

# Advanced Registered Nurse Practitioner Care

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Official Newsletter of ARNPs United

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## Why Join ARNPs United?

by Rodie Renn Lasher, ARNP, MS

**What are the goals?** Promote access to health care. Improve the quality of health care through the promotion of ARNP practice, education and research. Educate consumers regarding health related issues and ARNP practice. Improve the overall health care of those living and visiting in Washington State.

**Why should I pay \$100 or \$150 to belong to ARNPs United?** There are many benefits to belonging to an organization of professionals with common interests and goals. The key words of this organization are: coordination, communication, participation, public education and clinical practice.

Remember that the voice of many is far stronger than the voice of one. However, one voice, with the support of many can make a difference for the entire profession. For example, in 1995, many NPs testified related to health care laws: Being able to include NPs in women's health care self-referral within the same plan. The ability to assist in passing a bill that requires insurance companies to pay for up to 48 hours of post-partum in-hospital care if agreed to by the patient and provider. Kept ARNPs under the Health Care Quality Commission (formerly the Board of Nursing) instead of being moved to the Board of Medicine.

These are only a few of the issues ARNPs United were able to impact for our practices. ARNPs United also monitors practice issues, research and information in journals and newsletters. They are available for assistance with legal resources, malpractice insurance resources and a variety of support services.

**How do I know if I'm a member?** Dues are \$150 for individual nurse practitioners. If you belong to an affiliate group, the dues are \$100. An affiliate group is a group of six or more NPs who have requested a free group affiliation with ARNPs United. (WSNA is an affiliate group.) When dues are received by ARNPs United, you will receive a membership card valid for one year.

**What else?** ARNP Care the official newsletter of ARNPs United provides valuable information related to practice issues, legislation, upcoming continuing education, job announcements and networking throughout the state. Any nurse practitioner may submit an article for publication and they are readily accepted as long as they are professionally relevant and space permits. The Board of Directors consists of representatives of the various specialty groups. Any member can submit their name to be the representative of their specialty group on the Board. If you have issues related to your spe-

cialty, please contact your representative and they will bring the issue to the Board if they are unable to resolve it themselves.

**Why did I join ARNPs United?** Because I care about my career and profession. Also, I am in a non-traditional nurse practitioner setting and am concerned about the definition of "practice" in the laws. I am involved to attempt to broaden that to include communities and populations served by nurse practitioners. I am also concerned that I cannot provide total care to my clients because of some of the restrictions we face. I know that I am only one person but I do feel that through education and determination, changes can be made to improve and expand our practices to allow access by all persons to quality health care.

**Strength in Numbers, Strength in Unity.  
Join ARNPs United today!  
It is your profession and career.**

## Legislative Update

by Tracy Lin, ARNP, Legislative Chair and  
Gail Toraason McGaffick, JD, ARNPs United Lobbyist

Miraculously, the 1997 Legislature adjourned on time, April 27. We learned from reading the newspaper accounts of the session that this was the first time in 40 years that a budget session had completed their work without the necessity of a special session. The Seattle P-I called the session "pragmatic" and we think they were right. While there was a considerable amount of distance, early on, between the positions of the Governor and the Legislature, when it was all said and done the final budget came together very quickly. Remember that a mere five days before the session was to end Governor Locke vetoed the Legislature's budget. Many people thought that signaled a long-drawn out special session. Instead, each side appeared to anticipate the action of the other and had already decided to further compromise. A very interesting year!

This was also a year when we were reminded how much the legislative process favors "defense" over "offense". In other words, it is much easier to block legislation than to pass it. ARNPs United certainly witnessed that this year with completion of prescriptive authority. While we struggled offensively against the strong defensive line of the Washington State Medical Association (and they are really big), we were much more successful on defense ourselves. Examples are that we were able to block legislation to repeal the "any category of provider" law. In addition, we were able to retain mental health benefits in the Basic Health Plan. Here are the highlights of other legislation that ARNPs United was tracking this session. If one of these issues

is of interest, we encourage you to obtain a copy of the bill from the Legislative Bill Room at 360.786.7573 or via the Internet at <http://www.leg.wa.gov>.

