

Advanced Registered Nurse Practitioner Care

Volume 10, Number 5

Official Newsletter of ARNPs United

May, 1999

Last Free Issue of ARNP Care

by Bob Smithing

For the past 10 years *ARNP Care* has been a publication sent to all ARNPs in Washington State as a means of enhancing communications across specialty lines and organizational boundaries. *ARNP Care* was initially published as a forum to assist in our objective of completing prescriptive authority in this state. While we have not yet achieved this goal it has served as a forum for this and many other issues over the years.

Primarily its editors Bob Smithing and Maddy Wiley under the guise of Nurse Practitioner Support Services have funded this publication. Each month approximately 2500 copies of *ARNP Care* are mailed out to ARNPs. (In 10 years of publication over 200,000 issues have been mailed out.) Unfortunately, due to increasing costs and the resultant fiscal strain, it is no longer possible to provide *ARNP Care* as a free publication. While we are deeply saddened by this turn of events we find that we are out of options.

The only chance for the survival of *ARNP Care* is to turn it into a subscription-based newsletter and to have enough subscribers to support it. This will become effective with the June 1999 issue.

Subscriptions will be \$20.00 per year for anyone who wishes to subscribe. ARNPs United members will continue to receive the newsletter as part of their membership benefits. Electronic subscriptions will also be free. You can subscribe electronically at www.nurse.net/lists.shtml. Organizations who would like to their members to continue to receive *ARNP Care* should contact us at 253.852.9042 or care@nurse.net.

Checks should be sent to ARNP Care, 212 Railroad Ave N, Kent, WA 98032. It would help to include your mailing label with the check.

Prescriptive Authority

by Larry Kerschner

None of our bills ultimately passed the Legislature this year however in some ways this was our most successful effort yet. The bill to allow ARNPs to delegate the authority to non-licensed folks (i.e. school employees) died. There were two bills on this issue. We wrote a bill that was narrowly focused and only discussed and fixed the problem. The Office of Public Instruction wrote their own bill with the help of the school nurses' organization. Unfortunately this bill was broadly drawn with a very non-specific title. Because OPI was a sponsor of a bill their bill took precedence over ours. Our bill never came out of committee. Their bill was ultimately amended by the Public Employees Union to allow school employees to refuse to give medications (which we did not oppose) and to allow them to use this issue as an issue during their contract bargaining sessions. This raised ire among the Republicans so this bill ultimately died. The bill allowing ARNPs and PAs to sign a death certificate for their patients died in the Senate. The PA group originally wrote this bill and ARNPs were added to it so we weren't primary movers of this bill. The bill died after testimony by the Senate Health Care staff and the PA lobbyist so confused the Senators that they threw up their hands and said forget it. The prescriptive authority bill died at the last minute. A brief history will be instructive. We started with a 'clean' bill in the Senate.

WSMA adamantly opposed us. Sen. Thibadeaux (D) and Sen. Deccio (R) got together and twisted arms getting us all to reluctantly agree on a bill as described in the last issue. This bill passed both Senate Health and Rules committees and then passed the Senate floor with only one vote against. It was then sent to the House Health Committee where Rep. Linda Parlette (R) who is co-chair refused to hear the bill. She never gave a very good reason for her opposition. The two above Senators were upset by Rep Parlette's inaction so they attached our bill to a WSNA sponsored bill related to nurse delegation that had already passed the House. This amended bill then passed through the Senate and was sent back to the House floor. Unfortunately in the last minute fighting between the tied parties in the House our bill was not considered. Doubly unfortunate was that the underlying bill 1218 also died even though we told all parties concerned that we were willing to have our amendment removed if it was going to cause the WSNA bill to fail. We have a public promise from Rep. Parlette that she guarantees a hearing for our prescriptive authority bill next year. Next year we will also write and shepherd through our own oral medication bill and death certificate bill. All members of ARNPs United should be extremely pleased by the professional approach taken by our lobbyist Jerry Farley. His analysis and insight kept us focused and helped us not get lost in the smoke of the political fires in Olympia. We will prevail on all three of these issues next year.

