

2. Practice your testimony before presenting.
3. State facts only.
4. Take written copies of your oral testimony to give to the subcommittee members (about 6 copies).
5. Dress professionally.
6. Introduce yourself and your role title at the beginning of your testimony.
7. Always be kind and respectful because the enemy today may be your best ally tomorrow.

After testimony and written comments are deliberated by the Subcommittee, they can vote the bill out favorably or unfavorably and forward their recommendation to the full committee. Assuming the bill favorably passes the subcommittee and full committee, the bill is read two (2) more times on the floor of the House or Senate (wherever the Bill originated) and then passes over to the other chamber for the same process and deliberations. Once the bill has three successful readings in the House and the Senate, the Governor can opt to sign the Bill or veto the bill. If a bill is vetoed, a 2/3 vote of the legislative members is required to override a veto. As a free service to all of

us, you can monitor a bill through the www.scstatehouse.gov website.

Hiring a lobbyist who can articulate and negotiate your bill as it moves through the General Assembly is a wonderful asset. The South Carolina Nurses and the Coalition for Access to Health Care contracts with Wanda Crotwell who advocates for all nurses! She is an amazing lobbyist and a friend to healthcare issues.

Bottom line, for over 20 years nurses have been cited as the “most trusted profession”, and within the US there are over 5 million nurses. With this trust comes responsibility. The American Nurses Association (ANA) in 2021 stated that about 42% of nurses vote. The ANA “Code of Ethics” states we need to promote and advocate for and protect the health and safety of patients, individuals, family units, systems, or a community (provision 3). In Provision 7 of the ANA Code, it speaks of advancing the profession throughhealth policy. Influencing politics and policymaking is advocating for patients, families, communities, and your profession.

So get involved!! Patients, families,

and communities look to you as a trusted nurse who understands the health care problems and gaps. Nurses are “solutions oriented” and get the task done! You must be the voice for those whose voice is not heard or ignored. Get involved by joining those who are “at the table.” Let your voice be heard and be a change agent. Your patients need you! ■

References

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- Milstead, J. & Short, N. (2017). *Health Policy and Politics: A Nurse's Guide 6th Edition*. Jones & Bartlett Learning.
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Spousal Benefits

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Over the past 10 years, I have spoken to many groups on Social Security about ways to consider maximizing benefits. A subject area that gets a lot of questions is the claiming of Spousal Benefits. The spouse who earns the most over their working lifetime is considered the primary worker. Social Security is gender neutral. Unless a person is disabled or a surviving spouse, the earliest time one can file for benefits is age 62. For those born in 1960 or later, full retirement age (FRA) is 67. If you file early, you get less. Period. Unless you need the money or have health issues, it pays to wait.

Spousal benefits are one-half of the primary worker's benefit. For example, Jane and John are married. Her benefit at FRA

is \$3,000 and John's is \$1,400. Jane is the primary worker. The benefit amount of the person qualifying for the spousal benefit (in this case John) must be less than one-half of Jane's benefit, as it is in this example. John cannot claim the spousal benefit until Jane claims her benefit. If she has not claimed her benefit and John claims, he will receive the benefit based on his working record. Remember, if you claim the benefit early you get less. Assume John was born in 1962 and he claims at age 62 in 2024. Jane has not claimed her benefit. Based on his own record, he will only receive 70% of his full benefit (\$1,400 x 70% = \$980).

Divorced spouse benefits are similar to those of spousal benefits but the marriage

has to have lasted at least nine years. The divorced spouse claiming the benefit must be unmarried. If the divorce happened at least two years prior, the ex-spouse does not have had to file for benefits.

One other thing to consider. If you claim for benefits before FRA and continue to work, \$1 dollar of benefits will be deducted for every \$2 earned above \$22,320 in 2024. If you reach FRA in 2024, \$1 will be deducted for every \$3 dollars you earn above \$59,520. In many cases, it does not make any sense to claim early if you continue to work.

Also, there are surviving spouse benefits. Unless in case of accidental death of one of the spouses, the marriage had to last for at

least nine months. A surviving spouse may claim benefits at age 60, but remember if continuing to work, benefits as described above, may be withheld. The limitations on claiming early apply- if you apply early you will receive less.

There are certain strategies to consider regarding claiming spousal benefits, but

this is a starting point. If you want more information, or want a personalized analysis please drop me an email: cstanley@janney.com

If you are interested in learning more about this subject, please call me at 803-223-7008 or send an e-mail to cstanley@janney.com. Chip Stanley is an Accredited

Investment Fiduciary, Chartered Retirement Planning Counselor, Certified Wealth Strategist, Certified in Long-Term Care, and a Financial Advisor in the Columbia, S.C. office of Janney Montgomery Scott, LLC. He is a member of the Great South Advisory Group, www.greatsouthadvisorygroup.com. ■

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manently licensed in SC.

Registered Nurses are also growing in numbers, though not as quickly as APRNs. Over the past ten (10) years, analysis of workforce data collected during the renewal cycle has shown that registered nurses initially licensed in SC tend to stay in SC, whereas those who endorsed from another state often leave SC after less than 5 years.

The Nurse licensure Compact (NLC) supports the movement of LPNs and RNs across forty-two (42) states /US Territories.

While we are aware that nearly one-third of our licensees are working in another state using their SC multistate license, we do not have a mechanism to track how many nurses from other states are coming into SC to work.

Despite the number of active licensees in SC, there continues to be a workforce shortage. The key question is do we have the supply we need to satisfy the demand as nurses retire and/or leave the profession. Federal projections (HRSA) suggest that SC does not have the nursing resources that they need, but there

are many questions to be answered. The South Carolina Office for Healthcare Workforce (SCOHW) has been asked to further study workforce shortages in SC with a particular focus on nursing. The SC Board of Nursing has been invited to join the Advisory Committee to study workforce issues across the state. The research and statistical data collected in prior renewal cycles, as well as the one we just completed, will be utilized for this meaningful work. ■

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