

# Advanced Registered Nurse Practitioner Care

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July 2004

## Heather Bradford Young Whippersnapper 2004

Heather Bradford, CNM, ARNP of Seattle, WA was recently chosen to receive the 2004 Kitty Ernst Award, one of the most respected honors awarded to members of the American College of Nurse-Midwives (ACNM).

"Heather is a bright and caring midwife who exhibits much enthusiasm for midwifery and ACNM," said ACNM President Mary Ann Shah, CNM, MS, FACNM. "She is a valuable asset to the organization as we move forward in assuring the survival of the midwifery model of care."

Since April 2002, Bradford has been providing full scope midwifery care to women at the Center for Women's Health at Evergreen in Kirkland, WA. She graduated from the University of Pennsylvania in 2001 with a master's in nurse-midwifery and is an active member of ACNM, serving on the Political and Economic Affairs Committee (PEAC) and as the federal legislative liaison for the state of Washington. Bradford is also active in mobilizing grassroots legislative efforts, and has provided testimony before state legislators in support of midwifery.

The Kitty Ernst Award, or as it is more affectionately called, "the Young Whippersnapper Award," is named after Kitty Ernst, the College's fourth and youngest president and one of its most dynamic living legends. Heather Bradford is the 7th recipient to receive this much coveted award, replete with its purple hat and boa...replicas of those annually worn by the award's namesake.

Established in 1998, the Kitty Ernst Award honors a certified nurse-midwife (CNM) who has been certified for less than 10 years and has demonstrated innovative, creative endeavors in clinical practice, education, administration, or research in relation to midwifery and/or women's health.

## WA L&I Bill Setting Precedent across USA

by Lynda Sutliff

On Monday, June 28, 2004 we the Texas NP lobbyist and the Director of Policy & Legislative issues had very good meetings with the representatives from Gov. Perry and Lt. Gov. Dewhurst's offices. The Washington State information (precedent!!!!!!) was invaluable! We had hard copies of HB1691 and both offices requested the web sites for additional information. Thank you for your dedicated and hard work for the NPs of Washington State. Please know that your influence is spreading and we appreciate your help and advice. I'm not sure what our next step will be but I will keep you apprised.

## Certified Nurse Midwife Sits at Medical Malpractice Table

by Heather Bradford

This past April, Ann Darlington, CNM, ARNP, participated in a moderated panel discussion with leadership from all the major players, including the Washington State Trial Lawyers, Washington State Medical Association, Physicians Insurance, the business community, patient advocacy organizations, and injured health care consumers. The forum was organized by the Rainer Institute, a non-profit public policy research or-

ganization which focuses on improving public policy for Washington residents. During the panel discussion, a heated debate, centering on whether malpractice rates have increased and whether caps on non-economic damages will actually slow down the rise in premiums ensued. Darlington's presence allowed these major players to become more aware of the specific issues affecting certified nurse-midwives and nurse practitioners with rising malpractice rates. Her main message was, *It's time to get over ourselves* and attend to the real issues of patient safety and containing liability insurance costs to preserve access to care. To read more about this issue, go to ARNPs United website and click on Medical Liability Crisis Overview within the "2004 Legislative Session" Section of the website. Darlington will be participating in a similar panel presentation at the Pacific Northwest 27<sup>th</sup> Annual Conference for Primary Care Practitioners in mid-September (see [www.son.washington.edu/eo/cne.asp](http://www.son.washington.edu/eo/cne.asp) for conference information).

## Medicare Medication Coverage Plan: Benefit or Bust?

by Cindy Jensen

Starting May 2004, 41 million elderly and disabled American Medicare beneficiaries will have access to a drug discount plan administered by private sector discount card programs. This initial offering will provide Medicare beneficiaries with discounts on branded and generic medications of up to 10-20% off the current retail cost. The discount cards will be offered by more than 70 national and local providers and will be accepted at 50,000 pharmacies across the nation. An enrollment fee of \$30 may be charged per individual. Additionally, single Medicare beneficiaries with incomes less than \$12,123 or married individuals with incomes less than \$16,362 will qualify for a \$600 yearly credit. Of note, these are the same beneficiaries who might currently qualify for free or subsidized medication coverage from Medicaid or pharmaceutical company programs such as Together RX. In the year 2006, beneficiaries will be expected to pay the first \$250 of annual medication expenses and then the government would pay 75% of the next \$2000 followed by beneficiaries paying the next \$1350 after which the government would pay 75% of any additional medication costs. Confused? So are 70% of Medicare beneficiaries.