HCFA Changes Effective Date of NP Billing Regulations

by ACNP Staff

May 12 1999, the Health Care Financing Administration published a technical correction notice relating to the physician fee schedule final rule issued November 2, 1998 which included the regulations implementing direct Part B billing for NPs. Sec. 64 Fed. Reg. 25456 (1999). In the notice, HCFA establishes that the effective date for the qualifications required for NPs to be eligible for Part B payment as January 1, 2000, rather than January 1, 1999. While this change may seem negligible, it is in fact *critical* and directly responds to concerns the American College of Nurse Practitioners (ACNP) raised about the potential for fraud allegations to be lodged against NPs who bill the program after January 1, 1999, but who did not meet the educational requirements set forth in the final rule. Equally important, the change in date provides time to modify the qualification criteria before the year 2000 implementation and signals that HCFA has heeded the comments by ACNP and the nursing community about the considerable impact the qualifications, as currently drafted, will have on NPs and patient care. Additional information is available at <http://www.nurse.org/acnp/>.

Night Light in Early Childhood May Cause Nearsightedness

Children's Hospital of Philadelphia

Infants who sleep at night in a bedroom with a light on may be at higher risk for nearsightedness later in childhood. A collaborative study by researchers at the University of Pennsylvania Medical Center and The Children's Hospital of Philadelphia found that children who slept with either a room light or night light on until age 2 were more likely to

later develop myopia (nearsightedness), compared to children who slept in darkness. Graham E. Quinn, M.D., a pediatric ophthalmologist at Children's Hospital, and Richard A. Stone, M.D., of Penn's Scheie Eye Institute, announced their findings in the May 13 issue of *Nature*.

The researchers surveyed parents of 479 children aged 2 to 16 seen in the ophthalmology outpatient department of Children's Hospital. A questionnaire asked about the child's nighttime light exposure at the time of the survey and before age two. Only 10 percent of children who slept in darkness before age 2 currently had myopia, compared to 34 percent of children who had slept with a night light, and 55 percent of those who had a room light on. Light exposure after age two showed no such association with current myopia. "The results were dose-dependent," said Dr. Quinn. "Room lights were associated with a higher likelihood of nearsightedness than four-watt night lights."

Both family history and environmental factors are thought to be involved in causing myopia. "Myopia is largely a disorder of industrialized societies," said Dr. Stone, adding that myopia raises the risk of retinal problems, glaucoma and blindness in later life. In myopia, images focus in front of the retina instead of directly on it, largely because the eye has grown too long after birth. Prior research had shown that the eyes of chicks require a daily period of darkness to grow normally, and the researchers thus decided to study nighttime light exposure in children. They specifically asked about light exposure in the first two years of childhood. The eye normally develops rapidly during the early years of life even though myopia is usually detected much later. "Lighting may have an influence during sleep because small amounts of light pass through the eyelids even when they are closed," said Dr. Stone.

The researchers are preparing a follow-up study of some of the same children involved in the original research, to obtain precise measurements of the anatomy of the children's eyes. Further studies in other populations are needed to determine whether the initial findings can be generalized. As for what parents should do, Dr. Quinn said that children below age 2 are not usually afraid of the dark, and that "until these research results are more thoroughly evaluated, babies should sleep without artificial lighting in the bedroom at nighttime."

For Your Information Clinical Launches

by Bob Smithing

A new weekly electronic publication is now available to interested clinicians. *For Your Information Clinical* consists of 3 to 10 brief stories selected because of their interest to clinicians. It goes out by email weekly on Mondays. There is no charge for a subscription.

