

JNPA THE JOURNAL

*Public Policy & Practice News of
The Nurse Practitioner Association New York State*



Call for Nominations



Nurse Practitioner Month

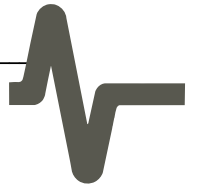


Capitol Report



Clinical Insights





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To help easily identify
your member benefits,
look for this symbol
throughout the JNPA.*



Dear Colleague,

On behalf of the NPA and its Board of Directors, we are pleased to welcome you to our inaugural issue of *JNPA The Journal!* This publication replaces the Association’s previous *Communiqué* newsletter. While the *JNPA* will continue our traditional focus in the area of public policy and practice news, it will now also encompass a limited degree of clinical content for the benefit of members as envisioned by the NPA’s New Horizon’s Strategic Plan.

The NPA wishes to extend its appreciation to all of those who helped make this *Journal* a success. A special thanks to Jane Tuttle, Chair of the NPA Education Committee, along with members of the Clinical Editorial Advisory Sub-Committee for their able assistance and valued contributions.

In between *Journal* publications, important news supplements will be conveyed to members through our *Journal Entry* E-News publication to ensure that you are kept abreast of timely issues impacting the profession.

We hope you enjoy this new format and the *JNPA!*

Sincerely,

Marion Golden, DNP, FNP

Chairperson

President & CEO

AUTHOR GUIDELINES for “Clinical Insights” Column

PURPOSE: The Journal of the Nurse Practitioner Association seeks to publish a variety of highly relevant information for Nurse Practitioners practicing in New York State and beyond. The “Clinical Insights” column seeks evidence-based clinical articles that will be of interest to nurse practitioners and other health professionals practicing in a variety of settings.

SUBMISSION OF MANUSCRIPTS: Original papers should be submitted electronically to the NPA Education Chairperson, Jane_Tuttle@urmc.rochester.edu. Promising articles will be peer reviewed by at least three members of the editorial board. The body of manuscripts should be between 1000 and 3500 words and should follow current APA guidelines. The following are essential elements:

- **Cover letter** – testify that the manuscript is original work and not currently under review for another publication.
- **Title** – should be descriptive and concise.
- **List of Authors** – including credentials and contact information.
- **Abstract** – should summarize the article in 100 words or less highlighting 3-4 key words.
- **Manuscript** – with any tables or figures on separate pages with written permission to use any copyrighted material.
- **References** – alphabetically using APA format.

MANUSCRIPT REVIEW: Three members of the editorial board will review manuscripts in a timely fashion and provide feedback to the corresponding author. Accepted manuscripts are subject to copyediting to assure that the final publication conforms to the Journal’s standards and space requirements. The final copy will be subject to the corresponding author’s approval.

COPYRIGHT TRANSFER: If an article is accepted for publication, all authors will be asked to sign a copyright transfer form.

ACCOUNTABILITY: Accountability and responsibility for content submitted rests solely with the submitting author(s).



Message from NPA chairwoman

Marion Golden, DNP, FNP

It is a historic time to be Chair of the NPA. All throughout New York, nurse practitioners are visible in their communities by providing excellent healthcare and also advocating for removal of mandatory collaboration with physicians. We are being recognized for the care we provide as discussions continue in Albany regarding how NPs are integral in providing a solution for New York's healthcare crisis.

Just recently, I am pleased to announce that Governor Cuomo, responding to our request for special recognition of the profession for its important role in healthcare delivery to New Yorkers, has declared April 2011 as Nurse Practitioner Month! Enclosed you will find our April 2011 NP Month Poster along with a copy of the Governor's Proclamation which are also available on our website (www.theNPA.org). These may be downloaded and I hope you display them proudly!

Each member of our organization has the potential to effect change by becoming more involved in the NPA. We must remember that our organization is the NPA and that our very important chapters are part of this one great association. Membership in our association offers many benefits both professionally and personally. We must continue to support one another and communicate with each other and together we will achieve our goals.

Congratulations as we join together to celebrate our profession and NP Month in New York State! I look forward to a very productive year for the NPA working together with all of you.

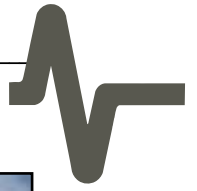
**Congratulations to our Members on
April 2011 NP Month!**



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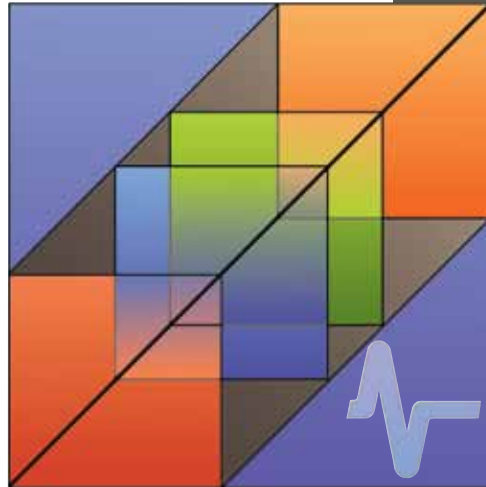
NPA Annual Conference Integrating Healthcare Delivery

Saratoga Springs – October 26-30, 2011

We have begun planning another exciting and successful NPA Annual conference for 2011. Come and join your colleagues at the NPA's 27th Annual Conference, "Integrating Healthcare Delivery." The theme signifies the many areas within the healthcare arena that are becoming integrated between all types of facilities, practice settings and healthcare practitioners. The dates for the Annual Conference are October 26-30, 2011 at the Saratoga Hilton/City Center in Saratoga Springs, NY.

This is a premier event, with the opportunity to earn plenty of contact hours! The conference offers featured speakers, as well as a variety of top tier educational sessions and learning labs presented by nationally renowned faculty who will share their expertise. We are excited to announce that this year's keynote speaker is Eileen O'Grady, Ph.D., RN, NP.

Saratoga Springs is nationally recognized as one of America's great destination locations. Downtown Saratoga is vibrant, thriving, historically significant and architecturally beautiful. The city enjoys a wonderfully multicultural atmosphere with its diverse cultural heritage which is visible through historical architecture, fine restaurants, and unique boutiques. There are several points of interest and museums in Saratoga, such as Grant's Cottage, Saratoga National Historical Park, Saratoga Monument, the National Museum of Dance, the New York Military Museum, the Saratoga Automobile Museum and more. The downtown area is a safe pedestrian environment with many eye-catching sites to keep you busy all day. Come and enjoy the beautiful fall weather with its stunning colors and enjoy the opportunity to connect and network with NP friends and colleagues from around the state and make new friends.



KEYNOTE:

Eileen T. O'Grady Ph.D., RN, NP

Dr. O'Grady is a certified adult nurse practitioner and wellness coach and serves as Policy Editor for the *American Journal of Nurse Practitioners*. She writes a monthly column on health policy in *Nurse Practitioner World News*. She is currently a visiting professor at Pace University's Graduate School of Nursing in Manhattan where she teaches doctoral students health policy and wellness coaching.

She has authored numerous articles and book chapters on advanced practice nursing and health policy. She has an active public speaking calendar in which she creates a compelling case for nurses, especially advanced practice nurses, to more forcefully engage in the policymaking process.

The NPA has reserved a block of rooms at the Saratoga Hilton. For further details on making a room reservation go to our website www.theNPA.org. The Hilton is reminiscent of a grand, contemporary hotel evoking a cozy yet sophisticated feel. The location of the Hilton on Broadway, the town's main street, is just steps away from over 50 restaurants and a thriving nightlife, distinctive shops and boutiques, galleries and more.

We look forward to seeing you there!



Harnessing opportunities through changing times

By Seth Gordon, President & CEO

The year is 2025 and predictions of the Institute of Medicine (IOM) Report, *The Future of Nursing: Leading Change, Advancing Health* written fifteen years prior, are evident in the workplace. Nearly every facet of healthcare delivery now has a digital dimension around it, “mediated increasingly by digital workflow, computerized knowledge management, and decision support”. Computer generated patient management programs are moving from infancy to common place where histories and physical examinations, diagnostic tests, medication management and several forms of therapeutic interventions are handled through technology; not face to face encounters with your healthcare provider. Such encounters are now reserved for a much more complex, personal type of care not yet possible through technology requiring specific skills sets in patient education, counseling and support similar to what nurses traditionally were trained and prepared for dating back to the turn of the 20th Century! Sound far-fetched?

The IOM report reminds us that healthcare in the United States is at the crossroads of change and that nursing practice will play a critical role within it! As nurse practitioners, on the cutting edge of healthcare delivery, you know firsthand that the evolution of the profession and your role has evolved ahead of public policy that supports it. As the IOM report points out: “The ability of nurses to better serve the public is hampered by the constraints of outdated policies, particularly those involving nurses’ scope of practice.”

Among its key messages and recommendations presented within the report describe the role of nurses in realizing a transformed healthcare system. Importantly, it states: **“Nurses should practice to the full extent of their education and training.”**

How long have we been saying that! Finally, others have heard the call and the IOM no doubt will be a great partner to have for the NPA and nursing community at large in implementing these recommendations.

New York is one of five demonstration states with a Regional Action Coalition (RAC) established for such purpose. RAC representatives have been named and have invited the NPA to discuss its role in assisting with report implementation activities around this objective. In the meantime, I encourage all members and your nursing colleagues to become familiar with this report if you have not already because it is bellwether and can help shape not only your future, but that of the profession for generations to come (see www.theNPA.org for link to report and brief).

As nurse practitioners, you know that you are already mainstream healthcare providers. The NP I see for my care tells me that all the time. Yet the profession is constantly playing catch-up when it comes to role recognition and public policy support. For instance, long before the NPA gained legal title and scope for the profession...even before the NPA even existed, NPs were out there practicing and delivering care to a population in need. Long before Medicare would reimburse NPs for services, NPs were providing care to Medicare beneficiaries. Today, several decades later, while many things have changed for the better, there is still much work to be done.

As NPs, some of you are filling out death certificates but are unable to legally sign them. As NPs, many of you counsel patients in end of life decisions but are unable to sign DNR orders. As NPs practicing in the specialty of psychiatry, you can conduct a patient assessment, diagnose an illness and prescribe treatment. You can write a discharge order in a hospital. Yet, you are unable to legally admit a patient on either a voluntary or involuntary basis to a behavioral health unit when called for. And the list goes on from being restricted to writing home care orders under Medicare to signing and documenting the comprehensive care plan you that you developed but under law, had to have the physician sign.

Above all, all of you practice autonomously under your own license as authorized and regulated by the State of New York. Yet your practice is controlled by those outside the profession who claim that quality will suffer without strict adherence to a legal mandate that they would never accept for themselves. They say physicians have far more training and experience through years of education and hours of residency requirements that NPs do not have. In fact, some physicians have far more education, training and experience than other physicians in different specialties. Yet no one is correlating the quality of patient care they deliver with professional standards of collaboration. No one is suggesting that a law is needed to ensure that they col-

laborate with other healthcare professionals as a substitute for one's professional judgment within their scope of practice.

Through the looking glass?