The purpose of using private sector drug discount plans was to avoid the practice of price fixing which would be possible if the federal government were able to use its purchasing power to negotiate for substantial medication discounts. The federal government already does this with the Department of Veterans Affairs. On a smaller scale, state run Medicaid programs have been able to negotiate substantial cost savings.

The State of Washington saved 21.7 million dollars with the use of formularies and price negotiation. While a Congressional Budget Office report (2002) estimated that Medicare would save 20% to 25% by utilizing private pharmacy benefit managers, the reality is that adding medication coverage for seniors will only increase Medicare expenditures and either Medicare funding must be increased or costs for other Medicare benefits decreased. Under the current plan, any price discounts negotiated by private pharmacy benefits managers will probably not benefit Medicare. According to Massachu-

settles Democrat Senator Edward Kennedy; "the cards provide minimal discounts off already inflated drug prices and will allow drug companies to promote their "flavor of the month" by allowing the card sponsors to switch the drugs they cover every two weeks.\*"

For more information about this topic go to [www.medscape.com](http://www.medscape.com) and check out the articles listed below: Opinion Split Over Private Plans to Administer New Medicare Drug Benefit, \*Drug Prices Going Online in US Medicare Discount Card Plan, The Medicare Drug Coverage Debate, : Focus Turns to Changing the Plan Everyone Wants to Get Into the Medicare Drug Card Act, Understanding Medicare's New Drug Benefit

For more information on free or subsidized medication coverage sponsored by pharmaceutical companies can be found at [www.needymeds.com](http://www.needymeds.com) & [www.together-rx.com](http://www.together-rx.com) Medicare beneficiaries can contact Medicare for more information regarding drug coverage at [www.medicare.gov](http://www.medicare.gov) or by calling 1.800.633.4227 (Medicar).

### HIPPA Reviewed

This is the content of a letter sent from Richard M. Campanelli, JD, the Director of the Office of Civil Rights (OCR) to all healthcare providers. It offers a brief review (what is allowed, what isn't) of HIPAA Privacy Rules for the protection of personal health information as well as OCR website resources for clarification of these privacy provisions.

Dear Healthcare Provider:

We just passed the first anniversary of implementation of federal protections for the privacy of individual health information under the Privacy Rule, issued pursuant to the Health Insurance Portability and Accountability Act – (HIPAA). As you know, the HIPAA Privacy Rule provides new federal protections for personal health information held by providers and health plans, and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

As hospitals and other covered entities continue to implement these Privacy Rule protections, we want to be sure that you are aware of the wide variety of helpful guidance and technical assistance materials the Department of Health and Human Services has published and made available on our website, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/). Here are just a few examples of how information we have made available at the website responds to requests we have received for clarification about the Privacy Rule:

HIPAA does not require patients to sign consent forms before doctors, hospitals, or ambulances can share information for treatment purposes: Providers can freely share information with other providers where treatment is concerned, without getting a signed patient authorization or jumping through other hoops. Clear guidance on this topic can be found at a number of places: For instance, see the answers to frequently asked questions (FAQs) in the "Treatment/Payment/Health Care Operations" subcategory, or search the FAQs on a likely word or phrase - like "treatment." Or see the Fact Sheet,

"Uses and Disclosures for Treatment, Payment, and Health Care Operations," [www.hhs.gov/ocr/hipaa/twidelines/s\\_harinsfortpo.pdf](http://www.hhs.gov/ocr/hipaa/twidelines/s_harinsfortpo.pdf) or review the "Summary of the HIPAA Privacy Rule," [www.hhs.gov/ocr/privacvsummary.pdf](http://www.hhs.gov/ocr/privacvsummary.pdf).

HIPAA does not require providers to eliminate all incidental disclosures: The Privacy Rule recognizes that it is not practicable to eliminate all risk of incidental disclosures. That is why, in August 2002, we adopted specific modifications to the Rule to clarify that incidental disclosures do not violate the Privacy Rule when providers and other covered entities have common sense policies which reasonably safeguard and appropriately limit how protected health information is used and disclosed. Our guidance explains how this applies, for instance, to customary health care practices - like using patient sign-in sheets or nursing station whiteboards, or placing patient charts outside exam rooms. At our website, see the FAQs in the "Incidental Uses and Disclosures" subcategory; search the FAQs on terms like "safeguards" or "disclosure"; or review the Fact Sheet on "Incidental Disclosures," [www.hhs.gov/ocr/hipaa/guidelines/incidentalud.pdf](http://www.hhs.gov/ocr/hipaa/guidelines/incidentalud.pdf).