**Substitute House Bill 2018** Representative Dyer's health care reform legislation. This very controversial proposal for stabilizing the individual insurance market passed the Legislature before it was substantially vetoed by Governor Locke. As a result, there will be no changes in health care coverage for persons with pre-existing conditions.

Also, language was vetoed which would have given insurance companies the authority to set their own rates, within certain loss ratio parameters. Changes proposed to standardize utilization review, grievance procedures and network adequacy were also vetoed because the Governor believed they could best be dealt with by rule making by the Insurance Commission's office.

In wielding his veto power, Governor Locke choose to sign several portions of SHB 2018. As a result, improvements were made to the old high risk pool to make it more affordable and easier to access. In addition, a reasonable person standard (our words) was included for emergency room care. If you reasonably think you're having an emergency, you are. Previously, some companies would deny payment for ER care if hindsight showed that, for example, chest pains were only gas ... not a heart attack.

The final outcome on this legislation, a "defensive" victory, favors the position taken by the Insurance Commissioner. The insurance companies lost big on this one and we predict they'll be back. A big question is what will happen to the individual market. Insurers had stated that they needed changes in the pre-existing condition portion of the law in order to help stabilize rate increases in that market ... and many threatened to pull out of the market if that wasn't accomplished. Clearly, the individual market is in trouble, as those of us who have seen our rates increase dramatically over the past couple of years can attest. Now we wait & see.

**Substitute House Bill 1620** This legislation abolishes the corporate practice of medicine. This means that health care professionals, with the exception of dentists, may join together with others to form whatever type of corporate or other authorized business entity they want. This is really the brave new world and would put Washington in the forefront of major change in this area. This bill passed the Legislature and is currently awaiting the Governor's signature. In what can best be described as a surreal turn of events, we were made aware in the last days of the session that certain law enforcement agencies had serious problems with this legislation. These agencies have charged people with violating the corporate practice of medicine in order to stop fraud schemes, and they're not too pleased that this legislation abolishes that doctrine.

Remember that this legislation is also an extension of 1996 legislation supported by ARNPs United which allowed differently credentialed health care professionals to form a single professional service corporation, limited liability partnership or limited liability company. In 1996, physicians did not want to be included. One of the major changes made in SHB 1620 is to include physicians among the broader list of providers. Our hope is that, at least, the Governor would sign this portion of the legislation.

**SHB 1057** Limiting public disclosure of complaints filed under the Uniform Disciplinary Act. **Status:** Passed the House and Senate, on the Governor's desk.

**SHB 1191** Providing for review of mandated health insurance benefits. **Status:** Passed the House and Senate, on the Governor's desk.

**SHB 1536** Modifying regulation of respiratory care practitioners. **Status:** Passed the House and Senate, on the Governor's desk.

**SSB 5082** Revising procedures for mental health and chemical dependency treatment for minors. (This legislation contains no parental notification language for outpatient mental health services.) **Status:** Passed the Senate and House, on the Governor's desk.

**2SSB 5178** Adopting the Diabetes Cost Reduction Act. **Status:** Passed the Senate and House, on the Governor's desk.

**SSB 5127** Providing additional funding for trauma care services. **Status:** Passed the Senate and House, on the Governor's desk.

**SSB 5445** Making technical corrections to statutes administered by the Department of Health. (This legislation includes language which allows ARNPs to refer to physical therapists.) **Status:** Passed the Senate and House, on the Governor's desk.