At the national level, the Affordable Care Act (ACA) health reform package is not secure. Some portions (if not all) could conceivably not survive the Supreme Court; calling into question the right of Congress to impose insurance mandates on the public. The new Republican majority in the House have vowed to go after several provisions through funding strategies and budget mechanisms. At the same time, our national organizations, the ACNP and AANP are monitoring very closely, how these threats could impact those provisions important to the profession; such as funding for wellness and prevention programs; nursing education and the expansion of nurse managed healthcare clinics. Our national organizations will need strong State Association advocacy support to protect your interest as a profession and together, we will provide it in a coordinated fashion with our Congressional delegation. Remember, all politics is local!

In the meantime, 2014, the year in which ACA insurance reforms will begin at the state level, is closing in on us adding over 2 million Medicaid beneficiaries to the role! Who is going to take care of them when we already have a shortage of primary care physicians? The Governor's Medicaid Re-design team is trying to figure this out how to cut nearly \$3 billion from Medicaid while policy makers struggle to close an overall \$10 billion state budget deficit. Ready access to timely cost-effective primary care can have a positive impact on reducing healthcare costs. Therefore, state and federal governments are looking at ways to build a robust system infrastructure to encourage care coordination throughout the spectrum that ensures efficiency and accountability through various financial incentives, disincentives and bundling arrangements. Where will NPs fit in these models of care?

Another model being tested...Accountable Care Organizations, "groups of providers of services and suppliers meeting criteria specified by the Secretary (HHS) who work together to manage and coordinate care for Medicare fee-for-service beneficiaries." As NPs, what will be your role in a system that integrates patient care information and delivery within a model that requires healthcare professionals to work closely together to supply the most efficient and economical patient care? Don't worry, organized medicine has an answer! They run the show and you work for them similar to the model institutionalized under statutory collaboration. However, to demonstrate that they truly value and recognize your role, you will be permitted to pay dues and join their Associations as non-voting

affiliate members! No kidding, you will be hearing more about this.

At this writing, proposed legislation is being drafted to implement concepts of Medical Homes in New York which will entail highly coordinated, comprehensive primary care delivery and strong relationships between patients and providers to improve quality outcomes. The NCQA just recently within its medical home standards recognized NPs as qualified to lead medical home teams. This was hard earned and required strong, coordinated advocacy by the NPA, AANP, ACNP and other state/national organizations. Now, we turn to our State Legislature to ensure that NPs will be afforded the opportunity to play a meaningful role in medical homes as this concept evolves over time.

So here we are locked in a fight for professional recognition and public policy support which the NPA started over 30 years ago! Yes we have come a long way thanks to those who supported the cause and the hard work of this Association and its members. And yes, our work is far from over. At both State and Federal levels our healthcare system will be changing before us presenting new opportunities and new challenges. These opportunities must be harnessed; not lost!

So how are we going to meet the challenges currently before us? **A call to action!** Help us write the next Chapter in healthcare delivery to ensure that public policy not only talks about NPs as mainstream providers, but walks the talk. How?

Rule #1: *Do not stay on the sidelines and expect to win in an endeavor that is as important and highly competitive as this!* Clearly, it will require a personal commitment from all nurse practitioners so that we can harness our collective strengths in terms of human and financial resources;

Rule #2: *Do not settle for less!* They need all of you; and,

Rule #3: *Be confident in who you are; you earned it!*

Together, we have an opportunity to shape the future of the profession and for the better. Public policy must catch up and support the profession because the profession is vital to healthcare. I know we can count on you and together, we will see this through!

Congratulations to all of you who dedicate yourself to the betterment and who so deservedly have been honored by Governor Cuomo as we celebrate April 2011 as Nurse Practitioner Month in New York!



The Nurse Practitioner Association New York State

Call for nominations

By Susan Apold, PhD, ANP, Nominating Committee Chair

Our profession is rightfully proud and hopeful for our future. On October 5, 2010, the Institute of Medicine released its report on the Future of Nursing. This report is hopeful and entrusts the profession of nursing with central authority in a reformed health care model. In her public report on the IOM's findings, Committee Co-Chair Donna Shalala, called this time in nursing's history the "golden age of nursing". One of the principle findings of this report is that "nurses should be full partners with physicians and other health care professionals, in redesigning health care in the United States." The report calls for nursing leaders from the bedside to the boardroom.

In New York State, nurse practitioners have an outstanding opportunity to provide leadership in this environment of a new health care vision. The Nurse Practitioner Association New York State has evolved over the past generation into the premiere professional association for nurse practitioners. Our NPA is positioned to play an essential role in health care reform. We stand on the brink of groundbreaking legislation. Our membership numbers are strong. Our professional infrastructure sound. There has never been a more powerful time to serve as a leader in the profession of nursing, and the NPA is ***the*** voice for nurse practitioners.

The NPA has been gifted with excellent leaders. The Nominating Committee seeks to continue our fine legacy of bold leadership by calling for nominations for office on the Board of Directors. The 2011 Board of Directors believes that a full slate of candidates is a sign of a strong organization, one where leadership positions are so coveted that nurse practitioners are competing to fill them, in a state where nursing leadership thrives. There is no finer professional service, there is no better leadership education, and there is no finer nurse practitioner association.

The Nurse Practitioner Association New York State is pleased to announce its ***Call for Nominations*** to fill Officer and Director vacancies on its Board of Directors for the year 2012.

The vacant positions are:

Chairperson-Elect will begin January 1, 2012 and will serve a three-year term, serving as Chair in the second year, and past chair in the third year.

Treasurer will serve a two-year term beginning January 1, 2012.

Regional Directors for Regions 2 & 5 will serve a minimum three-year term beginning January 1, 2012.

As per the NPA's By-laws the responsibilities of each position are as follows:

Duties and responsibilities

Chairperson-elect – "During the absence or disability of the Chairperson, the Chairperson-Elect shall perform the duties and exercise all the powers of the Chairperson. The Chairperson-Elect shall perform such other duties as the Chairperson may from time to time prescribe.

Treasurer – The Treasurer shall have custody of the corporate funds, securities, evidences of indebtedness and other valuable documents, and keep full and accurate accounts of receipts and disbursements in the corporate books. The Treasurer disburses the funds of The Association as may be ordered or authorized by the Board and preserves proper vouchers for such disbursements. The Treasurer renders to the Chairperson and Board at the regular meetings of the Board, or whenever they require it, an account of all transactions as Treasurer and of the financial condition of The Association. The Treasurer shall render a full financial report at the annual meeting of The Association. The Treasurer may request and be furnished with such reports and statements as such Treasurer may require as to all financial transactions of The Association. The Treasurer shall perform such other duties as from time to time may be prescribed by the Board or the Chairperson.

Regional Directors – Each Regional Director shall be responsible for maintaining effective lines of communication among all Chapters within the Region; providing support and assistance in fulfillment of Association policy and goals to the Chapters within the Region; promoting inter-regional communication with other Directors; and promoting interest and active participation in the activities of the Chapters and The Association among the membership where possible. Each Regional Director shall also be responsible for maintaining effective lines of communication with the Chairperson and President & CEO of the Association.

Truth in advertising

By Susan Apold, Ph.D., ANP

The Advocacy Resource Center of the American Medical Association recently re-released their study in support of “truth in advertising”. This study originally conducted in 2008 and updated in 2010 was conducted on behalf of the AMA’s Scope of Practice Partnership (SOPP). The SOPP exists to assure that the practice of medicine remains the singular domain of the physician. The study reveals that patients are dazed and confused. The American public does not know who is and who is not a medical doctor, they prefer that doctors lead the health care system, and, they want their health care professional to clearly designate their credentials so they are not “duped” by providers.

The arrogance of the a priori assumptions upon which this study is based is breathtaking. The study assumes that health care providers are misrepresenting themselves as physicians when they are not. That assumption is built upon a further assumption that everyone in the health care system wants to be a medical doctor, and when they cannot, they find a credential which will permit them to “pass” as a medical doctor. These assumptions are so supercilious that the studies which purport to support them often do little more than provide grist for water-cooler conversation. It is worthy to note that concerns over “transparency” did not emerge widely from organized medicine until advance practice nurses became eligible for third-party reimbursement and an increasing number of registered nurses sought doctorates in nursing. Nurses have been granted doctorates for almost a century, and it is only within the past 20 years that “transparency” has been a concern. Not unlike most of my colleagues, then, when confronted with this type of divisive, self-serving and unimportant rhetoric, I simply roll my eyes and move on to more important issues in health care, like taking care of patients.

This week however, I had an “aha” moment. I have been spending increasingly more time on the other side of the health care system, as a consumer and advocate for a family member recently diagnosed with cognitive impairment. At a recent visit to a Geropsychiatric Assessment Center, my family and I were introduced to the doctor who would be conducting the studies. The Ger-

ontology Nurse Practitioner who we were originally scheduled to see had broken her arm and was unavailable. So they substituted her with a physician. I was struck by the doctor’s youth, kindness and gentle approach. As the examination went on, however, I became less than impressed. Vital signs, heart and breath sounds were assessed through multiple layers of clothing; in spite of being told by the patient that there had been multiple inexplicable falls, no neurologic assessment was performed. It was impossible to assess the nature of the multiple bruises that resulted from the falls, as there was no assessment of the skin...the patient remained fully clothed throughout the examination. The doctor’s conclusion was, and this is a quote: “You have dementia. It’s early, but it’s going to get progressively worse.” In response to a query from the primary caregiver, the doctor responded: “Not to sound morbid or anything, but this isn’t going to get better, so you’re going to have to be patient.” I was stunned into silence by this unbearable display of cruelty.

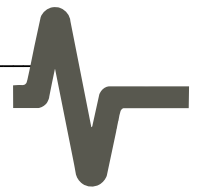
CAN THE PERSON BEST EDUCATED FOR THE SITUATION DO WHAT THEIR LICENSE AND EXPERIENCE ALLOW THEM TO DO?

As the doctor left the room, I had the opportunity to read her identification badge more closely. Emblazoned upon her name tag, was the credential “PGY1”.

Without asking permission, identifying the credential, or explaining where, exactly this person fit into the medical pecking order, a first year resident, was substituted for a Board Certified Gerontology Nurse Practitioner. The PGY1 needs no direct supervision. Her care will be reimbursed at 100% of the Medicare rate. The health care facility in which she is trained receives Graduate Medical Education funding. She need never explain her position in the health care system. No patient need ever know her level of experience. There is no confusion over her credential, because it is never fully revealed.

It’s long past time to stop. Just stop. My family needed a nurse; instead they had any hope crushed by a poor and inappropriate substitute. Can we please, please deliver care? Can the person best educated for the situation do what their license and experience allow them to do? This is not just a political battle, it is a personal one. This does not just touch on physicians and nurse practitioners, it touches us all. While the AMA is spending precious dollars and human resources slaying imaginary dragons, people are getting hurt. Unconscionable.

Truth in Advertising: The 2008 and 2010 survey results. Downloaded February 9, 2010, from <http://www.ama-assn.org/ama1/pub/upload/mm/378/tiasurvey.pdf>.



NYS DOH UPDATES



Pre-book influenza vaccines

Dear Colleague:

The New York State Department of Health is encouraging health care facilities to pre-book influenza vaccine now to ensure that a sufficient amount of vaccine will be available to protect their vulnerable patients and employees for the 2011-2012 influenza season. Annual influenza vaccination is recommended for all persons aged 6 months and older. Two formulations (the "flu shot" and the nasal spray) are available to protect the majority of the population.