HIPAA does not cut off all communications between providers and the families and friends of patients: Doctors and other providers covered by HIPAA can share needed information with family, friends or even with anyone else a patient identifies as involved in his or her care as long as the patient does not object. The Privacy Rule also makes it clear that, unless a patient objects, doctors, hospitals and other providers can disclose information when needed to notify a family member, or anyone responsible for the patient's care, about the patient's location or general condition. Even when the patient is incapacitated, a provider can share appropriate information for these purposes if he believes that doing so is in the best interest of the patient. Among other resources, review the OCR website FAQs in the sub-category "Disclosures to Family and Friends."

HIPAA does not stop calls or visits to hospitals by family, friends, clergy or anyone else: Unless he or she objects, basic information about the patient can still appear in the hospital directory, so that when people call or visit and ask for the patient, they can be given the patient's phone and room number, and general health condition; and clergy who can access religious affiliation if the patient provided it don't have to ask for patients by name. See the FAQs in the "Facility Directories" subcategory at the OCR website. HIPAA does not prevent child abuse reporting: Providers may continue to report child abuse or neglect to appropriate government authorities. See the explanation in the FAQs on this topic which can be found, for instance, by searching on the term "child abuse;" or review the fact sheet on "Public Health," [www.hhs.gov/ocr/hipaa/guidelines/publichealth.pdf](http://www.hhs.gov/ocr/hipaa/guidelines/publichealth.pdf).

HIPAA is not anti-electronic: Doctors can continue to use e-mail, the telephone, or fax machines to communicate with patients, providers, and others using common sense, appropriate safeguards to protect patient privacy just as many were doing before the Privacy Rule went into effect. A helpful discussion on this topic can be found in the OCR website FAQs by searching on phone, fax or e-mail.

The next time you have a question about the Privacy Rule, I encourage you to visit our website and take advantage of the

Please  
visit us at  
[www.eyes.org](http://www.eyes.org)

## Baby Boomers' Vision Loss From Eye Disease on the Rise

In the United States, 119 million people were born between 1946 and 1965 thus creating the baby boomer generation. Studies show that over the next 30 years, aging baby boomers will double the current number of blind or visually impaired in the United States. Age-related macular degeneration (ARMD) is the leading cause of blindness for those people ages 55 and older in the

United States, accounting for 45% of all visual disabilities. ARMD is caused by the deterioration of the macula, the central portion of the retina that is responsible for central vision in the eye. It controls our ability to read, drive a car, recognize faces or colors and see objects in fine detail.

### Discriminating Diseases:

While ARMD is the leading cause of blindness for Americans, glaucoma also discriminates based on gender and/or ethnicity.

- The leading cause of blindness among Caucasian Americans is ARMD, accounting for 54% of all blindness.
- More than one in 10 Caucasian Americans over age 80 has vision loss from ARMD.
- The leading causes of blindness among African Americans are glaucoma and cataracts.
- African Americans over 40 are more than twice as likely to have glaucoma as Caucasians.
- Glaucoma is the leading cause of blindness in Asian-American and Hispanic populations.
- Women over 40 are almost twice as likely as men to have glaucoma, regardless of ethnicity.

-The Vision Council of America



*Dr. Mira Swiecicki performs an annual eye exam to look for diseases like ARMD and Glaucoma.*

A study appearing in the April 2004 *Optometry: Journal of the American Optometric Association* finds that taking the right combination of lutein, vitamins and antioxidants may counter or reverse the effects of ARMD and lead to healthier and more productive lives for patients. Lutein is the primary carotenoid, or class of pigments, present in the macula that prevents sunlight from damaging the retina over time. It can be found in spinach *(Continued on back)*

## Washington State House of Representatives Approves Resolution

On February 16, 2004, the Washington State House of Representatives approved a resolution submitted by the Washington State Children's Vision Coalition (WSCVC) and Representatives Ruth Kagi and Eileen Cody. The resolution strongly recommends that parents in Washington state have their children screened or examined for amblyopia and other vision impairments before entering school.

