



The Advocate

NURSE PRACTITIONERS OF NEW YORK

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SPRING 2010

From the President's Desk...

It was so wonderful watching our messy democratic process work and the passion exhibited by our legislators. I was glued to my television on March 21 watching the House debate the Senate health care bill; the House voted by 9 pm and the bill carried 219 to 214. Patient Protection and Affordable Care Act (HR 3590) was enacted into law by President Obama on March 23, 2010.

By the time this column appears, the Senate will have voted on changes made by the House, thus reconciling the two bills (House and Senate). The major provisions of HR 3590 are summarized below:

COVERAGE

§ Provides affordable insurance to about 33 million people currently uninsured.

§ Creates health exchanges or competitive marketplaces for small business and individuals to purchase health insurance.

MEDICARE

§ Provides \$250 rebate for beneficiaries who reach the donut hole in 2010 and fills the donut hole for brand and generic drugs by 2020.

§ Reduces Medicare Advantage (Part D) overpayments.

MEDICAID

§ Expands Medicaid eligibility for non-elderly with incomes at or below 133% of the Federal Poverty Level.

§ Equalizes and increases funding for Medicaid expansion.

§ Increases rates for Medicaid primary care to Medicare rates in 2013 and 2014.

HEALTH PROVISIONS SPECIFIC TO NPs

§ Increases funding to Community Health Centers.

§ Invests in the National Health Service Corps (NHSC) scholarship and loan repayment programs to expand the workforce in health professional shortage areas. (*This is excellent. NHSC is a major funder of NPs.*)

INSURANCE REFORMS

§ Permits children to remain on parents health insurance plans until age 26.

§ Requires insurance companies to cover people with pre-existing health conditions.

§ Bans insurance companies from dropping people when they get sick.

§ Bans insurance companies from instituting annual and lifetime limits.

—Susan Moscou, FNP, MPH, PhD

NPs Bring Issues to Albany

It was a success! NP students from Hunter College, Hunter alumnus Gaspar Rosario, Hunter Professor Dr. Joanna Hofmann, and NPNY legislative committee representatives: Rachael Lerner, WHNP-BC Helen Ruddy, FNP; Irene Van Slyke, FNP; and NPNY President Susan Moscou, FNP, lobbied State Assembly and Senate members in Albany during our 2010 Lobby Day (March 16) on the following bills which would

○ Authorize NPs to sign death certificates (A2028/A10218; S2969). Currently death certificates must be signed by a physician and be completed within 72 hours of a person's demise, unless there are mitigating circumstances. Physicians are usually not at the bedside and therefore have to make a special trip to sign a document — often completed by an NP.

○ Patient Access & Advocacy Act (A765; S2948). This would remove the mandatory collaborative agreement between NPs and physicians. And health plans would be required to list NPs as providers.

○ Permit NPs to execute Do Not Resuscitate Orders (A10218).

THANK YOU

State Senator Velmanette Montgomery hosted NPNY members and NP graduates. For many years Senator Montgomery has been making everyone feel welcome in the State Capitol with a room set aside for the occasion in the Legislative Office Building.

CONGRATULATIONS: NP STUDENTS

This annual advocacy effort is vital to the growth and well-being of our profession and an important activity for all NPs. Our Hunter NP students did an excellent job explaining the issues to their representatives in Albany.

— Susan Moscou, FNP, MPH, PhD

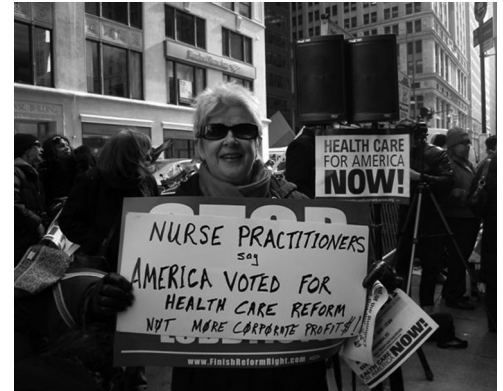
Lunch, on Us!

Join the Board of NPNY at our annual meeting — **Sunday, May 2, 10am to 2pm** — when we look at the past year's accomplishments and plan for next year's activities.

Interested in joining a committee? Have a project you want to work on? Want to organize a CE meeting?

RSVP: Lunch is on us; let us know if you are coming. Reply to smoscou@mercy.edu. Make NPNY lunch the subject line.

Listen Up



Helen Ruddy demonstrates for health care reform in front of Wellpoint Insurance in Manhattan.

Why NPs Should Be Able to Sign DNRs

Just two weeks ago, a patient whose condition was decompensating arrived at the Cancer Center. This patient came for a consultation two weeks prior to being enrolled in a clinical trial, but it became clear her condition was terminal and she required medication to make her more comfortable. I discussed in detail with the patient, her daughter and husband (her proxy) about End of Life, DNR/DNI (Do Not Intubate) and hospice care.

AN UNNECESSARY WRINKLE

We established a plan for her to be transferred from the CCC to the hospital and were waiting for a bed. During this process and while comforting the family and patient, I had to excuse myself to find an attending physician (not my collaborating MD ... she was off site for the day, although she was apprised of the situation over the phone on several occasions). I had to explain the situation so the physician who had never met the patient and had no other interactions with her would sign the DNR form "for me." I am permitted to talk to families about every aspect of EOL and the dying process, to order medication, to coordinate and make every arrangement involved with end of life and supportive care, but not sign this legal document.

It was an unnecessary wrinkle in the process, but fortunately I work with people who trust me and my judgment.