Timeliness in placing your order for influenza vaccine is a critical component of your purchasing plan. Influenza vaccines take months to produce and vaccine manufacturers are hesitant to take on the risk of producing products they will be unable to sell. As a result, pre-booking vaccine orders generally takes place in January or February, even though most health systems are still administering influenza vaccine for the current influenza season.

It is important that your practices develop an influenza vaccine purchasing plan that allows you to meet the needs of your patients and employees. Flu seasons are unpredictable and can begin earlier or last longer than expected, so plan ahead in order to protect your patients and employees. You should be reviewing your influenza vaccine purchasing options and assessing the needs of your organization.

For more information on distributors and influenza vaccine availability, please visit the following websites:

Influenza Vaccine Distributor Information <http://www.flusupplynews.com/resources.cfm> Influenza Vaccine Availability Tracking System (IVATS)

http://www.preventinfluenza.org/ivats/ivats_healthcare.asp

We strongly encourage you to plan for the next influenza season and order influenza vaccine now. Should you need further assistance, please call the NYSDOH Bureau of Immunization at 518-473-4437.

Sincerely,

Guthrie S. Birkhead, M.D., M.P.H.

Deputy Commissioner, Office of Public Health

Controlled substance information (CSI) on dispensed prescriptions program

As you may be aware, prescription drug (Rx) abuse is a fast-growing health problem in the United States. According to the Substance Abuse and Mental Health Services Administration's 2009 National Survey on Drug Use and Health, non-medical use of prescription drugs for people 12 and older has increased 20 percent since 2002. Additionally, non-medical users of prescription drugs outnumber new users in any other class of drugs. Of the 2.6 million new users in 2009, 2.2 million were non-medical users of prescription pain relievers.

In an effort to curtail this rising trend, the New York State Department of Health, Bureau of Narcotic Enforcement has implemented the Controlled Substance Information (CSI) on Dispensed Prescriptions Program. The CSI provides direct, secure access to practitioners to view their patients' recent controlled substance prescription history. The CSI is available 24 hours a day/7 days a week.

Practitioners can view controlled substance prescription information through their existing Health Commerce System (HCS) account: <https://commerce.health.state.ny.us> if a patient has received controlled substance prescriptions from two or more practitioners and filled them at two or more pharmacies during the previous calendar month. This information will allow practitioners to better evaluate patients' treatment with controlled substances and determine whether there may be abuse or non-legitimate use.

Practitioners that do not currently have an HCS account can register at: <https://hcsteamwork1.health.state.ny.us/pub/top.html>

For further information or questions, please contact the Bureau of Narcotic Enforcement at 1-866-811-7957 (Option 4).



HIPAA version 5010

Effective **January 1, 2012**, a federal mandate requires that health plans, clearinghouses, and providers use the HIPAA Version 5010 standard in electronically conducting certain health care administrative transactions at the heart of daily operations, including claims, remittance, eligibility, and claims status requests and responses.

eMedNY will implement Version 5010 changes this summer that will impact all providers/submitters. We have developed the Medicaid Update Special Edition to provide you with information that will assist you in meeting the January 1, 2012 compliance date (see NPA website www.theNPA.org). It is imperative that providers/submitters review and understand the changes detailed in this Update and take appropriate action to ensure successful transition to 5010. Providers who utilize the services of vendors/software developers must communicate with those entities to make certain they are aware of the changes and are proceeding toward timely implementation.

Student Transition Guide

New NPA Student Transition Guide available to Members. Go to the NPA website www.theNPA.org to download a copy.



NPA announces new strategic partner: Fitzgerald Health Education Associates, Inc.

We are pleased to announce that Fitzgerald Health Education Associates, Inc. (FHEA) has joined the Association as a Strategic Partner! FHEA will provide educational offerings at a substantial discount to all NPA members on all FHEA produced products while helping to support the NPA mission based upon sales.

Not only will members be enjoying great FHEA products at great member prices, this strategic partnership also provides a significant incentive to new graduates and practicing NPs to join the association to capture these valuable membership benefits. For instance, members will be eligible to receive a 15% discount on all FHEA Certification Exam review courses. For Student members, the discount more than offsets the cost of NPA State and Chapter membership! At the same time, existing members will benefit as well when pursuing the continuing education credits they require to maintain certification and competency in a profession that is complex and demanding. As strategic partners, the NPA and FHEA understand the importance of supporting and fostering nurse practitioner practice in New York State.

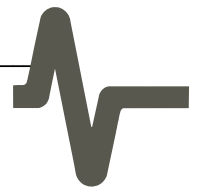
FHEA is a well-known and respected name in our state and national NP community. It is an NP-owned company dedicated to helping the nurse practitioner and advanced practice nurse achieve and maintain professional competence by providing a host of educational programs and products including certification review courses, live continuing education seminars, web and computer based learning courses, audio/video learning modules and books.



The NPA and FHEA are looking forward to a close, supportive relationship to foster the growth of the nurse practitioner role in healthcare and the high standards of the profession. FHEA is happy to support such NP organizations and provide incentives that encourage new membership as well as reward existing members.

Our goal is to complete program implementation by April 1 so check our website (www.theNPA.org) for further updates and program information!





MEMBER



VIEWS

Healthcare for ALL: Yes We Can!

By Patricia Reed, Nurse Practitioner,
Saratoga Springs

Healthcare for all is a human right. It is time to calm down, move on and get Medicare for All done.

Throughout the many years that I delivered healthcare, I have seen many initiatives to improve access to, quality of and reduce costs of care. Today the US has a failed insurance system that puts profits ahead of patients. The US has the highest health spending in the world yet 47.5 million Americans were uninsured in 2007, including 8.1 million children. Approximately 25 million non-elderly adults (14%) were underinsured in 2007. 18,000 Americans died in 2000 due to lack of health insurance (Institute of Medicine). Prescription drug costs are the highest in the world. Other industrialized democracies spend less on healthcare; their citizens are guaranteed coverage for life, live longer and have superior access to care.

Americans value and utilize Medicare. Who turns down a Medicare card? Let's expand and improve Medicare and cover everybody. The United States Medicare system is emulated by other countries, most recently, Taiwan. Our tax dollars already pay for over 50 percent of health care costs in this country through Medicare, Medicaid, Veterans Affairs and other agencies.

The United States National Health Insurance Act, HR676 is a bill to create a single-payer, publicly-financed; privately delivered universal healthcare program that

would cover all Americans without charging co-pays or deductibles. It will save \$400 billion by removing insurance company profit. Benefit from a single risk pool. Eliminate costly duplication of administrative (forms, billing) processes. Improve quality of care while retaining choice of providers and increase value for health care dollars spent.

Let's build on the strengths of the Patient Protection Affordable Care Act, which extends coverage to millions of uninsured Americans; eliminates pre-existing conditions as a requirement for child coverage; eliminates lifetime limits on coverage; improves Medicare by downsizing the "donut hole"; strengthens health promotion and disease prevention programs; creates a Center for Medicare and Medicaid innovation and increases the number of community health clinics.

Legislative leadership requires doing the business of the people by problem solving and making life better for all. The skills required are accurate knowledge of the issues and ability to negotiate compromise and engage in civil discourse.

Repealing progress is not an option. It is time to get the job done. Let's do it!

Further information available at: www.pnhp.org; www.healthcare-now.org; www.kff.org; www.singlepayernewyork.org; www.unionsforsinglepayerhr676.org

DISCLAIMER: The opinions and views expressed herein are those of the author and not necessarily those of the Nurse Practitioner Association New York State or NYSCONP, INC.



NPA member ideas incorporated into final recommendations of governor's medicaid redesign team

In one of his first acts as governor, Andrew Cuomo, facing the current double-digit billion dollar structural budget deficit, created, by Executive Order #5, a Medicaid Redesign Team (MRT). Medicaid expenditures represent almost 40% of the total budget and this level of expenditure is not sustainable. The 27-member body, representing stakeholders from the health care industry, had been charged with building a more affordable, cost effective Medicaid program. The Governor also appointed Jason Helgerson, former State Medicaid Director from Wisconsin, as the new State Medicaid Director for New York, and to serve as one of the lead staff people on the MRT. (Information, including the MRT's recommendations, is available here: [http://www.health.state.ny.us/health_care/medicaid/redesign/.](http://www.health.state.ny.us/health_care/medicaid/redesign/))

In the immediate short term, through its recommendations the MRT hopes to provide ideas to lower costs and improve quality in the Medicaid program for the Executive budget 2011-2012. There is a target reduction in Medicaid spending of \$2.85 billion, but the MRT was not given details as how this would be achieved. Any difference between savings identified by the MRT and that budget target will need to be reportedly found elsewhere.

At this writing, the MRT has recently developed a final package of recommendations that have been provided to the Governor. The MRT will continue to meet quarterly throughout the year to discuss long-term reform proposals, which are expected to include comprehensive payment reform, implementation of national health care reform and its impact on NYS, and further opportunities to coordinate Medicare and Medicaid programs and reimbursement. A final comprehensive reform plan is due to the Governor no later than November 2011.

In developing its recommendations, the MRT had already collected over 2,000 recommendations, including several that were provided by the Nurse Practitioner Association New York

State. At this meeting with Jason Helgerson, it was made clear that the Executive believes the NPA's proposals to eliminate barriers to full exercising of NP scope of practice is a goal that is consistent with the MRT's agenda! As of February 11th, the MRT had already narrowed the list of recommendations down to 274 proposals. By March 1, the MRT final recommendations were down to 79 proposals. Notably, proposal #41 calling for the development of a Public Health Service Corp, came directly from the NPA along with other ideas such as, assigning Medicaid beneficiaries with a primary care provider! Other proposals were directly linked by notation, to the NPA's Global Signature legislation.

It is also notable that several proposals that were included in the final list will positively affect the NPA as the MRT has acknowledged the importance of NPs and related healthcare workers. Additionally, at the MRT's New York City meeting in February, the Medicaid Director again, publicly stated, that there is a strong need to remove barriers to health practitioners' ability to exercise their full scope of practice. The NPA and its outside counsel will continue to actively monitor future MRT's activities to ensure that the nurse practitioner community is well represented in policy discussions ahead!

NPA 2011 legislative agenda moves forward

As reported previously in the NPA's Journal Entry E-News supplement, this year with counsel from our lobby firm, we have streamlined and consolidated our legislative agenda to help focus our resources and attention on issues most important to members. Last year, there were ten (10) bills that NPA asked legislative sponsors to introduce. This year, our focus is on three (3) bills which take into account most of last year's issues. In this way, we have the opportunity to discuss the importance of all three bills during visits with legislators around the overall theme of removing barriers to practice and permitting NPs to practice to the full extent of their education and training consistent with the IOM Report.

While at this writing not all have been formally introduced in both houses, the bills are:

- **A.5308 (Gottfried)/S.3289 (Young):** Establishes the nurse practitioners modernization act which allows the practice of registered professional nursing by a certified nurse practitioner to include diagnoses and performance without collaboration of a licensed physician. The NPA thanks Assemblyman Richard N. Gottfried, Chair of the Assembly Health Committee and Senator Catharine M. Young, for sponsoring our bill in their respective houses.