WSCVC is aimed at improving the detection of preventable vision loss in preschool children, specifically from amblyopia. Doctors of optometry, ophthalmology, *(Continued on back)*

## Working Together and Making a Difference

As the new president of the Optometric Physicians of Washington (OPW), I look forward to working with all of you. Among my goals is to improve the health of our communities through service. I believe that service is the lifeblood of any organization, not money or even a particular mission. I find service is the inspiration in many parts of my own life and it is what energizes my intentions as OPW President.



*Karen Preston, O.D.*

Last May, the Optometric Physicians of Washington initiated the Washington State Children's Vision Coalition (WSCVC). This group is dedicated to improving detection of preventable vision loss in preschool children primarily from amblyopia, or "lazy eye", which can lead to permanent vision loss if not treated early. The Coalition is comprised of doctors of optometry, ophthalmology, pediatrics and family practice as well as representatives from the legislature, public health service and public instruction. As the coalition's co-chair, I can assure you we are working hard and working together to make this initiative possible.

The strength of working together in the WSCVC has become evident already with the Washington State House of Representatives approving a resolution strongly recommending that parents in Washington state have their children screened or examined for amblyopia and other vision impairments before entering school. My applause goes out to all who worked so hard to make this happen.

We all have the same goal, to provide the best health care possible to the people of Washington. Working together we are stronger than each of us working alone. I look forward to getting to know you as individuals and partnering as a group to serve our communities and create positive change.

*Karen Preston, O.D. (Redmond)  
President, OPW*



*Dr. Kerry Moscovitz examines a young child for amblyopia during her annual eye exam.*

**Resolution** (Continued from front) pediatrics and family practice as well as representatives from the legislature, public health service and public instruction make up WSCVC.

Amblyopia, often called "lazy eye," is a brain disorder resulting from improper eye focus or alignment early in life that causes the visual system to "shut off" the visual capabilities in the affected eye. Statistics show an alarming number of children have undiagnosed amblyopia, the leading cause of vision loss affecting only one eye in adults. Early detection of

## Resolution Snapshot

**Impact:** Amblyopia affects an estimated 160,000 people in Washington State.

**Definition:** Amblyopia is potentially reversible damage in the vision center of the brain resulting in vision loss.

**Treatment:** Treatment to correct the visual loss in amblyopia should occur prior to 8-10 years of age for optimum outcomes.

**Consensus:** There is a strong consensus among eye care and primary care providers on this issue.

**Action:** All parents in Washington State have their children screened or examined for amblyopia and other vision impairments before entering school.

Contact Karen Preston, O.D., Co-Chair of the WSCVC, at 425-885-6600 or [kpreston@oz.net](mailto:kpreston@oz.net) for more information.

amblyopia is critical since the outcomes of treatment are drastically improved before 8-10 years of age. As importantly, the psycho-social impact is lessened when treatment begins before children enter school.

**Boomers** (Continued from front) and other dark, leafy-green vegetables. In prior studies, its antioxidant power has appeared to shield the retina from much of the harmful light that gets through to the eye, making the consumption of lutein-rich vegetables one of the best ways to prevent ARMD. The Lutein study can be found at [www.aoa.org/eweb/Documents/Rocher.pdf](http://www.aoa.org/eweb/Documents/Rocher.pdf).

Glaucoma is another of many diseases that cause vision loss in older adults. Glaucoma causes gradual damage to the optic nerve because of a build-up of fluid on the eyeball. The optic nerve carries visual information from the eye to the brain. Approximately 2.2 million Americans age 40 and older have been diagnosed with glaucoma, and it is estimated that another 2 million do not even know they have it. Presbyopia, diabetic retinopathy and cataracts also have significant effects on the aging population's vision.

Optometrists recommend annual eye exams to detect eye diseases before vision loss occurs. Even though vision may be clear, exams can uncover changes in the eye that occur before obvious symptoms, providing a greater chance to catch eye disease at an early, treatable stage.

## Free Eye Care Reaching Thousands

Vision USA is a program that offers free comprehensive eye exams by volunteer optometric physicians to qualifying applicants. The program is the perfect resource for families who can't afford routine eye exams.

