

Advanced Registered Nurse Practitioner Care

Volume 8, Number 6

Official Newsletter of ARNPs United

June, 1997

ARNPs United New President

by Patti Varley

This is a challenging and exciting time for me. This is the month I take on my position as President of ARNPs United. My goal is to continue to build on the wonderful things my predecessors have done in creating and moving this organization to where it is today: A state and nationally recognized official group of Advanced Registered Nurse Practitioners.

My personal philosophy is that it is essential that nurses of all specialties work together in order to advance our practice. ARNPs United provides the exact template for this and I am honored to do my part in serving this organization. As I take on the office of President, I challenge all of you to consider expanding your active participation in ARNPs United. If you've never joined - consider joining, if you've been a member but not very active - consider becoming more actively involved. This organization is for YOU and can't exist without YOU. We need support on many levels in order to continue moving in a direction of change and power. There are many challenges ahead of us with the all the changes in health care - we can make sure ARNPs are the integral part they need to be in the health care of the future.

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

Completion of Prescriptive Authority... What's Next?

by Patti Varley, Tracy Lin and Gail McGaffick

Members of the ARNPs United Legislative Committee, as well as in-coming President Patti Varley, and lobbyists Gail McGaffick and Sharon Case (AAPPN), met on May 31st to discuss next steps for completion of prescriptive authority. Remember that in January, 1998, our legislation (SSB 5232) remains alive in the Senate Rules Committee. AU will have several choices in January, 1998. We can proceed with this legislation in the Senate or we can introduce new legislation in the Senate and/or the House. During our May meeting, the group outlined the following steps that we should follow in order to have us be well prepared for 1998.

1. Continue and strengthen the prescriptive authority task force by including representatives from all the specialties. This will assist AU in having more effective communication with all its members, and well as assure good representation from its members.
2. Survey AU members to determine their preferences for completion of prescriptive authority legislation. We know that one size may not fit all, and that language

that may be acceptable to one specialty may not work for another. **A survey is included as an insert in this newsletter. Please make the time to complete it. AU can only do its best to represent ARNPs if we know your preferences.**

3. Continue to build grassroots connections between individual ARNPs and their legislators. We made great strides in this area in 1997. Special thanks to Sally Plumly, who will continue in her role as grassroots coordinator. If completion of prescriptive authority is important to you and you have not contacted Sally to let her know you want to help, please do so today. Sally may be contacted at 253.884.4158 or splumly@wizards.net (new E-mail address).

The bottom line is that we need ARNPs to meet with their legislators (Senator and two Representatives) during the next four months. Legislators need and want to hear from their constituents why completion of prescriptive authority is important. Summer is a great time to make these appointments. Buddy up and take a friend!

4. Gain support from health systems and the physicians that work within them. Because of the significant political clout of the Washington State Medical Association, we need to work "smarter." If WSMA won't support our reasonable efforts for change, then we need to have the support of other groups that are involved in the delivery of health care.

We believe one way of getting this support is by asking ARNPs to meet with physicians in settings where you work together and discuss how to complete prescriptive authority for ARNPs. We believe that many physicians want to fix this problem because we received over 30 letters of support from individual physicians during the session. We also believe that the current system wastes money due to lost productivity of both ARNPs and physicians, and because of delays in consumers receiving necessary prescriptions. Also, by meeting with physicians, you may be able to discover creative alternatives that have not been considered. Perhaps we need a variety of options. This is the time to think outside the box, as they say.

We believe if we can move this issue away from the political realm and into the practical world where ARNPs and physicians function collegially everyday, we can gain support for our legislation from some of the health systems where you both work so well together. What better way to accomplish this than by having ARNPs and physicians submitting a joint proposal to their health system in support of legislative changes that would allow completion of prescriptive authority. Thanks to Sharon Case for this creative suggestion!

If you're interested in getting a group of ARNPs and physicians together to brainstorm this issue and you'd like some additional advice, please contact Gail at mpwrmnt@aol.com or 360.754.7266. She will forward your request to the Prescriptive Authority Task Force.

To conclude, AU will present a proposal during its October Annual meeting on how to proceed with completion of prescriptive authority in 1998. Please help us make decisions that best represent the majority of members. We ask you to complete the survey and save the date of October 23rd on your calendar.