**SB 5715** Licensing orthotists and prosthetists. **Status:** Passed the Senate and House, on the Governor's desk.

### Budget Summary

by Tracy Lin, ARNP, Legislative Chair and  
Gail Toraason McGaffick, JD, ARNPs United Lobbyist

The 1997-99 biennial budget was \$19+ billion dollars. It was \$136 million below the 601 spending limit. This is very significant, because whenever a budget is below the spending limit it reduces the amount of money available in future years. For a state like Washington that is experiencing significant growth in not only population, but school enrollment, this is an interesting gamble. But with Republicans controlling both the House and Senate, they wanted to make a strong statement about holding down government spending. They did.

Areas of interest to ARNPs are the following:

☐ B & O tax reduction to 1.5 percent on July 1, 1998

- ☐ Expansion of Basic Health Plan subsidized enrollments by 8,000
- ☐ Elimination of Health Care Policy Board (money is included for health policy office within Governor's Office of Financial Management)
- ☐ Elimination of funding for health care data standards within Department of Health
- ☐ GAU increases for legal immigrants and chemically dependent persons
- ☐ GAU decreases as a result of changing eligibility criteria for persons with behavioral and vocational factors
- ☐ Vendor rate increases of 2-3%, but agencies can decide to give some vendors more and some less
- ☐ DSHS, medical assistance fee reduction of 2% for non-managed care services
- ☐ Reduction in interpreter services for Medicaid
- ☐ Funding for AIDS prescription drug program

If you have specific areas of interest and would like more information, please E-mail Gail at MPWRMNT@aol.com or voice mail at 360.754.7266, and she will include information in the next ARNP Care.

**ACHPR Funding for Medicine and Public Health Initiative**

by Susan Caverly

Recognizing that medicine and public health have followed separate paths, and that the separation of the two has widened, the Medicine/Public Health Initiative was begun in 1994. It was co-chaired by the AMA and the American Public Health Association and sought to bring together leaders from the main professional, academic, health care and governmental institutions from the public and private sectors. Since 1996, ACHPR, the Centers for Disease Control and Prevention, and W.K. Kellogg Foundation have fostered opportunities for collaboration in health and health care provision at regional and local levels, in part through co-sponsoring a

conference held in Chicago. The comments made in a recent press release by ACHPR and the Secretary of Health refer to a collaborative health model focused on prevention. However, the only discipline that is specifically mentioned is medicine and the ge-

neric discipline of public health. Three projects were awarded small grants by ACHPR. The entities receiving these grants were the Massachusetts General Hospital City of Chelsea Asthma Collaborative, Ongoing Collaboration between Metropolitan Nashville/Davidson County Health Department and Vanderbilt University Medical Center Clinicians, and an Evaluation of Ischemic Health Disease in Monroe County, through the University of Rochester, NY.

The focus on collaborative efforts and the statement by Donna Shalala that, "Today we are here to spark a new health care revolution - a revolution that exchanges the traditional medical model with a collaborative health model focused on prevention. And only a coordinated, interdisciplinary approach will do." appears to bode well for Advanced Practice Nursing. However, we are challenged to find our place in this revolution in view of our absence on any articulated list of providers.

The American College of Nurse Practitioners has begun to develop a list of Nurse Practitioners who are qualified and interested in acting as primary investigators for clinical drug trial research. Perhaps, it is also time for Nurse Practitioners to develop a list or a collaborative group of health services researchers who can apply for funding of projects that are nurse directed and are developed with an understanding of collaborative health care practice that may in fact be quite different than that of our medically based colleagues.

**Classified Ads**

**For Sale**

Office furniture - Mission style desk, chair and loveseat, typing chair, side chair, cabinet; Midmark 100 exam table, gooseneck exam light; IBM Proprinter; steel garbage can; miscellaneous medical office supplies. Call Anaya Balter for prices at 360.705.4276.