- **A.2157 (Gottfried)/S.3881 (Hannon):** An act to amend the education law, in relation to authorizing nurse practitioners to perform functions in conjunction with clinical services within their scope of practice. (Otherwise known as our Global Signature Bill encompassing issues such as DNR, Death Certificates, etc.). The NPA again thanks Assemblyman Gottfried for sponsoring this bill as well as Senator Kemp Hannon, Chairman of the Senate Health Committee for his sponsorship.
- **A.1603 (Ortiz)*** Authorizes nurse practitioners to admit patients to Inpatient Mental Health Units on voluntary or involuntary basis. The NPA thanks Assemblyman Felix W. Ortiz, Chair Assembly Mental Health Committee for sponsoring this bill. Senator Roy McDonald, Chair Mental Health Committee, has been asked to sponsor this bill in the Senate.

* *Note: Bill not yet formally introduced in the Senate at this writing*

A call to action!

Last year, the midwives successfully campaigned to remove statutory collaboration in their practice act. The ingredients that led to that success are attributed to several factors. First, the closure of St. Vincent's hospital left hundreds of midwives without hospital collaboration agreements and thus, thousands of patients without access to their care. Secondly, those patients joined the midwives in a massive statewide grassroots effort that sent a strong signal to the legislators that this was not only about midwives and the profession, but about patient choice and access to care. Last, one of the most important ingredients leading to their success was a sustained grassroots effort targeted in key legislative districts around the state.

This model of active member grassroots involvement will be critically important to our success! The legislation we are advancing this year is not only focused, but bell weather in advancing the profession! Everyone's participation is absolutely necessary if we are to succeed. As previously discussed, the time to harness the opportunities before us is now! Our Government Affairs Committee, Chaired by Joy Elwell, DNP, FNP-BC, will be helping to coordinate our statewide grassroots efforts and forming advocacy teams to conduct local legislative visits with support material provided by the NPA.

While the legislature is currently focused on budget issues, it will be important for members to actively watch for NPA Action Alerts posted on our website and emailed directly to you. Additionally, the NPA is actively monitoring several pieces of proposed legislation of interest which members can view on our website (www.thenpa.org).

Should you have any questions on our 2011 Legislative Agenda, or legislation that we are monitoring, please feel free to contact the NPA offices at (info@thenpa.org) or by calling 518-348-0719. Let's make this year a success!



Don't forget your PAC contribution!

The NP of NYS PAC is another way to help harness the opportunities before us in support of our governmental affairs program. Every year, we prepare a targeted PAC plan in support of policy makers who support our objectives building strong relationships as we go. There over 200 legislators in the Assembly and Senate and with a strong PAC, we are able to recognize and be more supportive of our friends in the legislature. Currently, our plan is only able to include a fraction of those that deserve our support. With your generous contribution to our PAC, we can do more! Won't you please contribute?

See back cover for a PAC Contribution form.



National issues affecting nurse practitioner practice

By Joy Elwell, DNP, FNP-BC

The need to increase access to primary health care, improve patient outcomes, and decrease health care costs have resulted in favorable attention on advanced practice nurses (APN) at the national level. The Institutes of Medicine (IOM) released a report October 5, 2010 culminating 2 years of study, providing recommendations for utilization of APNs. 620 pages in length, the highlights of the report include:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure. (IOM, 2010)

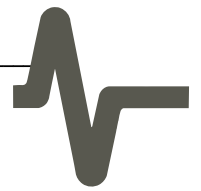
The Affordable Care Act (ACA), passed by Congress and signed into law in March, 2010, has come under attack. The House of Representatives voted to repeal the ACA on January 20, 2011. The Senate however rejected this effort and voted down repeal on February 2, 2011. The ACA, while not ideal, does contain provisions beneficial to NP practice and access, including a student loan repayment program (HHS, 2010), grants for 'nurse managed health clinics', defined as "a nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, federally qualified health center, or independent non-profit health or social services agency" (AACN, 2010). Another area of the ACA featuring APNs is the Independence at Home Medical Practice Demonstration Program. This program creates an incentive payment and delivery model utilizing Nurse Practitioners (NPs) and

physicians to direct home-based primary care teams to reduce cost and improve health outcomes (AACN). The ACA also provides incentives for NPs in the Primary Care, Prevention, and Health Promotion Expansion Program, promoting primary care, disease prevention, and wellness by strengthening the nation's public health workforce infrastructure. A mandatory Prevention and Public Health Fund is established for programs under the Public Health Service Act focusing on prevention and public health; funding for the National Health Service Corps is significantly increased; a Ready Reserve Corps is created through the U.S. Public Health Service Commission Corps; and a public health service science track is created under the new law. The law also provides incentive payments for primary care services given by health professionals including NPs (AACN, 2010). National NP associations, including the American Academy of Nurse Practitioners (AANP) and the American College of Nurse Practitioners (ACNP), as well as the Nurse Practitioner Association New York State (NPA) have been active in encouraging NPs to lobby their federal legislators in protecting the ACA.

Long-standing issues which continue to evolve include medically underserved populations (MUP) and health professional shortage areas (HPSA). The Health Resources and Services Administration scheduled meetings of the Negotiated Rule-making Committee on Designation of Medically Underserved Populations and Health Professional Shortage Areas for the first quarter of 2011. The Committee, authorized by the ACA, is focusing on the various components of a possible methodology for identifying areas of shortage and underservice, based on the recommendations of the Committee in a previous meeting. Utilization of NPs to fill gaps in HPSAs, as well as improve quality of patient outcomes among MUPs will be part of the discussion (McCurdy, 2010). NP associations will observe these discussions closely.

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NPA Risk Management Advisory: by Nurses Service Organization (NSO)

Beyond licensure: determinants of nursing practice

Introduction: Licensure is a privilege, not a right. In order for nursing professionals to obtain the privilege of licensure, individuals must complete a state-specific educational requirement and successfully pass a national licensing examination for professional or practical nursing. Most Advanced Practice Registered Nurses (APRNs) are conversant with their obligations regarding knowledge of practice parameters, as established by state nurse practice acts. However, many APRNs may not be as aware of other determinants, including state rules and regulations, other state and federal laws, state practice decisions, professional standards of practice, the profession's code of ethics, court decisions and workplace policies.

Throughout your career, you are charged with having knowledge of and remaining current with these other elements of nursing practice. Failure to attain and regularly renew awareness of the most current level of this knowledge increases risk of an untoward practice event that could lead to disciplinary charges or malpractice litigation. An APRN will be unable to assert as a defense to a professional liability claim that he or she did not have knowledge of the responsibility for knowing the multiple determinants of nursing practice. When a state authorizes nursing practice for an APRN through licensure, the state licensing authority expects the nursing professional to assume the responsibility for remaining updated with the legal and acceptable standards of practice.

Laws, Rules and Regulations: APRNs should regularly acquire a current copy of their state's nurse practice act. By contacting the state's licensure authority (State Board of Nursing or other state agency) or accessing the state's appropriate web site or the web site of the National Council of State Boards of Nursing (www.ncsbn.org), this information can be obtained. States may inform licensees of any changes in the law, rules or regulations, but it is prudent to ensure that you have the most current version of the state nurse practice act in those states where you are authorized to practice. In addition, maintain your current home address with each licensing authority.

Suggestion: Request a copy of a state's nurse practice act with initial licensure and all subsequent re-registration periods. Ask for information on any recent changes to the state's rules and/or regulations that affect nursing and APRN practice, and routinely visit the licensing authority's web site for current information.

State practice acts and other state or federal laws can regulate the scope of professional nursing practice. Each state's nurse practice act clearly defines the scope and practice of professional nursing; the education and testing required; the use of protected titles; and other state-specific requirements and exemptions to the act.

In some settings, federal law may affect nursing practice. Some examples include: the Emergency Medical Treatment and Active Labor Act (EMTALA) which imposes specific requirements upon emergency care; Medicare law which addresses the credentials that a nurse must acquire for either direct or agency payment of nursing services and the Health Insurance Portability and Accountability Act (HIPAA) that imposes strict requirements regarding protected health information and healthcare records.

Suggestion: Maintain membership in your professional state association, The Nurse Practitioner Association of New York State (NPA). Regularly visit the organizations' web sites to review any new information and subscribe to nursing journals for general and APRN nursing practice along with those specific to your area(s) of practice.

Practice Decisions: Since the practice of nursing is continually evolving and is influenced by changes in science, health care technology, medical practice, and nursing theory, it is impossible for the language in any nurse practice act to articulate all the parameters of current and future nursing practice. Therefore, the State Board of Nursing or the state's licensing authority, in response to questions raised by individual nurses, employers or other state agencies, frequently makes decisions about new trends in the delivery of care, and their inclusion or exclusion from the scope of nursing practice. A state licensing board or professional association can examine a specified concept or task, and determine its appropriateness in relation to nursing practice, regardless of the absence of specific language in a practice act. The challenge for the APRN is acquiring timely knowledge of such decisions.

Nurses should clearly understand that the State Board of Nursing or licensing agency seeks to support its nurses (RNs, LPNs, and APRNs) in the practice of nursing while protecting patients from harm. This state author-

ity represents a vital source of information, and nurses should seek its assistance when a question arises about the appropriateness of a behavior, treatment modality or task in the practice of nursing. Practice information and decisions may be distributed by the state directly to its licensees via a newsletter and/or a posting on a web site; nursing organizations may publish the decisions; employers may distribute the information, or the nurse can personally request the information.

Suggestion: Consider attending open meetings of your State Board of Nursing and seeking appointment to the Board. States often seek nurses with specified practice and life experiences to create diversity to the Board. You may find yourself contributing positively to the practice of all nursing professionals in your state.

Suggestion: All APRNs should have in their personal libraries the current documents pertaining to state law and regulation, scope and standards of practice, and individual institutional policies and procedures. APRNs should become apprised of the important information within these documents. As leaders in the nursing world, APRNs must understand their responsibility to incorporate such practice directives into their daily professional conduct.

Nursing professionals, other healthcare practitioners, state boards of nursing, other state agencies, professional nursing organizations and other healthcare organizations may differ in their views regarding the scope of nursing practice, the independence of nurses in providing care, the parameters of supervision, delegation and assignment, or other issues related to the practice of nursing. Often, these differences are resolved through discussion, arbitration or legislative action. Sometimes, litigation is pursued, and the courts are asked to render a decision. Some examples include: the right of nurses to claim workers' compensation benefits; defining when patient abandonment occurs, or the authority vested in a specified regulatory agency to determine the parameters of practice for licensed and/or unlicensed healthcare personnel. Unfortunately, these decisions are often difficult for individual APRNs to monitor through the recognized sources of administrative determinations and judicial opinions. Groups that are involved in the litigation may publish the decision and, if an employer is affected, nursing professionals in that employer's workforce are informed of the decision.

Suggestion: It is important to routinely read nursing organizations' newsletters and nursing journals where such decisions may be published. Two publications

that routinely provide such legal information are: Nursing Law's Regan Report and the Legal Eagle Eye Newsletter. APRNs may want to urge their facilities to subscribe to these publications for a workplace's nursing library. Such a library would serve a critical function, and nursing professionals should make routine suggestions to those responsible for acquisitions regarding professional textbooks, publications and journals that should be included in the nursing library.

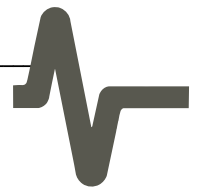
An employer's policies that guide nursing practice in a particular workplace are considered to be part of the "local standard of practice". Most of these policies are published in the agency or facility policy and procedure manuals. Such local standards must be consistent with federal and/or state laws that govern the workplace, the state nurse practice act, any applicable rules or regulations, practice decisions rendered by the State Board of Nursing and court decisions. Workplace policies can restrict nursing practice, but they cannot expand the scope of nursing practice.

