From Nurse to Politician:
Nurses Who Left the Bedside for Public Policy

By

JENNIFER SUHD-BRONDSTATTER
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Approved:

Susan L. Adams, Chair

Jann Murray-Garcia

Amina Mama

Committee in Charge

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Abstract

Nurses make up the single largest group of healthcare workers in the United States and yet are underrepresented in the political sphere despite the encouragement of every major nursing organization. Nurses in our healthcare system have some of the most direct patient care and therefore have a unique insight into how it both functions and impacts patients. However, there has been little research into the political activity of nurses. This study investigated nurses who have become representatives at the state level and finds that the percentage of nurses in their legislature is lower than the percentage of working nurses in the population. In addition, a brief evaluation of the types of legislation they sponsored was addressed. This found that the most common type of legislation nurses wrote was related to public health and healthcare. This investigation scratches the surface of what we do not know about nurse activists and nurse legislators, and more research is needed to determine the most impactful courses of action for current and future nurse leaders.

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Thank you to my family: my mother for showing me the importance of activism and how to look critically at why the world is the way it is; my father for reminding me that even small acts can have big impacts on our communities; and my husband for being my biggest cheerleader and support person. Life with you means I am constantly growing as a person, and you provide the stability to both let me learn and fail and try again with grace.

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Introduction

Social and economic inequities and a historically haphazard approach to the national healthcare programs in the United States have led to an expensive and fragmented health system (Knickman et al., 2019). The results of this fractured health system are linked to significant health disparities and poor health outcomes relative to other industrialized countries (Knickman, et al., 2019). Public policy determines how much of healthcare is obtained, paid for, and accessed. National and state healthcare reforms are typically enacted in the public policy domain (Reutter & Duncan, 2002).

Nursing has had a place in health policy since the days of Florence Nightingale (Reutter & Duncan, 2002). While she is better known for her work on the founding of nursing education and nursing care of soldiers who were wounded during the Crimean War (1853-1856), Nightingale was an early advocate of the impact of housing, wealth, and population on health (Reutter & Duncan, 2002). She used statistics and an epidemiological approach in developing best practices for the delivery of patient care which improved patient outcomes (Nightingale, 1969). While Nightingale is the most well-known historical nurse, there are a multitude of other nurses who influenced public policy. These include but are not limited to Dorothea Dix who was a champion for psychiatric health, nurse education, and indigenous Americans rights (Norwood, 2017); Mary Eliza Mahoney, who was the first African American licensed nurse and co-founded the National Association of Colored Graduate Nurses (Spring, 2017); and Margaret Sanger who championed women's reproductive rights and started what would become Planned Parenthood

Federation of America (Michals, 2017). While nurses have been historically viewed as politically apathetic (Cramer, 2002), they have made significant contributions to public health and policy. Some of the recent examples include the activism and policy changes surrounding the HIV epidemic in the 1980s and 1990s (Halpern, 2002), and the implementation of mandatory nurse ratios in California (McHugh, et al., 2011).

Major nursing organizations and nurse educators have claimed that to be effective advocates for one's patients, it is part of one's responsibility to advocate for effective healthcare policy (Cramer, 2002; Des Jardin, 2001; Halpern, 2002). On a theoretical level, nursing education has widely accepted population and global health, which focuses on the social determinants of health as an essential aspect of the healthcare system (Kindig & Stoddart, 2003). One of the models that addresses health issues is the social-ecological model. This model looks at upstream (policy), midstream (systemic), and downstream (personal) approaches for changing complicated health behaviors (Knickman et al., 2019). By focusing on upstream interventions such as public policy, nurses have the opportunity to make system-level changes that can impact the social determinants of health. Nurses are frontline actors essential to the health system and have the interpersonal skills and knowledge to influence health policy to successfully benefit patients.

So, what is political participation and activism? Oxford Dictionary defines activism as "the activity of working to achieve political or social change, especially as a member of an organization with particular aims" (Hornby, 1995). According to the United Nations, "political participation derives from the freedom to speak out, assemble and associate; the ability to take part in the conduct of public affairs; and the opportunity to register as a candidate, to campaign, to be elected and to hold office at all levels of government" (United Nations, 2005). From these

two definitions and for the purpose of this paper, we will define political activism as the spectrum of political participation that aims to create social or political change. This ranges from relatively small acts such as writing editorials and contacting elected officials, to protesting as either an individual or part of a political group, to running for office and writing new legislation to codify changes in the legislative structure. Nurses have been involved in all these layers of political participation, however, there is very little data on the current political activity of nurses at any level. As running for office can be seen as the ultimate political act, the purpose of this exploratory investigation was to investigate who the nurses are who are seated in elected state legislative offices in the 50 states (during 2019-2020) and the legislation they were bringing forward.

The Bureau of Labor Statistics (BLS) shows of the 147,795,000 employed persons over the age of 16 in the United States, 3,256,000 are Registered Nurses, representing 2.2% of employed persons. Also of interest is that 87.4% of nurses are women (United States Bureau of Labor Statistics, 2021). When looking at nurses' national representation, the 117th Congress only has three nurses: all of whom are women in the House (American Nurses Association, n.d.). Nurses only make up 0.6% of Congress, demonstrating that they are underrepresented on the national political stage. In contrast, there are a total of 1,000,000 physicians in the United States of which 39% are women, and 17 physicians have served in the 117th Congress, four in the Senate. Sixteen of the 17 physicians in Congress are men (Patients Action Network, 2021). When investigating the number of nurses serving at the state level, there is no published data available.

Given that there has been no published data on nurses in state legislatures, a literature review was completed to determine what data was available on the legislative political activity of

nurses. A search in the literature also showed that little research exists about the impact of politically active nurses in healthcare. One of the key duties for nurses is to advocate for patients, yet little is known about how this translates in the political realm as related to policy and system changes.

Search Strategy

A search was done in the PubMed Database for "(nurse) AND (policy OR Politic*) AND (upstream OR activism)," which resulted in 99 returns on October 20, 2019. The inclusion criteria were that the research had to be primary literature that directly looked at a relationship between nurses and their influence, in either politics or public policy. These results were scanned using title and abstract, and filtered to only include primary literature, which removed 58 articles, leaving 41 titles. Of these, 22 were eliminated because they did not directly relate to nursing and politics. An additional five were excluded because the abstract was unable to be located through PubMed, Google, or the University of California Library system. The literature was further limited to studies conducted in democratic countries with similarities in the political process, and this eliminated an additional four papers, which left a total of ten papers to review. Through the review process, hand searching using references identified another four articles the researcher felt was relevant and necessary to include, which lead to a total of 13 research papers in the final review.

