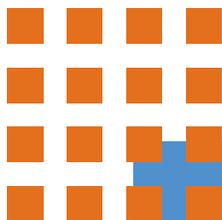


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- **Opioid Misuse and Abuse Epidemic – The NPA Position Statement**
- **Clinical Education Video: Diagnosing Acute HIV Infection in Your Clinical Setting**
- **Optimize Protein for Weight Loss**
- **Why Telemedicine Could be the Next Frontier**

**NPA's 33rd Annual Conference
October 18-22, 2017**

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For information about becoming a member and receiving a copy of the publication, please call 518.348.0719 or visit our website at www.TheNPA.org.



Message from President

David Dempsey, DNP, FNP-BC

As we approach the final stages of our regionalization plan which came together during the June 10th Leadership Conference I would like to thank all of you for your support, input and participation in this process. As a result of this our organization will be stronger and more vital.

In terms of membership we need to continue on this front to be successful and competitive in healthcare by having a strong and united front that will continue to have a voice in Healthcare, as it affects people in New York State.

Our legislative endeavors continue to make progress with the passing of the NP Civil Service Bill (A.834 Gunther/S.3567 Hannon) and the DNR Bill (S.1869 Hannon/A.7222 Gottfried), both awaiting the Governor's signature. The Automatic External Defibrillator Bill (S.5717 Hannon/A.7532 Gottfried) was passed and signed into law on July 25, 2017. Again thank you for all of the hard work and endeavors to make this a success.

If you have not taken advantage of participating in Capital Day, please consider doing so in 2018 as it provides all of us with the knowledge of the legislative process and it allows you as members to make a statement to the legislators and gives us a visible presence.

Finally as the summer comes to an end, I look forward to meeting with you at our 33rd Annual Conference on October 18- 22 in Saratoga Springs. This year our Keynote speaker will be Scharmaine Lawson-Baker, DNP, FNP-BC, FAANP. She is the owner and operator of Advance Clinical Consultants House Calls Service, DrNurse Publishing House, and House Call course Training for health practitioners. This year's Conference is shaping up to be quite the event as we return to Saratoga.

Again thank each of you for all of the things that you do to make this organization successful!

Fall is Meeting Season

**Fall is Here and It's Meeting Season!
NPA State, Local and Regional Meetings**

**Check your email for invitations or visit
The NPA website calendar to register
or to see upcoming events.**

**Please join us to learn,
earn contact hours and network!**

TheNPA.org

NPA Mission statement:

To promote high standards of healthcare delivery through the empowerment of nurse practitioners and the profession throughout New York State.



NPA Vision statement:

New Yorkers deserve access to nurse practitioners who are free to practice without unnecessary barriers. Nurse Practitioners are committed to providing quality care as integral members of a collegial healthcare community.



Message from Executive Director

Stephen Ferrara, DNP, FNP-BC, FAANP

There are well over 400 individual names of NPA members listed throughout this issue of the Journal of the Nurse Practitioner Association New York State (JNPA). I can't think of a better way to fill the pages of this journal than with the very members who comprise our great organization. The member names are included in lists of new members, contributors, volunteer elected leaders, and other notable achievements. Members are the reason why the Nurse Practitioner Association New York State exists. And it's because of you that we are able to answer professional practice inquires, eliminate arbitrary nurse practitioner barriers, provide continuing education, and offer venues for networking.

Over the last year, The NPA has taken many steps via the enhanced regionalization plan to ensure that we are doing everything we can to develop and support the infrastructure to strengthen our most valuable resources, members. We streamlined communications and information dissemination through an integrated website,

www.TheNPA.org. This includes a centralized listing of events throughout the state and the ability to register for the events through a secure log-in process. Please be sure to visit our website and especially the Calendar to find local NPA gatherings in your area. In addition, the event notices are e-mailed to the e-mail account you have on file when you registered with The NPA, so also ensure that your contact information is current.

We are, however, still a work in progress and are consistently seeking ways to improve our offerings and benefits. We welcome your input and feedback so that when the time comes to renew your membership, attend a conference, or donate to the PAC, you feel that your hard-earned income is well spent. I invite you to participate in The NPA as we enter a very busy Fall meeting season and let us know what we are doing well and where we can improve. After all, this is your organization and I look forward to seeing your name and involvement in a future issue of the JNPA.

Stephen Ferrara



*Happy Nurse
Practitioner Week
November 12th - 18th, 2017!*

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Your Benefits of Member



We appreciate having you as a member!

Whether you are a new member or long standing member, a nurse practitioner or a nurse practitioner student, we value having you as a part of this association.

Your support has made a direct impact on benefits and services that we are able provide to our members and the work we do for the nurse practitioner profession. Your commitment has made a positive effect on the world in which you practice today and will continue to shape the future for all nurse practitioners.

The NPA is the only statewide nurse practitioners association in New York State and we remain dedicated to promote and protect your profession and your practice.

Below is a list of benefits and services available to you as a member. We hope you will take full advantage of these services at every opportunity. You will find more information and resources on our website: TheNPA.org

We are proud to provide nurse practitioners and student nurse practitioners with the services, resources, and support that you need to be successful.



Legislative & Public Policy

Professional Advocacy has been the cornerstone of The NPA since our inception in 1980. Our first successful legislative result was 29 years ago, in 1988, when nurse practitioners won the legal right to practice in New York State.

To see all of The NPA's History and Accomplishments go to our website; there you will see the many changes we have helped to affect since the Association began. You might be surprised to learn how recent some of the major advancements in your profession have come about.

This year has been unrepresented with three bills passed by both the Senate and Assembly. The AED (Automated External Defibrillator) Bill has been signed by Governor Cuomo and the DNR Bill (Do Not Resuscitate) and NP Civil Service Bill are awaiting signature.

Please visit the Governmental section on our website for more information.



Networking & Education

Local and regional leaders have been working very hard to provide you with educational and networking opportunities across the state. Perhaps you've been able to attend a meeting or event or you will attend in the near future.

Thank you to our volunteer leadership for their tireless commitment, for their outstanding work and for their support.

Twenty one local groups and seven regions provide our members with education and networking around town, across the region and statewide. Your colleagues are often your best source of insight and offer expertise.

Our annual conference is attended by hundreds of nurse practitioners and as a member you can receive preferred pricing. There are additional member discounts on educational products and courses available through our strategic partners to help you to save money.

Visit the "Calendar" on the home page of our website to see what's happening or to register for a meeting. You can learn, network and earn contact hours and save money.

Networking brings about many possibilities.



Journals, Publications & Communications

When there are changes or news which affects you, we will keep you informed. Watch your email, your mailbox and our website for this information. You will receive things such as professional practice information, scope of practice, regulatory matters, educational opportunities and events, governmental and political affairs, and career opportunities. When applicable we will include forms, links and other pertinent information you may need.

JNPA - The Journal of The New York State Nurse Practitioner Association is a magazine subscription mailed to members four times a year. It includes articles and information related to your profession, governmental updates from our lobby team, regional and local news, and New York State specific and national professional nurse practitioner practice news, and much more. You will read about The NPA and NPA members in the news; regional and local information, updates and more.

The JNPA "Member Spotlight" recognizes members for outstanding practice accomplishments, service, volunteerism and other noteworthy contributions they have made. Perhaps you know someone that you would like to submit for recognition of their achievements. Please let us know!

NPA Insights is our e-Newsletter which you will receive monthly by email. This electronic newsletter contains NPA members in the news, professional practice information, educational opportunities offered by regions, groups and others, as well as additional items that are critical to your practice as a nurse practitioner in New York State.

Please visit the News & Events section on our website for back issues and more information.



Resources

TheNPA.org provides you access to information, resources, news, updates, and a whole lot more when you need it. You can find forms, instructions, state and national links, rules and regulations, news and updates. You can register for a meeting or conference, download your transcript of contact hours, renew your membership, access or print a receipt or event registration form or locate a fellow member in your region.

Membership in The NPA

Practice Resources are available to members who need information or have questions: scope of practice, management advice, risk management, required practice agreements, licensing, certification, professional conduct, Medicare, Medicaid and more. There is a vast amount of information available at your fingertips. As a member you may always call on us or send an e-mail for further assistance.

Preceptor Finder is our online search program on our website to assist NPA student members in finding a preceptor. These preceptors are nurse practitioner members of The NPA who have volunteered their time to do so. It may also be helpful to attend your local group or regional functions to networking and create the opportunity to meet potential preceptors.

The Student Transition Guide is an extremely valuable resource for students who are preparing for NP licensing and practice. It is a great reference for seasoned NPs too. This conclusive guide contains instructions, a vast appendix of forms, links, phone numbers, addresses and quick tips. It will make the licensing process much easier and a lot less stressful. Topics included are: national certification, licensure, collaborative agreement, DEA numbers and professional conduct. If you still have questions, you can call or email us for assistance.

The Practice Resource Guide is designed to help members with practice questions. It is an online compendium of useful information. This extensive resource includes information regarding: scope of practice, reimbursement guidelines, collaboration, certification, a 70+ page appendix of forms, laws and regulations, applications and instructions. Should you need further information, clarification or have questions, call or send us an email.

NSO Professional Liability Insurance The NPA endorses Nurses Service Organization (NSO) for professional liability insurance. They are the nation's largest provider of nurses' professional liability insurance. NSO has an advisory board of nursing professionals to advise them on current nursing practice and to provide input about insurance needs and new product development. NSO is a proud supporter of The NPA.

NPA Career Center is a custom tailored effective resource for the nurse practitioner industry. Whether you are searching for a job, posting your resume or posting a job opening, you will be reaching the right people. Members receive a discount on job postings.

Member Discounts



American Association of Nurse Practitioners (AANP) - The NPA is a member of AANP and our members receive \$10 off AANP annual NP membership dues.

Advanced Practice Education Associates (APEA) NPA members may receive 10% discount on select products. For 20 years, APEA has provided NP certification review and preparation resources, as well as continuing education.

Chronic Care Professional (CCP) Certification the nationally recognized health coach credential in health care provides NPA members 25% discount on Health Sciences Institute's CCP certification program.

DoctorsManagement - NPA members can receive a discounted rate for services in areas such as practice assessment, practice start-up, comprehensive compliance risk analysis, customized compliance programs, reference materials and much more. A monthly newsletter, which will include valuable information, will be provided to The NPA for its members. Topics will include coding, Medicare rules, practice management and compliance and more.

Dr. First E-Prescribing Solution - NPA members can receive a discount on Rcopia® and EPCS GoldSM, which will allow nurse practitioners to e-prescribe both legend drugs and controlled substances in a single workflow. The software also includes real-time prescription monitoring, instant access to medication histories for patients, patient-specific formulary data, and clinical alerts such as drug-drug and drug-allergy interaction warnings.

Falcon & Singer P.C. NPA members receive a 15% discount from their regular rates in estate planning services which include preparation of wills, trusts, health care proxies, powers of attorney, psychiatric advanced directives, and other documents necessary to assist nurse practitioners and their loved ones.

Fitzgerald Health Education Associates (FHEA) NPA members receive a 15% discount on FHEA products to include certification exam preparation, continuing education and other resources needed to maintain professional competence.

Springer Publishing NPA members receive a 20% discount on books and publications. Springer Publishing Company has been in business since 1950 and is known as an innovative nursing, gerontology, psychology, social work, counseling, public health and rehabilitation publisher.

