

GEORGIA ADVANCED PRACTICE NEWSLETTER

OCTOBER 2008

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NEXT STATE MEETING

103 WEST

ATLANTA

NOVEMBER 1, 2008

WHO SAID THAT?

"In union there is strength."

FROM THE PRESIDENT

MARIAN BLAESSER

THANK YOU FOR YOUR SERVICE –

After two years as the UAPRN Treasurer, Teddi Vaile is able to pass the torch to the 2009 Treasurer, Jauna Patterson. Teddi agreed to and completed a second term as Treasurer, and we thank her for her loyalty and efforts in the position.

In addition to her Treasurer duties, Teddi was active in the grass-roots campaign for prescriptive authority, and is a tremendous advocate of UAPRN and the advanced practice profession.

Thank you, Teddi!

WELCOME TO ALL ADVANCED PRACTICE REGISTERED NURSES

At the September state meeting, we had the honor of meeting and welcoming Sandy Gandee, President of the Atlanta CNS group. We welcome all advanced practice registered nurses to our group and encourage participation and membership.

We are working with the CNS group to assist them in obtaining title protection for the Clinical Nurse Specialist role. In Georgia they are not recognized by the Board of Nursing.

Please join me in welcoming all advanced practice nursing to UAPRN.

RSVP FOR NEXT STATE MEETING

Please go to www.uaprn.org and use the link to RSVP for this very important meeting.

Many topics are up for discussion and vote. Representatives from the Board of Medicine will be in attendance.

mblaesser@gmail.com



BY-LAW CHANGES

By an overwhelming majority, the proposed by-law changes were accepted by the membership 236 for the change and 10 against. The changes are as follows:
ARTICLE V. MEMBERSHIP AND MEETINGS

A. **Membership** will include the following: APRNs in Georgia, any interested registered nurse or APRN student.

B. Rights of Members:

Members shall have the right to vote

and hold office; however, auxiliary members shall not hold office.

C. **Membership Dues** The annual membership dues will be determined by the state leaders, and re-evaluated annually. Student and auxiliary members dues will be one-half of full membership dues. Membership will be for one year on a "rolling membership" basis. A member shall forfeit all membership

rights if dues are not paid within 30 days following the end of membership period. No additional monies will be collected when a change in dues is made within a membership year. [Delete the following] In addition, the members will approve membership dues.

Thank you for participating in the survey.

HEALTH POLICY / BOARD OF MEDICINE UPDATES

KAREN SCHWARTZ, DIRECTOR OF HEALTH POLICY

It is very important that we ALL use the new law

In May of 2006, Governor Sonny Perdue signed into law SB 480, originally called “The health access improvement act”. This legislation allows Advanced Practice Nurses (Nurse Practitioners, Clinical Nurse Specialists in Psychiatry, and Certified Nurse Midwives) the ability to sign their name to prescriptions and to order medical devices and certain diagnostic tests through physician delegation. Georgia was the last state to pass such legislation, and even though the Advanced practice community did not get “the

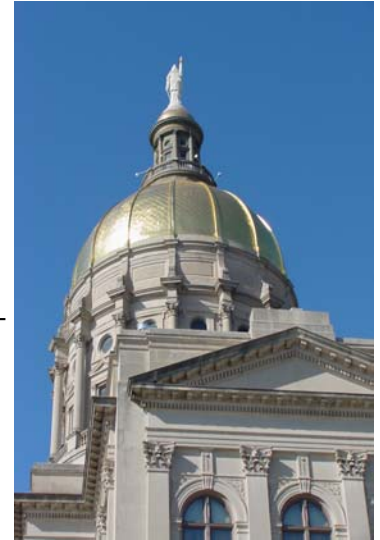
perfect legislation”, we have seen that it is definitely a product in the works.