Synthesis of Literature

What Political Activism Entails

Political activism is a broad term and can encompass a wide range of political activities. Two of the studies spoke about how there were variations in the nurses' perceptions of what social activism entailed (Buck-McFadyen & MacDonnell, 2017; MacDonnell & Buck-

McFadyen, 2016). MacDonnell & Buck-McFadyen (2016) examined how the generational split impacted the forms of activism, where nurses from Gen X and older were more inclined to do traditional activities such as letter writing, calling, and marches. At the same time, Millennials and younger favored social media and electronic activism (MacDonnell & Buck-McFadyen, 2016). The other article did not discuss perceptions of what constituted political activism at length but noted how nurses had conflicting views on what constituted appropriate political action for nurses. For example, some felt that individual political action was unacceptable while activism through a nursing organization was more appropriate (Buck-McFadyen & MacDonnell, 2017). Without defining what political action entails, it is hard to measure how politically active one is and the potential impact of that advocacy. This is important because it demonstrates that there is a need to educate nurses on existing avenues of political activism and the myriad of ways to initially engage politically. Nurses need the tools to examine the bureaucratic and social structures that shape the world, both the explicit structures and the hidden societal norms, so that they can be empowered to successfully create change.

Two studies described in depth the types of political activities performed by nurses and both found that quick and low-cost activities were more likely to be done. Of the participants, only 34 percent felt like their political actions would make a difference on the state or national level (Cramer, 2002; Vandenhouten, et al., 2011). It was also reported that nurses are more likely to participate if there were no personal cost to themselves. The belief that political action would have little impact could be a significant barrier to participation; however, the article does not go into why they feel that they are unlikely to make a difference.

Nurses' Current Political Activity

While many of the studies looked specifically at self-identified politically active nurses, those that did not found a variety of ways in which nurses participated in the political process even as many of the nurses interviewed claimed to not be politically active (Falk-Rafael & Betker, 2012; Kung & Lugo, 2015). In a qualitative study that looked at Public Health Nurses (PHNs) and the role of lobbying in their job, Falk-Rafael & Betker (2012) found that only four out of the ten PHNs interviewed said that legislative advocacy was part of their regular job. But at the same time, all of them indicated that working both upstream and downstream was the only way to affect health disparities.

In a retrospective study by Kung and Lugo (2015) of Advanced Practice Registered Nurses (APRNs), responses from a previous survey were analyzed to look at their political activity. Out of those who responded, only 23 percent indicated that they were politically active in a way that related to their profession. A survey of 486 Midwestern nurses (ranging from nursing students to those with an advanced degree) reported that 95 percent of the respondents said it was important to know about politics, and 83 percent of the respondents said they regularly voted (Vandenhouten, et al., 2011). Only 41 percent of that sample said they had contacted an elective official within the previous five years; 16 percent reported attending a political meeting; and only six percent volunteered for a political cause or served on a board or committee (Vandenhouten et al., 2011). The common thread between these results remains how few nurses identify political work as part of their role as a nurse or engage in the political process even outside of their career despite different specialties, locations, and educational experiences.

The 13 articles used in this synthesis stressed the importance of political activism as part of the nurse's professional role. Two studies specifically addressed the activism of nurses within

and between nursing organizations. Cramer (2002) used a quasi-experimental design to investigate the differences between members of the American Nurses Association (ANA) and non-members. Their survey was sent to a random sample of Midwestern ANA members and a comparison sample of members of non-political organizations including the Operating Room Nurses Association (ORNA) and the Emergency Room Nurses Association (ERNA). Cramer (2002) identified that the ORNA and ERNA were apolitical, although questionable, as any organization that lobbies for the interests of its members is a political association. Note that the acronyms used here are those used by Cramer, however there is some confusion as this author was unable to find the same associations that go by the names listed with those acronyms. They found that members of the ANA were more likely to be politically active than their counterparts, but it was unclear if they became more political from being an ANA member or if they were more political before membership and joined the ANA because of its political stance. In comparison to the Cramer (2002) study that looked at two groups of nurses, Kung and Lugo (2015) conducted a retrospective analysis of Florida's advanced practice registered nurses (APRNs) based on a web survey and looked at intergroup differences. The relationships between political activism and age, years of nursing experience, education, and affiliation with a union were examined. The results of this study indicated that members of self-identified political nursing groups and more experienced nurses tended to be more politically active. While both studies showed that members of a politically active nursing organization tended to be more politically active, they did not investigate what motivated that activity or what it meant to be politically active.

Three studies attempted to investigate factors that influenced their political activism as nurses. All three of these studies evaluated public health nurses, and two of the three looked at

sexual orientation and its impact on their health activism. MacDonnell (2009) investigated nurse activism and how it related to lesbian health. The researcher conducted in-depth interviews with ten lesbian nurses, varying in specialties in the Canadian Health System, to determine the impact of their sexual orientation on their nurse activism. In this study nurse activism was not clearly defined and instead was self-defined by the subjects. In a subsequent study, MacDonnell & Buck-McFadyen (2016) interviewed 40 public health nurses to investigate the relationship between gender and activism using a convenience sample. Through purposeful sampling, they attempted to obtain a distribution of participants who demonstrated different approaches to activism based on nursing backgrounds/education, geographic areas, and their category of ages based on generation (Boomer, Gen X, Gen Y, and Over Boomer). They found that older nurses with higher degrees tended to be more politically active. The final paper in this group took a different approach to the research and looked at the influence of formal education on nurse activism (Buck-McFadyen & MacDonnell, 2017). They found that having education that specifically outlined how politics directly impacted their work and opportunities during their education to practice activism empowered them to be more politically active in their career. Each of these papers looked at the influence of a specific characteristic on their activism but did not allow for nurses to identify for themselves what aspects of their history influenced their political activism the most.

All 13 of the studies stressed the importance of seeing or experiencing health disparities as being influencing factors on civic engagement; however that was not the only criteria examined. Cramer (2002) found that the degree of partisanship was the best predictor of activism; for example, the strength of identification with a political party correlated with the

likelihood of political engagement. This was the only article to look at party affiliation; however only three of the fourteen articles were located in the United States.

Other factors that encouraged political action appear to be participants' age (greater than 50); advanced education, as described as education past what is required for licensure; and membership of a politically active organization (Kung & Rudner Lugo, 2015; MacDonnell, 2009; MacDonnell & Buck-McFadyen, 2016). While studies have addressed factors related to who are likely to be politically active, questions remain about why nurses engage and how some decide to enter the political realm as an elected public member.

Wilson (2002) attempted to examine why nurses engaged in politics and used a unique approach by recruiting nine of 14 people who spoke to a legislative committee about a healthcare bill in Canada. The data was collected in structured interviews six years after the action took place and focused on why the participants were motivated to engage the political process and about their political involvement since; the paper did not elaborate on the decision for the six-year gap. This snapshot of activism yielded little insight into larger trends. Three of the nine speakers were nurses, and all regarded themselves as politically active; however, there were no consistent reasons given for the nurses' involvement with this bill. In fact, all the reasons given by both healthcare workers and laypeople were identified as personal or common good as opposed to professional. No discussion was made to the cultural context of personal and/or professional roles. The design of the study was not well explained, nor are the findings generalizable based on the limited sample size, the authors direct involvement in advocating for the bill, and the gap in time between the action and the research. Another issue is in the differences between political systems in the United States and Canada.