Student Membership Discount - As well as all the above member discounts, we support nurse practitioner students by offering a substantial discount on their annual membership dues. We have a host of student specific services and benefits such as our on-line preceptor finder program, the Student Transition Guide and many other services that you will find helpful.

Student Transition Member Discount - To assist newly graduated student members in their progression from student to nurse practitioner we offer an additional discounted membership. You must be a current NPA student member in good standing to qualify for this discount.



Governmental Affairs Report Legislative Wrap Up

In late July Governor Cuomo approved legislation that was initiated, advanced and advocated for by The NPA (all as a result of a member's suggestion). This 2017 chapter updates a 1998 law that authorized the siting and use of public access automated external defibrillators ("AED"). The public health goal at that time, which remains today, is to encourage widespread availability of AEDs. The 1998 law only allowed entities that had a collaborative agreement with an "emergency health care provider" to maintain AEDs. The definition of "emergency healthcare provider" was limited to a physician or a hospital, thus inhibiting the ability of experienced providers like nurse practitioners ("NPs") and physician assistants ("PAs") to participate in the AED program.

The new law acknowledges the competence, education, and experience of NP's and PA's, and is aligned with the American Heart Association efforts to prevent death or neurological damage by promptly defibrillating the heart to the more than 350,000 out-of-hospital cardiac arrests nationwide. NPs who have the appropriate emergency cardiac experience, may now enter into collaborative agreements with a person or entity seeking to possess and/or operate an AED.

Nurse Practitioners of New York State Political Action Committee (NP of NYS PAC)



The NP of NYS PAC was formed in 1998 to support the profession and increase NP visibility within New York State's legislative process. NP of NYS PAC contributions are made on a bipartisan basis and allow The NPA to participate in the political process by attending political fundraisers and by building strong relationships with key elected state leaders.

The NPA works hard for the advancement of nurse practitioners in New York. With your support, The NPA has been able to accomplish and remove many barriers to your practice, such as:

2014 – The Nurse Practitioner Modernization Act (NPMA) signed into law by Governor Cuomo as part of the 2014-2015 NYS budget; to become effective January 1, 2015.

2015 – NPA supported Meningitis bill signed into law requiring vaccinations for students entering 7th grade and then a booster in 12th grade.

2015 – NPMA Clean-Up bill signed into law making technical changes to select provisions of the law to reflect enacted NPMA by eliminating inappropriate references to the written practice agreement while authorizing NPs to perform physical examinations for Barbers seeking licensure.

2016 – Nurse Practitioners added as 'practitioners' under the New York State Department of Health Medical Marijuana Program.

2017 – Do Not Resuscitate (DNR) Bill authorizing nurse practitioners to execute orders not to resuscitate and orders relating to life sustaining treatments. Bill passed both the Assembly and Senate, awaiting Governor's signature.

2017 – Automated External Defibrillators (AED) Bill. An act to amend the public health law, in relation to AED and nurse practitioners/physicians assistants. This bill passed both the Assembly and Senate and signed into law on July 25, 2017.

2017 – NP Civil Service Bill directs the president of the civil service commission to study and publish a report about compensation and pay grades on nurse practitioners. Awaiting Governor's signature.

To see a complete listing of all of our accomplishments go to The NPA's website www.TheNPA.org.

Your donations are necessary to continue working on the removal of all practice barriers while increasing access to care. **With only an \$11 donation from each member, we would reach our goal.**

To contribute to the NP of NYS PAC go to www.TheNPA.org and select Governmental from the menu and then select Political Action Committee from the drop down menu. You can also contribute when you renew your membership dues.

Thank you to all that have contributed to the NP of NYS PAC this year!

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 Adrial Lobelo
 Allison Anne Lohr
 Dianne Loomis
 Liliana Lopez

Mary Lopez
 Maria Lyons-Pellechia
 Evon Macguire
 Holly Macklay
 Susan Marks
 Penelope Martin
 Princess Martinez-Bangay
 Catherine Maynard
 Maureen McCallum
 Johanna McCarthy
 Theresa McConnell-Beshara
 Catherine McCoy
 Joanne McLaughlin
 Letteta McNally
 Janice McNaughton
 John Meister
 Felimon Mendoza
 Marie Midey
 Jacque Millar
 Bea Miller
 Barbara Mills
 Joan Miravite
 Barbara Monteverde
 Laurie Moran-Marsh
 Roseann Moran-Marsh
 Esmie Morris-Taylor
 Susan Murawski
 Patricia Murray-Given
 Anne Nans
 Virginia Nelson
 Madeline Nuzzi
 Sally O'Callaghan
 Hrafn Oli Sigurdsson
 Jennifer Oneill

Mary Oot
 Jean Marie Osborne
 Laura Paduano
 Maria Panlilio-Ortiz
 Catherine Paradiso
 Susan Perkins
 Lisa Perreault
 Sonja Pierce
 Yvonne Pineiro
 Rob Pitkofsky
 Wendy Pollack
 Jean Porter
 Patrice Powell
 Anthony Pucek
 Shawnee Purdy
 Janet Raman
 Irma Ramsden
 Mary Rappole
 Theresa Rattazzi
 Genevieve Reilly
 Karen Remson
 Ann Rhodes
 Tina Rolston-Duncan
 Joanne Romnazi Herne
 Jennifer Rosenstein
 Sandra Roth
 Anne Russin
 Diane Ryan
 Kathleen Sanacore
 Marie Sardo
 Marsha Sattler
 Grace Schnitter
 Marice Schwartz

Korto Scott
 Mary Ellen Sennert
 Patricia Sirota
 Radyslava Sishchiuk
 Sarah Slader-Waldorf
 Rochelle Slatz
 Linda Smith
 Mary Smith
 Andrea Spatarella
 Theresa Splett-Guzinski
 Ellen Sponholz
 Sarah Stacey
 Andrea Stengel
 Zoeth Stone-Edwards
 Anna Sturtz
 Jill Sullivan-Keating
 Frances Tanzella
 Patricia Tessler
 Vanessa Tocco-Stevens
 Ela Toney
 Deidre Uldrich
 Maureen Vancura
 Edwin Vera
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Nurse Practitioners of New York State



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Your contributions enable us to support elected officials who share a commitment to the advancement of nurse practitioners and quality, cost effective healthcare. Thank you for your support!

The NPA and Social Media

The proliferation and ubiquity of social media has enhanced communication in virtually every aspect of our daily lives. The NPA utilizes this medium to communicate with members, advertise membership/conferences, promote the profession of nurse practitioners in New York State and much more. There are instances however, where social media is used in a negative way that can cause harm. As such, The NPA's Board of Directors approved "Communication Protocols for NPA Social Media Channels" (see below). We ask that anyone utilizing our various social media platforms abide by these standards.

The NPA utilizes the following platforms and encourages everyone to like, follow and join the conversation:



Official Facebook Page: <https://www.facebook.com/TheNPANewYorkState/>



Facebook Group: <https://www.facebook.com/groups/NPANYS/>



Instagram: @NursePractitionerAssocNYS



Linked In: The Nurse Practitioner Association New York State (The NPA)



Twitter: @The_NPA



Official YouTube Channel: The Nurse Practitioner Association NYS



THEN NURSE PRACTITIONER ASSOCIATION NEW YORK STATE Communication Protocols for NPA Social Media Channels

Introduction/Rational: Communication protocols are necessary to establish and support the process of NPA communication on all Association sponsored social media communication channels. They serve as an organizational safeguard to help avoid potential liability resulting from the use of any social media channel operated under the auspices of The NPA. While The NPA can expect all its designated representatives to exercise good judgment, the following protocols provide a necessary framework to help guide Association communication strategy in support of The NPA and its strategic goals.

Social Media Communication Protocols

- Shall be consistent with The NPA's code of ethical conduct and directly support the goals established by The NPA's Board of Directors.
- Ensure that any form of racism, slurs, prejudice, bigotry, vulgarity, lewd, off color or offensive language are strictly forbidden with zero tolerance. Upon discovery, any such postings shall be immediately deleted and the individual notified to discontinue posting such material. Any continued postings of such material shall result in that individual being permanently removed from accessing The NPA's social media channel as applicable.
- Prohibit any personal attacks directly or indirectly, upon any individual and/or organization.
- Recognize that everyone has, and is entitled to, an opinion and those opinions shall be respected. As applicable, any attacks of any kind will be immediately deleted and the poster notified to discontinue posting such material. Continuation of such activity by a poster will result in their being permanently removed from accessing that NPA media channel where applicable.
- The promotion of any activity, program, and/or organization that directly or indirectly, competes with the programs and/or services offered by The NPA, shall be avoided and where applicable, deleted.
- All employment advertisers shall be directed to The NPA Career Center and encouraged to use it. Employment postings of any type shall not be permitted and the party posting any such content shall be so notified. As applicable, such postings shall be deleted upon discovery and the poster notified to discontinue posting such material. Continued postings of such material will result in that individual and/or entity being permanently removed from that NPA media channel as applicable.



Ladies and gentlemen, this is your Captain speaking... about nurses' liability during inflight medical emergencies



You can imagine the scenario simply by reading this article's title. You're comfortably seated on an airplane some 40,000 feet above the ground when the overhead intercom comes to life. The pilot, copilot, or chief flight attendant is asking, usually with an uncanny calm, if there's a doctor or nurse on board the aircraft. Do you dare raise your hand? Well ... read on.

What jurisdiction applies?

If you respond to the scenario above, what's your potential legal liability if you render aid to a stricken passenger or crew member during an inflight emergency? Your mind might be swimming with questions: *What state are we in? How far does a state's Good Samaritan law extend into the airspace? If I start rendering care over Oklahoma and end care over Texas, which state's law applies? Do I need a GPS?*

The mind truly reels at the possibility that as you render nursing care while hurtling forward at 500 knots some 8 miles into the sky, you might be wondering what law applies if something goes wrong or your passenger you're helping isn't satisfied with the outcome. A recent incident involving the actress Carrie Fisher illustrates the issue. She suffered an acute cardiac event on an aircraft bound for Los Angeles, Calif., and was in cardiac arrest on arrival at the airport. A paramedic on board the aircraft reportedly had assisted her. What was his liability over Nevada and then California for rendering aid?

Federal law to the rescue

In 1998, Congress passed the Aviation Medical Assistance Act (AMAA) to address the potential legal nightmares surrounding medical assistance rendered in good faith anywhere in the airspace above the United States.¹ The AMAA provides that no individual shall be held liable in a state or Federal court for providing, or attempting to provide, medical assistance on a flight during a medical emergency unless such actions or omissions are the result of gross negligence. Similar to Good Samaritan liability laws effective in many U.S. jurisdictions, the AMAA is intended to encourage trained providers to assist during inflight medical emergencies and to protect them if these emergencies don't resolve to the satisfaction of all concerned.

Many tools are available to assist the clinician on a commercial flight, including onboard emergency medical kits and ground medical support through the commercial air carrier's ground control system. These adjuncts should be used by any provider in the air who's summoned to aid a passenger in a sudden medical crisis. In court, use of these options would be evidence of the clinician's good faith and exercise of prudent and considered judgment.²

What about international flights?

The AMAA covers events on U.S. commercial air carriers flying over the United States—but what about foreign commercial air carriers bound for or flying over the United States, or U.S. commercial air carriers on international flights to or from the United States? These circumstances aren't squarely addressed by the AMAA and don't necessarily yield to a commonsense approach to this law.

First, on U.S. commercial carriers bound to the United States from international jurisdictions or bound to international jurisdictions from the United States, the contract of carriage that's put into effect with the purchase of your ticket likely indicates the contract is governed by U.S. law. As such, the AMAA would probably apply in these situations.