The Board of Medicine met several times, drafting several sets of Rules and Regulations for the management of this new legislation. In February 2007, Representative Debbie Buckner, from the Columbus area, proposed that the legislature vote to develop a committee of equal representation from Advanced practice nursing and Medicine to start the process over and develop new Rules and Regulations that would

be more friendly to APRNs. Advanced practice nursing had overwhelming support, and the Board of Medicine quickly decided to make necessary changes to make the 2006 Rules more user-friendly to the collaborative practice. Cont'd page 5

Please address any comments to Karen at kcschwartz@bellsouth.net.

Karen Schwartz, MS, WHNP-BC



TREASURY UPDATE

The importance of monthly chapter updates to our Treasurer is of utmost importance.

As a professional organization we have a responsibility to report earnings and expenses to the IRS. Keeping a current overview will make tax filing an

easier task at year end.

We are in the process of changing our accounts to interest bearing, with higher interest rates on savings.

For a full Treasurer’s Report please attend the State Meetings.

Membership Goal: 1200

Current Membership: Come to the state meeting to find out...

2009 STATE LEADERS

President—Tammy Wilbanks

President Elect— Kelleigh Strickland

Secretary— Jodi O’Sullivan

Treasurer— Jauna Patterson

Director of Health Policy—Karen Schwartz

Legislative Chairman—Cecelia Eley

Membership Chairman—Jennifer Waller

School Liaison—Mary Goldsack

MEMBERSHIP

JODI O'SULLIVAN

Effective November 1st, we will begin accepting memberships on a "rolling" basis.

This means we are entering the 21st Century and creating a database to allow memberships to begin at various dates during the year.

No longer will you have to start your membership and renew your membership in January.

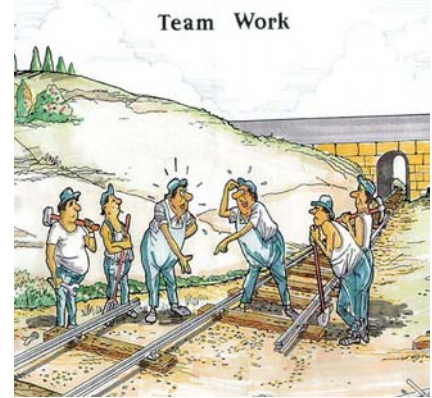
Implementation of this will encourage more members late in the year, and provide a more professional

look and feel to our organization.

Remember, we need your membership to support our lobbyists and the future direction of UAPRN. We intend to make this group the premier change agent for the advanced practice profession in Georgia.

Join us, support us— your voice UAPRN.

jodi.osullivan@comcast.net



LEGISLATIVE UPDATE, CECELIA ELEY, LEGISLATIVE CHAIRMAN

We are currently in a very interesting political time. November is approaching and we are being bombarded with election information. This is not only a presidential election year, but 1/3 of the Senate seats and all of the House of Representative seats are up for re-election. It can be tough weeding through the name calling, finger pointing and of course the actual information needed to develop a reasonable rationale to cast your votes. Where do you go to get information on candidate's views in order to cast a vote? Candidates

have websites and campaign offices, Nurse Practitioner specialty groups like NAPNAP (www.napnap.org) have many valuable resources posted with links that may be useful in making your decision. The following websites are linked through the NAPNAP website under the advocacy tab:

www.everychildmatters.org features several good resources to help you sort out the information you are receiving about the presidential candidates. A new addition to this website is called "Geography

Matters: Child Well-Being in the States." This site offers interesting statistics about poverty, obesity rates, abuse, health care and mortality of children by state.

www.bookings.edu features a presidential candidate issues index. This index reviews the presidential candidate's opinion and voting records on issues such as: preschool, Head Start, child care, child tax credits and exemptions, child safety, child health, foster care, adoption and more.

Please address all comments concerning Board of Medicine protocols to Karen at kcschwartz@bellsouth.net

You may want to research information of interest in your practice. You may find information that helps educate the candidates on NP services and availability to meet the needs of the communities they represent. Keep in mind that many resources will help you with the national candidates only, they may not cover state and local candidates.

There are "legislative action center" websites that are great resources for what is going on with Senators and

Representatives. Here you can also look up your particular Senators or Representative to see his/her voting record on bills that are important to advanced practice providers and health care policy.