Nurse Education and Its Impact on Political Activism

Nurse education, from initial training as a registered nurse to advanced degrees and informal educational opportunities such as continuing education, were a common theme throughout many of these articles. Nurse activists often cited both formal and informal (such as union and professional organization involvement) education as influential in initiating their activism (Buck-McFadyen & MacDonnell, 2017; Kung & Rudner Lugo, 2015; Mabhala, 2015; MacDonnell, 2009; MacDonnell & Buck-McFadyen, 2016; Poole, et al., 2019; Rains & Barton-Kriese, 2001; Taylor, 2016; Wilson, 2002).

Some studies looked explicitly at how formal education impacted activism. Findings suggested that formal education was associated with increased passion about social inequities and included consideration of solutions for addressing social inequality. Educational opportunities to practice activism were influential in continued political engagement and activism once formal education was complete (MacDonnell, 2009; MacDonnell & Buck-McFadyen, 2016; Poole et al., 2019; Rains & Barton-Kriese, 2001; Taylor, 2016).

Mabhala (2015) used semi-structured interviews of PHN educators to look at how they incorporated activism into their curriculum. They found that nurse educators were more comfortable talking to students about advocacy for the individual as opposed to advocacy for the population. This may help explain why Vandenhouten, et al. (2011) reported that only 20 percent of nurses had a course in nursing school that focused on political involvement, and 83 percent said they felt that nursing school left them unprepared for political participation. Cramer (2002) found that political information was the least likely factor to correlate with political involvement. These indicate that there is a gap between the theoretical importance of political activism in nursing and how it is being taught, or not taught.

While the limited research reflected that political activism is typically not taught comprehensively in nursing school, it potentially can increase students' self-efficacy in regards to political activism when it is incorporated as one of the components of nursing education. Rains & Barton-Kriese (2001) found that students in nursing school, once taught how to engage the political system after being educated about disparities, were more likely to act on their political beliefs compared to their social science counterparts. This trend was also supported by Poole et al. (2019), who surveyed several schools that trained nurse anesthetists in Pensylvania and found a strong positive correlation between formal advocacy education as defined by the program administrators in said school and self-reported advocacy involvement. The implication for nursing education is that students at entry-level and graduate-level need exposure to the importance of policy and politics when learning about the role of nurse advocacy and the tools needed for success. Change-making activism at different levels require an array of learned skills, ranging from how to organize groups of people, how to speak to those in positions of power, and how to read and respond to legislative writing. Talking about political activism and political information is not sufficient to lead nursing students to become population advocates; they need training in this skill (Poole et al., 2019) much as they do in how to communicate with physicians, set a venous access device, or understand a lab value.

Limitations

The most glaring limitation is that no article directly addressed nurses in the legislature. Aside from the formal literature review, for the purposes of this thesis project, a number of individual searches on different databases and through Google was unable to unearth a single source. This limited the search terms to those regarding nurse activism and political action.

Of the articles that were reviewed about nurse activism, all but one of the papers used convenience samples. Samples included self-selected participants as opposed to purposeful sampling and may not represent people who did not feel strongly on the subject (either for or against nurse activism in the political sphere); therefore, people without strong political feelings may be underrepresented in the data. In addition, that method of sampling is reliant on personal connections and may lack representation from diverse groups.

In addition to limitations in sampling, the study designs may have impacted the results. The most extensive study by Vandenhouten et al. (2011) was a survey done with 71 questions. The length of the study may have led to question fatigue and could have affected the answers and the number of people participating. For the qualitative studies, the impact of the interviewer was not discussed in any of the studies reviewed.

Considering the importance of the implications of the topic, little research has been done in the United States. Only three of the articles were based in the United States, and those were limited to specific geographic areas. The United States is a diverse country with widely varying political opinions, and therefore these are not generalizable to much of the country. In addition to the areas not being geographically diverse in all of the studies where demographic data were identified, participants were primarily white, female, and middle-to-upper class. It was not noted if the sampled participants represented the nursing population in the locations where the studies took place.

Aside from methodological constraints, the research on this topic looked at the impact of specific factors on nurse's political activism or characteristics that nurse activists had. But none of them let nurses self-identify what drove them to activism. This may have excluded other potential sources of inspiration for political activism or mitigating factors. In addition, none of

the studies looked at barriers to activism. None of the articles clearly defined what it means to be politically active. Only one article even had respondents define what they thought political action entailed, and what they found was that it was highly varied person to person (Buck-McFadyen & MacDonnell, 2017). While this is not something touched upon in this study, it is a gap that could be explored in future research.

Of all the topics related to nurse activism how nursing education impacts activism is the most well-studied. These articles imply that activism is a skill that needs to be taught well and made accessible. In addition, once taught, activism with low barriers of entry (things that require minimal time, effort, and money) is more likely to get participation and seeing effective outcomes of activism is more likely to help sustain it. What it does not answer is what motivates nurses to act on that knowledge. Is it truly a lack of education that inhibits political involvement of the nurse, or are there other factors that either motivate or impede political activism? These questions are largely missing from the conversation in the published literature. The intersectional analysis of factors that influence who creates our health legislation is missing entirely from the conversation regarding nurse-driven political change.

This review was limited due to the use of only one database in the health sciences and the terms used. A broader set of terms may have given more studies. The number of returns using a more comprehensive search strategy yielded too great a return count for the researcher to examine, given the time constraints of this project.

Health policy is essential and will continue to be an area where nurses can work to lessen health disparities and advocate for patients. Scant research has been done on what nurses are doing currently, how they view politics within their nursing role, and what motivates them to be politically active and becoming elected to public office. By conducting an exploration of nurse

legislators, we can begin to develop an understanding about the nurses who pursue political activity as an elected member of a state legislative body, and the range of legislative policies they put forward. This will hopefully start the process to determine if nurse legislators are effective at creating the kind of legislative change that might contribute to the declared policy objectives of patient-centered healthcare policy and systems. This can further emphasize the need to galvanize current nurses to impact local, state, and government policies to advocate for their patients on a larger scale. To lay the foundation for future investigations, the first step is to identify how many nurses are elected to public office and the baseline information about who they are and the policies they have crafted. For the purposes of this investigation, the elected nurses were limited to state legislatures. The questions were: How many elected nurses occupy state legislatures, what are their demographic characteristics, and what legislative policies were they advancing?

Methodology

Research Objective

Political activism is a broad category as defined earlier in this paper. As running for office can be seen as the ultimate political act and given that there is no published information about nurse representatives, the aim of this paper is to investigate who are the nurses seated in elected state legislative offices in the 50 states (during 2019-2020) and the legislation they were bringing forward during their legislative career.

Protection of Human Subjects

This project was submitted to the University of California at Davis (UCD) Institutional Review Board (IRB) for approval and was deemed exempt from the IRB requirement because the information was obtainable through the public domain.

