

Advanced Registered Nurse Practitioner Care

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February 2001

Prescriptive Authority Legislation Update

by: Ann Darlington CNM, ARNP

We did pass our RxA compromise bill (SB 5805 last session. We opted to go with a bill WSMA agreed to support, which included requirements that a collaborative relationship with a physician be in place for each NP with RxA, and osteopathy, be formed whose task was (by consensus agreement) to write the rules by which RxA would be played. The alternative to this compromise bill was to have no bill pass at all, and start from scratch again this year. We made it loud and clear that we opposed the compromises (especially re-collaboration), that collaboration does not equal supervision, and that we would revisit the RxA issue in subsequent sessions to eliminate the collaboration requirement. We had near unanimous support in both the House and Senate for the bill, and passed one of the few health care bills this year. Successful passage and implementation of the compromise bill became known as "Plan B"

Have you noticed that ARNPs United has not yet announced it's date for it's 1st Continuing Education offering, to have been on pharmacology topics, including implementation of our expanded RxA? That's because predictably, WSMA has created a logjam in the progress of rule writing by suggesting to the medical commission to use supervisory language in the proposed Joint Practice Arrangement. Disappointed? Sure. Surprised? Nor was ARNPs United and its lobbyist. That's why we've been ready all along with "Plan B."

Plan B called for going to the state legislators and saying, "See? We told you this would happen. Now let's either push WSMA to stop their log jamming or get real with a new bill devoid the influence and interference form WSMA." Our lobbyist has determined that we have the backing of both the two chairs of the House Health Care Committee, and the Chair of the Senate Health Care Committee for full and independent Prescriptive Authority. Senator Deccio, who was our prime Senate sponsor last year and the promoter of the compromises with WSMA, is fully supportive of a new bill that recalls the compromise law passes year and grants full RxA. The CRNAs (Nurse Anesthetists) are also backing our new bill. Stay tuned for monthly updates!

New Legislative Session Underway

By Jerri Henry ARNP

ARNPs United of Washington State is spear heading four new bills this session. Our Lobbyist Jerry Farley has finalized strong sponsorship for the bills from key legislators in both the House and Senate. Bills are: 1) L&I independent medical exams 2) Authority to

complete legal forms for Guardian-ad-Litem 3) Authority to sign Handicap Parking permits 4) Full and independent Prescriptive Authority

Currently ARNP's can sign handicap parking permits through the regulatory change passed last year. The bill is a follow up to change the language in the existing law.

HCFA Rules in Favor of Nurse Anesthetists

The Health Care Financing Administration (HCFA) today issued a final rule that defers to state professional practice laws and hospital by-laws to determine which licensed professionals can administer anesthesia. The rule, to be published in the Federal Register January 18th, removes a federal requirement for physician supervision of anesthesia administration in hospitals, critical access hospitals and ambulatory surgical centers. The old rule required supervision by physicians, whether or not they had any expertise in the delivery of anesthesia. The new rule increases overall flexibility by letting states and hospitals, who are closer to patient care delivery, make decisions about the best way to deliver care. The new rule allows certified registered nurse anesthetists (CRNAs) to practice without physician supervision where state laws permit. However, it requires that a physician supervise CRNAs when required by state law. This decision is consistent with HCFA's commitment to decrease regulatory burden by deferring to state licensing laws regulating professional health care practice. This final rule was proposed in 1997 in an effort to restructure and refocus Medicare's conditions of participation for hospitals so they focus on outcomes rather than regulating processes.

For more information go to the press release at:

<http://www.hcfa.gov/pubaffr.htm>

Nurse Practitioner National Marketing Campaign Update

by Westley Wright Byrne, NP

The Nurse Practitioner National Marketing Campaign (NPNMC) - comprising supporters from more than 35 states, 20 state and specialty advanced practice organizations, and 4 major national organizations representing every NP specialty - is pleased to recognize the efforts of another national organization to support the goals of the NPNMC. The American Academy of Nurse Practitioners (AANP) has announced plans for TV and internet projects designed to "complement and augment those of the National Marketing Campaign," as reported by the group's Executive Director.

The AANP's formal announcement concludes by stating that "this public relations and marketing effort will

complement and add to proposed activities of the NP National Marketing Campaign.”

The American College of Nurse Practitioners, the National Association of Pediatric Nurse Practitioners, the National Conference of Gerontological Nurse Practitioners and the National Organization of Nurse Practitioner Faculties, together with all of the Campaign's generous contributors, welcome the support of the AANP in furthering the mission of the NPNMC “to increase the visibility and improve the representation of nurse practitioners” before select groups and the public at large. This expanded alliance will no doubt play a major role in the effectiveness of our united efforts to broaden access and enhance primary health care for all.