Suggestion: Query the State Board of Nursing, if there are any concerns about workplace nursing policies and/or procedures. Review your facility's policy and procedure manuals on a regular basis. Ensure that there is a mechanism within the workplace for the regular review and update of manuals to reflect current legal and acceptable APRN practice. Consider volunteering to participate in the establishment and review of such policies as you can make a significant difference in the practice of nursing in your workplace.

Conclusion: Robin Burroughs*, RN, CPHRM, Risk Control Consulting Director of CNA HealthPro states that "Based upon my experiences as both a practicing nursing professional and Risk Control Consulting Director with CNA HealthPro, it is clear that being current and familiar with your state's nurse practice act is a critical risk management step." APRNs are authorized to practice through the authority of the state. Competent nursing practice requires a complete understanding of all the legal, ethical and professional determinants of APRN practice. Such understanding empowers the individual APRN, establishes the parameters of safe nursing practice, and protects the patient and the community.

**Robin Burroughs is a registered nurse and a certified professional healthcare risk manager who has been with CNA HealthPro since 1995. In her current role as a Risk Control Consulting Director she is responsible for providing risk management consulting services to the health care industry.*

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PRACTICE



ISSUES

A NPA MEMBER WRITES TO THE NPA WITH A PRACTICE ISSUE CONCERNING A SITUATION FACING HER IN HER PRACTICE WHERE SHE HAS WORKED FOR MANY YEARS.

DISCLAIMER:

Practice issues assistance is a membership dues supported benefit of membership in the NPA and available to members at no charge. Practice Issues Assistance is not intended to be, nor should it be considered to be, legal advice. Legal advice is not a service of the NPA.

QUESTION PRESENTED: I have worked as a FNP for a medical practice since the 1990's and the physicians are reluctant for me to get an NPI number. My contract agreement specifies I will function only "incident to" the physician. If I have an NPI number does this mean billing must occur under my name? I am aware that without this NPI my prescriptions and lab orders are no longer accepted by insurance companies. My employers do not want to bill my visits in my name. Is this proper?

RESPONSE:

It seems as though we have an NP in a bit of a quandary...As with most practices that employ NPs, the providers do not like to bill under the NP'S number due to the loss of 15% from the full physician rate. However, if they bill all services under the physician's NPI the NP faces the inactive status of their NPI and the practice faces the potential liability for collecting on services for a higher dollar amount than what they are entitled to.

Under Section 2050 of the MCM: Accordingly, under the Final Rule, services and supplies are covered as incident to services if they are: (1) furnished in a non-institutional setting to non-institutional patients; (2) an integral, though incidental, part of the service of a physician in the course of diagnosis or treatment of an injury or illness; (3) commonly furnished without charge or included in the bill of a physician; (4) of a type that are commonly furnished in the office or clinic of a physician; (5) furnished under the direct supervision of the physician; and (6) furnished by the physician, practitioner with an incident to benefit, or auxiliary personnel. Please note that number 5 above is the most significant one to comply with.

Often times a practice will bill for services rendered by an NP under a physician's number even when the physician is not physically present in the building. This is 100% inappropriate and should never be the case. This scenario is when the service should be billed under the NP.

Consistent with the requirements of Section 2050 of the MCM, the Final Rule requires that the incident to services and supplies be furnished under the direct supervision of the physician. Direct supervision means that the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. As was clear under preexisting Medicare policy, this does not mean that the physician has to be present in the room when the procedure is performed.

Importantly, the Final Rule clarifies that the physician providing the direct supervision need not be the same physician upon whose professional service the incident to service is based. In fact, any physician in the group who treats patients can provide the requisite supervision. The commentary to the Final Rule cautions, however, that when a claim for an incident to service is submitted to Medicare, it must be submitted under the billing number of the physician who actually supervises the rendering of the service, even if this is not the physician who ordered the service.

Testimonial:

To NYS NPA

Thank you for your assistance in navigating through a difficult employment dilemma. It was wonderful to have access to professionals that understand NP issues. The support I received from the NPA was invaluable. It helped me to part with an unsatisfactory work environment and move forward to more promising career opportunities. Thanks again for your insight and encouragement. I'm glad to be a member of the NPA.

*Respectfully, Donna G. Hogan,
FNP, APRN, BC, PhDc.*



April 2011

Nurse Practitioner Month

as officially declared by Governor Andrew Cuomo



*Join us in
a month-long
celebration of this
unified and proud
profession.*

Find out more about us at
www.TheNPA.org

NPA
ASSOCIATION



State of New York
Executive Chamber

Proclamation

Whereas, the Empire State places the highest priority on quality health care for all of our citizens and appreciates the many professionals who contribute to our State's excellent system of medical care, including nurse practitioners who work alongside primary care physicians in a variety of settings ranging from outpatient clinics, hospitals and nursing homes, to schools and private offices; and

Whereas, nurse practitioner programs serve as a bridge within the medical community, having first been developed in the 1960's by public health pioneers Dr. H. Silver and Dr. Loretta Ford as a means of offering primary health care – especially for children – in underpopulated and rural areas; and

Whereas, in response to the need for more physicians, Drs. Silver and Ford acted to make healthcare accessible to all people, and these visionary leaders in medicine established the first Nurse Practitioner Program, which gave Registered Nurses the capability to offer specified primary healthcare services; and

Whereas, the success of the Nurse Practitioner Program was immediate and the movement grew, whereby advanced educational programs give many nurses today the opportunity to increase their medical knowledge and fill crucial health care needs within our society; and

Whereas, this year marks the 23rd anniversary of the enactment of Chapter 257 of the New York Laws of 1988 – the legislation that recognizes and licenses certified nurse practitioners and broadens the scope of services they perform, enabling them to act as primary care providers under certain circumstances and in various capacities; and

Whereas, throughout this State, more than 13,000 nurse practitioners serve as an integral component of our health care system, focusing on prevention as well as the treatment of health problems, and it is fitting that we recognize these professionals within the medical community for their dedication, compassion and significant contributions to the health and well-being of New Yorkers;

Now, Therefore, I, Andrew M. Cuomo, Governor of the State of New York, do hereby proclaim April 2011 as

NURSE PRACTITIONER MONTH

in the Empire State.



Given under my hand and the Privy Seal of the State at the Capitol in the City of Albany this seventh day of February in the year two thousand eleven.

Governor

Secretary to the Governor



Do companies and employees need written job descriptions?

By RJG Consulting LLC –
Rosanne J. Greenwood, President

Many employers formally document the content of their company's jobs. Some of the more common methods of job documentation are checklists, summary of positions and job descriptions. Generally, employers are free to decide whether they will have job descriptions and, if so, how to use them. Many employers choose to use the written job description because they find it provides them the greatest utility of all job documentation methods. Depending on how detailed they are, job descriptions can be used directly or indirectly to:

- Assign work and document work assignments
- Help clarify missions
- Establish performance requirements
- Assign occupational codes, titles and/or pay levels to jobs
- Recruit for vacancies
- Explore reasonable accommodation
- Counsel people on career opportunities and their vocational interest
- Train employees
- Check for compliance with legal requirements related to equal opportunity, equal pay, overtime eligibility, etc.
- Make decisions on job restructuring
- Suggest ways to enrich the work experience

In plain, clear language, job descriptions document a job's major functions or duties, responsibilities and/or other critical features, such as skill, effort and working conditions. They may be specific and detailed or generic and general. The actual content and format of job descriptions

and specifications varies greatly from one organization to another.

All job descriptions are summaries. The baseline objective is to provide enough information in the right format and language to be accurate, clear and useful to the employer.

Job descriptions and the law

Generally, federal law does not require employers to have job descriptions, but there are some exceptions. Federal regulations and guidance governing the Americans with Disabilities Act (ADA) do not require employers to have job descriptions. However, employers choosing to have job descriptions will find that the ADA has a significant impact on format and content.

Keeping job descriptions current

Job descriptions (and other forms of job documentation) have the potential to become the subject of contention, including grievances or litigation. Accordingly, it is critical that accuracy be maintained and that job descriptions are kept current. In addition, the employer should have a plan for reviewing them regularly. A plan of this type should reflect the personnel resources available to do the review and the character of the job content. Some jobs are dynamic, changing rapidly and extensively (due to technological or organizational considerations); these job descriptions should be reviewed often. Other jobs change very little over long periods of time; these job descriptions need not be reviewed often.

Use of disclaimers

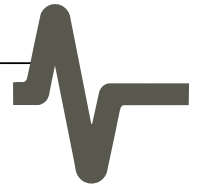
Some employers use one or more disclaimers to remind readers that job descriptions are not meant to be all-inclusive and/or the job itself is subject to change.

Summary

Job descriptions can be very useful to employers, employees and job applicants. However, there are pitfalls.

More information and/or assistance with job descriptions can be obtained for either employers or employees through the NPA Human Resource Program.





NPA "Just One" membership drive begins now!

By Scott Owitz, FNP, Membership Chair

As Chair of the 2011 Membership committee I am very excited about this year's membership activities. If you haven't read or heard, last year, 2010, was a high water mark for membership, ending 2010 with over 2,800 members. Thanks to all who not only became members but as important, those who remained members.

With April 2011 NP Month upon us, the NPA is launching its annual membership drive and we need your help! The challenges before us are great and we need a strong membership base to harness the opportunities (see President's Report), protect your practice and advance the profession through these changing times. We currently have at this writing, approximately 2850 members. Our board has established a goal to end this year with a total of 3,000 members. Factoring in our current member retention rates of approximately 80%, did you know that we need to recruit approximately 570 members just to stay even with our current membership total? That means we will need to recruit this year, a total of approximately 720 members to achieve a net gain in membership is needed to achieve a total of 3000. So how can this be done?

Just one! All we ask is that you recruit just one new member to join us. For your efforts, you will be rewarded. Our membership drive begins April 1. During the period from April 1, 2011 through June 30, 2011, a member who refers a new member will receive a NPA Bucks voucher along with the new member they refer. The voucher is valued at \$65.00 and can be used to-

**MEMBERSHIP IS EVERYONE'S PRIORITY
SO PLEASE JOIN IN!**

ward the NPA 2011 Annual Conference registration fees or applied to your next membership renewal. Think about it....If every member participates we can actually double the size of the NPA membership and with that the ability to provide greater service and resources to you and the profession!

This would be a fantastic achievement we can all be proud of and a goal within our ability to achieve! As nurse practitioners committed to the NPA's mission to promote high standards of healthcare delivery through empowerment of nurse practitioners throughout New York State, membership must be a priority for everyone. Imagine, 3000 people committed to making and keeping this organization the best statewide NP organization available working for you to protect and improve your practice and the profession. Remember, there are now over 15,000 NPs certified to practice in NYS so let's begin here!

"What's in it for me?" is a common question we all tend to ask. In addition to all the other benefits, when it comes to the NPA, a strong membership base and strong NPA is the real answer. After all, behind every strong profession is a strong Association! And strong we must be if we are to harvest the opportunities of a healthcare system that is transforming.