Procedure

Each of the 50 state legislatures in the United States was searched for representatives that are or were registered nurses. This was done by going to the individual states' official legislative webpages and clicking on each legislator's profile to determine prior or current profession (if nurse specialty was defined that was noted) and party affiliation. Data on the age and ethnicity was not consistently available and was therefore not collected. For legislators who did not have their former profession on their legislative webpage their public campaign pages, LinkedIn accounts and Facebook pages were assessed to determine prior career. In total, 72 Nurse Legislators (NLs) were identified and demographic information about gender and political party were also collected (see Appendix A). This data was collected in January 2021 after the 2020 elections. U.S. territories and the District of Columbia were excluded from this analysis as they were excluded in the Bureau of Labor Statistics data that was used as a comparison.

In addition, the number of legislators, their gender, and their pollical party for each state was compiled to determine the overall makeup of the individual state's legislatures. This was gathered from the official state legislative webpages and was updated as of May 8, 2021 (see Appendix B).

A sample of 13 NLs were evaluated for sponsored legislation. Sponsored legislation was a searchable criterion on each state's legislative database except for Idaho. While there was some variation on the number of sponsors allowed for each piece of legislation per state, each state defined it as legislation primarily written and put forth to the legislative body by that legislator. The sample size was chosen to look at legislation from at least one-fourth of the states from a variety of geographic and political perspectives. The first 13 states alphabetically (excluding Idaho) were used to meet this criterion. These states are Arkansas, Colorado, Connecticut,

Delaware, Georgia, Iowa, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Minnesota, and Montana (see Appendix A). Idaho, while being in the first thirteen states in alphabetical order with N.L.s, was omitted as their legislative database has no way to search for legislation sponsored by a specific legislator. This was done after an online random state generator failed to draw a diversified sample of states. If there were more than one NL from a given state, the legislator used was drawn from that state using random name generator. Co-sponsored legislation (legislation where the legislator has signed on to the bill after its initial introduction to the legislative body) was excluded due to the limitations of scope of this project. Legislative data was gathered from each state's legislative webpage and updated as of September 1, 2021.

The legislation was then thematically coded into an Excel sheet by subject based on the title and short description of the legislation, sorted into 17 categories: Transportation, Taxes, Recognition, Recreation, Military, Legislative, Land Management, Judicial, Industry Regulation, Human Protection, Healthcare/Public Health, Firearms, Non-Healthcare Finance, Environmental Protection, Education, Arts, and Animals Rights. Categories were determined by looking at the short description and determining the purpose of the bill; if it was related to the running of the legislative body, it was categorized as "Legislative" and if it was regarding sentencing or the prison system or police protocol, it fell under "Judicial." Themes were added until saturation was achieved, and no new themes could be identified. Coding was spot verified by an independent researcher with full agreement between the two researchers.

Results

State Legislative Demographics

Each state except for Nebraska has a bicameral legislature composed of a senate and either a house of representatives, house of delegates, or state/general assembly. Between the fifty

states, there were a total of 7,383 occupied legislative seats and 25 vacancies for a total of 7,408 potential seats. Of the total seats, 1,923 were in the assorted senates, 5,411 of them were in the houses, and 49 were in the unicameral legislature of Nebraska. When looking at the legislative bodies, 30.5% of the members identified as female, 69.5% identified as male, and only one representative identified as non-binary. In addition, 54.2% identified as Republican, 43.4% as Democrats, and 0.35% as Independent. (See Appendix B: Makeup of State Legislative Bodies as of May 8, 2021.)

Nurse Representative Demographics

Of the 50 states, 17 did not have a NR in their State Legislature. These include Alabama, Alaska, Arizona, California, Florida, Hawaii, Illinois, Indiana, Kansas, Nebraska, Nevada, New Mexico, Ohio, Rhode Island, South Carolina, Utah, and Virginia. Their state legislatures make up 2,066 collective seats (note that at the time of data collection, five of these seats were vacant).

There was a total of 72 NLs which make up a total of 1.0 % of the cumulative legislative population (the vacant 25 seats don't change the percentage). Of the 72 NLs, 38 of them identified as Republicans, 34 as Democrats. Seven of them identified as male (9.7%), 65 as female. There were 15 NLs in their respective senates and 57 were in the House or Assembly. (See Appendix B: Nurse Legislators as of January 2021).

Legislation

Sponsored legislation by 13 legislators amounted to 1054 individual pieces of legislation. Seventeen themes emerged from the descriptions of the legislation, and of these the largest thematic category was that of Healthcare and Public Health, which made up 34% of the reviewed bills. This was followed by Recognition (20%) which included honorary days, memorials, and the designation of an official state fish, in one case. The Healthcare and Public Health bills

covered a wide array of topics from politically charged bills responding to the COVID-19 pandemic and medical marijuana, to the more mundane but necessary regulatory bills regarding nursing licensure and supplemental funding for medication as seen in Figure 1.