OSHA Mandates Revisions to Hospital Safe Sharps Systems

from ACNP Washington Word

Since reporting last month that President Clinton signed the Needlestick Safety and Prevention Act (the "Act"), the Occupational Safety and Health Administration ("OSHA") published revisions to the Bloodborne Pathogens Standard (BBPS) in the Federal Register to implement the Act. Barring any intervention by the Bush Administration to possibly delay or circumvent the implementation of the regulation published January 18th, the effective, and expected, date of the revised BBPS is April 18.

OSHA categorizes the revisions into four broad categories: 1) modification of the definitions relating to engineering controls; 2) revision and updating of the Exposure Control Plan; 3) solicitation of employee input; and 4) record keeping. The revised rule can be found in its entirety in Volume 66 of the Federal Register page 5317 through the following website: http://www.access.gpo.gov/su_docs/aces/aces140.html.

Patients Bill of Rights

from ACNP Washington Word

The Bush Administration has not fully committed to pursuing a Patients Bill of Rights package, but Congressmen Norwood and Dingell, who introduced a bipartisan Patients Bill of Rights in the 106th, are planning to meet with the Bush White House to garner its support for the measures they pushed last year. Congressman Shadegg, who introduced a separate bill that was more agreeable to the insurance industry, believes that the White House would come closer to accepting his version.

However, the Senate has already moved ahead by introducing managed care legislation. On January 22, Minority Leader Daschle introduced S. 6, which includes a number of sections addressing issues such as internal and external appeals procedures, the establishment of a grievance process, and access to emergency and specialty care. Importantly, S. 6

stipulates that enrollees in a plan are to be permitted "to receive primary care from any participating primary care provider who is available to accept such individual." The bill does not mandate that the primary care provider must be a physician, which suggests implicitly a recognition that physicians are not the only providers that may provide primary care services. The bill does not include, however, a provision stating that plans cannot discriminate against providers based on type of license making it even more crucial for NPs across the country to be organizing in their regional areas to educate health plans and businesses, that are purchasers of health plans, about the role of NPs and the quality of care and financial benefits of empaneling NPs in their networks. ACNP will be working have nondiscrimination language included in every managed care bill. Although S. 6 has 38 cosponsors, they are all Democratic members, so the future of this legislation is uncertain.

Medicare Giveback Bill

from ACNP Washington Word

The Medicare Giveback Bill provides \$30 billion in "giveback" funding. The majority of the provisions prove helpful to hospitals and managed care organizations, and less beneficial to providers. However, there is the possibility that greater provider relief will be sought in the 107th Congress.

The Giveback Bill includes a number of studies to be conducted by the General Accounting Office (GAO) and by MedPAC. Although some would argue that the large number of studies will prove quite onerous, two studies are of particular interest to nurse practitioners. One requires MedPAC to review the current pay scale of nurse practitioners, clinical nurse specialists, physician assistants and certified nurse midwives. Another, to be conducted by GAO, states that a review shall be made of the post payment audit process for physician services.

Other items of interest to nurse practitioners include the refinement of SCHIP; changes to HOPPS; and changes to treatment of children's hospitals under PPS. Members who wish more information regarding content of the over two hundred page bill may contact the ACNP office.

Privacy Regulations

from ACNP Washington Word

The Health Insurance Portability and Accountability Act (HIPAA), which became law in 1996, required the Department of Health and Human Services to submit detailed recommendations on standards with respect to the privacy of individually identifiable health information. In December 2000, just before leaving the White House, the Clinton Administration issued a privacy regulation setting standards for electronic transmission of identifiable health information including claims and requests for payment. In addition,

the rule addresses: 1) limitations on the use and disclosure of certain information; 2) imparts the ability of individuals to protect their own information; 3) institutes penalties for violations; and 4) establishes administrative procedures. Entities have two years to implement the new regulations.

Joint Commission on Accreditation of Healthcare Organizations Enact New Pain Standards for 2001

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) began new standards for pain for surveys conducted after January 1, 2001. The new standards require that organizations implement strategies to assess, educate, and manage pain for patients.

For more information go to:

http://www.jcaho.org/standards_frm.html

Pregnant Women Shouldn't Eat Certain Types of Fish

The FDA recently announced that pregnant women should avoid eating certain kinds of fish that may contain high levels of methyl mercury. Shark, swordfish, king mackerel, and tilefish have long life spans and eat smaller fish resulting in high levels of methyl mercury. Methyl mercury is a known toxin that may harm an unborn baby's developing nervous system. The recommendation goes on to suggest that nursing mothers and young children should avoid these fish as well.