- In the second year of year-round care, American Optometric Association member optometrists have examined 26,000 people - an increase of 12,000 from the previous year
- VISION USA offers free comprehensive eye exams by volunteer optometric physicians to qualifying applicants
- Applicants must meet income and insurance requirements
- Individuals can get an application by calling (800) 766-4466, visiting a social service agency, writing to the return address of this newsletter or accessing [www.eyes.org](http://www.eyes.org)

## Optometry FYI:

### Supporting Patients' Rights While Keeping an Eye on Patient Health

The recent passage of the "Fairness to Contact Lens Consumers Act" (H.R. 3140) requires the release of contact lens prescriptions to patients, allowing them to choose where they fill their contact lens prescriptions. The law also eliminates the practice by some sellers of filling invalid or expired prescriptions, which can endanger patients' vision.

The Optometric Physicians of Washington is particularly mindful of two aspects of the contact lens prescription law. First, under Washington State law a prescription is valid for two years (compared to one year under the new federal law) unless the doctor feels it is safer to have a shorter time frame. Second, federal law establishes that a third party may dispense a prescription eight business hours following a request to a physician even if they do not receive positive verification of the prescription from the patient's eye care professional.

In addition to supporting patients' rights to fill prescriptions through their means of choice, optometry's foremost interest is maintaining the eye health of contact lens wearers. As with any medical prescription, there are serious health effects related to inaccurate dispensing of contact lenses. Contact lens wearers should be aware of the following eye health issues related to expired and/or invalid contact lens prescriptions:

- An old or expired contact lens may not allow adequate oxygen to the eye. This can result in blood vessel ingrowth.
- Patients will often simply replace their current lenses or re-order a current prescription when their lenses feel gritty or old. In some cases, this discomfort is a sign of a physical problem requiring treatment. Wearing an improper lens can result in implications ranging from poor visual ability to more serious complications such as infections, chronic inflammation and corneal ulcers.

Please direct your questions or comments to: **Judy Balzer**, OPW Executive Director at (800) 562-1487 or e-mail [opw@eyes.org](mailto:opw@eyes.org).

[www.eyes.org](http://www.eyes.org)

resources available there. Our Privacy Rule FAQs alone already have been accessed some 2 million times; and we continue to update and add to these resources. As technology advances, the goal of protecting the privacy of health information will be ever more important; and an accurate understanding of how the Privacy Rule works will help covered entities efficiently meet this important goal as they continue to deliver excellent health care.

### Classified Ads

#### ARNPs and CNMs

You may be eligible for a sign-on bonus! Work for an organization, which is making a difference! If you enjoy working with a unique women's health practice that affords you as much independence as you and your scope of practice can handle, & even more support for the work you do. Planned Parenthood-one of the largest and most progressive providers of reproductive health care in the state--is hiring! FT in Kent, Puyallup & Float in the Greater Olympia area - PT in Lynnwood, Port Orchard & Kenmore Must have WA State RN & WHNP/ARNP/FNP/CNM licensure, prescriptive auth, current cert. Prior women's h/c & family planning exp a plus. To apply, submit your cover letter & resume to Email jobs@ppww.org; Fax 206. 328.6818; or Mail to PPWW/HR, 2001 E Madison, Seattle, WA 98122. PPWW offers a solid benefit pkg. Learn more about us, www.ppww.org. EOE.

#### Psychiatric ARNP

Cascade Mental Health Care (CMHC) has an immediate opening for a full time psychiatric ARNP with at least 2 years of experience providing care to child and adult mental health clients. While this position is primarily designed to provide services to children (90%), there is a need for some adult practice as well (10%). The successful candidate will be WA. Licensed, demonstrate the ability to work as part of a treatment team, have a full knowledge of child and adult psychotropic medications, and be willing to travel. Services will be provided in multiple sites, Centralia, Cathlamet, and Long Beach, with paid travel time and mileage reimbursement. CMHC offers a competitive salary and benefits package. Qualified candidates are encouraged to send a cover letter and CV to: Cascade Mental Health Care, Director of Human Resources, PO Box 1445, Chehalis, WA. 98532 For more information about this position, please call Sue Killillay at 360.748.6696

#### Tacoma Family Medicine

Tacoma Family Medicine residency program seeks p/t or f/t certified mid-level provider with at least two years experience in prenatal management. TFM is a part of MultiCare Health System and is affiliated with the University of Washington affiliated family practice residency network. This position will be responsible for providing comprehensive primary care in all aspects of family practice, working directly with faculty, residents and fellows in providing patient care. Please visit the residency program at [tacomafamilymedicine.org](http://tacomafamilymedicine.org). Please email your CV to MultiCare Health System at [providerse-rvices@multicare.org](mailto:providerse-rvices@multicare.org) or fax your CV to 866.264.2818. MultiCare Health System is a drug free workplace