Of course there is much more that you receive as a member; discounts on products and services from our strategic partners like Fitzgerald Health Education Associates and Springer Publications; the Student Transition Guide to Nurse Practitioner Practice; Preceptor and Mentor programs; practice alerts and breaking news alerts provided directly to you as they happen; Practice Issues assistance and human resources consulting services and even more than that. But because this is your profession and your association when you help the NPA you are after all really helping yourself. With more members we can attract more strategic partners and bring even greater value to you!

NPA Bucks voucher program

April 1, 2011 - June 30, 2011



What can you do? First, by being a member and maintaining your membership status, you have made a wise investment in support of the profession and a great contribution. Second, be sure to share a few of these “pearls” in talking to your peers so they will join the NPA also:

- Did they know that only 1 in 5 NPs licensed in New York is a member of the NPA? Yet the NPA is the association that advocates for and protects all NPs in New York State! NPs need to help and support one another and members tell us that this is their professional responsibility to join their Association and support the profession.
- Inform your colleagues about the benefits of membership including discounts, practice alerts and other practice information membership in the NPA provides, allowing more accurate practice and making them a more valuable member of the practice team. Remember, you can also lower your dues and/or conference registration rate with an NPA Bucks Voucher earned by recruiting one new member between April 1 and June 30 this year!
- NPA annual State and Chapter dues amount to only 49.3 cents per day! What else can you get for less than 50 cents? A cup of coffee costs no less than three times as much.
- Even so, some colleagues will tell you they cannot afford to be a member. The truth is they cannot afford to NOT be a member. Lack of membership weakens our profession through non participation and we cannot afford to be weak in a very competitive healthcare climate.
- There are always threats to our role as NPs and without the NPA to intercede on our behalf incursions into our practice can easily take place. The time to join is not when something bad happens to you or the profession; rather when it's time to do something good for it! Prevention is always the best approach.
- As a member your dues help support chapter sponsored educational programs as well as our annual

conference all of which are available at reduced rates because of your NPA membership. Remember, the greater the number of members the more we can do for everyone!

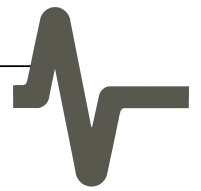
Are you a NP student? When you are speaking with your fellow students ask them how they intend to go about getting their national NP certification. Point out that as a NPA member they will qualify for discounts at FHEA that in many cases can exceed the cost of student membership alone! As in the past, this year the NPA is reaching out to NP schools to foster communication with students and faculty and inform them about important issues impacting practice and how membership in the NPA can benefit them. At a recent visit to one school, 1/3 of the NP students in attendance joined the NPA that day by asking. They were excited to learn of all the activities the NPA is involved in, the Student Transition Guide to Nurse Practitioner Practice as well as all the other benefits members receive. As student NPA members you can help your association by telling your classmates about all the benefits you receive and again, ASK them to join. It's your profession after all and it's your future. We always need volunteers to help us reach out to schools and students. Join us, you will enjoy it! Email us at info@theNPA.org and we will tell you how.

So, the next time you are talking to a colleague at work don't forget to mention the NPA and how important it is to you and all that you get by being a member. Ask them to join. For many NPs all that is needed is an “ASK” and join they will.

In thinking about our membership and our membership drive I am reminded of an old rhyme which I think applies here. It is about how one seemingly small detail can have far reaching effects and I thought, the same can be said of just one member who didn't join. It goes like this:

*For want of a nail the shoe was lost
For want of a shoe the horse was lost
For want of a horse the knight was lost
For want of a knight the battle was lost
For want of a battle the kingdom was lost
And all for the want of a horseshoe nail.*

Won't you please help us? Harness the energy and opportunity!
Thank you.



CLINICAL



INSIGHTS

Do you have sex with men, women, or both? Caring for the gay, lesbian, and bisexual student in the college health setting.

By Dorothy Grasso RN, MSN, FNP, CCRN and Elaine Leinung DNP, RN, FNP-BC, CNE
Borough of Manhattan Community College and New York City College of Technology
City University of New York

Abstract

The health care needs of the lesbian, gay and bisexual (LGB) student are similar to that of the general student population. However, due to unique risk factors this population may have unmet health care needs (Sanlo, 2004-2005). It is important that the College Health Nurse Practitioner understand the patient's sexual behaviors and practices because these impact general health. A College Health Service may serve as the primary care provider and, in many cases, the only contact students have with the health care community. Many healthcare professionals assume that their patients are heterosexual and others may be uncomfortable addressing a patient's sexuality (Ridner, 2006; Sanlo, 2004-2005). The goals of this article are to educate nurse practitioners about the health care needs of gay, lesbian, and bisexual college students and to promote optimal health in sexual minority individuals. The health care needs of the transgender student are complex and are beyond the scope of this article. The GLMA (Gay and Lesbian Medical Association) recommend that clinicians follow the Harry Benjamin International Gender Dysphoria Association (HBIIGDA) standards of care for gender identity disorders when working with the transgender population.

Introduction

The American College Health Association (ACHA) has identified gay, lesbian, bisexual, and transgender (GLBT) health issues as a top priority in their mission statement regarding non-discrimination (2010). ACHA indicates that campus climates supportive of equality and tolerance promote the overall health of the college. The United States Department of Health and Human Services

unveiled Healthy People 2020 objectives (2009) with one of the main topics being lesbian, gay, bisexual, and transgender health. According to Weisz (2009), sexual minorities have higher rates of unmet health care needs. Nurse Practitioners (NPs) are in a unique position to advocate for the LGB population in order to assure their health care needs are met.

In Alfred Kinsey's (1948) landmark study, it was revealed that at any given time, ten percent of the world's population is gay. However, recent studies (Benton, 2003; Sanlo 2004-2005; Ridner, 2006) have all shown that it is difficult to state with certainty the actual number of gay, lesbians and bisexual Americans. Newer surveys, such as the Youth Risk Behavior Survey New York State (<http://www.gaydata.org> 2007), focus on asking about behaviors rather than labels. According to Benton (2003) and Sanlo (2004-2005), the percentages of LGB students will vary depending on the school and the setting. Colleges or universities in a city known for more liberal views may attract more students whose sexual preferences are non-traditional (Benton, 2003; Sanlo, 2004-2005).

According to the Fenway Guide (2008), LGB students from ethnic or cultural minorities may already feel marginalized and the taboos against gays and lesbians in these minorities make it very difficult for these students to self-identify as lesbian, gay, or bisexual. Lee (2000) identified that two-thirds of all doctors do not ask about the patient's sexual orientation.

How should the NP coordinate care for the LGB patient? This is a group of students who may have a history of feeling discriminated against and some may have experienced negative encounters with medical professionals (Sanlo, 2004-2005). It should not be assumed that the patient is either heterosexual or LGB. The NP should ask every patient about their sexual practices and re-

productive health, keeping questions gender neutral if possible (Hirsch, 2010; Sanlo, 2004-2005) (see Figure 1). All patients should be asked if they have sex with men, women or both (Sanlo, 2004-2005; Ridner, 2006; Hirsch, 2010). Maintaining a non-judgmental attitude is key to providing quality and safe care to marginalized groups (Hirsch, 2010; Jayokumar, 2009). Education about health, including specific needs of LGB students, and appropriate screening exams should be provided (Sanlo, 2004-2005; Ridner, 2006).

Figure 1

Asking the uncomfortable questions:
1-Do you have sex with men women or both?
2-Tell me about your sexual practices?
3-Is anyone hurting you?
4-Do you feel safe at home?
5-Do you feel safe on campus?

Lesbian and bisexual women

The healthcare needs of lesbian women are similar to those of women who have sex with men. (Lindley, Barnett, Brandt, Hardin, & Burrin, 2008) see Figure 2. All women, no matter what their sexual orientation, are at risk for Sexually Transmitted Infections (STIs) and should have regular screenings and be encouraged to practice safe sex (Lindley et al., 2009). Studies have demonstrated that lesbian women have a low risk for STIs and, therefore, do not practice safe sex (GLMA 2006; Lindley et al., 2008)

Mravcak, (2006) found that lesbian women are at risk for human papilloma virus (HPV), herpes, and bacterial vaginosis. These infections are transmitted between women by sharing used sex toys, genital-to-genital contact, and by the exchange of vaginal fluids. Mravcak (2006) also found that herpes can cause secondary infections and may affect choices in childbearing; and there is also a small, but significant risk for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS). There are some misconceptions about whether lesbians need Papanicolaou tests (Pap smears) (Lindley, Brandt, & Annang, 2009). HPV is a leading cause of cervical cancer and genital warts; women who have sex with women have a lower risk of cervical cancer but low risk is not equivalent to no risk (Mravcak 2006).

According to United States Preventative Services Task Force (USPSTF, 2010) and American Congress of Obstetricians and Gynecologists (ACOG, 2010) all women should have cervical cancer screening beginning at age 21 years. The American Cancer Society (2010) recommendations state that women should start cervical screening with pap tests 3 years of becoming sexually active but no later than age 21. According to the GLMA (2006) lesbians are the least likely group to have routine screening because they are afraid of discrimination.

Cervarix and Gardasil are licensed, safe, and effective vaccines for females ages 9 through 26 years. The Centers for Disease Control and Prevention (CDC) recommends that all girls who are 11 or 12 years old get the three doses of either brand of HPV vaccine to protect against cervical cancer and pre-cancer. According to the CDC, Gardasil also protects against most genital warts. The best way to be sure that a person gets the most benefit from HPV vaccination is to complete all three doses before sexual activity begins. (CDC). However, the manufacturers and CDC also recommend the vaccine for those already sexually active because exposure may not have been to all the types of the virus covered by the vaccine.

Some studies indicate that there may be higher rates of anxiety, depression and suicidal ideation in lesbian and bisexual (LB) women who are not open about their sexual orientation (Reed, 2010; Ridner, 2006). LB women, who are not in a satisfying relationship or lack social support, may be at increased risk for self-harm behaviors (Reed, 2010; Sanlo, 2004-2005; Ridner, 2006) The Mravcak (2006) study found that smoking and obesity rates were higher in lesbians and bisexual women. Later in life, because of lower birth rates, there is an increased risk of breast and ovarian cancers (Mravcak, 2006; GLMA, 2010, Coker, 2010). Intimate partner violence may be kept hidden in the lesbian and bisexual community due to fear of stigma and lack of knowledge where to turn for support (Sanlo, 2004-2005; Reed, 2010). The NP's role is to both screen for and educate the patient about these risk factors in the college health setting.

Gay And Bisexual Men (see figure 3)

The gay or bisexual male population also has increased risk for depression, anxiety, and suicidal ideation (Puddester, 2008). There is also an increased risk for substance abuse, increased use of alcohol and higher rates of smoking in the gay or bisexual male (Coker, 2010). Meyer & Feldman (2007) noted that there is an increased rate of eating disorders among young gay men. Several reasons for sexual risk-taking behaviors have been identified among this population, including low self-esteem, lack of peer support and lack of access to preventative services (GLMA, 2006). Sexual risk-taking behaviors can increase opportunities for sexually-transmitted infections (STIs) including the

human immunodeficiency virus (HIV) and HPV, both of which have higher prevalence in gay men compared to heterosexual men. (GLMA, 2006). Studies estimate that between 60%-75% of men who have sex with men (MSM) are infected with HPV (Gee, 2005; Ferri, 2004).