For international carriers flying to the United States or from U.S. airports, the waters are murkier. The nearest example for comparison is air accident cases, in which the potential jurisdictions and laws applied are as numerous as the laws and jurisdictions out there. But the likely consequence is that any action brought against an American citizen would have to be prosecuted in a U.S. court.

So, the takeaway is this: U.S. law encourages providers to render medical aid during inflight emergencies. Should you do so, as long as you do so in the United States or in U.S. airspace, in good faith, and within the usual scope of your practice, the AMAA protects you from liability for poor outcomes or ordinary negligence. Should you act outside the United States, you may feel ethically obligated to come to the aid of the passenger, but the law on liability isn't completely clear as to your potential legal risk. If you find yourself in that situation, check with the commercial air carrier—or better yet, an attorney in the local jurisdiction—upon landing as to the facts, circumstances, and law governing that particular incident.

Here's to an enjoyable summer. Fly safe! And, above all, keep it legal!

REFERENCES

1. Aviation Medical Assistance Act. 49 U.S.C.A. sec. 44701. 1998. <https://www.gpo.gov/fdsys/pkg/CRPT-105hrpt456/pdf/CRPT-105hrpt456.pdf>.
2. Carter J. Emergency at 30,000 feet—what you can do. American College of Emergency Physicians. 2007. www.acep.org/Clinical-Practice-Management/Emergency-at-30,000-Feet-What-You-Can-Do Adapted from Ladies and gentlemen, this is your Captain speaking about nurses' liability during inflight medical emergencies by Kristopher T. Starr, JD, MSN, APRN, CNP, FNP-C, CEN, CPEN, which originally appeared in the June issue of Nursing2017. © 2017 Wolters Kluwer Health.

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Plan to attend this premier educational event and take some time to relax and enjoy Saratoga Springs, NY, the conference dates are October 18 - 22, 2017.

Conference Highlights:

Wednesday and Thursday

- Pre-conference learning labs offering a variety of topics

Friday

- Keynote: Scharmaine Lawson-Baker, DNP, FNP-BC, FAANP, *The Modern Nurse Practitioner*
- 2017 Legislative Update presented by our Governmental Affairs Team
- Grand opening of the exhibit hall
- Luncheon presentation - *Peaceful Planning: Why NPs and Their Patients Need a Will and How to Strategize with Confidence*, presented by Robert Pitkofsky, Esq., NPA Legal Counsel
- Variety of clinical topics
- Regional meetings
- Networking reception

Saturday

- Annual membership meeting and awards presentation
- Plenary session - *Don't Be A Claim Statistic: NP Claim Trends, Scenarios and Risk Control Recommendations*, presented by Michael Loughran, President of Aon Affinity Insurance Services in the Healthcare Division
- Luncheon presentation - *Nurse Practitioners in Private Practice - Panel Discussion* - Mary Beth Koslap-Petraco, DNP, PNP-BC, CPNP, FAANP; Laura Markwick, DNP, FNP-C; Henry Moscicki, DNP, FNP-C; and Denis Tarrant, NP

Sunday

- A variety of clinical topics concluding at noon

We look forward to welcoming you in Saratoga Springs!

Continuing Education Contact Hours

This continuing education activity was approved by the Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. **Up to 31 contact hours and 21.16 pharmacology** contact hours will be offered at The NPS's 33rd Annual Conference.

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Keynote Speaker

Scharmaine Lawson-Baker, DNP, FNP-BC, FAANP



Dr. Scharmaine Lawson-Baker is a nationally recognized and award-winning nurse practitioner in New Orleans, Louisiana. Scharmaine decided to become a nurse practitioner (NP) after the death of her grandmother as she wanted more autonomy and the ability to care for the "whole" patient by assessing, diagnosing, and prescribing medications. The holistic approach to patient care is what drew her to becoming an NP instead of pursuing medical school.

In 2004, Scharmaine was approached to begin visiting patients in their homes who did not have a primary care provider. Dr. Lawson-Baker started with approximately 15 patients, but within three months she had 100 patients who were all homebound, elderly, and disabled. Remembering how hard it was to get a healthcare provider (NP or MD) to visit her grandmother when she was ill, gave Dr. Lawson-Baker the inspiration to officially launch her house call business in 2005, a few months before Hurricane Katrina. Advanced Clinical Consultants was the first NP-owned house call practice in the state of Louisiana. Dr. Lawson-Baker serves a large geriatric population in the comfort of their private homes, group homes, or assisted living facilities.

After Hurricane Katrina, Dr. Lawson-Baker was instrumental in caring for the sick and disabled in New Orleans, where hospitals had closed and doctors had evacuated but never returned. Her patient load went from 100 to 500 in only three months.

In 2008, Scharmaine finished her Doctor of Nursing Practice (DNP). She developed The Housecall Course, designed to assist other nurse practitioners on how to start and maintain a house call practice in their state. It's the only one of its kind in the nation.

She is a fellow of the American Association of Nurse Practitioners (AANP), and winner of the 2013 Healthcare Hero award (New Orleans *City Business* magazine) and 2008 Entrepreneur of the Year award (*ADVANCE for Nurse Practitioner* magazine). Dr. Lawson-Baker has received numerous honors and awards for her contributions to healthcare in New Orleans since she became a family nurse practitioner in 2000.

Out of all the achievements, media opportunities, and accolades, her most important accomplishment is becoming a foster mother. At the end of the day, Scharmaine loves what she does and is continually striving to be a better person, friend, wife, and mother.

The NPA Announcing 2017 Award Recipients

Congratulations to:



NP of the Year - Marie Carmel Garcon, DNP, FNP, OCN, CCS (Region 5, Lower Hudson Valley Group)

Dr. Marie Carmel Garcon is an experienced family nurse practitioner with more than 20 years of experience as a nurse, NP and DNP. She has done her clinical work in the acute and chronic care settings. Marie has had a vast amount of clinical experience on the front lines of the intensive care unit as well as in the oncology area among other areas of specialty. Dr. Garcon has focused her years of practice on the adult population and is now centering her clinical work as a member of the ColumbiaDoctors Nurse Practitioner Group providing comprehensive care to geriatric patients in their home environments. She has set and maintains the "gold standard" of her profession here at this enormous medical center in New York City. Marie actively volunteers her time and clinical skills in Haiti, accompanying a group of students from a local high school, Don Bosco Prep to foster a spirit of community service and compassion to those less fortunate in this world.



Student NP of the Year - Darcie Morgan, BSN, RN, CPN, PNP-S (Region 2, Greater Rochester Group)

Darcie is attending the University of Rochester and is enrolled in the pediatric nurse practitioner program. She is very active in community efforts to promote vaccination of all children. This started while she was working as a school nurse and noticed that primary care providers in our community were not always promoting universal vaccinations as strongly as they might. Darcie has been active in the movement to dispel myths that parents sometimes raise concern about vaccine risks. She has a strong background as an RN in mental health and has worked in a chemical abuse setting. Darcie is using these skills to help anxious and depressed teens by working with counselors and school officials to develop complex care plans for them. She has strong leadership skills and serves at the student representative on the Region 2 Board of Directors.

Marie and Darcie will be honored at the 2017 Annual Conference in Saratoga Springs on Saturday, October 21 during the annual membership meeting. In addition, Marie will receive 3 nights stay at the Saratoga Hilton and her conference registration fee waived and Darcie will receive 1 nights stay at the hotel and her conference registration fee waived.

NPA BOARD APPROVED CANDIDATES RUNNING FOR OFFICE

On June 9, 2017 The NPA Board of Directors was presented with a list of qualified nominees interested in running for office for The NPA BOD by the nominating committee. The list of nominees was approved and we are pleased to announce the candidates that are running for office. The newly elected directors will assume their positions on January 1, 2018.

Per NPA bylaws Article V, Section 4 - In the event of an uncontested election, a slate of directors shall be presented at the annual meeting of the membership of the corporation for a vote for election with no nominations to be accepted from the floor. The NPA annual meeting of the membership will be held on Saturday, October 21, 2017 beginning at 8:00 am, at the Saratoga Hilton, Saratoga Springs, NY.

Below are the board approved candidates and their position statements.

Candidate for President-Elect – Michelle Appelbaum, PhD, FNP-BC, PPCNP-C, PMHS



Position Statement: I am applying for the position of President-elect of the Board of The NPA as I seek to participate in an executive post of the most important organization for New York State NPs. I seek to add my energy to the Board as it advocates for NPs to work independently to the full extent of their profession while earning compensation on parity with other health professionals, and, more broadly, as it crafts health policy.

My qualifications support my application. First, I have been a Nurse Practitioner for over 25 years and member of The NPA since the late 1980s. I am a life-long resident of New York, living, studying and working in rural, suburban, and urban areas.

Second, I have executive experience on the local level as president of the Greater Newburgh Chapter since 2011. I am very proud of the fact that our meetings have excellent attendance. I have written about our membership in The NPA Journal on a quarterly basis.

I am most proud of the fact that I was voted NPA Nurse Practitioner of the Year for 2013.

Third, I have experience on the State level as I have been secretary of The NPA Board of Directors since 2015. I have been a resource for practicing and student NPs regarding NP concerns. I am on the NPA Opioid Task Force 2016-2017.

Last, I study, write about, and lecture to professionals and laypeople on clinical topics. In this regard, my interest in health policy has been enriched through travel to developing countries.

I would use my executive position to advocate for the Modernization Act and insurance reimbursement for NPs. I would support the practice expansion of NPs to pronounce patients, allow NPs to admit to in-patient psychiatric facilities and clear patients with concussions to return to normal activities.

I can also fulfill my goal of increasing public awareness and visibility of NPs in the media. Similarly, I am an advocate for NP license plates.

In the area of education, I would like to formulate a program to assist chapters in obtaining CEUs by designing a template for mandatory content and establishing a central clearinghouse for CEU-accredited speakers.

I certainly appreciate and will work to fulfill the opportunity that the position of President-elect affords to strengthen the profession, to expand the organization, and to promote the public embracing the profession of nurse practitioner.

Candidate for Treasurer – Audrianna Raciti, MS, FNP



Position Statement: My name is Audrianna Raciti, and I would proudly serve as Treasurer for The NPA. For the last few years, it seemed likely that our group was soon going to dissolve due to low participation turn-out of meetings over the last few years and less than optimal group support on all other aspects of our Mohawk Valley. There were disappointments voiced about what we do

as a region, benefits of being in the group, and making ourselves known in the community. With group leadership coming and going, it was personally hurtful to see that this may be the last of our great benefits for this area that we were so fortunate to have through the Nurse Practitioner Association. I decided that I wanted to work with the group to help turn things around for the better. Over the past several years have listened to a lot of these suggestions, their voices have helped us become what we are today!

Working through the Mohawk Valley Group of Region 3, I have been in charge of holding our local meetings. We have had an excellent turnout over the past year, previously serving meetings in prior leadership with this region with only 4-5 attendees, now proudly influencing the better part of member turn out in the 30s. We have invited many influential MDs and speakers with excellent topics at our last several dinner meetings. To spread awareness about nurse practitioners, we have set up a Newstalk about Capital Day, to occur on April 25 following the local conference. I actively enforce leadership and membership participation and recruitment both at work and on my days off, I am very passionate about being part of The NPA team, even on a minor level, although I do think I would have much more influence on a more state-wide level.