It is always important to take time to talk to your national Senators and House of Representative members regarding issues that are important to you as advanced practice medical providers. Issues of great importance these days include access to health care,

recognition of nurse practitioners as primary care providers, Medicaid Managed Care Programs and regulations involving private insurance plans, using provider inclusive language in all health care legislation, inclusion of NPs in e-prescribing and electronic medical record stimulus programs, and mental health parity. So many times we read about ways to resolve these issues but there is little or no mention of NPs as a currently

available resource to resolve the issues a little or no tax payer cost.

NPs let their presence be known when approximately 1,800 practitioners descended upon the halls of Congress (as part of AANP's annual meeting) and carried the message to their Senators that nurse practitioners are the backbone of the primary system in this country and should not be excluded from the Medical Home Demonstration. Cont'd page 6.

UAPRN OF GEORGIA

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The United Advanced Practice Registered Nurses of Georgia organization was born during a strategic planning session of the Nurse Practitioner Council of Coastal Georgia (NPCCG) in 1999. The members of the NPCCG felt that if all APRNs registered in GA were united into one collective voice, this voice would translate into a political and organizational powerhouse for advanced practice professional and political issues.

The currently used LOGO is the same that was selected at the third meeting of state membership. It features intertwined stethoscopes and is encircled by the name of our organization: United Advanced Practice Registered Nurses of Georgia. This LOGO was designed by the first vice president's son, David Alan Dillard.

SCHOLARSHIP

In an effort to promote advanced practice in Georgia and encourage membership in UAPRN, it was voted at the last State meeting that two scholarships would be put in place for 2009.

One scholarship will be for Nurse Practitioner student and one will be for a Clinical Nurse Specialist student. The amount of the award proposed is \$1,000.00

Linda Tennison-Stemp will head the Scholarship committee. She and her committee will determine eligibility criteria and announce their findings at the November State meeting.

She is joined by Cathy Horat.

If you wish to become a part of the scholarship committee, please contact Linda at linda.tennison-stemp@takecarehealth.com.



HEALTH POLICY / BOARD OF MEDICINE UPDATES, cont'd

Therefore, I believe in all, there have been 6 sets of Rule changes. In all my sincerity, I believe the Board of Medicine has worked hard to adjust the Rules to encourage more to use them. Monthly, a group of physicians and advanced practice nurses meet to review the protocols and to make decisions about their practice. We have decided that for certain procedures, when APRNs received training after their graduate programs, there must be documentation of training and the physician must sign a letter of competency regarding said procedure.

Every month, we continue to have at least 100 new protocols approved. The process appears to be getting easier for everyone. So please, if you have not started the process to get a Nurse protocol, view the www.uaprnr.org website to go through the steps. We have a sample protocol, as well as the Board of Medicine's site, which is linked through our site. Also, there is a check-list of items that must be included:

Submit the APRN protocol package (BOM site) with Form C

Submit the \$50 fee

Protocol to include:

Review of records (10% of all, 100% of records when patient received a controlled substance, or had an adverse reaction—copy and paste this section from the BOM Rules)

Statement that the APRN and the MD are in the same/comparable specialty

Statement that the APRN will not prescribe medication to induce an abortion.

List procedures/treatments

List protocol reference materials (not just texts, Immunization guidelines, HTN guidelines, etc.)

Drugs able to order (No scheduled I or II drugs)

Ability to order diagnostic tests (cut and paste from the BOM Rules)

Use of samples & tracking (cut and paste from the BOM Rules)

All of the items to be included on the prescription form (cut and paste from the BOM Rules)

Refill information (RF for 1 year except for prenatal vitamins, birth control pills and hormone replacement therapy).

PRN: Letter from your MD regarding competency in additional procedures: bone marrow biopsy, lumbar puncture, chest tube insertion, central venous line insertion

UAPRN, GNA, the Board of Medicine and the Board of Nursing have spent many hours exploring this legislation and the Board of Medicine has made necessary changes to the promulgated Rules to make them more in-line with the law, and to remove burdensome restrictions.