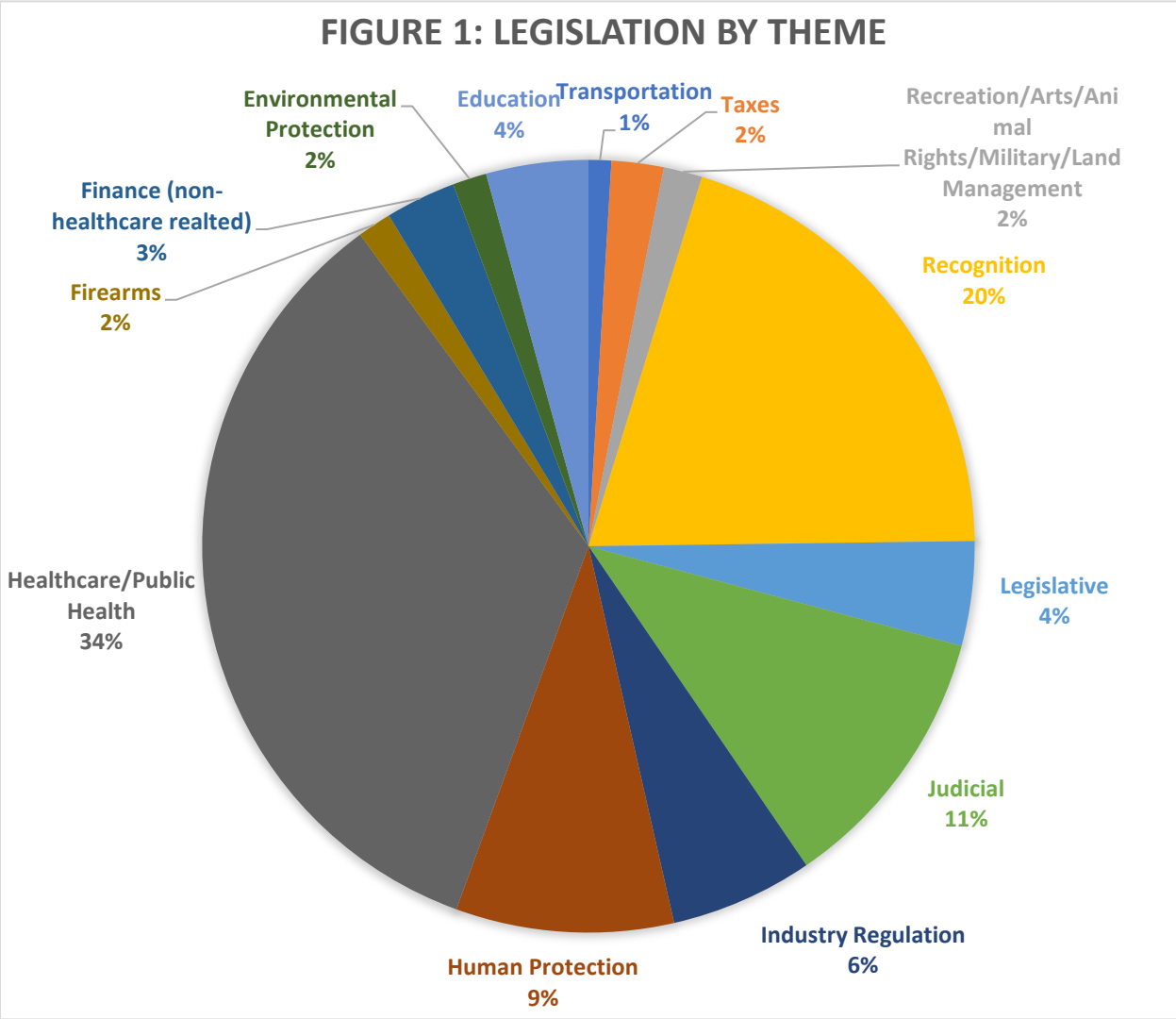

Figure 1: Proportion of Types of Legislation Sponsored by Nurse Legislators, Coded by Theme.

Discussion

Representation and Why it Matters

This study showed that nurses have been underrepresented in state legislatures. Only 1% of the total state legislative seats were nurses. While nursing is not a gender-specific profession, it remains that the majority of nurses were at this point still women: 87.4% as of 2021 (United States Bureau of Labor Statistics, 2021). Thus, in reference to gender representation, it is important to talk about gender and representation as the two have been inevitably intertwined. It is interesting to note that while 12.6% of nurses as a whole were male, only 9.7% of elected nurse representatives were male. This is in contrast to evidence that shows that men in the nursing profession tend to make higher salaries and have an advantage in career advancement within nursing (Brown, 2009).

It is important to note that other factors such as race, age, socioeconomic class, religion, and sexual orientation are also important factors impacting representation; however, they were not able to be covered in this study due to limitations of what information was readily available about the legislators in the public domain.

While no research has been done on the effectiveness of NLs, there seems to be a connection that female representation has an impact on policy in the legislatures. Homola (2021) described how representation of women on local cabinets and in local legislatures led to higher completion of campaign promises. In addition, Barnes, Beall and Holman (2021) studied "pink collar" legislative representation (those of representatives holding jobs such as educators, medical support staff, administrative jobs, among others) and had a positive association with increased spending on education, social services, and things that were human-focused as opposed to industry-focused. While Barnes et al. (2021) excluded nursing from their analysis, the focus of human-centered policies is clear in the data collected from this study. When the Healthcare,

Education, and Human Protection categories from this study were combined and recognition events excluded, 60% of the legislation nurses in this study addressed were policies discussed in the Barnes et al. (2021) study. While this is not a conclusive look at the topic, it does raise the provocative question about how our legislation would change if there was a truly representative government.

The legislative category proposed most often by NLs was that of Healthcare and Public Health. While there is no comparison data to show that NLs write more legislation regarding health than other legislators, it does show that NLs are impacting the legislative discussion of public health and healthcare. While this is important preliminary data, this is by no means a comprehensive look at nurse activism, or even nurse representatives in the legislature.

Limitations of Study

This study was only a cursory dive into nurse political activity. It was limited to political office and did not account for the political activities of the average bedside nurse. There is no baseline for nurse political activity and therefore no way of knowing if interventions to increase nurse political activism are effective for advocacy or for engagement in running for public office and generating health-related legislation.

This study also did not address why nurses are underrepresented in state legislatures. Arceneaux (2001) offered the idea that gender roles impacted the number of female representatives on the state level regardless of political ideology. This begs the question, are nurses underrepresented because they are nurses or because the majority are women?

In addition, in terms of looking at NLs, this study does not address a comprehensive look at all of legislation put forth by NLs. It does not account for co-sponsored legislation, nor does it account for whether the legislation is effectively put forward. Legislation that is put forward but

not adopted does impact the discourse on the topic, but it is difficult to measure what impact that legislation has unless it is signed into law. While the author and major nursing publications discuss the indispensable perspective of the nurse who is authoring legislation, it is not known if the legislation put forward from the nurse representatives is substantively different from that of physician legislators, or from that of legislators without a medical background.

Further Research

Overall, there is very little research on the topic of the political activism and range of engagement of nurses, including participation as an elected representative in government. Studies should be done to look at what bedside nurses are currently doing politically and what they view as their role as an advocate for their patients at a systems level. More can be done to look at what motivates nurses to become politically active, and why some nurses have made the choice to become political leaders in elected offices.

While looking at NLs, we need to investigate barriers to political entry. Why are nurses underrepresented? For current NLs, it would be beneficial to do further review to determine if their legislation is being signed into law or are just proposed to the legislative body and not ultimately signed into law. If the pieces of legislation are being written into law, what is the impact on their communities? Is it an effective way to bring about change? Are there other avenues that may have greater impact?

Conclusion

Nurses have a unique perspective on the healthcare field and make up two percent of the working adult population in the United States. There have been calls from every major nursing organization to utilize nurses' collective power to help fix our healthcare system from both the inside and through external means. Despite this, nurses are underrepresented in the legislature at

both the state and federal level in the United States. This study documented the underrepresentation of nurses within state legislatures in the United States, but also the value they bring when creating health-related policy. This investigation found that more than one-third of legislation sponsored by existing nurse state legislators was focused on health and public health policy. If the Centers for Disease Control and Prevention's (CDC) perspective of "Health in All Policies" is taken and applied seriously, legislative issues such as housing, transportation, tax law, and others may also impact the health of the people, families, and communities served (Centers for Disease Control and Prevention, 2016). Nurses can be at the forefront to make these policy connections.

This thesis work just scratches the surface of the research needed. More needs to be done to determine how to best utilize nurses' collective strength to best serve their patients and their communities at all levels of healthcare decision-making.

