

Advanced Registered Nurse Practitioner Care

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July, 1999

President's Corner

by Jerri Henry

Over the past month the Legislative committee has been busy considering options to formulate a plan on how the "collaborative agreement" for controlled substances between ARNPs and physicians might look. This jump-starts the idea that our current completion of prescriptive authority bill will most likely pass during the Year 2000 legislative session. We want to have control over the final language on this issue. By being proactive early and finalizing a plan, then sharing the information with our legislators we should ensure language favorable to ARNPs.

The joint CME with the Washington Academy of Family Practice is moving forward. Their group agreed to the joint format and is ready to get started with planning. This will be a daylong event and will occur in the late Fall. Both groups feel it is important to have a workshop session on the ARNP - FP working relationship in addition to medical topic updates. Look for updates in future *ARNP Care* issues.

Your ARNPs United Board of Directors quarterly meeting will be held July 12th. In addition to Legislative issues the Agenda will include setting short and long term goals for the organization, and finalizing plans for both the September 23, 1999 annual meeting and the annual Nurse Legislative Day in Olympia next winter.

The next Board meeting is September 22, 1999. You are always welcome to attend. Please call Debby at ARNPs United at for information and directions at 253.480.1035.

I invite you to plan ahead to attend ARNPs United annual meeting to be held September 23, 1999 at 6:30 pm at the Washington State Convention Center - held in conjunction with the annual Primary Care Practitioner Conference. It will be a stimulating opportunity to hear presentations from committee members and to have a chance to give your input as we complete our final strategy and platform for the next Legislative session. Your voice is vital to the health of our profession. See you there!

New Chair of the Legislative Committee

by Larry Kerschner, ARNP

Mike Gregory will be the new Chair of the Legislative Committee. My life has taken some new directions which don't leave me the time needed for the committee work. I have enjoyed working with the other members of the committee. I'm confident that we've got the basis for a very successful session next year. Mike works as House Staff at Quincy Valley Medical Center. He lives in Wenatchee in the legislative district of Linda Evans

Parlette who was the stone wall we ran into this last session. Mike got her to commit to at least giving us a hearing next year. I hope that all ARNPs in the State will give Mike the support he will need to get our goals accomplished. You can e-mail Mike at gremike@gte.net.

HCFA Queried on Denials of Payment

This is a copy of a letter that was sent by Mary Knudtson, MSN, FNP, PNP, CS, President, American College of Nurse Practitioners to Terrence Kay, Director, Practitioner and Ambulatory Care Division at HCFA regarding the denials of complex decision-making CPT/HCPCS codes.

On behalf of the American College of Nurse Practitioners (ACNP), I am writing to you in order to clarify whether the Health Care Financing Administration (HCFA) has established a blanket policy that all Medicare Part B claims by nurse practitioners (NPs) for office visits billed at CPT/HCPCS levels 99204, 99205, 99214, and 99215 be denied. ACNP has begun to receive disturbing accounts from some NPs to this end. For example, NPs in Minnesota report that United Health Care is denying payment for NP visits, regardless of setting, in which moderate or high complex decision-making is required on the grounds that NPs are not qualified to provide these services. According to our understanding, United Health Care has not issued a local medical review policy, nor any other communication to this effect, yet asserts that this "policy" became effective April 1, 1999. Furthermore, it has been brought to our attention that it has been suggested at national meetings that HCFA supports this opinion.

Naturally, the existence of such a written or unwritten policy gravely concerns ACNP given that the Balanced Budget Act of 1997 (BBA) authorizing NPs to direct bill Part B does not prohibit payment across-the-board to NPs for these services. The law instead stipulates only that Medicare payment is limited to services of the type that, among other things, NPs "are legally authorized to perform by the State in which the services are performed." Thus, Congress acknowledged quite clearly that the states have jurisdiction to determine NPs' scope of practice. As a result, any policy by HCFA or its agents that all 99204, 99205, 99214, 99215 services are outside every NPs scope of practice overreaches HCFA's regulatory authority and tramples on states rights. State regulatory boards hold the authority to decide

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whether a particular service or procedure may be legally performed by a NP.

ACNP is hopeful that this matter can be addressed swiftly and thanks you in advance for your attention to this important issue. I look forward to your response and would welcome the opportunity to maintain an open dialogue with you regarding the concerns expressed. Please feel free to contact me if you have any questions or require additional information.

Thimerosal in Vaccines

from MMWR, July 09, 1999, 48(26);563-565

A Joint Statement of the American Academy of Pediatrics and the Public Health Service. The Food and Drug Administration (FDA) Modernization Act of 1997 called for FDA to review and assess the risk of all mercury-containing food and drugs. In line with this review, U.S. vaccine manufacturers responded to a December 1998 and April 1999 FDA request to provide more detailed information about the thimerosal content of their preparations that include this compound as a preservative. Thimerosal has been used as an additive to biologics and vaccines since the 1930s because it is very effective in killing bacteria used in several vaccines and in preventing bacterial contamination, particularly in opened multidose containers. Some but not all of the vaccines recommended routinely for children in the United States contain thimerosal.