To subscribe send an email to majordomo@nurse.net with the message:

subscribe fyi-clinical your_email_address

You can also subscribe via the Web at <http://www.nurse.net/lists.shtml>

New Warning For Arthritis Drug, Enbrel

from FDA Staff

FDA is advising health professionals about new safety concerns regarding the use of etanercept (Enbrel), a product recently approved to treat moderate to severe rheumatoid arthritis (RA). New postmarketing reports indicate that certain patients receiving Enbrel have developed serious infections,

including sepsis, and that several of these patients have died from their infections.

Enbrel, a genetically engineered protein, was approved to treat patients with symptoms of moderate to severe, active RA who have not responded well to other treatments. It can significantly reduce pain and swollen joints in people disabled with RA. Current labeling says that it should not be given to patients with sepsis and should be discontinued if a patient develops a serious infection. Because of new information obtained from adverse reaction reports to FDA and Immunex, the warning related to sepsis has been expanded to include patients with any active infection, including chronic or localized infections. In addition, it is now recommended that patients who develop a new infection while being treated with Enbrel be monitored closely.

It is further recommended that health professionals be cautious when considering prescribing Enbrel to patients with a history of recurring infections or with underlying conditions such as advanced or poorly controlled diabetes that may predispose them to infections.

Since the drug's approval, 30 of the estimated 25,000 patients treated with Enbrel are reported to have developed serious infections, including sepsis. Six of these patients died within two to sixteen weeks after starting treatment. A number of these RA patients had a history of chronic or recurrent infections, pre-existing infections, diabetes, or other conditions that predisposed them to infections.

Even though many RA patients are predisposed to infections, significant concerns remain that Enbrel may contribute to the occurrence of serious infections. Many of the infections occurred shortly after initiation of Enbrel therapy. In addition, a controlled study of Enbrel to treat sepsis showed a higher incidence of death in patients treated with Enbrel. Moreover, Enbrel inhibits the action of tumor necrosis factor, a component of the body's natural defenses against serious infection.

To date, controlled clinical studies have not shown an increase in serious infections in patients receiving Enbrel. FDA has requested that Immunex perform additional studies to assess the risk of serious infection related to Enbrel therapy. At this time, without further controlled clinical studies, it is unclear whether Enbrel truly is the cause of the serious infections in patients with RA. However, as a precautionary measure, health professionals should consider these new reports when assessing the risks and benefits of Enbrel.

FDA requests that all cases of serious infection or sepsis occurring in patients taking Enbrel be reported to the agency through MedWatch. Reports to MedWatch should be made by phone to 1-800-FDA-1088, by fax to 1-800-FDA-0178, by mail to MedWatch, HF-2, FDA, 5600 Fishers Lane, Rockville, MD 20857. Reports can also be made through the Internet at www.fda.gov/medwatch/. Health professionals may also contact Wyeth-Ayerst Product Information at 1-800-934-5556 or Immunex Professional Services at 1-800-IMMUNEX (1-800-466-8639).

President's Corner

by Hazel Fleck

This has been an eventful year. From a euphoric high when our Prescriptive authority bill passed out of the Senate Health Care Committee to the disappointment of the refusal of Representative Parlette to allow the bill to be heard in the House Committee. Then, another blow, the bill to allow School Personnel other than Nurses to administer medica-

tions ordered by Health Care Providers other than MDs, DOs and DDSs, was defeated by School Employees! Another defeat was the bill to allow NPs to sign death certificates. In spite of these defeats, we were more successful than we have ever been. We must take our momentum into the next session and get our bill through the House. If you weren't involved this year, get involved next year. You may be the one person who makes the difference. The Board of Directors has made a decision to change the membership year to Oct to Oct. This has not been specified in our Bylaws. Changing the year so that everyone pays their dues at the same time will help us with budgeting problems and make bookkeeping much easier for us. Please support this change. While discussing membership you need to be aware that only 15% of ARNPs in Washington belong to ARNPs United. If you do not belong, please consider joining. We need all of you to support the agenda of ARNPs United. A few of us cannot support the organization. 99% of the CRNAs in Washington belong to their State Organization and they have been successful in obtaining their goals. Think what we could do if even 50% of the Nurse Practitioners of Washington belonged to ARNPs United! The future of ARNPs United is in your hands. Protect your future and your profession by your support.