References

Arceneaux, K. (2001). The "gender gap" in state legislative representation: New data to tackle an old question. *Political Research Quarterly*, *54*(1), 143–160. https://doi.org/10.1177/106591290105400108

American Nurses Association. (n.d.). Nurses serving in congress. Retrieved March 12, 2020, from https://www.nursingworld.org/practice-policy/advocacy/federal/nurses-serving-in-congress/

Barnes, T.D., Beall, V.D., and Holman, M.R. (2021). Pink-collar representation and budgetary outcomes in US states. *Legislative Studies Quarterly*, 46: 119-154. https://doi.org/10.1111/lsq.12286

Brown, B. (2009). Men in nursing: Re-evaluating masculinities, re-evaluating gender. *Contemporary Nurse: A Journal for The Australian Nursing Profession*, *33*(2), 120-129. doi.org.ezproxy.apollolibrary.com/10.5172/ conu.2009.33.2.120

Buck-McFadyen, E., & MacDonnell, J. (2017). Contested practice: Political activism in nursing and implications for nursing education. *International Journal of Nursing Education Scholarship, 14*(1). doi:10.1515/ijnes-2016-0026

Centers for Disease Control and Prevention. (2016, June 9). Health in all policies. *Centers for Disease Control and Prevention*. https://www.cdc.gov/policy/hiap/index.html

Corbin, J., & Strauss, A. (2008). *Basics of Qualitative Research (3rd ed.): Techniques and Procedures for Developing Grounded Theory*. doi:10.4135/9781452230153

Cramer, M. E. (2002). Factors influencing organized political participation in nursing. *Policy, Politics, & Nursing Practice, 3*(2), 97-107. doi:10.1177/152715440200300203

Des Jardin, K. E. (2001). Political involvement in nursing—Education and empowerment. *AORN Journal, 74*(4), 467-475. doi:10.1016/s0001-2092(06)61679-7

Falk-Rafael, A., & Betker, C. (2012). Witnessing social injustice downstream and advocating for health equity upstream. *Advances in Nursing Science, 35*(2), 98-112. doi:10.1097/ans.0b013e31824fe70f

Fox, R. L., & Lawless, J.L. (2005). To run or not to run for office: Explaining nascent political ambition. *American Journal of Political Science,* 49(3), 642–59.

Halpern, I. M. (2002). Leadership & professional development. Reflections of a health policy advocate: the natural extension of nursing activities. *Oncology Nursing Forum, 29*(9), 1261-1263. doi:10.1188/02.ONF.1261-1263

Homola, J. (2021). The effects of women's descriptive representation on government behavior. *Legislative Studies Quarterly*. https://doi.org/10.1111/lsq.12330

Hornby, A.S. (1995). Oxford advanced learner's dictionary of current English / [by] A.S. Hornby; editor Jonathan Crowther. Oxford, England: Oxford University Press.

Jagger, A. (2008). Love and knowledge: Emotion in feminist epistemiology. In Jager, A., Jusg Methods: An interedisciplinary feminist reader. (pp. 378-391) Paradigm Publishers.

Kindig, D., & Stoddart, G. (2003). What is population health?. *American Journal of Public Health, 93*(3), 380-383. doi:10.2105/ajph.93.3.380

Knickman, J., Elbel, B., & Jonas, S. (2019). Jonas & Kovner's health care delivery in the United States. Retrieved from https://www.r2library.com/Resource/Title/0826172725

Kung, Y. M., & Rudner Lugo, N. (2015). Political advocacy and practice barriers: a survey of Florida APRNs. *Journal of the American Association of Nurse Practitioners, 27*(3), 145-151. doi:10.1002/2327-6924.12142

Mabhala, M. A. (2015). Public health nurse educators' conceptualisation of public health as a strategy to reduce health inequalities: a qualitative study. *International Journal for Equity in Health,* 14(1), 14. doi:10.1186/s12939-015-0146-2

MacDonnell, J. A. (2009). Fostering nurses' political knowledges and practices: education and political activation in relation to lesbian health. *Advances in Nursing Science, 32*(2), 158-172. doi:10.1097/ANS.0b013e3181a3ddd9

MacDonnell, J. A., & Buck-McFadyen, E. (2016). How activism features in the career lives of four generations of Canadian nurses. *Policy, Politics, & Nursing Practice, 17*(4), 218-230. doi:10.1177/1527154416688669

McHugh, M. D., Kelly, L. A., Sloane, D. M., & Aiken, L. H. (2011). Contradicting fears, California's nurse-to-patient mandate did not reduce the skill level of the nursing workforce in hospitals. *Health Affairs, 30*(7), 1299-1306. doi:10.1377/hlthaff.2010.1118

Michals, D. (2017). Margaret Sanger. National Women's History Museum. www.womenshistory.org/education-resources/biographies/margaret-sanger

Nightingale, F. (1969). *Notes on nursing*. Dover Publications.

Norwood, A (2017). Dorothea Dix. National Women's History Museum. National Women's History Museum. https://www.womenshistory.org/education-resources/biographies/dorothea-dix

O'Connor, C., & Joffe, H. (2020). Intercoder reliability in qualitative research: Debates and practical guidelines. *International Journal of Qualitative Methods*, *19*, 1609406919899220.

Patients Action Network (2021). Physicians of the 117th Congress. https://patientsactionnetwork.com/physicians-117th-congress

Poole, J., Borza, J., & Cook, L. A. (2019). Impact of education on professional involvement for student registered nurse anesthetists' political activism: Does education play a role? *AANA Journal, 87*(2), 138-143.

Rains, J. W., & Barton-Kriese, P. (2001). Developing political competence: A comparative study across disciplines. *Public Health Nursing, 18*(4), 219-224. doi:10.1046/j.1525-1446.2001.00219.

Reutter, L., & Duncan, S. (2002). Preparing nurses to promote health-enhancing public policies. *Policy, Politiics, & Nursing Practice. 3*(4), 294-305. doi:10.1177/152715402237441

Sandelowski, M. (1995). Qualitative analysis: What it is and how to begin. *Res. Nurs. Health*, 18: 371-375. https://doi.org/10.1002/nur.4770180411

Spring, K. (2017) “Mary Mahoney." National Women's History Museum. National Women's History Museum, 2017. https://www.womenshistory.org/education-resources/biographies/mary-mahoney

Strauss, A. L. (1987). *Qualitative analysis for social scientists / Anselm L. Strauss*. Cambridge [Cambridgeshire]; New York: Cambridge University Press.

Taylor, M. R. S. (2016). Impact of advocacy initiatives on nurses' motivation to sustain momentum in public policy advocacy. *Journal of Professional Nursing, 32*(3), 235-245. Doi:10.1016/j.profnurs.2015.10.010

United Nations. (2005). *Women & elections: Guide to promoting the participation of women in elections*. United Nations Department of Public Information. https://www.un.org/womenwatc.h/osagi/wps/publication/WomenAndElections.pdf

U. S. Bureau of Labor Statistics. (2021). Labor force statistics from the current population survey: Household data annual averages 11. *Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity.* https://www.bls.gov/cps/cpsaat11.pdf

Vandenhouten, C. L., Malakar, C. L., Kubsch, S., Block, D. E., & Gallagher-Lepak, S. (2011). Political participation of registered nurses. *Policy Polit Nurs Pract., 12*(3), 159-167. doi:10.1177/1527154411425189

Wilson, D. M. (2002). Testing a theory of political development by comparing the political action of nurses and nonnurses. *Nursing Outlook, 50*(1), 30-34. doi:10.1067/mno.2002.121611

29-1141 Registered Nurses. (2019, March 29). Retrieved March 12, 2020, from https://www.bls.gov/oes/2018/may/oes291141.htm#nat

Appendix A: Nurse Legislators as of January 2021

Key: Legislators highlighted in orange were used to analyze their legislative sponsorship

