iowa Board of Nursing to educate nurses in the state of Iowa regarding the DCW Advisory Council.

**Implementation steps:**

1. Monitor and evaluate policy discussions and any proposed legislation that involves DCW.
2. Continue to collaborate with the DCW Advisory Council in developing guidelines for DCW education, career pathways, and certification of DCWs.
3. Publish an article for the *Iowa Nurse Reporter* to educate Iowa's nurses about the DCW Advisory Council's efforts with Career Pathways, Standardized Education, and the System of Certification of DCW

- ▶ **Budget:** Up to \$500                      **Priority:** High

**References:**

- ▶ Direct Care Worker Advisory Council (2008) "Report to the Iowa Department of Public Health regarding Implementation of a System for Certification of Direct Care Workers."
- ▶ Direct Care Worker Advisory Council (2009) Direct Care Worker Contributions to Health Care Reform."