My encouraging and ambitious personality will help others jump on board, even if it's just a few nurse practitioners at a time, to become as enthusiastic about our group as I am. Major issues include

DNR orders for Nurse Practitioners, the Modernization Act, among many others. We are strength in numbers, so I actively encourage recruitment myself to other non-members, and encourage others to do the same. I would like to bring my ambition and enthusiasm on a more statewide level. I want to help our group be more publicized, which I think it still has a lot more work to do in regards to being recognized in the mass media, and I promise to do just that. I would also like to influence others in any way possible on benefits of joining our group, and as we all know, there are many.

I am organized and meticulous and willing to work hard to accomplish what needs to be done. I am currently obtaining my PhD in Nursing at Buffalo, and strongly regard education as pivotal in leadership. Please consider me for this position for The NPA, I promise not to disappoint!

Candidate for Regional Director Region 1 – Jill Muntz, MSN, FNP-C



Position Statement: Prior to volunteering for the role of Region 1 Director in 2015, I served as secretary for the Chautauqua-Cattaraugus Chapter of The NPA. As Regional Director, I have attended state Board of Director meetings, the Leadership Conference, the Annual Education Conference, and Capital Day. I am also a member of the AANP.

As secretary of the Chautauqua-Cattaraugus Chapter, I was involved in the development of the annual budget, recorded minutes for the Chapter Board of Director meetings as well as General membership/Educational meetings, and communicated changes related to Regionalization in the President's absence.

As Region 1 Director, I have successfully facilitated incorporation of the region, signing of the Affiliation Agreement, development of Regional by-laws, transfer of funds to a regional bank account, purchase of liability insurance for the Region, and have assisted in the planning of our first Region 1 Educational Conference planned for May 6. Region 1 maintains a group membership with the AANP and I am working on the application for approval of CEU credits.

As Regional Director, there are issues I would like to see addressed. Although we have made positive changes with the passage of the Modernization Act, there are several areas of the state in which there remain barriers to private practice. If we do not address these issues soon, our members will continue to suffer professionally and economically. Addressing these issues would show the members, especially in our region, that we hear their voice and are determined to see change.

I wish to serve on the Regional Board in order to see my hard work on Regionalization continue to succeed. I want to be involved in moving the profession forward. I want to use The NPA as a platform for expanding my role as clinical expert, scholarly writer, and advocate for NPs.

I feel I am qualified to serve. Having had a "trial run" has been helpful. I know what is expected of me and am willing to rise to the challenge. I believe I have the experience, clinical expertise, communication skills and leadership ability to play an active role on the board.

Candidate for Regional Director Region 5 – Marietta Api, RN, MSN, ACNP-BC



Position Statement: Region 5 is Alive and Growing!

I am honored by the trust The NPA and its members have placed in me, and it is a privilege to serve as the present Region 5 Director for 2017 during this transition year. I am also again serving on the Annual Conference Committee, planning our programs for Saratoga in October 2017. I believe I have the necessary skills to lead Region 5 through this transitional year and into the future as Director for 2018-2020.

Previously I served as vice-president of the Lower Hudson Valley group and after a leadership meeting, began to obtain the recommended fiscal and liability requirements for our chapter. I obtained an EIN number, and officers and directors liability protection insurance. I filed federal income tax returns for 2014 and 2015. On a rotating basis with other officers, I coordinated programs and meetings for our chapter. Volunteering at our annual conferences helped me learn the various roles of the committee members, and directed my interactions with speakers, exhibitors, and members. I have been profiled in JNPA journal, and recently submitted a Region 5 Director report for Spring 2017. As a conference committee member 2016 to the present, I have reviewed presenters' qualifications, professional ideas and invited speakers to submit unique bodies of work for our committee to review for 2017 Conference.

Certain issues are important to our profession and our members. Healthcare analysts project that millions of people who gained insurance under ACA will lose it under the GOP plan. Nurse practitioners are in a perfect position to gain knowledge of the present law, influence our legislators to remove barriers to our practice, and influence future policies. Increasing our membership by inviting colleagues to meetings, or to join you on Capital Day, joining in on membership conference calls, and writing articles for newspapers will increase our public presence. Another vital issue is our obligation to act as mentors to our students, new members and future leaders. There are guidelines for preceptors and mentors on The NPA website to encourage sharing the camaraderie that exists when NPs join together for common cause. Transparency is also an important issue to our profession. Again, there are guidelines on The NPA website for publications, elections, role of leaders and responsibilities of members.

I would like to continue to serve as a member of The NPA Board of Directors, and I know I can continue to be a positive, action-oriented influence to Region and State BODs, and our individual members. The NPA vision for the future will assure us of a viable, growing profession, and I wish to support and be a part of that future on a state level.

I am uniquely qualified for the position of Region 5 Director as I am presently serving in that capacity. I am also visible as a conference committee member, acting as mentor to multiple NPs as future leaders, and thoroughly enjoy serving The NPA. It has been a wonderful transition year toward Regionalization!

Optimize Protein for Weight Loss

Weight Matters

Since the 1977 release of Dietary Goals by US Senate, Americans have adjusted their diets to the recommendations of boosting carbohydrates and cutting fats. Protein was basically overlooked, which has raised important issues.

More than one-third of American adults are now obese, which increases their risk of diabetes, cardiovascular and other chronic diseases. For years, Americans have been advised to eat low-fat, or simply “eat less”. Growing evidence shows that diets with higher protein are successful in helping people lose weight.¹ More importantly, the focus is on losing fat mass and preserving lean muscle. Is it time we re-think protein as a practical strategy to manage a healthy weight, and to achieve optimal health?

Current Protein Guidelines

Health practitioners can use both the Recommended Dietary Allowance (RDA) and the Acceptable Macronutrient Distribution Range (AMDR), established by the Institute of Medicine (IOM), as guides to help the public optimize protein in their diet. The RDA for protein is 0.8g/kg of body weight/day. For women weighing 125 pounds, it is approximately 46g protein/day, and 56g protein/day for men weighing 154 pounds.²

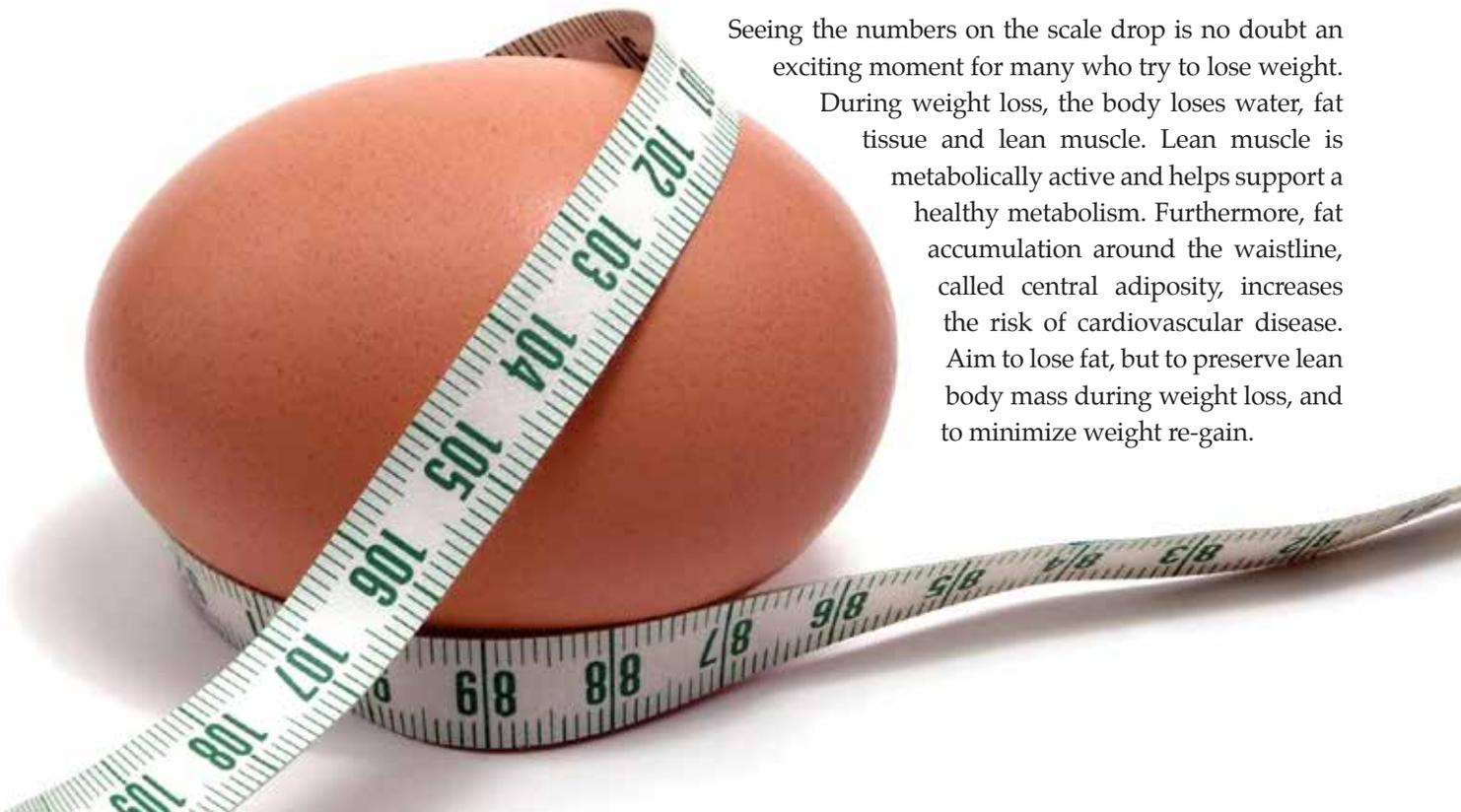
The RDA is defined as the intake sufficient to meet the nutrient requirements of nearly all (97%-98%) healthy people. Experts view RDA as the minimum level to prevent deficiency in healthy adults, not necessarily the optimal level. Instead, IOM later established AMDR as “associated with reduced risk for chronic diseases, while providing essential nutrients like vitamins and minerals”.³

The AMDR expresses that 10-35% of daily calories should come from protein, to accommodate individual needs and preferences. This is about 50g to 175g a day for someone consuming 2,000 calories each day. Emerging evidence shows that higher amounts of daily protein intake above the RDA, within the AMDR range, improve many health outcomes.⁴ “Higher protein” in most studies typically refers to 1.0g-1.6g/kg of body weight per day; “normal protein” typically is the RDA level of 0.8g/kg of body weight.

Lose Fat, not Lean Mass

Seeing the numbers on the scale drop is no doubt an exciting moment for many who try to lose weight.

During weight loss, the body loses water, fat tissue and lean muscle. Lean muscle is metabolically active and helps support a healthy metabolism. Furthermore, fat accumulation around the waistline, called central adiposity, increases the risk of cardiovascular disease. Aim to lose fat, but to preserve lean body mass during weight loss, and to minimize weight re-gain.



Shorter term, tightly-controlled feeding studies support the weight loss benefits in higher protein diets compared to similar lower protein diets.⁵ Higher protein diets (1.2 to 1.6g/kg/day) result in greater loss in weight and body fat; preservation of lean body mass; and reductions in triglycerides, blood pressure and waist circumference. In a randomized controlled trial of young adults on a calorie-restricted diet, the higher protein group (1.6g/kg/day) had a higher percentage of weight loss due to fat loss (70% vs 42%) than the normal protein group (0.8g/kg/day).⁶ In another randomized weight loss trial, a protein-rich diet boosted the benefit of exercise. The higher protein diet with exercise led to a weight loss of 11% of initial weight and 21% of body fat.⁷

Is Sarcopenia inevitable in Aging?