Data from the CDC website (2006) suggest that the prevalence rate of anal carcinoma is relatively low in the general population, with an estimated 0.9 cases per 100,000. However, among men who have sex with men (MSM), the prevalence rate is estimated to be as high as 35 per 100,000 (Knight, 2004). While the precise etiologic mechanism for the increased development of anal carcinoma among gay men is unknown, current research supports a link between ongoing sexual exposure to the human papillomavirus (HPV) and the consequent development of anorectal cancer (CDC, 2006).

NPs, working in college and university-based practices are in a unique position to help decrease the frequency of the disease among gay and bisexual men through the application of proper screening techniques. The anal Papanicolaou (Pap) cytology screening remains somewhat controversial. Currently, national expert groups, including the Centers for Disease Control and Prevention, USPSTF (US Preventative Services Task Force), ACS (American Cancer Society), and the Infectious Diseases Society of America, do NOT recommend routine anal cytology screening. Similarly, the National Guidelines Clearinghouse maintains no guidelines for anal cytology screening. The New York State Department of Health (NYSDOH) (nd) and the National Institute of Health (NIH, nd) state that anal pap smears are effective screening for anal/rectal disease in HIV infected men and women because anal/rectal disease is greater in these populations. The NIH and the NYSDOH both recommend obtaining anal cytology initially and annually for HIV infected populations with the following: MSM, history of anogenital condylomas, and women with abnormal cervical and/or vulvar histology. The use of anal/rectal cancer screening in the general population has not been established because the methodology of the test and its follow-up are not certain at this time (NLM Gateway: A service of the U.S. National Institutes of Health, n.d.)

The anal PAP procedure is fairly simple and is similar to that of obtaining a cervical smear. The male should be placed in the lateral recumbent position. Without direct visualization, a dacron cotton swab should be inserted approximately 5-6 cm. The NP should apply direct, firm, lateral pressure on the swab handle while rotating and slowly removing it from the anal canal. The NP should ensure that the transition zone, where

columnar epithelial cells of the rectum separate from the keratinized cells of the anal mucosa, is sampled, as data suggest most anal intraepithelial neoplasms arise from this zone. The swab is placed in a liquid cytology specimen jar. If a client's anorectal screening indicates ASCUS (atypical squamous cells of undetermined significance) or higher, he needs to be referred to an anorectal specialist for an anal colposcopy using both anoscope and colposcope (Clinical Guidelines, 2007).

Gardasil is also licensed, safe, and effective for males ages 9 through 26 years. Boys and young men may choose to get this vaccine to prevent genital warts. The CDC has recently added this vaccine to the recommended immunization schedules for males in these age groups. In the college health setting, if the gay male between ages 19 and 26 has not received the vaccine, the NP can discuss the risks and benefits of receiving the vaccine with them.

Summary and conclusions

The NP in college health must be aware of the additional risk factors in the LGB community and screen for them. NPs working in university/college health settings should assess the sexual behaviors of every client and identify health risks specific to those behaviors. The studies reviewed suggest that practitioners approach questions about the patient's sexual behavior in a direct manner. The NP should avoid using the term sexual preference as this implies that the person has a choice. The question "do you have sex with men women or both" or "tell me about your sexual practices" are considered to be effective and appropriate for all patients regardless of perceived sexual orientation by the practitioner.

NPs can be advocates and support programs to create sexual health materials for the LGB populations. These health care materials should be accessible and displayed along with health education materials aimed at the hetero-sexual population. NPs can support diversity classes and trainings that are becoming part of every college education. NPs can work to end the discrimination felt by the LGB community by providing a safe and non-judgmental environment for all patients in their care.

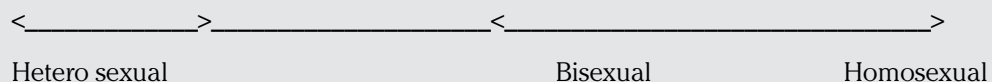
In conclusion, lesbian, gay, bisexual persons face unique health care risks. Providers must examine their own biases so that they can become comfortable with all patients. A false sense of modesty should not prevent the NP from eliciting information that is pertinent to insur-

The authors are NPs in a college health center for a large University in an urban setting that is internationally respected for programs in fashion, jewelry design and marketing. This University may attract a statistically larger number of gay, lesbian and bisexual students. The NPs in our practice have become comfortable with students who self identify as gay, lesbian, bisexual. There are also students who do not wish to self identify and are coming to terms with their sexual identity. The following case study illustrates a typical health care encounter.

Case study

Tiesha, a 19-year-old female presented in the clinic for a personal problem, asking to see a female provider. The client was neatly dressed in jeans, t-shirt and "hoodie" sweat shirt. Her hairstyle was short and spiky. She was approximately 5'5 inches and 110 lbs. She was visibly anxious. Multiple ear piercings were visible and tattoos were seen on her left wrist, lower back at base of spine, and on the back of her neck. Upon examination two more tattoos were noted, one encircling her left upper arm and one on her right buttock. As an ice-breaker, the NP asked if the tattoo on her wrist marked a special occasion as it had a date. The client said it was in memory of her grandmother. She then explained that each tattoo was gotten in memory of a significant event or person in her life. After this the client seemed calmer and ready to talk about the purpose of the visit. She stated that she had always known she was "attracted to girls" and she had a steady girlfriend since high school. However, she became friends with a boy from one of her classes and they had sex two nights ago. This surprised them both as she thought the boy was gay, although he did not explicitly state that to her. They did not use a condom and she was here for emergency contraception. She also wanted to be tested for STI's, as she wasn't sure if he had sex with men or other women. Alcohol was a factor in this sexual encounter, though the client stated it was a consensual experience. She was upset that it had gone as far as it had.

This is not an uncommon scenario at a College Health Center. A client may have decided that they are attracted to the same sex but may become curious and have an encounter with someone of the opposite sex. In some cases the student is unsure of their orientation and experimentation occurs. We usually use the example of gender identity and sexuality as being on a continuum.



We all fall somewhere on the continuum and over time may move in either direction.

Some stay fixed other, are more fluid. The visual picture and the assurance that sexuality is not always rigid are very helpful to these students struggling to find their way.

ing good health. Cultural competency must include not only knowledge of ethnicity and religion but sexual practices as well. NP student education should include taking a complete health history with patients of diverse cultural backgrounds and sexually diverse proclivities. Education for new NPs should include care of LGB patients. Further research is

needed to more fully understand the health care issues facing this population. The NP can advocate for the LGB population and help them stand up for the screenings that they need and their right to have safe and inclusive primary care.

Figure 2
Lesbian/Bisexual Women

Risks	Recommendations
STIs and HPV	Annual Pap (21 yrs or after 3 years of sexual activity) GYN exam check for: Gonorrhea/ Chlamydia/Trichomoniasis/ Bacterial Vaginosis Condoms/Barriers (anal/oral/vaginal insertions) Ex. Toys, vibrators and objects used to penetrate
Overweight/ Obesity	Diabetes Screening Annually Blood Pressure Screening Annually
Eating Disorders: anorexia / bulimia	Weight & Height BMI Food diary Referrals
Smoking Substance Abuse / ETOH/Drugs	Smoking cessation Nicotine Patch/counseling Screening Tools Counseling/ Referrals
Low self esteem Anxiety	Depression Screening Tools Counseling Referrals
Breast Cancer	Breast self-examinations Mammography (as per protocols)
HIV/AIDS	HIV Screening annually
Domestic Violence	Screening Do you feel safe at home/ Is anyone hurting you ?

Figure 3
Gay/Bisexual/MSM Men

Risks	Recommendations
STIs and HPV	Anal Pap (as per guidelines) Condoms/Barriers (anal/oral insertions) Ex. Toys, vibrators and objects used to penetrate
Eating Disorders: anorexia/ bulimia	Weight & Height BMI Food diary Referrals
Smoking Substance Abuse/ETOH/ Drugs	Smoking cessation Nicotine Patch/counseling Screening Tools Counseling/ Referrals
Low self esteem Anxiety	Depression Screening Tools Counseling Referrals
Testicular Cancer	Testicular self-examinations
HIV/AIDS	HIV Screening annually
Domestic Violence	Screening Do you feel safe at home/ Is anyone hurting you ?

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Obesity clusters

By Ira Dreyfuss with HHS HealthBeat.

U.S. Department of Health and Human Services
(February 15, 2011)

It isn't just like minds who hang out together – a study indicates it's like bodies. Researcher Tricia Leahey of the Miriam Hospital's Weight Control and Diabetes Research Center in Rhode Island saw it in survey data on 288 people ages 18 to 25.

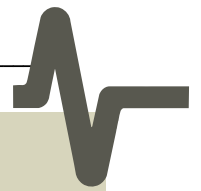
Leahey says people who were overweight or obese were more likely to have friends and romantic partners who were overweight or obese also. Leahey says this clustering might influence attitudes. But attitudes may also influence weight loss:

“Overweight and obese individuals who had more overweight and obese social contacts that were actually trying to lose weight reported greater weight-loss intentions or motivation to lose weight.” (9 seconds)

The study in the journal *Obesity* was supported by the National Institutes of Health.

Learn more at hhs.gov.

HHS HealthBeat is a production of the U.S. Department of Health and Human Services.



Call for awards

Each year the NPA places a Call for Awards seeking an outstanding nurse practitioner and student nurse practitioner to be nominated by their colleagues. The award recipients will be recognized at the NPA's 27th Annual Conference this October at the Saratoga Hilton, Saratoga Springs, NY.

NP of the Year criteria:

An individual who is a current member of the Nurse Practitioner Association New York State for at least one (1) year and who is eligible for certification to practice as a Nurse Practitioner in New York State, and who meets three or more of the following criteria:

1. Demonstrated contribution to the advancement of Nurse Practitioners through excellence in clinical practice.
2. Volunteer/Community service that exemplifies the profession at either the local, state, national and/or inter-national levels.
3. Research with relevance to NP clinical practice, education or public policy that has been published in a journal or textbook.
4. Advancement and promotion of health services in underserved areas of New York State.
5. Active involvement within the NPA at the Local/Regional and/or State level that has resulted in a tangible impact and contribution to the mission of the Association.
6. Promotion of the profession through outstanding leadership, mentoring, and/or education.

Student NP of the Year criteria:

This award is presented to an NPA student member that exemplifies educational excellence both academically and clinically as well as an understanding of the role the NPA plays in a student's education.

1. Currently has no NP registration
2. Currently a student in a NYS accredited NP program
3. Current student member of the NPA for at least 3 months
4. A cumulative GPA of at least a 3.7 on a 4.0 scale
5. Demonstrated clinical excellence
6. A 500 word essay on the role the NPA plays in a student's education including, the importance of maintaining membership in the NPA.

See website www.theNPA.org for more details and forms.

2011 NP of NYS PAC recognition awards program

Last year the NPA through its Political Action Campaign, NP of NYS PAC began a PAC recognition awards program. At the Annual Convention last year, Bruce Zitkus, EdD, CANP,CFNP,CDE from our Long Island Chapter was recognized for the highest individual contributor. The following chapters were also recognized for achieving the greatest percentage of member participation; Susquehanna, Greater Newburgh and Long Island.

Now it's time to join in to support the NP of NYS PAC again! This year during the period of January 1, 2011- September 30, 2011, the individual who contributes the highest cumulative total of individual contributions to the PAC will receive special recognition and be presented with a plaque at the Annual Conference at the Saratoga Hilton in October!