For more information go to the FDA Talk Paper

<http://www.fda.gov/bbs/topics/ANSWERS/2001/ANS01065.html>

FDA Approves Femara as First-Line Treatment for Breast Cancer

The FDA approved Femara as a first-line treatment for postmenopausal women with advanced metastatic breast cancer. Femera has been used for breast cancer in the past, but only in women whose cancer had not responded to antiestrogen drugs.

The approval comes after a study showed Femera to be more effective than Tamoxifen in a trial of over 900 postmenopausal women with advanced metastatic breast cancer not amenable to treatment with surgery or radiation. Femera was found to increase delaying time to progression of disease better than Tamoxifen.

For more information go to the FDA Talk Paper:

<http://www.fda.gov/bbs/topics/ANSWERS/2001/ANS01064.html>

FDA Recalls All Phyne Pharmaceuticals Injectable Products

The Food and Drug Administration (FDA) is urging individuals, health care organizations and medical product distributors to stop dispensing and/or

distributing certain injectable medications marketed by Phyne Pharmaceuticals of Scottsdale, Ariz. AMRAM Inc. of Rathdrum, Idaho manufactured these products for Phyne Pharmaceuticals, who was their sole customer. The FDA's Jan 25, 2001 news release, which includes a complete list of the products included in the recall, can be viewed at the following address:

<http://www.fda.gov/bbs/topics/NEWS/2001/NEW00750.html>

FDA is issuing the warning because Phyne Pharmaceuticals has delayed taking prompt and appropriate action to remove these products from the market after problems with sterility and concentration were discovered. The original recall was issued December 19, 2000

<http://www.fda.gov/medwatch/safety/2000/colchi.htm>

Classified Ads

WHCNP Wanted

Washington, Bellevue - WHCNP - 2-3 yrs. exp. in gyn practice. Infertility/gyn practice in Bellevue, WA is adding additional ARNPs to work as a physician extender not a glorified nurse. Job Dx-IUT's, learn to do ultrasounds, new pts., patient education, follow ups, and follow pts. thru cycles. We expect you to spend time with pts. Quality is important. Competitive Salary, Benefits, visit web site www.fertileweb.com, resumes to 425-649-1703 or 425-646-1076.

ARNP Wanted.

ARNP for busy solo dermatology practice in the Orlando area. Experience not needed, and will train candidate. Superior work ethic, responsibility, and people skills required. Competitive productivity bonus once fully trained. Looking for long term career oriented candidate. Excellent reimbursement potential. Fax CV and cover letter to (407)-566-8778

ARNP Wanted

Busy cardiology practice is looking for part time ARNP to run CHF clinic, and work general cardiology in Kennewick, WA office. Ideal candidate must have ARNP experience and preferably an Acute Care background, strong assessment and diagnostic skills, work well independently, and possess excellent communication skills. A cardiology and/or internal medicine background would be preferable. Please send cover letter & resume to: Linda Marriott, ARNP c/o Inland Cardiology Assoc., 122 7th Ave. #450, Spokane, WA 99204 or Fax (509) 459-0424

CE Announcements

ARNPs United of Washington State will be sponsoring their 1st dinner CE program this Spring.* Time and details are forthcoming and will be sent to you by way of e-mail and CARE. Hope to see you there!

*The program is being coordinated by Phyllis Zimmer and Fiora Shannon.

Meeting Announcements

The Puget Sound Nurse Practitioner Association. will meet on Wed. Feb. 21 at Cafe Pinceau in Edmonds (where the Dec. meeting was held) 610 5th Ave. S., Edmonds. 425 775-0199 Social hour at 6pm, dinner at 6:45pm, program and meeting starting at 7pm. Speaker TBA. CEU provided.

Ad Information

Copy deadline is the second Tuesday of the month prior to publication. Ads may be accepted later than this on a space-

available basis. Position Available Ads & Continuing Education Announcements of less than 66 words are \$45, of 66 to 130 words are \$75, and greater than 130 words are \$105. Position Available Ads are priced per insertion. Continuing Education Announcements are per offering for up to three (3) consecutive insertions. New Product Announcements per product for one insertion of 130 words or less are \$75. Ad Inserts are \$540 for one issue. All ads are subject to space limitations and editing. Call for detailed rate information. Mail copy to *ARNP Care*, 10024 SE 240th St, #102, Kent, WA 98031. Phone 253.852.9042. Fax 253.480.0002. Email care@nurse.net

Wanted
1200 NPs to Support
the
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Water Mill, NY 11976.
Get more information at www.nurse.net/mc

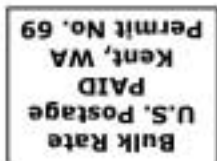
Healthy Humor

Q: Why do soccer players get good grades in school?
A: Because they use their heads.

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