Legislative Update

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

When it was all said and done, the media reported that Governor Locke set a record by vetoing all or portions of 24% of bills passed by the Legislature. By contrast, Governor Lowry vetoed all or portions of only 10.9% of bills, Governor Gardner 13.6 %, Governor Spellman 9.6, and Governor Ray 6.4%. (Source for figures is annual legislative reports and Tacoma Tribune article of May 21, 1997.) A key variable is that Governor Locke, a Democrat, was reviewing legislation passed by a Republican legislature. This had not happened since 1919. (Source, Tacoma Tribune, May 21, 1997) Only Governor Spellman faced a similar challenge. You may recall that Spellman was a Republican, and during a portion of his term he worked with a Legislature controlled by Democrats.

To take a step back and analyze the session, we believe many legislators and lobbyists underestimated Governor Locke's role in the legislative process. He proved to be every bit the careful analyzer that he had a reputation for while he was a legislator and the Chair of Appropriations. Now that everyone is aware that Governor Locke and his staff will take a very close and thorough look at all legislation, we hope that this signals a more bi-partisan approach on legislation. Without that,

we predict 1998 will simply be a repeat of 1997.

The following is a final update on 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 or veto message from the Legislative Bill Room at

360.786.7573, or via the Internet at:

<http://www.leg.wa.gov>

Substitute House Bill 2018 Enacting Health Care Reform. **Status:** Partial veto. Discussed in the May issue.

Substitute House Bill 1620 Abrogating the Corporate Practice of Medicine. **Status:** Partial veto.

The sections which would have abolished the corporate practice of medicine were vetoed. Miraculously, those sections which were simply 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 were signed into law. This means that ARNPs may now form any of the previously listed business entities with MDs or DOs. This has been a 10 year effort on the part of many groups and we're very pleased that Governor Locke allowed a portion of this legislation to survive. Background on what caused the partial veto is included in the May issue.

SHB 1057 Limiting public disclosure of complaints filed under the Uniform Disciplinary Act. **Status:** Governor signed into law.

SHB 1191 Providing for review of mandated health insurance benefits. **Status:** Governor signed into law.

SHB 1536 Modifying regulation of respiratory care practitioners. **Status:** Governor signed into law.

SSB 5082 Revising procedures for mental health and chemical dependency treatment for minors. **Status:** Governor vetoed. The purpose of this legislation was to correct earlier legislation which resulted in the case of State v. CPC Fairfax Hospital. A focus of the case was the necessity of having due process for involuntary commitments proceedings for minors. Governor Locke did not believe that the bill would satisfy the requirements of the Fairfax case. In addition, there were questions about Medicaid reimbursement, and for these combined reasons the Governor vetoed the entire bill. In some ways this veto was ironic because much of the debate on this bill focused on parental notification for mental health treatment... language which was ultimately removed from the legislation.

2SSB 5178 Adopting the Diabetes Cost Reduction Act. **Status:** Governor signed into law.

SSB 5127 Providing additional funding for trauma care services. **Status:** Partial veto. Governor Locke vetoed only one section which would have given legislative committees the power to oversee that funds collected for trauma services were being used correctly. The Governor believes that this work should not be done by legislative committees, but instead by the Joint Legislative Audit and Review Committee.

ARNP Care

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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. Our thanks to the Washington State Physical Therapy Association for their work on this issue.) **Status:** Partial veto. The Governor vetoed language which would have allowed entities such as the Nursing Care Quality Assurance Commission and the Medical Quality Assurance Commission to increase the amount of compensation paid to members for their work. We believe that currently, the maximum daily rate is \$100, and this legislation would have increased it to a maximum of \$250. Governor Locke did not believe it was fair to single out some Commissions and not others. This legislation would have applied only to those health care boards and commissions with rule-making authority.

SSB 5715 Licensing orthotists and prosthetists. **Status:** Governor signed into law.

SSB 5976 Clarifying who may legally use the title "nurse." **Status:** Governor signed into law.

Classified Ads

Certified Registered Nurse Anesthetist

Small MD/CRNA group seeks experienced CRNA for immediate part-time/full-time position in community hospital in the south Puget Sound area. Regional skills are desirable. Send CV to Nancy Lillehei, MD, Sound Anesthesia, St Francis Hospital, 34515 9th Ave S, Federal Way, WA 98003-6761. Phone: 206.927.9700, ext. 7979. Fax: 206.952.7964.