State	Representative	Party	Gender	Legislative Branch	Nursing Specialty
AR	Denise Garner	Democrat	Female	House of Representatives	Nurse Practitioner
CO	Kyle Mullica	Democrat	Male	House of Representatives	Trauma Nurse
CT	Peter Tercyak	Democrat	Male	House of Representatives	Psychiatric and Home Care Nurse
DE	Melissa Minor-Brown	Democrat	Female	House of Representatives	Veterans Affairs Nurse
GA	Viola Davis	Democrat	Female	House of Representatives	Critical Care Nurse
GA	Sharon Cooper	Republican	Female	House of Representatives	Psychiatric Nurse
GA	Jodi Lott	Republican	Female	House of Representatives	Inpatient and Outpatient Nurse
IA	Ann Meyer	Republican	Female	House of Representatives	Registered Nurse
ID	Mary Souza	Republican	Female	Senate	Critical Care Nurse
KY	Mary Lou Marzian	Democrat	Female	House of Representatives	Transplant Coordinator
KY	Kimberly Poore Moser	Republican	Female	House of Representatives	Neonatal and Flight Nurse
LA	Dustin Miller	Democrat	Male	House of Representatives	Family Nursing
MA	Denise Garlick	Democrat	Female	House of Representatives	Registered Nurse
MA	Kay Khan	Democrat	Female	House of Representatives	Psychiatric Nurse
MD	Geraldine Valentino-Smith	Democrat	Female	House of Delegates	Clinical Nurse
MD	Adelaide C. Eckardt	Republican	Female	Senate	Psychiatric Nurse
ME	Stacy Brenner	Democrat	Female	Senate	Clinical Nurse
ME	Michele Meyer	Democrat	Female	House of Representatives	Registered Nurse
ME	Valli D. Geiger	Democrat	Female	House of Representatives	Clinical Nurse

State	Representative	Party	Gender	Legislative Branch	Nursing Specialty
ME	Anne C. Perry	Democrat	Female	House of Representatives	Family Nurse Practitioner
ME	Tracy L. Quint	Republican	Female	House of Representatives	Registered Nurse
MI	Mary Whiteford	Republican	Female	House of Representatives	Pediatric Neurosurgery Nurse
MI	Sue Allor	Republican	Female	House of Representatives	Inpatient Surgical and Cardiac Nurse
MN	Liz Boldon	Democrat	Female	House of Representatives	Nurse Educator
MN	Chris A. Eaton	Democrat	Female	Senate	Registered Nurse
MN	Erin P. Murphy	Democrat	Female	Senate	Registered Nurse
MN	Susan Akland	Republican	Female	House of Representatives	Registered Nurse
MN	Jerry Hertaus	Republican	Male	House of Representatives	Registered Nurse
MN	Mary Kiffmeyer	Republican	Female	Senate	Registered Nurse
MO	Patty Lewis	Democrat	Female	House of Representatives	Critical Care Nurse
MS	Hester Jackson McCray	Democrat	Female	House of Representatives	Dementia Nurse
MS	Becky Currie	Republican	Female	House of Representatives	Registered Nurse
MS	Donnie Scoggin	Republican	Male	House of Representatives	Nurse Practitioner
MT	Steve Gist	Republican	Male	House of Representatives	Emergency Room Nurse
MT	Amy Regier	Republican	Female	House of Representatives	Registered Nurse
NC	Gale Adcock	Democrat	Female	House of Representatives	Family Nurse Practitioner
NC	Carla Cunningham	Democrat	Female	House of Representatives	Registered Nurse
NC	Donna McDowell White	Republican	Female	House of Representatives	Registered Nurse Aging Specialist
ND	Kristin Roers	Republican	Female	Senate	Nursing Practice Specialist
ND	Karen M. Rohr	Republican	Female	House of Representatives	Nurse Practitioner and researcher
NH	Catherine Sofikitis	Democrat	Female	House of Representatives	Registered Nurse

State	Representative	Party	Gender	Legislative Branch	Nursing Specialty
NH	Ruth Ward	Republican	Female	Senate	Registered Nurse
NH	Mary Mayville	Republican	Female	House of Representatives	Nurse Educator
NH	Leah Cushman	Republican	Female	House of Representatives	Registered Nurse
NJ	Mila M. Jasey	Democrat	Female	State Assembly	Registered Nurse
NY	Phara Souffrant Forrest	Democrat	Female	State Assembly	Maternal child health field nurse
NY	Aileen M. Gunther	Democrat	Female	State Assembly	Infection Control Nurse
NY	Karines Reyes	Democrat	Female	State Assembly	Oncology Nurse
OK	Cynthia Roe	Republican	Female	House of Representatives	Nurse Practitioner
OK	Marilyn Stark	Republican	Female	House of Representatives	Intensive Care Nurse
OR	Rachel Prusak	Democrat	Female	House of Representatives	Registered Nurse
OR	Sheri Schouten	Democrat	Female	House of Representatives	Public Health Nurse
PA	Maria Collett	Democrat	Female	Senate	Trauma Nurse, Pediatric Home Health Nurse
PA	Judy Ward	Republican	Female	Senate	Registered Nurse
SD	Taylor Rehfeldt	Republican	Female	House of Representatives	Nurse Anesthetist
SD	Erin Tobin	Republican	Female	Senate	Nurse Practitioner
SD	Jean Hunhoff	Republican	Female	House of Representatives	Registered Nurse
SD	Syndey Davis	Republican	Female	House of Representatives	Nurse Anesthetist
TN	Katrina Robinson	Democrat	Female	Senate	Registered Nurse
TN	Esther Helton	Republican	Female	House of Representatives	Practical Nursing
TX	Donna Howard	Democrat	Female	House of Representatives	Critical Care Nurse
TX	Stephanie Klick	Republican	Female	House of Representatives	Nurse Administrator
VA	Dawn Adams	Democrat	Female	State Assembly	Nurse Practitioner
VA	Jen Kiggans	Republican	Female	Senate	Registered Nurse
VA	Siobhan S. Dunnavant	Republican	Female	Senate	RN to MD before Senate

State	Representative	Party	Gender	Legislative Branch	Nursing Specialty
WA	Tarra Simmons	Democrat	Female	House of Representatives	Has nursing degree but never worked as an RN
WA	Eileen Cody	Democrat	Female	House of Representatives	Neuro Rehab Nurse
WI	Rachael Cabral-Guevara	Republican	Female	House of Representatives	Family Nurse Practitioner
WI	Donna M. Rozar	Republican	Female	House of Representatives	Emergency Room Nurse
WV	Heather Tully	Republican	Female	State Assembly	Family Nurse Practitioner
WV	Amy Summers	Republican	Female	State Assembly	Registered Nurse
WY	Fred Baldwin	Republican	Male	Senate	Registered Nurse then became Physician Assistant