Sarcopenia is the gradual loss of muscle mass and strength with aging, which leads to frailty, risk of falls and difficulty with tasks of daily living. The cause is multi-factorial. Older adults do not synthesize muscle protein from dietary protein as effectively as younger adults, contributing to older adults' need for increased protein intake per meal. Research suggests consuming a moderate amount of high quality protein foods (1.0-1.5g/kg/day), evenly distributed among 3 meals at 20-30 g/meal, combined with physical activity, as being effective in preserving muscle mass and thus reducing the risk of sarcopenia among older adults.⁸

How Much and How Often?

Preliminary research suggests that spreading protein intake evenly throughout the meals, or eating 20-30g of protein at each meal – breakfast, lunch and dinner – may optimize protein's health benefits.⁹ Currently, Americans consume more than 60% of their daily protein at one large dinner meal, according to National Health and Nutrition Examination Survey (NHANES) data. Rethinking protein at breakfast and lunch is key to increasing satiety and to managing weight. Many

people benefit from consuming protein above the RDA amount, but still within the AMDR range of 10-35% of daily calories⁴ including individuals who struggle to lose weight, athletes, and middle-aged to older adults.

Breakfast presents a unique opportunity to increase protein for two reasons. First, breakfast is typically lower in protein than other meals. Second, breakfast-eaters are more successful in long-term weight loss. According to the National Weight Control Registry, which tracks 10,000 individuals who lost at least 30 pounds and kept the weight loss for more than one year, nearly 80% of participants in the registry reported eating breakfast every day.¹⁰

A randomized controlled trial of overweight teenagers shows that the teens who ate a high-protein (35g protein) breakfast reduced their daily food intake by 400 calories and lost body fat, while those who ate a normal-protein breakfast (13g protein) or continued to skip breakfast gained additional body fat.¹¹

Quantity and Quality Matter

Not all proteins are equal. High-quality, or "complete" proteins found in animal-based foods, such as lean beef, poultry, fish, eggs and low-fat milk/dairy foods, contain all the essential amino acids that must be obtained from the diet, in the ratio easily absorbed by the body.

Most plant-based proteins found in grains and vegetables are considered lower quality or "incomplete" proteins because one or more essential amino acids are missing.⁹ The *2015-2020 Dietary Guidelines for Americans* recommend a variety of nutrient-dense protein foods, both animal- and plant-based, as part of a healthy dietary pattern.¹²

Animal proteins provide more and higher quality protein than most plant foods, at a lower calorie level for the same amount of protein. Research shows people who eat high-quality protein foods also receive adequate amounts of a number of important

nutrients.¹³ This is an important consideration for individuals who aim to manage their calorie intake; animal protein in proper portion size may be easier to meet protein and important nutrient needs, such as iron, calcium and vitamin B-12.

Protein Misconceptions

There is concern that high protein intake may impair renal function. Individuals with diagnosed kidney diseases should consult their health providers and a renal dietitian for the appropriate amount of protein in the diet. There is no significant evidence that higher protein adversely affect healthy people.¹⁴ The IOM concludes that the protein content of a diet is not related to the kidney function decline with age.¹⁵

What does a meal with 20-30g of protein look like?

With proper planning, it is not difficult to increase protein in meals (more 30g protein recipes are available at www.bit.ly/30gproteinmeals).

Breakfast

- Beef and Egg Breakfast Mugs. Microwave in a coffee mug 1 scrambled egg and 2 oz. of cooked lean ground beef and diced tomato. Enjoy with half a glass of low-fat milk (25g protein)
- Low-fat Greek yogurt sprinkled with nuts (23g protein)

Lunch

- A salad of mixed greens, carrots, cooked brown rice, garbanzo beans and top with hard-boiled eggs or chicken (25g protein)

Dinner

- Szechuan Beef (3.5 oz) Stir-Fry with red pepper and brown rice (28g protein)

Snacks

- 1-oz. nuts (6g), low-fat string cheese (5-8g), 1-oz. beef jerky (15g), 2 tbsp. peanut butter (8g), hardboiled egg (6g)

Resources to Explore

The long-term (longer than one year) effects of higher protein diets on weight loss and prevention of weight regain are inconsistent. More research of longer duration is needed. The Nurse Practitioner Association New York State presented a webinar this spring called *Timing is Everything - Research Explores Protein's Role in Health and Disease* by Douglas Paddon-Jones PhD. A 60-minute recording of the webinar can be viewed on YouTube at <http://bit.ly/NPAproteinwebinar>

Putting it into Practice

- Identify patients who may benefit from moderately increased protein intake (1-1.6g/kg/day), above the RDA but within the AMDR (10-35% of daily calories) for protein, such as those on a weight loss diet, middle-aged and older adults aiming to preserve lean body mass.
- Spread protein intake evenly throughout the day (20-30g of protein/meal) to optimize the body's use of protein. Start with increasing protein at breakfast.
- Consume a variety of lean protein foods, but focus on high-quality protein from nutrient-dense foods such as lean meats, poultry, fish, eggs and low-fat dairy to help meet needs for protein, essential amino acids and other important nutrients.

Example

- An overweight woman weighing 150 pounds would consume 55g protein/day based on the RDA of 0.8g/kg/day (11% of her calories from protein, based on a 2000 calorie diet). Based on research suggesting the benefits of higher protein, reduced-calorie diets (1.2-1.6g/kg/day) for weight loss, she would need to aim for 82g to 109g protein/day, or 18-23% of her reduced 1500 daily calories from protein.

Beef WISE Weight Improvement, Satisfaction and Energy Study

New research published in July 2017 in *Obesity Science & Practice* shows that as part of a healthy and higher-protein diet, lean beef can help people lose weight while maintaining muscle and a healthy heart.¹⁶ The objective of this randomized trial was to determine the impact of lean beef as part of a higher protein weight loss diet on weight, body composition and cardiometabolic health. *The Beef WISE Study: Beef's Role in Weight Improvement, Satisfaction, and Energy*, partially funded with a research grant from the Beef Checkoff, compared weight loss, change in fat and lean muscle, and heart disease risk factors between two different higher protein diets. One diet included no red meat and the other diet included at least 4 servings of lean beef per week. Ninety-nine overweight or obese adults, who completed the 16-week State of Slim diet and exercise program, were randomly assigned to the two diets. The study found both diets caused beneficial changes in body weight and body composition, and reduced some important heart disease risk factors. Subjects in both groups lost equivalent percentages of weight loss. A key finding is that 90-95% of the weight loss came from fat, not muscle. Total and LDL cholesterol and blood pressure were similarly improved in both groups. The researchers concluded that higher protein diets, whether rich in red meats or not, are effective in decreasing body weight and improving body composition and cardiometabolic health.

By Cindy Chan Phillips, MS, MBA, RD,
Director of Nutrition Education of the
non-profit New York Beef Council. cphillips@nybeef.org. 8/6/17.

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CLINICAL EDUCATION VIDEO: DIAGNOSING ACUTE HIV INFECTION IN YOUR CLINICAL SETTING

Acute HIV, or the period immediately after HIV infection, is often misdiagnosed: with symptoms like fever, headache, rash, and muscle aches, patients and medical providers often mistake it for the flu. Identifying people with acute HIV is extremely important. Although people in the acute phase of HIV account for less than 1% of all persons living with HIV, up to 50% of all instances of HIV transmission are attributed to those with acute HIV because of the high viral load levels during initial infection.¹

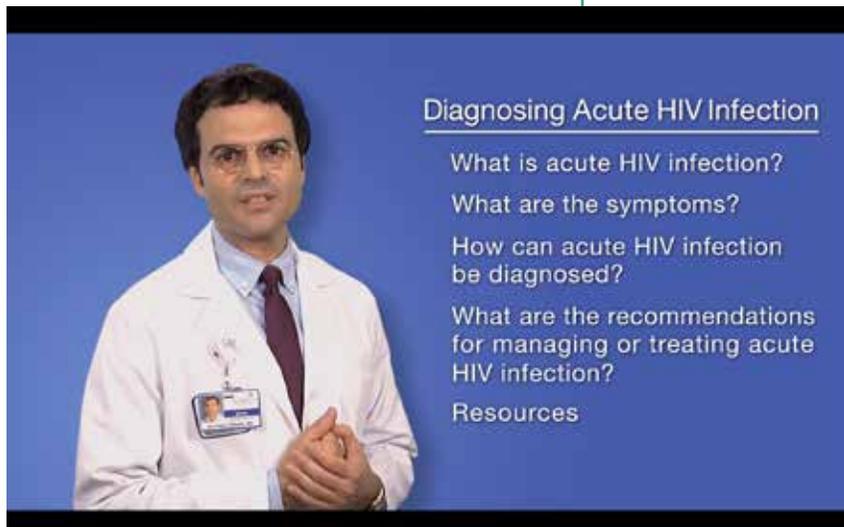
Diagnosing HIV in the acute stage and beginning treatment early comes with major benefits, such as preserving the patient's immune system and decreasing the likelihood of them transmitting HIV to others. Medical providers should include acute HIV in the differential diagnosis for anyone, especially those with recently reported sexual or needle sharing risk, who come in with flu or mono-like symptoms.

In addition to vigilance in diagnosing acute HIV infection, medical providers should also routinely offer HIV testing. In fact, in NYS you're required to offer HIV testing to anyone aged 13 years or older, regardless of risk behavior. And check to see if your lab is following the updated HIV testing algorithm – 4th generation HIV antigen/antibody combination tests that can detect HIV as early as 14 days after initial infection.²

To read more about Acute HIV, visit the HIV guidelines website at <http://www.hivguidelines.org/adult-hiv/testing-diagnosis/acute>.

New York State Department of Health Clinical Education Initiative (CEI) has recently produced an exciting new video that takes medical providers through acute HIV. Watch it today! You can find the short video, featuring Dr. Antonio Urbina, here – <http://bit.ly/AcuteHIV>

CEI provides free CME/CNE/CPE trainings for medical providers in New York State. To request a training or to view online courses on HIV, PEP, PrEP, or acute HIV, please visit www.ceitraining.org. To speak with a clinician experienced in HIV care and prevention, call the CEI Line toll-free at 1-866-637-2342.



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Opioid Misuse and Abuse Epidemic

The Nurse Practitioner Association New York State Position Statement



The Nurse Practitioner Association New York State Board of Directors created an Opioid Task Force to work on a position statement and would like to thank the following members of the Opioid Task for their hard work: Alice Looney, MS, NP, Chair; Michelle Appelbaum, PhD, NP; Nancy Balkon, PhD, NP, FAANP; Patricia Bruckenthal, PhD, NP, FAAN; Patsy Lane, MS, NP; Jeanne Martin, DNP, NP; and Diane Santangelo, MS, NP.

Position Statement:

The Nurse Practitioner Association New York State (The NPA) recommends a multifaceted approach for safe and effective pain management and prevention of opioid misuse, abuse and diversion. The aim of this position statement is to provide nurse practitioners with evidence-based strategies for safe prescribing of opioid analgesics for management of acute and chronic pain. The goal is to obtain optimal pain management and safer usage of opioids along with a recommendation for initial screening and ongoing assessment for abuse and misuse.