Locum Tenens Wanted

Dedicated, enthusiastic, experienced (10 years) Women's Health Care ARNP is available for vacation, sabbatical, maternity leave coverage. Flexible, independent holistic clinician with Rx authority and DEA number who is looking for position in greater Seattle, Eastside, Yakima or Wenatchee area for summer and fall. Contact Sherry Hill, 825.454.0603 or PO Box 2857, Redmond, WA 98073.

Family Nurse Practitioner

Yakima Valley School is accepting applications for an ARNP with FNP specialty to provide services to developmentally disabled residents. Prescriptive authority required. Must have current RN license, certification from approved national certification program and current designation as an ARNP in the State of Washington, or be a recent graduate of a formal education program awaiting the results of the licensing exam and have a Washington State issued temporary permit. \$2956-\$4175 per month DOE (3% increase 7-1-97). Benefits include medical, dental, life and disability insurance, sick and annual leave, plus 11 paid holidays per year and state retirement system. YVS is situated in a lovely campus setting minutes from Yakima. Our areas provide abundant year round recreation, numerous civic groups, arts and theater, good schools and 300 days of sunshine. Submit a Washington State application and copy of valid license/certificate. To obtain an application or receive more information, contact: Personnel Office, 609 Speyers Road, Selah, WA 98942, phone: 509.697.2135, fax: 509.697.2182. State of Washington is an EOE.

Family Nurse Practitioner

Pullman Family Medicine is seeking a family nurse practitioner. We are a single specialty partnership with 3 physicians, one PA and one ARNP located in Pullman, home of Washington State University. The practice encompasses a full spectrum of Family Practice and is composed of a large number of children, adolescents and young families. Our building was built in 1991 and includes x-ray and laboratory facilities. Pullman is an attractive, growing community with excellent schools and plenty of outdoor activities close at hand. our compensa-

tion package allows for a flexible work schedule with salary dependent upon the hours desired. Please send inquires and resumes to Janet Johnson, Office Manager, Pullman Family Medicine, 915 NE Valley Road, Pullman, WA 99163-3845. Phone: 509.332.3548 or fax 509.332.5253.

Family Nurse Practitioner or Physician Assistant

Part-time or full-time Family Nurse Practitioner or Physician Assistant in a busy well-established family practice in the NW part of Seattle, WA. Salary is competitive. Contact Dr. Gordon Fall, MD, 7715-24th Ave NW, Seattle, WA 98117, phone: 206.782.1133 (office), 206.789.0469 (home), fax: 206.782.1373.

Psychiatric ARNP

Psychiatric ARNP, part-time to join growing Renton, WA group practice with emphasis on children and adolescents. Experience with children and adolescents necessary. Requires five years experience with prescriptive authority. Good interpersonal skills a definite plus. Reply to John Dunne, MD, 1400 Talbot Rd S, Suite 203, Renton, WA 98055 or call 425.235.7383, ext. 32.

ARNPs for Washington and Oregon

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.

Adult Nurse Practitioner

Kaiser Permanente has a temporary, 36-hour/week position for a certified, WA licensed Adult Nurse Practitioner with prescriptive privileges to practice in the Department of Internal Medicine at our Vancouver Medical Office. The position is available through December. Our flexible benefit package will be available for a six-month position which includes family medical/dental, two pensions plans, TSA, CME, malpractice coverage and more. Please send resume to Judy Parmenter, Kaiser Permanente, 500 NE Multnomah, Suite 100, Portland, OR 97232-2099. EOE.

Pediatric Nurse Practitioner

Kaiser Permanente has two excellent opportunities for pediatric nurse practitioners; a full-time position at our Mt Scott Medical Office in SE Portland, OR and a half-time position at one of our SW Portland, OR clinics. The practice will include general pediatrics as well as urgent care call. Candidates must be Oregon licensed or eligible for licensure with prescriptive privileges. In addition to a collegial and professionally stimulating practice, we offer a competitive salary and 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.

Adult ARNP

Bellevue internal medicine clinic seeking full-time ARNP for primary/urgent care. Requirements: current WA state ARNP license (family/adult/geriatric) with prescriptive authority and 2+ years clinical experience. Preference given to candidates with diabetes/hypertension management background. Fax resume/CV to HR: 425.990.5261 or mail to: Overlake Internal Medicine Associates, 1011 - 116th Ave NE, Bellevue, WA 98004.