**Primary/Urgent Care NP**

Kaiser Permanente has the following excellent full time opportunity in Primary Care/Urgent Care for certified Nurse Practitioners at our medical offices in SE Portland, Oregon in Internal Medicine, Vancouver and Longview, Washington in Family Practice. Candidates must be licensed or eligible for licensure with prescriptive privileges in Oregon or Washington. In addition to a collegial and professionally stimulating practice, we offer a competitive salary, comprehensive flexible benefit package which includes family medical/dental, life and disability insurance, a generous pension program, TSA, allowance for CME and more. Please send resume to Judy Parmenter, Professional Staff Recruiter, Kaiser Permanente, 500 NE Multnomah, Suite 100, Portland, OR 97232-2099. Phone: 800.813.3762. EOE.

**Student Health Center NP**

Bethel School District, Eugene, is seeking a qualified nurse practitioner certified in pediatrics or family health care. Salary negotiable; excellent benefits package available. Please send/fax resume and references to: Carl Cole, Director of Special Services, Bethel School District, 4640 Barger Drive, Eugene, OR 97402. Phone: 541.689.3280. Fax: 541.689.0719. Bethel School District is an EOE.

**NP Per Diem Opportunities**

Planned Parenthood of Western Washington is seeking per diem clinicians to work in our Snohomish and Pierce County clinics. We are a progressive, non-profit organization, with 17 clinics; one of the largest providers of reproductive health care in the state. Position requires current WA state RN and ARNP (WHNP, FNP, ANP or CNM) licenses

<p><b>ARNP Care</b>                  212 Railroad Ave N, Kent, WA 98032                  253.852.9042 Fax 253.480.0002                  E-mail: care@nurse.net  <a href="http://www.nurse.org/wa/arnpcare">http://www.nurse.org/wa/arnpcare</a></p>
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and 1+ year women's health care experience. Mail CV/Resume to PPWW/HR, 2211 E Madison, Seattle, WA 98112. EOE.

#### **Women's Health Care NP/RN**

ARNP or RN experienced in women's health care wanted for full-time employment in new incontinence treatment clinic. Competitive salary with full benefit package. Call Chris at 253.272.5572 or fax resume to 253.272.5699.

### **Continuing Education**

#### **Infectious Disease Update for the Primary Care Physician**

May 21, 1997. Location: Lindsay M Gould Auditorium, Northwest Hospital, Seattle, WA. Time: 4:00-9:00 pm. Fee: \$50 for physicians/\$40 for non-physicians. For further information, contact Educational Services of Northwest Hospital at 206.368.1623.

#### **Pharmacotherapeutics for ARNPs**

May 30, 1997. Location: LaQuinta Inn, 1425 27th St E, Tacoma, WA. A variety of pharmacotherapeutic topics of interest to all ARNP specialties will be presented in general and concurrent sessions. Contact Pacific Lutheran University CCNL, phone: 206.535.7683, fax: 206.535.7590 or E-mail: <ccnl@plu.edu>.

#### **2nd Annual Primary Care Mental Health Symposium: "Psychiatric Issues in Primary Care"**

June 6-7, 1997. Location: Meydenbauer Center, Bellevue, WA. Topics

include psychiatric diagnostics, pharmacology, diagnostic dilemmas, counseling techniques, pain management, special issues in adolescent psychiatry, "doctor"/patient relationships in primary care and more. Target audience: ARNPs, primary care physicians, PAs. Approval pending through WSNA for 14.9 contact hours (including 4.0 pharmacology hours). Primary speakers: John Wynn, MD and David Tauben, MD. For more information or to request a brochure, contact: Orca Healthcare Resources, phone: 206.328.9416, fax: 206.328.9217.

#### **Dermatology**

June 11, 1997. Location: Lindsay M Gould Auditorium, Northwest Hospital, Seattle, WA. Time: 4:00-9:00 pm. Fee: \$50 for physicians/\$40 for non-physicians. For further information, contact Educational Services of Northwest Hospital at 206.368.1623.

#### **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*, 212 Railroad Ave N, Kent, WA 98032. Phone 253.852.9042. Fax 253.480.0002. E-mail care@nurse.net