According to the CDC, the death rates in the United States have nearly tripled from 1994 to 2014 (Rudd, Seth, David, & Scholl, 2016). Furthermore the death rates in 2015 which opioids were involved accounted for 63.1% of the cases (Rudd et al., 2016). In New York State (NYS), there has been a significant increase in opioid drug overdose fatalities 2014 to 2015 representing a 135.7% change. According to the New York State Association of Counties report released in July 2016:

“Heroin and opiates are now the leading cause of accidental death in New York State, outnumbering homicides. Between 2005-2014, the state documented a 115% increase in heroin treatment admissions in upstate New York and a 116% increase on Long Island. In all, approximately 1.4 million New Yorkers suffer from a substance abuse disorder.” (New York State Association of Counties, 2016).

Heroin, fentanyl, synthetic designer opioids and legally or illegally obtained prescription opioids account for this increase in fatality statistics and are recognized as a significant public health concern (Rudd et al., 2016). Compounding this problem is the prevalence of individuals who have chronic pain. The Institute of Medicine of the National Academies (IOM) estimated that approximately 116 million adult Americans are directly affected by chronic pain and impose a huge economic burden to society costing \$560-635 million annually in lost productivity and direct medical treatment. (Institute of Medicine Committee on Advancing Pain Research & Education, 2011). The National Institutes of Health National Health Interview Survey of 2012 (year the latest data is available) estimates that approximately 25.3 million US citizens suffer from daily chronic pain (Nahin, 2015). Within this population are individuals who have severe, unremitting and debilitating pain syndromes that negatively influence functional capability and quality of life. These are complex health problems and require a multifaceted approach to reduce initial and ongoing use of opioids for acute and chronic pain.

Nurse practitioners are prescribers whose scope of practice aligns with the provisions of the Federal Comprehensive Addiction and Recovery Act (CARA). Nurse practitioners are well suited to provide holistic care to patients with acute and chronic pain and Opioid Use Disorder (OUD). This includes using both pharmacological and non-pharmacological modalities. Furthermore, evidence supports that non-pharmacological therapies can provide significant benefits to many patients with chronic pain. The Centers

for Disease Control and Prevention (CDC), the American Society for Pain Management Nurses (ASPMN) and the IOM all have recommended non-pharmacological or integrative therapies including physical therapy, exercise, yoga, tai chi, cognitive-behavioral therapy, acupuncture, biofeedback as well as other modalities (Dowell, Haegerich, & Chou, 2016; Institute of Medicine Committee on Advancing Pain Research & Education, 2011; Oliver et al., 2012). However, only some of the aforementioned therapies are wholly or minimally covered by medical insurance plans making them cost prohibitive. This economic barrier limits access to appropriate care for many individuals.

OUD is defined as a challenging pattern of opioid use manifesting in many behaviors that can lead to significant impairment or distress. (American Psychiatric Association, 2013). It is characterized by having two of the following behaviors: strong desire or urge to use opioids; reduced important social, occupational or recreational activities; inability to control or reduce usage; development of tolerance; spending a great deal of time obtaining and using opioids; continued usage despite recurrent problematic social or interpersonal interactions; and withdrawal symptoms that occur after stopping or reducing usage. (American Psychiatric Association, 2013). As such, there is a high rate of recidivism among this population (Schuckit, 2016). Treatment of these patients needs to include the following three elements: treatment engagement, stabilization and harm reduction, and sustained abstinence (Sohail, 2016). Treatment engagement includes forming a therapeutic alliance with patients in order to gain their trust and retain them in therapy or counseling. Providing psychosocial support is a critical element to clients and may include addressing social determinants of health such as assistance with employment, housing, education and legal affairs (World_Health_Association, 2009).

Stabilization and harm reduction along with sustained abstinence are the goals of treatment strategies so that patients can achieve individual wellbeing and decrease the chance of relapse (Sohail, 2016). The most current CDC guidelines for prescribing opioids for patients with chronic pain have found insufficient accuracy for classification (screening) of patients as low or high risk for potential abuse (Dowell et al., 2016). However, those are recommendations for primary care providers to follow in prescribing for and managing their patient with chronic pain. For those diagnosed with OUD, screening for potential abuse is considered an important part of prevention (Atluri, Akbik, & Sudarshan, 2012). The most common tools used for this purpose are the Screener and Opioid Assessment of Patients with Pain (SOAPP), the Opioid Risk Tool, and the Brief Risk Interview (Dowell et al., 2016) although there is no “gold standard” that can be universally applied to all patients (Atluri et al., 2012). Additionally, the CDC’s review of the evidence in compiling their guidelines found that the aforementioned tools did not demonstrate sufficient accuracy for classifications of patients as lower or high risk for abuse or misuse (Dowell et al., 2016). Providers should ask patients about their drug and alcohol usage using standard tools such as Drug Abuse Screening Tool (DAST), CAGE Substance Abuse Screening Tool, and Clinical Opiate Withdrawal Scale (COWS) (NYS Office of Alcoholism and Substance Abuse Services, 2016).

The mainstay of treatment of OUD is Medication Assisted Treatment (MAT), which combines cognitive-behavioral therapy along with medication. Cognitive behavioral therapy is a short-term, goal oriented psychotherapy treatment that aims to change patterns of negative thinking or behavior (Dobson, D. & Dobson, K., 2017). In randomized controlled trials comparing psychosocial treatment of OUD with medication versus placebo or no medication, the abstinence outcome rates at least doubled (Connery, 2015). The most common and effective medications prescribed for OUD are the opioid agonists, which include buprenorphine, methadone and naloxone (Schuckit, 2016).

The NPA supports ongoing evidence-based practice in opioid prescribing for patient with acute and chronic pain using risk mitigation strategies. We are in agreement with the broad approach outlined in the recommendations from the New York State Heroin and Opioids Task Force report but acknowledge that there may be unintended consequences for those patients with persistent pain who require chronic opioid therapy (New York Heroin and Opioids Task Force, 2016). We also support evidence-based practice for screening and treating patients with OUD. Furthermore, it is our position that mandatory education in these areas should be extended into the primary care setting as well as schools of nursing. The NPA is in support of public education to de-stigmatize both the chronic pain and opioid use disorder populations.

The NPA makes the following recommendations:

I. Education

1. Mandatory continuing education related to management of acute and chronic pain, safe prescription of opioids, treatment and recognition of Opioid Use Disorders.
2. Pursuant to Public Health Law Article 33, Title 1, Section 3309-A, Number 3: “Course work or training in pain management, palliative care and addiction. (a) every person licensed under title eight of the education law to treat humans, registered under the federal controlled substances act and in possession of a registration number from the drug enforcement administration, United State Department of Justice or its successor agency and every medical resident who is prescribing under a facility registration number from the Drug Enforcement Administration, United States Department of Justice or its successor agency, shall, on or before July first, two thousand seventeen and once within each three year period thereafter, complete three hours of course work or training in pain management, palliative care, and addiction approved by the department (Prescription Pain Medication Awareness Program, 2016).

3. Pain management course work and training should include education on frequently occurring comorbid conditions such as depression, anxiety and OUD.
4. Nurse practitioners should familiarize themselves with state regulations and guidelines, which may require referral at certain milestones such as milligram limits. For example, the CDC guidelines recommend extra precautions when prescribing 50mg or more morphine equivalents a day and avoiding 90mg or a patient not receiving sufficient acute pain relief after a seven-day supply of opioid analgesic has
5. been prescribed. Referral of patients hitting these thresholds may be advisable for expert guidance as these thresholds indicate greater risk.
6. Pain management training should begin in pre-licensure nurse training and continue throughout advance practice training. At a minimum, interpretation and application of the CDC guidelines for prescribing opioid analgesics for chronic pain should be included in nursing curricula. Attention to pain as both a symptom and a disease should be threaded throughout the curricula.

II. Employ safe practice for patients requiring pain management

1. When treating patients with acute pain, a multimodal treatment plan should be utilized to optimize pain relief.
2. Such modalities include nerve blocks, non-opioid analgesics, opioids, physical therapy and psychosocial interventions such as deep breathing, meditation, guided imagery and other pain coping skills for self-management.
3. Non-pharmacological and non-opioid therapy is preferred for treatment of chronic pain.
4. Opioids should only be used when the benefit outweighs the risk for improved pain and physical function.
5. Before starting opioids, treatment goals should be established with the patient and discontinued if the benefit does not outweigh the risk or continued use does not achieve expected goals.
6. The lowest effective dose should be used and risks verses benefits should be carefully weighed when increasing the dosage.
7. Patients should be re-evaluated every three months or sooner to determine the continued need for opioid medication.

8. The NYS Prescription Monitoring Program should be used not only to track appropriate prescriptions but also to monitor data for high-risk drug combinations.
9. Patient should be screened for OUD and those diagnosed should be offered evidence-based treatment programs.

III. Patient education prior to start of therapy

1. Set goals of treatment for pain management.
2. Provide an opioid treatment agreement that delineates patient and provider treatment expectations. Educate patients regarding proper storage of opioid medications including locked box and disposal of unused medications (Take Back Programs).
3. Narcan (naloxalone) should be readily accessible to patients receiving opioids for pain control as well as their families.

IV. Employ safe practices for those with OUD

1. Nurse practitioners develop competencies in bio-psychosocial approaches to care that include cognitive-behavioral strategies and motivational interviewing techniques.
2. Nurse practitioners appropriately apply the Diagnostic and Statistical Manual V classification criteria for diagnosing Opioid Use Disorder and avoid assigning this diagnosis to those on chronic opioid therapy without OUD.
3. Nurse practitioners employ appropriate screening tools such as, but not limited to DAST, CAGE and COWS tools when treating patients with OUD.
4. Nurse practitioners develop competencies in Medication Assisted Treatment protocols.

V. Advocate for insurance coverage for non-pharmacological treatments

1. Recommend increased access and insurance coverage for inpatient, outpatient and non-pharmacological modalities for treatment of acute and chronic pain as well as treatment of OUD.
2. Recommend that nurse practitioners work with their professional organization's legislative committees to advocate for payors to:
 - Provide coverage for interdisciplinary integrative pain management programs
 - Provide coverage for cognitive-behavioral therapy specifically for pain management
 - Develop bundle payment models to include medical and non-pharmacological therapies for pain management

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■ News from our Regions



Region 1

Southern Tier
Allegany
Cattaraugus
Chautauqua

Western NY

Erie
Genesee
Niagara
Orleans
Wyoming



Region 2

Finger Lakes
Seneca

Greater Rochester

Livingston
Monroe
Ontario
Wayne
Yates

Susquehanna

Broome
Chemung
Schuyler
Steuben
Tioga

Tompkins Cortland

Cortland
Tompkins



Region 3

Lake Ontario
Oswego

Mohawk Valley

Herkimer
Oneida

Syracuse

Cayuga
Madison
Onondaga

Thousand Island

Jefferson
Lewis
St. Lawrence



Region 4

Adirondack

Clinton
Essex
Franklin

Capital

Albany
Columbia
Greene
Rensselaer
Schenectady

Leatherstocking

Catskill
Chenango
Delaware
Otsego
Schoharie

Saratoga Warren

Fulton
Hamilton
Montgomery
Saratoga
Warren
Washington



Region 5

Dutchess Ulster

Dutchess
Ulster

Greater Newburgh

Orange
Sullivan

Lower Hudson

Valley
Putnam
Rockland
Westchester



Region 6

Brooklyn

Queens
Brooklyn
Queens

Manhattan

Bronx
Bronx
Manhattan

Staten Island

Richmond



Region 7

Long Island

Nassau
Suffolk



Region 1

Jill Muntz, FNP-C
Region 1 Director

Now that regionalization is complete, the Region 1 Board of Directors is putting their energy into membership and community service. It is important that you let your leadership know what you need to enhance your NPA membership. The Board of Directors is anxious to serve the Region 1 members in the best ways possible. Getting involved at the group or regional level can be rewarding and educational. It can also give you a chance to give back to your peers and be involved in the further expansion of the NP role in NYS.