Classified Ads

Psychiatric Nurse Practitioner

Immediate opening in established, collegial group of independently functioning mental health practitioners (PhD, PsyD, PhD/ARNP, MA). Must be willing to develop practice in addition to referrals provided. Billing, office staff, furnished office, voice mail/pager provided. Contact Benita Stiles-Smith, PhD/ARNP at 360-653-0374, 3# or fax vita to 360-658-0219.

Geriatric Nurse Practitioner

Northwest Hospital's Senior Services Outreach Department is seeking a Geriatric Nurse Practitioner to provide senior wellness/primary care at community based facilities and to provide outpatient diabetic education. Working in collaboration with a MD, the on-site programs include medication management, physical exams and assessment, treatment and education. Requires two years experience preferably with the well elderly; experience in program development; and strong administrative, problem solving and decision-making skills. Excellent customer relations required. Must have current WA state adult or geriatric ARNP with prescriptive authority. Certification in Gerontological nursing and diabetic education preferred. Submit resumes to: Northwest Hospital, Attn: Marty Dennis, 1550 N 115th D111, Seattle, WA 98133, fax: 206-368-1949.

Women's Health/Adult Nurse Practitioner

Busy OB/GYN practice has opening for an NP with strong skills in women's health and obstetrics. Work collaboratively with 7 other providers; 5 OB/GYNs, a Women's Health NP and a CNM to provide the primary care for women dimension to this established Kirkland, Washington practice. Practitioner will also support the OB/GYNs and CNM to provide some in-office obstetrical care. Current NP is leaving the area. Her current practice is part time (30 hours per week), some evening office hours until 7:00 pm. Interviews being conducted through the month of May. Position available beginning mid-June 1999. Contact Sue Templeton at 425-899-4474 or fax CV to 425-899-4490, Attention: Sue.

Behavioral Health NP

Established multidisciplinary behavioral health group seeks nurse practitioner with prescriptive authority. Case mix includes counseling and psychotherapy as well as medication services to patients receiving counseling from other practitioners in the group. Unique opportunity to participate with a fully integrated practice group without moving your current practice or assuming other overhead costs. Call Dr Phil Hirsch at 206-729-1166.

Geriatric Nurse Practitioner

Marionwood at Providence Point - Our first class, world renowned sub-acute & long-term care facility is seeking an independent & efficient nurse practitioner to provide geriatric care at Marionwood in Pine Lake/Issaquah (Part-time 12-20 hrs/wk). Work in conjunction with a GNP & Medical Provider to provide compassionate and excellent care in our highly respected, award winning facility. Requires current ARNP license. Experience in nursing home care helpful. Computer literacy desired. Please apply at the clinic, or send/fax your resume: Human Resources, Providence Medical Group, 600 University Street, Suite 1200, Seattle, WA 98101-1169, fax 206-320-4072. Job line 206-320-2250. EOE.

Dermatology/Cosmetic Surgery NP

Dermatology and Cosmetic Surgery Associates are pleased to offer an excellent part or full-time opening for a Nurse Practitioner interested in learning laser hair removal. Flexible hours available and we will train on the latest generation Light Sheer laser. Office locations in DC and suburban Maryland. Excellent pay with profit sharing. Please contact Eric via e-mail at Efinzi@aol.com or fax to 301-345-7269 or call 301-345-7375 and speak with Lynne.