There is a significant safety margin incorporated into all the acceptable mercury exposure limits. Furthermore, there are no data or evidence of any harm caused by the level of exposure that some children may have encountered in following the existing immunization schedule. Infants and children who have received thimerosal-containing vaccines do not need to be tested for mercury exposure.

PHS and AAP continue to recommend that all children should be immunized against the diseases indicated in the recommended immunization schedule. Given that the risks of not vaccinating children far outweigh the unknown and much smaller risk, if any, of exposure to thimerosal-containing vaccines over the first 6 months of life, clinicians and parents are encouraged to immunize all infants even if the choice of individual vaccine products is limited for any reason.

While there is a margin of safety with existing vaccines containing thimerosal, there are steps that can be taken to increase that margin even further. Clinicians and parents can take advantage of the flexibility within the existing schedule for infants born to hepatitis B surface antigen (HBsAg)-negative women to postpone the first dose of hepatitis B vaccine from birth until 2 to 6 months of age when the infant is considerably larger. Preterm infants born to HBsAg-negative mothers should similarly receive hepatitis B vaccine, but ideally not until they reach term gestational age and a weight of at least 5.5 lbs (2.5 kg). Because of the substantial

risk of disease, there is no change in the recommendations for infants of HBsAg-positive mothers or of mothers whose status is not known. Also, in populations where HBsAg screening of pregnant women is not routinely performed, vaccination of all infants at birth should be maintained, as is currently recommended. In addition to the key actions mentioned above, the PHS Advisory Committee on Immunization Practices and the AAP Committee on Infectious Diseases will be reviewing these issues and may make additional statements.

Additional information is available on the Internet at <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/mm4826a3.htm>. CDC Questions and Answers regarding thimerosal and vaccines can be found at <http://www.cdc.gov/nip/Q&A/genqa/Thimerosal.htm>

Hismanal (astemizole) Removed From Market

Janssen Pharmaceutica has decided to voluntarily discontinue the manufacturing, distribution and marketing of Hismanol (astemizole) 10 mg tablets. Hismanal is an antihistamine indicated for relief of symptoms associated with seasonal allergic rhinitis and chronic idiopathic urticaria. The company reports it is taking this action after careful consideration of the antihistamine class, which includes multiple alternative medications.

Clinicians who currently have patients taking Hismanal should consider future alternative treatment. Pharmacists who receive prescriptions for patients taking Hismanal should contact the prescriber to discuss alternative treatment.

If you or your patients require additional medical information, please contact Janssen at 1-800-JANSSEN (526-7736) 8:00 A.M. to 8:00 P.M. Eastern Time, Monday through Friday.

Rezulin (troglitazone) Labeling Changes

Significant new changes are being made to the labeling and recommended uses for Rezulin (troglitazone). These changes are being made because new safety information (i.e., further evidence of serious and sometimes fatal liver injury in patients treated with Rezulin) indicates that the use of Rezulin should be limited to patients not adequately controlled by other therapy and should not be used as initial single agent therapy in the treatment of type 2 diabetes. The labeling changes also include recommendations for more extensive monitoring of liver function in patients using Rezulin. A patient information sheet has been added to the labeling and will be available for distribution to patients by pharmacists with each Rezulin prescription. The FDA and Parke-Davis agreed to these changes after careful analyses of the drug's safety profile, drawing upon clinical trials data, post-marketing surveillance data and the recommendations made by FDA's Endocrinologic and Metabolic Drugs Advisory Committee during a March 26, 1999 meeting. The new labeling and

other measures being taken regarding Rezulin are in keeping with the recommendations made by that panel of outside experts.

Parke-Davis is issuing a nationwide letter to healthcare professionals notifying them of these modifications. The letter specifically notes that:

- ☐ Rezulin is no longer indicated to be used as initial single agent therapy.
- ☐ Prospective Rezulin patients need to have liver chemistries tested before starting therapy, then monthly during the first year of therapy (rather than just 10 times previously recommended). After the first year of therapy patients should be tested quarterly (rather than "periodically" as previously recommended).
- ☐ Within the next few weeks, the company will prepare a patient information sheet with FDA-approved information about the safe and effective use of Rezulin. This patient information sheet will be available for distribution to patients by pharmacists with each Rezulin prescription.

In addition to changes in labeling noted above, a new indication will be added to Rezulin's labeling for its use in combination with sulfonylureas and metformin in patients whose diabetes is not adequately controlled by the combined use of just these other diabetes drugs. This indication is based on new clinical data evaluated by the FDA. New package insert and patient information can be found on the Internet at <http://www.fda.gov/medwatch/safety/1999/Rezupi.pdf>. The letter from Parke-Davis is at <http://www.fda.gov/medwatch/safety/1999/rezuhp.htm>.