—Kathy Madden, RN, FNP-BC, ONC, AOCNP, Oncology Nurse Practitioner, NYU Melanoma Program

Choosing Well: Attending the ACNP Policy Summit

During my first year as a practicing Nurse Practitioner, I came across a scholarship (offered by NPNY member Helen Ruddy in memory of Elaine Gelman to promote NP advocacy) to attend the American College of Nurse Practitioner 2010 Summit and Leadership conference in Washington, D.C. I

Health Care Policy” by Kathleen White — I knew I had chosen well. Echoing throughout the conference was that Americans have the right to comprehensive and continuous health care and that Nurse Practitioners have the qualifications to provide this service.

NEW OPPORTUNITIES FOR NPS

Pennsylvania Representative Allyson Schwartz has introduced H.R. 2350 “The Preserving Patient Access to Primary Care Act of 2009” — a bill that includes opportunities for Nurse Practitioners to be Primary Care providers and to receive funding for establishing a practice. Further this bill encourages the adoption of a patient-centered medical home model, a comprehensive primary care facility.

The conference continued with a synopsis by Michael Loughran, Executive Vice President, NSO, who presented during a lunch, “NSO-Results of 2009 Closed Claims Study.” I was pleased that

the ACNP organization highlighted the insurance claims study, if only to make us aware of improving practice and to give us an opportunity to understand some pitfalls to practice.

As we discussed Health Care Reform, I was intrigued that organizations, such as AARP, AACN, AANP GAPNA, NPWH, NONPF and NAPNAP, gave testimony as to how the APRN and NP communities can work together to affect health care policy.

The second day of the conference, I was impressed with how health care policies impact our role as NPs and by the need to educate NPs on the legislative process and how the experts (including us) need to lobby. Ruth Kleinpell, PhD, ACNP, Center for Clinical Research and Scholarship, Rush University Medical Center, started the breakfast session by reminding us of the role of the Nurse Practitioner in improving quality and safety. We cannot stop identifying evidence-based practice and publishing quality care in our own peer-reviewed journals.

Patrice Hood, the new Individual Member Representative for ACNP, presented the legislative agenda for New York (see “NPs Bring Issues to Albany” for bills) and gave a detailed review of attempts by NP organizations to pass a bill that would allow NPs to sign death certificates, since NPs often provide end of life care but cannot sign death certificates. The stories and suggestions from other states, *i.e.*, regarding signing death certificates, were dramatic and helpful.

I caught the train back to NYC, then to Long Island, to attend jury duty. In the days to come, I will be focusing on legislation to support health care reform and the role of the Nurse Practitioner.

WELL WORTH THE TRIP

Overall the American College Nurse Practitioner Leadership Summit 2010 conference was excellent. I enjoyed the networking, intellectual discussions, and stimulating speakers. It was well worth the trip to be a better Nurse Practitioner in the arena of health care reform. I encourage all to attend this yearly conference and to contribute their stories to promote Nurse Practitioners as primary care providers.

— **Marie-Helene Lofland, RN, MS, MSN, CCRN, CNA, ANP-BC**



NPNY members at the National ACNP Policy Summit. From left to right, Helen Ruddy, Maria Brilliant, Marie-Helene Lofland and Irene Van Slyke.

wanted to become more involved and so I applied — and won! Who knew it would be the biggest snowstorm in New York and I would be on jury duty. Still determined to attend, I arrived in Washington, D.C., Union Station and walked out to find myself in awe as I looked at the Capital building in front of me. I was excited and proud to be an American.

The next morning at the conference when I heard the opening address — “Mission Critical: NPs Impacting

NPNY CALENDAR: Earn CEs for Each Program

Everybody welcome. Free for members; \$15 for nonmembers; \$5 for NP students.

◆ THURSDAY, APRIL 15, 2010

Program: Health Care for the Homeless (Earn 1.5 CEs) This presentation will address why people become homeless; statistics about homeless populations and the cost of health care; health conditions prevalent in this population; and problems associated with providing health care.

Speaker: Debbian Fletcher-Blake, FNP, since 1996, is currently the Clinical Director of Care for the Homeless. She has provided health care to homeless families residing in family shelters and health care to homeless adults.

◆ THURSDAY, MAY 20, 2010

Program: An Overview of Child Sexual Abuse (Earn 1.5 CEs) Child sexual abuse is a complex problem with unique challenges for health care professionals. Appropriate management is critical in order to protect the child, promote health, and maximize emotional well-being. This presentation gives a brief overview of the history of the emergence of child abuse as a diagnosis in the medical community

in the US. Definitions, statistics, and common misconceptions are included with major focus on the medical evaluation of the sexually abused child, including history and physical examination, laboratory testing, and referrals.

Speaker: Rose Mary Daniele, MS, RN, FNP-BC, has worked with the multidisciplinary team at the Jane Barker Brooklyn Child Advocacy Center for more than five years.

◆ Time:

6 - 6:30 pm Networking & light dinner
6:30 - 7 pm News & announcements
7 - 8:30 pm Program

◆ **Location:** Board Room, 18th floor, Pace University. Approach security at Spruce St. entrance of Pace (Schimmel Center).

◆ **Subway:** 2, 3, 4, 5, J, M, Z, A, C to Fulton/Broadway/Nassau or 6 to Brooklyn Bridge.

◆ **Details:** More information: check NPNY web site. These activities have been submitted to the New York State Nurses Association (NYSNA) for approval to award contact hours. NYSNA is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

NPNY-The Advocate

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