For NPA Chapters, the awards criteria is as follows. All chapter(s) meeting (1) at least 75% of annual PAC dollar goal or \$500, whichever is greater and (2) achieving at least 20% of chapter membership participation, will receive special recognition as well!

Updates will be posted periodically through our E-News, Website and Newsletter communications. In this way, members can both support our PAC and enjoy a friendly competition among themselves and others. So, please visit our website (www.theNPA.org) and get started in this friendly competition today by making an important PAC contribution!



Call for poster abstracts

The Nurse Practitioner Association New York State (NPA) is issuing a call for posters for our 27th Annual Conference to be held October 26-30, 2011 at the Saratoga Hilton, Saratoga Springs, NY. This poster session will provide nurse practitioners with the opportunity to report ongoing and completed research utilization projects, clinical projects, evidence based practices and best practices. We encourage students of NP, PhD and DNP programs to submit abstracts for the poster session. Students may want to work with their faculty advisors in preparing the posters.

Requirements:

1. All poster presenters must be a current member of the NPA, and;
2. Must be registered for the convention.

Poster presentations can be for:

1. Completed research, research in progress, methodological papers, or theoretical perspectives for research design
2. Administration, education, informatics, ethics, methodological, basic science, or clinical research

Abstract guidelines:

1. Abstracts must be no longer than 500 words
2. The content described must be appropriate for a poster presentation

3. Research abstracts must include title and author information
4. Purpose, methodology, results, and implications for NPs must be clearly identified
5. Please send cover letter that contains the following:
 - a. Title of Presentation
 - b. Author(s)
 - c. Names, addresses, email addresses and phone numbers of all authors
 - d. Indication of which one of the authors will serve as the contact person

Submission deadline date is October 1, 2011.

Please submit to:

The Nurse Practitioner Association New York State
12 Corporate Drive
Clifton Park, NY 12065

Electronic poster abstracts can be emailed to shubbard@theNPA.org. Candidates will be notified either in writing, by phone or email with further details.

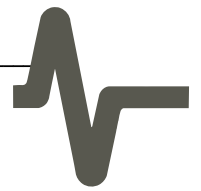
NPA mission statement:

To promote high standards of healthcare delivery through the empowerment of nurse practitioners and the profession throughout New York State.

NPA vision statement:

New Yorkers deserve access to nurse practitioners who are free to practice without unnecessary barriers. Nurse Practitioners are committed to providing quality care as integral members of a collegial healthcare community.





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January 2011

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**Veronica Armbruster, MS FNP-C
Chapter President**

Greetings! As newly elected president of the Capital Chapter I would like to thank all of our members who continue to support the Nurse Practitioner Association. I have been a member of the Association for 15 years and I have had the opportunity to be an active participant as our association flourishes and continues its drive to promote the high standards of our practice and support Nurse Practitioners as we continue to grow as a profession. I am looking forward to the next two years as the Capital Chapter President to continue to encourage professional networking, legislative participation, community awareness of the Nurse Practitioner role, and further continuing education.

Currently, we are in the midst of restructuring our committees in order to better serve the chapter and I am looking for energetic chapter members to assist on our education, community outreach, and grass roots committees. Thank you to Gina Matties, our past president for heading our membership committee and Loretta Ciraulo, our vice president for leading our education committee.

We look forward to celebrating Nurse Practitioner Month by featured advertising of the role of the NP in our community. Plans are also underway for CME teaching day for 2012. I encourage our members to make frequent use of the NPA website and make use of new benefits offered to members such as human resource counseling. In the future we are planning to highlight Nurse Practitioners in our Capital Chapter who have begun independent practices or have become board members.

**Chautauq/Cattaraugus Chapter
Lynn Ouelte, FNP-C
Chapter President**

Last January we conducted an internal member survey to determine the desires of our NP members. Our membership is spread out geographically and so we rotated the monthly lectures from points as far east as Olean, to Salamanca, Jamestown, Fredonia and Dunkirk. We conducted business on various Wednesday or Thursday evenings once a month to accommodate schedules and ran a three hour EKG workshop on Saturday which was very well attended. We are grateful to Dr. Cyril Gunawardane for his time and commitment to nurse practitioner education.

Our topics last year included: Allergic Rhinitis, Diabetes Management, HTN, Pain Management, Lymphoma, Asthma Management, Depression, Osteoporosis and HIV.

We are currently in the process of organizing the 7th Annual Primary Care Conference in the Western New York Chapter (Region 1), scheduled to be held in Ellicottville, NY on May 21, 2011 at the Holiday Valley Resort and Conference Center. Our Keynote Speaker will be Senator Catharine Young on Healthcare Reform and the Value of NP's. We have an exciting panel of speakers who will present on topics as varied as the Role of Telemedicine in Primary Care to CKD, Thyroid Disease and Back Pain. We hope you keep an eye on our website for further details and look forward to seeing you there.

Posters can be submitted for display and there will be a prize for the best scientific nursing poster. Please call 716-296-5830 for details.

I look forward to the New Year together.

**Greater Newburgh Chapter
Michelle Appelbaum, DNSc, FNP, PNP
Chapter President**

The Greater Newburgh Chapter hosted several nurse practitioner speakers. In December, Jane Varian, RN, FNP student presented an update on breast cancer. Teresa Orton, FNP presented an overview of pain at the January meeting.

Iris Petrillo, FNP, Programs Chair, has scheduled lectures on allergy and sleep medicine for the spring.

**Long Island Chapter
Diane Bartscherer, DNP, ANP-BC
Chapter President**

Greetings to our fellow NPA colleagues throughout NY State! The Nurse Practitioner Association of Long Island, Inc (NPALI) enjoyed a very busy and productive year in 2010 and we are very excited about starting another great year. Mother Nature has not been kind to us this winter, and although we had some program and meeting cancellations due to record snowfalls, we are hopeful for an early spring!

I am honored to be the 2011 President of the NPALI and look forward to working with our outstanding Executive Board. We welcome Patricia Sullivan (President-Elect), and are thrilled that Jeanne Martin has agreed to another two year term as Secretary. Jeanne also serves as our Regional Director, and does a great job of keeping us all informed about what's going on at the state level. Pat O'Hara has been doing an extraordinary job as treasurer. A huge note of gratitude goes to Rose Cassidy, our immediate Past President who served the NPALI extremely well during her tenure in 2010.

Our Public Relations Chair, Peggy O'Donnell accomplished great things for our organization last year. We had many opportunities to promote our members and the great work that NPs do every day. Our NPALI NPs were highlighted in a variety of venues including newspapers, web sites, radio shows and magazines. Donna Hallas was honored as our NP of the year, and her award was reported in Newsday, the largest newspaper on Long Island.

Our own Dr. Mary Beth Petraco DNP, PNP-BC, CPNP was honored by the ANA for her work on an important video she developed. The title is "Bringing Immunity to Every Community." The topics covered include vaccine safety, communication with patients, parents, and other various topics related to immunizations, indications for vaccines, and vaccination among health care providers. The web site is www.anaimmunize.org the course icon is in the upper right hand corner of the web page and says "Free Immunization CE." We encourage everyone to view this timely video. Dr. Petraco was awarded the December ANA Immunity Award. In addition Mary Beth was the expert quoted in many newspapers and on radio and television about the Wakefield immunization controversy. Mary Beth serves as the chair of our Legislative Committee and was recently interviewed for an article in Nursing Spectrum about legislative issues. Once again this year Mary Beth will garner the assistance of NPALI constituent members and make multiple legislative visits to educate our local legislators. The NPALI continues to urge its members to support the NP of NYS PAC fund and donated the proceeds of our February dinner lecture to the PAC. (In lieu of paying for the dinner meeting, members were asked to instead make out their check to the NP of NYS PAC).

We are incredibly fortunate to have our brilliant Programs Chair, Debra Chalmers, who provides our members with excellent educational programs month after month. The crown jewel of her tireless efforts, our annual Practice Issues conference will be held on April 8th, 2011 at the Crest Hollow Country Club in Woodbury, NY. Last year's conference was sold out (350 attendees) and we expect the same turnout this year. The conference is open to all and we encourage everyone to attend. The conference brochure can be found on our website (www.npali.org). This year we are proud to present two well renowned speakers, Wendy Wright and Peg Fitzgerald. This year for the annual conference we have encouraged members to present their research and display their work during the poster session. Research grants are also available from the NPALI to those nurse practitioners interested in performing research. Thank you to Dr. Bruce Zitkus who chairs the research committee.

In an effort to go green, we have changed the format of our newsletter and monthly dinner meeting invitations. These are no longer being printed and mailed but are now post-

ed on our website and email reminders are sent to our members. Eleanor Hobbs continues to do great work as the editor of The Advocate, and we are excited about our new format and conserving resources. Thank you to Susan Smith and Carol D'Abbraccio who chair the informatics committee and make sure that our website is up to date and user friendly.

The NPALI will continue awarding scholarships to both NP students and DNP students. The scholarships are given biannually and we appreciate the work of our scholarship committee, led by Rose Cassidy. This year we will have a change in leadership for the membership committee, and we thank Ingrid Bloomfield for her time and dedication to membership over the past many years. Although the NPALI is a large chapter with 695 members, we are always interested in attracting new members, both practicing NPs and NP students. Rose Cassidy will chair the membership committee and this committee looks forward to increasing our membership this year using new and innovative ideas.

Our community service committee, led by co-chairs Linda Aumock and Debbie Deierlein once again had an outstanding year. They coordinated many collections and donations throughout the year, for charities such as breast cancer, supplies for soldiers, food for local food banks, and Toys for Tots during the holidays. They have already started their work in 2011, with a collection of much needed supplies for our soldiers at our February dinner meeting.

We look forward to a successful and productive year!

Susquehanna Chapter Nancy Wolf, FNP Chapter President

The following is a summary of the news and accomplishments from the Susquehanna Chapter.

Elections were held during the November 2010 meeting. The slate of officers for 2011 is:

President-Nancy Wolf

President-elect (for 2012)- Frances Munroe

Treasurer-Jennifer Shattuck

Recording Secretary- Rebecca Christophersen

Corresponding Secretary- Kathy Olbrys

Volunteers for- Programs- Chris Honnick

Grassroots Coordinator- Maureen McPhee

A \$1000 donation was made in 2010 by the Chapter to the NPA Legacy Fund and our chapter was recognized at the Conference for our collective contributions to the Legacy Fund and the PAC Fund.

We remembered our former colleague, Sally Grippen, who died in 2010.

Two \$250 scholarships were given to NP students.

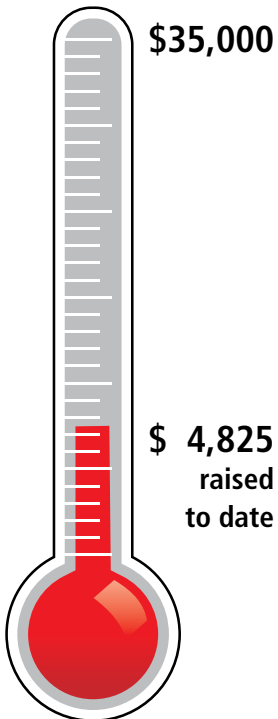
Our Chapter goals for 2011 are to increase membership and to gain more media exposure.



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