Classified Ads

Psychiatric Nurse Practitioner

Immediate opening in established, collegial group of independent functioning mental health practitioners (PhD, PsyD, EdD, ARNP and MA) in Marysville. Must be willing to develop their own practice and work at least half time. We share referrals to Fountaingate. Billing, office staff, furnished office, voice mail/pager are share expenses. Contact Benita Stiles-Smith, PhD, ARNP at 360-653-0374, fax vita to 360-658-0219 or e-mail to fgate@premier1.net.

Dermatology Nurse Practitioner

Experienced ARNP wanted for busy multi-physician dermatology clinic in Edmonds, WA. Dermatology experience a plus. Work closely with John Headley, MD, Mohs surgeon and cosmetic dermatologist, to develop your practice in our modern clinic and surgical facility. Please send cover letter and resume to Jonathan Greene, Administrator, Northwest Dermatology & Skin Cancer Clinic, 21600 Highway 99, Suite 100, Edmonds, WA 98026 or e-mail to admin@nwderm.com.

Psychiatric Nurse Practitioner

Southcentral Foundation (SCF), an Alaskan Native non-profit health organization, is currently recruiting for a Psychiatric ANP in scenic Anchorage, Alaska, nestled between the Chugach mountains and Cook Inlet waters. SCF emphasizes working together with the Native community to achieve wellness through health and related services. Anchorage provides many outdoor recreational opportunities and the comforts of a modern city. This full time position involves working in an outpatient care clinic responsible for providing psychiatric and psychological care to Alaska Native/American Indian clientele. Alaska license and psychotropic prescriptive authority required. Must have

broad base of clinical skills in assessment, medication and psychotherapy services for adults, adolescents and children. Competitive salary and excellent benefits package are offered. For more information contact: Southcentral Foundation, 4501 Diplomacy Drive, Anchorage, Alaska, fax: 907-265-4246 or e-mail: kmcintire@citci.com. Salary DOE, open until filled. Native preference under PL 93-638. Preference will not be given unless certification is attached to the application.

Family Practice ARNP

Seeking a part-time, experienced ARNP to join a 2 person practice - a FP MD and an ARNP, who have practiced together for 6 years in the Lynnwood/Edmonds area. Some Saturday morning clinic time required. Pay negotiable. Contact David Becerril, MD at 425-776-8414 or e-mail: taaville@yahoo.com.

Cardiology ARNP

ARNP with prescriptive authority for busy cardiology practice in Kirkland. Prefer extensive cardiology experience and in-depth cardiology knowledge base including patient and drug management and EKG and rhythm interpretation. Please send resume to: Stephanie Baughman, 12303 - NE 130th Lane #520, Kirkland, WA 98034 or e-mail SBaughman@EHC.org.

Continuing Education

Choices, Outcomes & Unresolved Controversies in Women's Health

August 12 & 13, 1999, time: 8:00 am - 5:00 pm. Location: Bell Harbor International Conference Center, Seattle, WA. This two day conference will review current policies on insurance reimbursement for women's health care, prevention and treatment management for reproductive health issues, menopausal health issues and breast and cervical cancer issues. Attendees will learn the concepts of evidence-based medicine as applied to specific women's health care topics. Registration fee of \$350 includes lunch both days, reception and conference materials. Please call Penny Evans at 206-616-4587 or email: penny@u.washington.edu for more information and registration brochure.

Pacific Northwest 22nd Annual Conference for Primary Care Practitioners

September 22-25, 1999. Location: Washington State Convention and Trade Center, Seattle WA. 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/.

Clinical Competence and Caring: Nurse Practitioners for the Next Century

October 7-10, 1999. Location: Nashville, TN. This three and a half day program (30.3 contact hours) is designed to meet the continuing education needs for both acute care and primary care nurse practitioners across specialties. It provides a forum for addressing common health problems related to all age groups in a variety of health care settings. This year's theme, "Clinical Competence and Caring: Nurse Practitioners for the Next Century," focuses the content on in-depth exploration of clinical topics, designed to keep your practice on the cutting edge of health care. It emphasizes two key elements of NP care: evidence-based practice, and caring. For more information contact ACNP Clinical Symposium Registration, 1933 Sweet Rd, East Aurora, NY 14052, phone 716.687.1868, email symposium@acnp.nurse.org or web site www.nurse.org/acnp. On-line registration is available.

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.

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Humor Corner

As has been pointed out, that "~" thing is called a "tilde." Walt Whitman was one of the most avid advocates of it's usage, and until his death he devoted untold hours making others aware of it's potential. So today, as I use that little button on the upper left of my keyboard, I often feel like... Walt's in my tilde.

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