Appendix B: Makeup of State Legislative Bodies as of May 8, 2021

			Gender			*Political Affiliation*				
State	**Body**	**# of Members**	**# Females**	**# Males**	**# Non-Binary**	**# Republicans**	**# Democrats**	**# Independents**	**# Other**	**Note**
Alabama	House of Representatives	105	18	87	0	76	27	0	0	
	Senate	35	4	30	0	26	8	0	0	1 vacancy
Alaska	House of Representatives	40	13	27	0	19	15	4	2	Other = Republican coalition
	Senate	20	5	15	0	13	7	0	0	
Arizona	House of Representatives	60	25	35	0	31	29	0	0	
	Senate	30	15	15	0	16	14	0	0	
Arkansas	House of Representatives	100	24	76	0	76	24	0	0	
	Senate	35	7	28	0	27	7	1	0	
California	State Assembly	80	22	56	0	19	58	1	0	2 vacancies
	Senate	40	15	25	0	9	31	0	0	
Colorado	House of Representatives	65	34	31	0	24	41	0	0	
	Senate	35	12	23	0	15	20	0	0	
Connecticut	House of Representatives	151	54	97	0	54	97	0	0	
	Senate	36	10	26	0	12	24	0	0	
Delaware	House of Representatives	41	12	29	0	15	26	0	0	
	Senate	21	7	14	0	7	14	0	0	
Florida	House of Representatives	120	40	80	0	78	42	0	0	
	Senate	40	15	25	0	24	16	0	0	
Georgia	House of Representatives	180	61	119	0	103	77	0	0	
	Senate	56	17	39	0	34	22	0	0	
Hawaii	House of Representatives	51	16	35	0	4	47	0	0	
	Senate	25	9	16	0	1	24	0	0	
Idaho	House of Representatives	70	22	48	0	58	12	0	0	
	Senate	35	10	25	0	28	7	0	0	
Illinois	House of Representatives	118	46	71	0	45	72	0	0	1 vacancy
	Senate	59	25	34	0	18	41	0	0	
Indiana	House of Representatives	100	27	73	0	71	29	0	0	
	Senate	50	10	40	0	39	11	0	0	
Iowa	House of Representatives	100	31	69	0	59	41	0	0	
	Senate	50	12	38	0	32	18	0	0	
Kansas	House of Representatives	125	33	92	0	86	39	0	0	
	Senate	40	16	24	0	29	11	0	0	

State	Body	# of Members	# Females	# Males	# Non-Binary	# Republicans	# Democrats	# Independents	# Other	Notes
Kentucky	House of Representatives	100	31	69	0	75	25	0	0	
	Senate	38	6	32	0	30	8	0	0	
Louisiana	House of Representatives	105	20	83	0	66	35	2	0	2 vacancies
	Senate	39	6	33	0	27	12	0	0	
Maine	House of Representatives	151	68	83	0	66	80	4	1	Other = Libertarian
	Senate	35	13	22	0	13	22	0	0	
Maryland	House of Delegates	141	62	79	0	42	99	0	0	
	Senate	47	15	32	0	32	15	0	0	
Maryland	House of Representatives	160	50	110	0	30	129	0	1	Other = Unenrolled
	Senate	40	12	28	0	3	37	0	0	
Michigan	House of Representatives	110	42	68	0	58	52	0	0	
	Senate	38	11	25	0	20	16	0	0	2 vacancies
Minnesota	House of Representatives	134	31	103	0	59	0	0	75	70 Democratic-Farmer-Labor 5 New Republican Caucus
	Senate	67	6	61	0	34	0	2	31	Other = Democratic-Farmer-Labor
Mississippi	House of Representatives	122	17	105	0	75	44	3	0	
	Senate	52	11	41	0	36	16	0	0	
Missouri	House of Representatives	163	41	121	0	113	49	0	0	1 vacancy
	Senate	34	11	23	0	24	10	0	0	
Montana	House of Representatives	100	36	64	0	67	33	0	0	
	Senate	50	12	38	0	31	19	0	0	
Nebraska	Legislature	49	13	36	0	32	17	0	0	
Nevada	Assembly	42	28	14	0	16	26	0	0	
	Senate	21	10	11	0	9	12	0	0	
New Hampshire	House of Representatives	400	142	257	0	212	187	0	0	1 vacancy
	Senate	24	10	14	0	14	10	0	0	
New Jersey	General Assembly	80	26	54	0	28	52	0	0	
	Senate	40	11	29	0	15	25	0	0	
New Mexico	House of Representatives	70	37	33	0	24	46	0	0	
	Senate	42	12	30	0	15	27	0	0	
New York	State Assembly	150	55	90	0	43	101	1	0	5 vacancies
	Senate	63	18	45	0	20	43	0	0	
North Carolina	House of Representatives	120	29	91	0	69	51	0	0	
	Senate	50	16	34	0	28	22	0	0	
North Dakota	House of Representatives	94	21	72	0	78	15	0	0	1 vacancy
	Senate	47	11	36	0	10	37	0	0	

State	Body	# of Members	# Females	# Males	# Non-Binary	# Republicans	# Democrats	# Independents	# Other	Notes
Ohio	House of Representatives	99	33	72	0	64	35	0	0	1 vacancy
	Senate	33	8	25	0	25	8	0	0	
Oklahoma	House of Representatives	101	22	78	1	82	19	0	0	
	Senate	48	9	39	0	39	9	0	0	
Oregon	House of Representatives	60	31	29	0	23	37	0	0	
	Senate	30	8	22	0	11	18	1	0	
Pennsylvania	House of Representatives	203	59	142	0	111	90	0	0	2 vacancies
	Senate	50	14	34	0	27	20	1	0	2 vacancies
Rhode Island	House of Representatives	75	32	43	0	10	65	0	0	
	Senate	38	19	19	0	33	5	0	0	
South Carolina	House of Representatives	124	25	99	0	81	43	0	0	
	Senate	46	5	41	0	30	16	0	0	
South Dakota	House of Representatives	70	21	49	0	59	11	0	0	
	Senate	35	9	26	0	30	5	0	0	
Tennessee	House of Representatives	99	14	85	0	73	26	0	0	
	Senate	33	8	25	0	27	6	0	0	
Texas	House of Representatives	150	38	111	0	82	67	0	0	1 vacancy
	Senate	31	10	21	0	18	13	0	0	
Utah	House of Representatives	75	20	55	0	58	17	0	0	
	Senate	29	5	24	0	23	6	0	0	
Vermont	House of Representatives	150	66	84	0	46	92	5	7	Other = Progressive
	Senate	30	10	20	0	7	21	0	2	Other = Progressive
Virginia	House of Delegates	100	31	69	0	45	55	0	0	
	Senate	40	11	29	0	19	21	0	0	
Washington	House of Representatives	98	42	56	0	41	57	0	0	
	Senate	49	19	30	0	20	29	0	0	1 Democrat caucuses with the Republicans
West Virginia	House of Delegates	100	13	87	0	77	23	0	0	
	Senate	34	3	31	0	23	11	0	0	
Wisconsin	State Assembly	99	31	67	0	60	38	0	0	1 vacancy
	Senate	33	10	22	0	20	12	0	0	1 vacancy
Wyoming	House of Representatives	60	11	67	0	51	7	1	1	Other = Libertarian
	Senate	30	5	22	0	28	2	0	0	