The Leadership Conference was held June 10, 2017 in Saratoga Springs. Jill Muntz, Bea Dobson, Elinor Markowski, and Lisa Erickson attended. If anyone is interested in attending the Leadership Conference next year, please contact any Region 1 Board Member or myself. It is a great opportunity to network and learn ways to promote membership and leadership within the Region.

The Region 1 Board of Directors met on July 8 in Hamburg, NY. The 2017 and 2018 budget was reviewed and approved. Thank you to Ellen Battista and Mary McKenna for working on this project! Linda Steeg, NP has

stepped down from her role as WNY group chairperson and Elinor Markowski, NP has agreed to serve in that capacity. Region 1 has approved the standardization of The NPA award nomination process for NP and Student NP of the Year Award. All nominations for the Region 1 award will be automatically submitted to The NPA as nominees for the NP and Student NP of the Year.

The Region 1 conference was rescheduled and will be held on Saturday, November 11, 2017 at the Protocol Restaurant, 6766 Transit Road, Williamsville, NY 14221. It is entitled "Promoting Health Across the Lifespan: The Role of the Nurse Practitioner" and it will include such topics as Managing Anxiety and Depression in Children and Adolescents, HPV and PSA Screening in Adult Men, Managing Cognition in Primary Care, Managing Opioid Therapy and Medical Marijuana, and Advanced Care Planning. Registration begins at 7:30am and closing remarks will be at 3:30pm. An application has been submitted to the AANP for 6 contact hours.

The Southern Tier group held a Recognition Dinner for Mary McKenna on September 21, 2017. It was held at Frescoe's on the corner of Second and Main Streets in Jamestown, NY. Thank you for joining us and recognizing one of our "founding fathers" and active Region 1 treasurer.

The Automated External Defibrillators (AED) bill was signed into law by Governor Cuomo on July 25. This will allow NPs, with the appropriate expertise, to enter into a collaborative agreement with a person or entity seeking to possess and/or operate an AED. This will greatly enhance the availability of AEDs for public access. Both the DNR Bill and the NP Civil Service Bill passed the assembly and Senate and is now waiting for the Governor's signature.

The next Region 1 Board of Directors was held on Saturday, September 16 at the Waterstone Grill in Hamburg. There will be a Region 1 General Membership meeting at the Annual Conference in Saratoga Springs, on Friday, October 20, 2017 from 5:15-6:15pm. It is an opportunity for members and non-members to learn more about The NPA and share information or concerns specific to Western NY and the Southern Tier groups. Hope to see you there!



Region 2
David Goede, DNP, ACNP-BC
Region 2 Director

Greetings from Region 2 – What a summer! As children return to school, and life returns to a “normal” routine, so will Region 2 NPA. We traditionally back off on any events and dinners during the summer months to avoid conflicting with family time.

Our committees need some additional help from our members. Our motto is “many hand make light work” thus being on a committee for Region 2 is not very time consuming. Our committees include: Group Coordinators for Education (always nice to have several individuals to help plan events), Membership, Legislative, and Nomination.

Each of these committees have members that are great mentors and are eager to share their experience. If you are interested or would like more information, please email David Goede through The NPA website.

Region 2 Board of Director Positions for 2018

Region 2 will have the following positions open for 2018.

President Elect: The President Elect shall serve for a one-year term, and shall become President at the end of this term.

Secretary: The Secretary shall serve a term of two (2) years and shall be elected in even-numbered years.

If interested in any of the above positions please contact either David Goede or Laura Markwick through The NPA website.

Legislative Update:

It is amazing to see the momentum that we have as an organization to influence legislative bills in both the Senate and the Assembly in Albany. It is imperative to stay up to date on any bills that can affect our practice as nurse practitioners. You can keep up to date by visiting the TheNPA.org site. Click on the Governmental tab and then on Legislative Agenda. Here you will see our organizations agenda for the year, who is sponsoring the bill, NPA memo of support, and the status of the bill. Here is the report on the following bills:

DNR Bill (S.1869 Hannon / A. 7277 Gottfried): Authorizes nurse practitioners to execute orders not to resuscitate and orders relating to life sustaining treatments. This bill was passed by the Assembly on June 13, 2017. It had previously been passed by the Senate and now awaits signature by the Governor.

Automated External Defibrillators (AED) Bill (S.5718 Hannon / A. 7532 (Gottfried): An act to amend the public health law, in relation to automated external defibrillators and nurse practitioners/physician assistants. **This bill was signed into law on July 25, 2017!**

Education Committee Report

Rochester Group

Group Coordinators are Heather Lee, Kathy Davis, Traci Salter, and Grace Wlasowicz

Finger Lakes Group

Group Coordinator is Terry Haskins

Susquehanna Group

Group Coordinator are Michael Ketzak, Wendi Zuwiyya, and Melissa Skiadas

Tompkins/Cortland Group

Group Coordinator are Barb Armstrong and Mashelle Jansen

Each group in Region 2 is active in providing members with educational opportunities. For details about or to register for any of the above meetings or conferences, you must go to www.TheNPA.org website. You can click on the calendar or log in and go to “Regions and Groups”. Click on Region 2 for our calendar of events. This is the only site we use to advertise and register for our educational events.

Region 2 Fall Conference

It is with sad note that we will not be hosting our fall conference this November. October and November are becoming busy months for continuing education! There are many great events being offered in the Greater Rochester area. To provide the best experience for everyone, the Region 2 Board and programming committee have decided to postpone the annual education day until the spring, date and location TBD. We will continue to promote our monthly educational dinners, which start in September! Keep an eye on your email for more information!

Region 2 Board of Directors:

Regional Director- David Goede (Greater Rochester Group)

President- Laura Markwick (Greater Rochester Group)

President Elect- Desiree Branson (Greater Rochester Group)

Treasurer- Melissa Skiadas (Susquehanna Group)

Secretary- Amy Rama (Greater Rochester Group)



Region 3 Christine Atkins FNP Region 3 Director

Hope everyone had a great summer and time to reinvigorate one's self over the summer.

It is time to make nominations for the Region 3 president elect. Please consider the opportunity. We are all here for you to become involved. See The NPA website for details.

Congratulations to the members of the Mohawk Valley Group for increasing their membership. Great job! This spring two presentations were made and hosted at Beardsley Castle and the Ocean Blue; very nice presentations on Diabetes and Hepatitis C.

Lake Ontario Group I held a meeting at Canales on September 28th. We have many new and exciting things to discuss about your Group and would like to get more people to find the pleasure in belonging to the Group. See The NPA web site for details.

It has been a great summer for the folks in the Thousand Island Group. No meetings were held in the summer but looking forward to getting restarted in the fall.

Syracuse Group has not had meeting this summer but is looking forward to beginning in September. Hope to see some new faces. Come tell us what you like and don't like and ways you would like to see happen.

Region 3 is looking for volunteers to join our conference

committee for the Region 3 one day conference to be held Saturday, May 19, 2018. SAVE THE DATE! We are changing the date so more people will be able to attend and not have to take extra time off work. Some speakers are lining up. If you have any input or would like to find out more about volunteering, please contact Kit Veley President-elect of Region 3 or Chris Atkins Regional Director.

Looking forward to fall. Hope to see and meet people at The NPA Annual Conference in October in Saratoga Springs, NY.

Enjoy the fall!



Region 4 Jan Yager, DNP, RN, ANP, FNP, PMHNP, NP-C Region 4 Director



Congratulations to Darlene Hoffman FNP our Region 4 Nurse Practitioner of the Year! Darlene has always been a strong advocate for nursing as a profession. She is active member of The NPA and the Delta Pi Chapter of Sigma Theta Tau International Honor Society of Nursing and currently

holds the position as president. Darlene volunteers at the Cancer Screening services for women without health insurance. Darlene truly has been a strong advocate for nursing throughout the years; she has been a preceptor for numerous NP students at various schools. Her goal is to improve patient care and stay up to date with her knowledge base.

If you would like to have meeting in your area please notify your group representative or me at janyagerdnp@aol.com. For example you can hold a meeting in Columbia or Greene County. These meetings are easily arranged. We need to know there is an interest in the community before a meeting can be arranged.

Meeting Group Representatives:

Adirondack Group: Brian Lecuyer - brian1357638@aol.com or David Curry - currydg@verizon.net

Saratoga Warren Group: Alicia Earley – aearley@hhhn.org or Sue Badera – sue@badera.us

Capital Group: Jan Yager – janyagerdnp@aol.com or Janice Ceccucci – janicelynn1581@yahoo.com or Jean Porter at porter1@nycap.rr.com

Leatherstocking Catskill Group: Greg Rys at rysgregory@gmail.com or Rick Syke at richard.syke@bassett.org

I look forward to meeting you all at The NPA Annual Conference in Saratoga in October.



Region 5
Marietta Api, ACNP-BC
Region 5 Director

Region 5 has been active over our lovely summer! Between vacations, work, swimming lessons and scuba diving, we have completed a well-attended Teaching Day at Bear Mountain in June.

Our Teaching Day was a first for our Region, hosted by Mt. Sinai. Covered areas included Naloxone presented by Kelly Ramsey, MD, Post Exposure Prophylaxis presented by Michael Sheran MD, and Taking a Sexual History and Behavioral Risk Assessment by Maureen Scahill, MS, NP. The offering was approved for 3.0 nursing contact hours. A membership meeting, a non-CE lunch presentation hosted by Otsuka Pharmaceutical, was well received and appreciated!

Greater Newburgh Group Meeting, Treatment Options for IBS-D, IBS-C, and CIC: A Clinical Review was well attended in July. We are grateful for the hard work and dedication of our leadership in Greater Newburgh. Sin Ty and Ira Mauro have decided to step down and mentor the next generation of program directors. Thank you for your efforts on behalf of The NPA and our membership!

We continue to work on our bylaws, budget and programs for the fall.

Hope to see you all at The NPA's 33rd Annual Conference October 18-22, 2017 in Saratoga Springs, NY.



Region 6
Rebecca Rigolosi, DNP, ANP-BC, FAANP
Region 6 Director

Region 6 continues to thrive and boasts over 650 members! We remain the 2nd largest region in the state and thank all of our new, student, active and retired members for their continued membership and support. The NPA Leadership Retreat in June was well attended by our Regional Board and gave us an opportunity to learn and continue implementation of some finer points of the Regionalization process, discuss these issues with our colleagues within the Region, and share best practices with other regions around the state. We continue to move through the Regionalization process with guidance from The NPA. We hope

to continue to increase the amount of programs offered within the Region and continue to grow our membership.

After continuing planning throughout the summer Region 6 is offering several fall meetings throughout the 5 boroughs. We hope to see you in Saratoga Springs October 18-22 for the annual conference, which includes a Regional meeting on Friday, October 20. And hope to also see you at our Regional Teaching Day scheduled for February 3, 2018. Go ahead and put it on your calendars now!



Region 7
Jean Marie Osborn, DNP, RN, ANP-C
Regional 7 Director

The Long Island Board of Directors has been hard at work over the summer months to plan an exciting and festive fall agenda for its members.