Please report to me any burdens or restrictions that you are still having with the Prescribing Legislation/BOM Rules. It is very important that ALL APRNs start using the new law, because if we don't, the APRN community will have no credibility in the future when we need legislative change.

COMMENTS AND SUGGESTIONS WELCOME

As always, I am interested in any questions or concerns, suggestions or offers to help.

UAPRN is a growing organization and is becoming what I feel will be a force to contend with in years to come.

Let me know your thoughts—we will work toward betterment of our practice and the UAPRN group.

Thank you,

Marian Blaesser

mblaesser@gmail.com

LEGISLATIVE UPDATE, cont'd

Section 133 of H.R.6331, revises the Medical Home Demonstration by granting the HHS Secretary the authority to expand the duration and scope of the project if the expansion (a) will improve the quality of patient care without increasing spending under the Medicare program, and/or (b) will reduce spending under the Medicare program.

A 2008 study of the General Accounting Office (GAO) reported that the numbers of nurse practitioners in primary care practice are growing faster than those of primary care physicians. Data indicates that an overwhelming majority (over 83%) of nurse practitioner graduates continue to be prepared in educational programs with a primary care focus. At a time when our country so greatly needs primary care providers, excluding nurse practitioners from a lead role in providing care would seem counterintuitive and would disregard the compelling evidence that nurse practitioners are a significant component of our primary care workforce.

In New Mexico, nurse practitioners have been able to practice independently and with full prescriptive authority since 1993. They function as independent primary care providers thus allowing them to provide care for most of the citizens. New Mexico is a very rural state, thus many times nurse practitioners are the only primary care providers available. Without NPs many families would have no health care at all. There are no doubt many counties in all 50 states where this is the case.

In the state of Alaska, nurse practitioners, often are the most accessible providers. Alaska has one of the highest numbers of nurse practitioners per capita of any other state. Nurse practitioners function as partners in the healthcare of their patients, so that, in addition to clinical services, nurse practitioners focus on health promotion, disease prevention and health education and counseling, guiding patients to make smarter health and lifestyle choices. Sarah Palin supports Nurse Practitioners with the consideration of legislative and regulatory changes allowing competition that's good for the consumer.

Too often the driver of rising medical costs is a lack of competition. Nationwide we see soaring medical costs adversely affecting our families and businesses. Insurance rates are soaring preventing many employers from being able to afford to offer this benefit to their work force. Uninsured people then turn to government provided care so we have seen the Medicaid budget quadrupled in the past 10 years. It's a vicious cycle caused by fewer people being able to pay for services, which forces more government subsidies, leading to increased taxes. The reimbursements by private and government pay sources are often slow and at drastically reduced rates thus resulting in fewer primary care physicians in practice. Many prefer to practice as specialist where the reimbursements are more lucrative. This trickles down to higher costs to tax payers and the insured population.

At a time when primary care providers are so greatly needed, the exclusion of more than 137,000 nurse practitioners across this country is counterintuitive to the need for more qualified primary care providers. In Georgia there are 3977 licensed Advanced Practice Nurses. Approximately 1/3 of all nurse practitioners have practices where more than 50% of patients would be classified as "vulnerable populations".

This is important as NPs provide healthcare to people of all ages, in every state in diverse healthcare settings such as private offices, community clinics, retail stores, hospitals, long-term care facilities, schools, and health departments.

Our Legislators need to know that Nurse practitioners (NPs) are registered nurses (RNs) who have advanced education and clinical training. We can perform physical examinations, diagnose and treat health problems, order lab work and X-rays, prescribe medications, and provide health information and education. When talking with your legislators stress the fact that NPs may specialize in the care of children (pediatric nurse practitioner), older adults (geriatric nurse practitioner), people of all ages (family nurse practitioner), or people with mental health problems (psychiatric nurse practitioner). Nurse practitioners are licensed by the state in which they practice. Most nurse practitioners are nationally certified in their specialty area. Advise the legislator that the nurse practitioner profession has existed since the 1960s, but has grown quickly in recent years, largely because of cost controls and managed care demands.