Continuing Education

For ARNPs: How to Get Paid, Not Get Sued and Maintain Quality

May 14, 1999, 8:30 am - 4:30 pm. Location: Pacific Lutheran University, Tacoma, Washington. Join Carolyn Buppert, Nurse Practitioner and Attorney, for her workshop focusing on payment and quality issues for health care. Topics will include CPT coding for a follow-up office visit; documentation tips to help get paid and avoid fraud charges; avoiding malpractice litigation; use of outcome studies to improve quality; HEDIS overview including measures applicable to primary care providers and how auditors measure performance; and incorporating quality measures in to your employment contract. For information contact PLU CNE 253-535-7683 or visit our web site <http://www.plu.edu/~cnel/courses/forarnps.html>.

Clinical Pharmacology Series 1999

May 18, 1999 Women's Health Drug Therapy
June 11, 1999 Neuropsychotropic Drug Therapy
Location: Shoreline Conference Center, Seattle, Washington. This series of one-day courses (8 contact hours each session) is designed as a pharmacology update for nurse practitioners working in a variety of specialties. Sessions focus on current recommendations and controversies regarding drug therapy for common problems and include appropriate pharmacotherapeutic principles and recommendations for patient education. Sponsored by: University of Washington School of Nursing. Contact: Continuing Nursing Education, University of Washington, Box 357260, Seattle, WA 98195-7260, phone: 206-543-1047. www.son.washington.edu/~cne/.

Pacific Northwest 22nd Annual Conference for Primary Care Practitioners

September 22-25, 1999. Location: Washington State Convention and Trade Center, Seattle, Washington. Sponsors include University of Washington School of Nursing, Planned Parenthood of Western Washington and Western Washington Area Health Education Center. Endorsed by ARNPs United and Washington Academy of Physician Assistants. CE hours: 7.2 to 23.2 contact hours (maximum of 12.0 contact hours in Pharmacology). Application has been made for Category I CEC for PAs. For more information, contact: Continuing Nursing Education, University of Washington, Box 357260, Seattle, WA 98195-7260, phone: 206-543-1047, web site: www.son.washington.edu/~cne/.

Post Master's Gerontologic Nurse Practitioner Program

A one time opportunity...if you have a Master's in nursing and an ARNP license, and you want to complete a 2 semester program for additional certification as a gerontologic nurse practitioner this is your chance. Pacific Lutheran University Graduate Nursing Education Program will offer this program for working ARNPs beginning fall semester 1999. For more information call 253-535-8671 or email: vancinma@plu.edu.

Meeting Announcements

Puget Sound Nurse Practitioners will meet on Wednesday, June 16 at Umberto's Ristorante, 100 S King St, Seattle. Carolyn Libbey Livingston will speak on Sexuality. Hors d'oeuvres at 6 pm, dinner at 6:45 pm, speaker to follow. To attend, please RSVP to Kay Ditzenberger at 1-800-737-2088 ext. 48923.

ARNP Care

212 Railroad Ave N, Kent, WA 98032
253.852.9042 Fax 253.480.0002
Email: care@nurse.net
http://www.nurse.org/wa/arnpcare

Editors:

Robert T. Smithing, MSN, ARNP
Madeline D. Wiley, MSN, ARNP

Contributing Editor:

Hazel Fleck, ARNP

Production Staff:

Kelly Libby, Debby Morrow & Donna Mullin

Publisher:

Nurse Practitioner Support Services

© 1999, Nurse Practitioner Support Services

Subscriptions are \$20 per year. Ad rate sheet available on request.

Ad Information

Copy deadline is the second Tuesday of the month prior to publication. Ads may be accepted later then 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. Email care@nurse.net

Don't Miss an Issue - Subscribe Today

To continue to receive your copy of ARNP Care send your yearly subscription check for \$20 to:

ARNP Care, 212 Railroad Ave N, Kent WA 98032.
Please include a copy of your mailing label.



BULK RATE
U.S. POSTAGE
PAID
Kent, WA
Permit No. 69

Return Service Requested

ARNP Care
212 Railroad Av N
Kent WA 98032