Psychiatric/Pediatric ARNP

Pediatric ARNP with minimum of 2 years mental health experience with prescriptive authority. Psychiatric assessment and medication prescription for seriously emotionally disturbed and seriously behaviorally disturbed children and youth. 24 hr/wkly pro-rated benefit position. Salary DOE. Highline West Seattle Mental Health Center is

committed to hiring people of diverse ethnic backgrounds. Send resume to "Pediatric ARNP", HWSMHC, PO Box 69080, Seattle, WA 98168.

Family Nurse Practitioner

Family practice seeking part-time/full-time ARNP. 3 family practice docs and 1 PA-C. X-ray, lab, procedure room and friendly staff. Alternative providers also on site. Salary dependent on experience. Please send CV to 4444 NE Sunset Blvd, Renton, WA 98059.

Continuing Education

IUD Contraception and Vulvovaginitis

July 19, 1997. Location: Seattle Pacific University. Provides partici-

pants with current didactic information on intrauterine contraception and causes and therapies of vulvovaginitis. Hands-on practice session on IUD insertion using pelvic models available to the first 35 participants. \$35.00. For information, contact Donna Allis at 206.281.2649.

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

Completion of Prescriptive Authority Survey

ARNPs United (AU) is preparing for the next steps to complete prescriptive authority. While the legislation we introduced in 1997 (SB 5232) may be considered by the Legislature when it convenes in January 1998, AU wants to be sure that our approach is consistent with the views of a majority of members. In other words, we want your thoughts about various options. During the 1997 session, we made our best "guess". In 1998, we want to have a stronger sense of your priorities.

If completion of Prescriptive Authority is important to you, please fill out this survey form and return it to ARNP lobbyist, Gail McGaffick, at the address noted on the back of this form by July 15. AU will summarize the results and they will appear in a future issue of *ARNP Care*. This survey relates **only** to Schedules II through IV controlled substances. This survey is anonymous, so please be candid in your remarks.

1. Please describe, in general or specific terms, where you work, and whether you work in a solo practice, group practice, etc.

2. Please list your specialty.

3. Do you have prescriptive authority now?

4. Are you in favor of completion of prescriptive authority? If your answer is no, please explain.

5. How important is completion of prescriptive authority to your practice?
(Rate 1-5, with 1 high and 5 low)

6. ARNP prescriptive authority laws vary widely from state to state. Listed below are some examples of requirements that other states impose. Please rate them in your order of preference, with 1 being your 1st choice, 2 being your 2nd choice, and so on. Use NA for not acceptable in any case.

 - ___ a. Practice agreement between ARNP and one MD/DO.
 - ___ b. MD/DO collaboration or consultation requirement (may be with more than one MD or DO). Nursing Commission adopts rules.
 - ___ c. Same as b. except that Nursing Commission and Medical Commission jointly develop rules.
 - ___ d. Nursing Commission and Medical Commission jointly adopt practice protocols.
 - ___ e. Specific provisions for consultation/collaboration defined in law, minimum rulemaking.
 - ___ f. Prescribing limited to formulary.
 - ___ g. No prescribing of Schedule II.

7. Are there other options you believe should be considered? If yes, please describe.
8. Please explain how you currently assist your patients in obtaining prescriptions for Schedules II through IV? Referral, consultation, pre-signed forms, standing orders, etc.?
9. Do you have the information you need in order to feel comfortable in meeting with your legislators concerning this issue? If no, please explain.
10. During the 1997 legislative session, AU needed to significantly change its legislation in order to have it favorably acted upon by the Senate Health and Long-Term Care Committee. The original bill would have authorized prescribing of Schedules II through IV. There was no requirement for any type of relationship with an MD or DO. In addition, the Nursing Commission was directed to form a temporary advisory committee to be composed of ARNPs, an MD, and a pharmacist to track implementation of the legislation. When it passed the Senate committee, Substitute Senate Bill 5232 allowed ARNPs to prescribe Schedules II through IV if they had a collaboration agreement with a physician. The rules to develop the parameters of the collaboration agreement were to be jointly developed by the Nursing and Medical Commissions, and the Osteopath's Board. Can you support this approach?
 Yes No. Please explain your answer.
11. In the course of negotiations, the Washington State Medical Association offered a proposal that would have required a joint practice agreement between an ARNP and an MD. In addition, the Medical Commission was given the sole authority for developing the parameters for a practice agreement. In order to allow ARNPs to prescribe Schedules II-IV, is this proposal acceptable to you?
 Yes No. Please explain your answer.

Please fold, affix stamp, and staple. Thank you.

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