### CE Opportunities

#### Dermatology Update Conference

Friday, September 17, 2004, Hyatt Regency Bellevue 7.2 Nursing CEU's. For further information contact Jeri Sackett at 425-261-3690 or [Jeri.Sackett@Providence.org](mailto:Jeri.Sackett@Providence.org)

#### Pacific Northwest 27th Annual Conference for Primary Care Practitioners

**September 15-18, 2004.** This conference offers practitioners an opportunity to validate and enhance clinical competencies, acquire new assessment and management skills, examine critical issues in health

care at the state and national level, foster a strong coalition of providers in advanced practice, and learn about new products, services, and pharmacotherapeutic agents.

**Sponsors:** University of Washington School of Nursing, Continuing Nursing Education, University of Washington School of Medicine, Continuing Medical Education, Planned Parenthood of Western Washington, Western Washington Area Health Education Center

**Endorsed by:** ARNPs United of Washington State and the Washington State Nurses Association

**Location:** Washington State Convention and Trade Center, Seattle, WA

For a brochure or more information contact: CNE, T303 Health Science Building, 206-543-1047, Fax 206-543-6953, Email: [cne@u.washington.edu](mailto:cne@u.washington.edu), Website: [www.wcne.org](http://www.wcne.org)

#### Nurse Foot Care Training Course

The Washington State Department of Health has asked the Washington State Podiatric Medical Association to design and implement a Nurse Foot Care Training Program for nurses in Washington State. The State Department of Health currently recommends 16+ hours of classroom education and 16+ hours of clinical experience. The 7<sup>th</sup> Annual Nurse Foot Care Training Program is scheduled for November 5<sup>th</sup> & 6<sup>th</sup> (Fri & Sat) 2004, at the Providence Campus of Swedish Hospital in Seattle. Topics will include routine nail & skin care, diabetic foot conditions & care, common foot problems & treatment, vascular problems, instrumentation & sterilization. The end of the 2<sup>nd</sup> day will conclude with licensing, scope, and liability issues. We will help arrange 2 days of clinical experience for those who desire. To register send NAME, email, ADDRESS OF REGISTRANT, phone & \$150 to WSPMA or see below for further info. Upon receipt of the check and info requested, you will be mailed a confirmation letter. It will include directions and a lecture schedule when finalized. An instruction manual, lunches and snacks are included! Susan Scanlan, DPM, Executive Director Washington State Podiatric Medical Association (Make check to WSPMA), P.O. Box 1187, Winthrop, WA 98862, 866.343.6999 - phone and fax, Email: [nwpodiatry@aol.com](mailto:nwpodiatry@aol.com). Web: [www.wspma.org](http://www.wspma.org)

### Organizational Meetings

#### Announcing ARNPs United Annual Meeting

by Jerri Henry

Curious what Washington State ARNP leadership is up to after passing the L&I bill this past session? Looking for a way to voice your concerns and network with colleagues? All Washington ARNPs are welcome to attend the ARNPs United of Washington State annual meeting Thursday September 16th at 12:15PM. The lunchtime meeting is a part of the Pacific Northwest 27th Annual Conference for Primary Care Practitioners held at the Washington State Convention Center, 6th floor. Even if you are not attending the conference you are welcome to attend the meeting. Come and show your support as you meet your Board of Directors and our new Lobbyist!! Copy deadline is the second Tuesday of the month prior to publication.

### 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 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 of less than 65 words are \$70, of 66 to 130 words are \$105, of 131 words or greater are \$130. 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 253.852.7725. Email care@nurse.net.

**ARNPs United of WA State**  
10024 S.E. 240<sup>th</sup> St., Suite #102, Kent, WA 98031  
253.480.1035 Fax: 253.852.7725  
Email: au@nurse.net Web site: www.nurse.org/wa/au/

**Pretty Interesting!!**

I cdnuolt blveiee taht I cloud aulacly uesdnatnrd waht I was rdgnieg - the pweor of the hmuon mnid. Aoccdrnig to a rscheearch at Cma-brigde Uinervtisy, it deosn't mtaer in waht oredr the ltteers in a wrod are, the only iprmoatnt tihng is taht the frist and lsat ltteer be in the rghit pclae. The rset can be a taotl mses and you can sitll raed it wouthit porbelm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the word as a wlohe. Amzanig eh ??

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