Our September dinner meeting, held at Carlyle on the Green, educated our members on "Medical Cannabis: A Primer for Nurse Practitioners." This timely topic of discussion was well received and well attended.

On October 5th at the Three Village Inn, Stony Brook, we honored our Nurse Practitioner of the Year award recipient; Justin Waryold. Justin is an exceptional nurse practitioner that is well deserving of this honor. Justin has lectured extensively on the topic of "Care of the LGBTQI Client" and serves as NPALI's newsletter editor; The Advocate. The Advocate is published quarterly and includes the latest updates about the various committees and their activities that serve our Long Island membership. Congratulations Justin!!!

Please look for email announcements that detail our fall programs.

Effective April 2017, CE credit for NPALI Annual Events will be available on The NPAs website under your "Manage Profile". The event evaluation will be emailed to you and once completed and processed, the CE certificate will be available on The NPA website.

Our community service committee continues to support those in need through our monthly collections. As we get ready to celebrate Thanksgiving this year, our community service committee will be collecting canned and nonperishable foods for a local food bank; the Harry Chapin Foundation. During our December dinner meeting, we will be collecting new and unwrapped toys for the Toys for Tots Foundation. The generosity displayed by our members in past years has been immense and greatly appreciated. Thank you for your continued support.

Our latest membership numbers; as of Aug 1, 2017, reports that Long Island has 977 active members. Thank you to everyone who has been encouraging their colleagues to join or renew. We are very proud of our membership number, but always strive to increase the number of members. Please continue to encourage others to become part of this terrific organization.

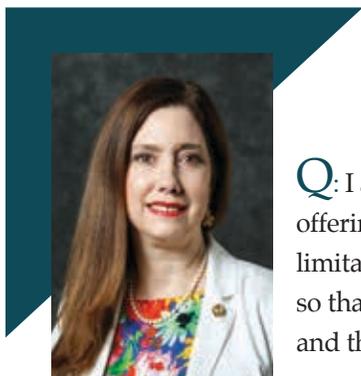
Please consider nominating yourself or a consenting colleague to join our current board of directors. The seats currently available are President-Elect; 3 year total commitment, and Treasurer; 2 year term. Terms will begin January 1, 2018; mentoring is available. This truly is an amazing opportunity to get involved and give back to our profession.

I want to thank everyone for their continued support, participation, and volunteerism.

The year-end brings me no greater pleasure than the opportunity to express to you season's greetings and good wishes. May you enjoy a bountiful Thanksgiving Day.... A joyous holiday season!

The Policy & Practice Corner

Joy Elwell, DNP, FNP-BC, FAANP



Q: I am going to be offering IV nutrient drips to my patient offerings and wanted to see if there were any restrictions/limitations/guidelines I should know prior to setting it up, so that I remain in good standing with both the state boards and the FDA.

A: The restriction you are going to encounter is that NPs are supposed to follow evidence-based practice clinical guidelines. If the nutrients you offer are "off-label", i.e. not FDA-approved for use for a condition, you could run into problems should a patient develop an adverse reaction.

Practice issues assistance is a NPA membership dues supported member benefit of The NPA. Answers to inquiries are not intended to serve as or in place of legal advice. For legal advice NP's are directed to consult with an attorney of their choosing.

Why telemedicine could be the next frontier

This article was published in *The Business of Medicine*, Volume 5 Issue 6 June 2017.

Technology is ubiquitous in modern society, and just when we thought that computers could not replace the “human touch” of a healthcare provider, technology is making specialized care accessible to patients anywhere there is an internet connection. CMS has now approved “virtual visits” via bilateral video and audio communications between a provider and patients.

This will improve access to care for patients in geographically underserved areas or in areas where some specialists are not available. According to the American Hospital Association’s Trend Watch (January, 2015), an estimated 3.2 million patient visits are expected to be delivered via telemedicine by 2018. Below is a table containing the current telemedicine HCPCS Level II and CPT codes that have been set by the American Medical Association:



Modifiers for telemedicine services

Per CMS, in 2017 a practitioner may submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with a modifier 95, to indicate that “synchronous telemedicine service rendered via real-time interactive audio and video telemedicine.”

For example, 99201-99205 may be billed for an initial Level 1 visit via telemedicine. The location where health services and health-related services are provided or received through telemedicine would be billed through Medicare as Place of Service code (POS) 2. Check with your commercial payers on their provider website to confirm that they are actively covering telemedicine services using these modifiers.

Here are five steps from AdvancedMD to successfully implement a telemedicine program in your practice:

- 1. Determine your objective.** Decide your goal. Do you seek to expand patient access to your practice into evenings and weekends? Or perhaps you would like to more closely monitor your chronic or elderly patients? Whatever your objectives, telemedicine can improve patient outcomes, provide additional revenues, and even attract new providers to your practice with this new care delivery medium.
- 2. Appoint a telemedicine “Champion”** within the practice to promote its benefits to your staff, to select and implement the technology, to plan the telemedicine workflow, and to train and coach patients and staff during implementation.
- 3. Market the benefits of telemedicine to patients.** Use email and text message appointment reminders to create awareness of the telemedicine

option to fill empty slots in your schedule and reduce no-shows. The Champion can guide patients on how to access and to use the telemedicine feature.

- 4. Practice a telemedicine visit.** It takes practice to learn how to present well on camera. Be mindful of the background, ambient noise and your body language to make sure you come across professionally and credibly before you go live with real patients.
- 5. Meet state licensing requirements.** If the patient is located in another state, the originating state in which the patient is located is considered the “place of service”. Therefore, the physician must comply with that state’s licensing rules and regulations. Each state’s medical board has its own rules governing delivery of telemedicine services across state lines (and they are actively changing). Some are easing restrictions on providers in contiguous states, so be certain to check state regulatory requirements frequently.

— Valora S. Gurganious, MBA (vgurganious@drsmgmt.com). The author is a Partner and Senior Management Consultant at DoctorsManagement.

Sample of AMA-Approved Telemedicine Codes - 2017

Service	HCPCS Level II	CPT
Office or other outpatient visit		99201-99215
Annual wellness visit (#1 & #2)	G0438-G0439	
Telehealth consultation (ED or initial inpatient)	G0425-G0427	
Follow up hospital services		99231-99233
Follow up nursing care facility		99307-99310
Transitional care management		99495-99496
Kidney disease education		
Diabetes self-management training services	G0108-G0109	
Individual psychotherapy		90832-90834 & 90836-90838
Family psychotherapy -with or without the patient present		90846-90847
Annual depression screening	G0444	
Annual alcohol misuse screening	G0442	

MEMBER



SPOTLIGHT

Mel Callan, MS, FNP-BC **Region 2** **Group: Greater Rochester**

Mel Callan, MS, FNP-BC, practices at Highland Family Medicine (HFM), the family medicine residency program for the University of Rochester Medical Center. HFM is a diverse practice with 23,000 patients from across the region. There are professors and immigrants, single adults and families, children and elders, healthy and medically complex patients that enjoy the multidiscipline services provided at HFM. It is an inter-professional educational setting and Mel worked with a team that was awarded an HRSA grant for an NP residency, now in its third year.

Mel and nurse practitioner colleagues worked with the regional Blue Cross/Blue Shield organization, Excellus, to allow NPs to be independently credentialed through the health plan, both private practice and employed NPs. This impacts pediatric, adult medicine, family medicine and women's health NPs. Psych NPs have a separate policy. NPs have to actively request to be credentialed and then loaded into the system just as physicians. It is not automatic as some NPs may choose not to be credentialed and of course employed NPs need to work within their health systems for their own processes.

Mel has been active politically for several years, running for office and serving as Chief of Staff for a NYS Senator.

She has served on several community boards and is a strong advocate for nurses to be on boards. Once on the board, she encourages nurses to get on the bylaws committee to propose change in membership rules.

Why did you join The NPA?

I joined The NPA because I believe that any advocacy for policy change needs the strength of your professional organization. This has been proven by the legislative and regulatory successes afforded The NPA.

I have been precepting students for 30+ years and I always encourage them to join The NPA as it is the membership dues that allows the professional organization to do its work for NPs.

What are some of your interest or hobbies?

I love being with my husband and our 4 adult children and 3 grandchildren. We enjoy traveling, learning, staying physically active and being with wonderful friends. But I go back to my years as a political junkie and continue the advocacy for justice and equity.

MEMBER



SPOTLIGHT

Audrieanna Raciti, MS, FNP **Region 3** **Group: Mohawk Valley**

Audrieanna Raciti, MS, FNP, obtained her Associates Degree at Mohawk Valley Community College, her Master's Degree from The State University Polytechnic Institute, and is currently obtaining her PhD from University at Buffalo. Audrieanna is employed as a nurse practitioner at Digestive Disease Medicine in Utica, New York since 2015.

Why did you join The NPA?

I was first asked to join the Nurse Practitioner Association in 2014 when I was a student at SUNYIT. I saw this as a great opportunity to meet with nurse practitioners in the field and get some education in as well by attending local dinner meetings and yearly conferences.

What are some of your hobbies/interests?

When I'm not working, some other interests that I have include dance (I particularly enjoy jazz and ballet), running, playing piano, reading, and volunteering locally in the region (my boyfriend and I just spent our vacation as nurses for Camp Kesem - a summer program for children whose parents have cancer). I really enjoy the outdoors and spend as much time in the sun during the summer as I possibly can up here in Central New York, because I know how short lived our season can be. However, my favorite season is Autumn and I especially enjoy when we bring the kids up to local pumpkin patches and corn mazes, and even fit in some time for Haunted Houses (my favorite!). I'm currently in school for my PhD studies and hope to be finished by next May.

MEMBER



**Elinor Markowski,
MS, ANP-BC
Region 1
Group: Western NY**

SPOTLIGHT

Elinor Markowski, MS, ANP-BC, is a nurse practitioner who specializes in Neuro Critical Care at Mercy Hospital of Buffalo. She has been in the nursing profession for 30 years and has an extensive professional career and knowledge base. Elinor served in the United States Air Force Reserve as a Captain and Flight Nurse. She is a Gulf-War veteran and was honorably discharged. Her many roles included critical care RN, medical-surgical nurse, case manager, infusion therapy, Liaison, home care nursing, and Nurse Practitioner Consultant for Health Now, Blue Cross/Blue Shield.

Elinor graduated with a Master’s of Science degree/ Adult Nurse Practitioner from Daemen College. Her clinical rotations included the Buffalo Medical Group, DENT Neurology, surgical services at BGH, and Buffalo Cardiology and Pulmonary Associates. Elinor is certified in ENLS, NIHSS, ACLS, BLS and is an Advanced Care Planning Certified Facilitator.

Why did you join The NPA?

I joined The NPA to be part of a professional group supporting nurse practitioners and the community. I have been a member of the Western NY Group for six years and currently serving as the Western NY Group Chairperson for Region 1.

What are some of your interest or hobbies?

I enjoy traveling and spending time with my husband and son.

MEMBER



**Leslie Cooper, MS,
NP-C
Region 5
Group: Lower
Hudson Valley**

SPOTLIGHT

Leslie Cooper, MS, NP-C, graduated from Columbia School of Nursing with a BSN and attended Dominican College for my Masters FNP degree. She currently works for Crystal Run Healthcare in their Suffern office providing primary care.

Why did you join The NPA?

I have been a member of The NPA since my 1st semester as an NP student. At first, I joined because of the all the website resources and benefits it afforded me in gaining access to NPs who were practicing and had experience. In other words, I wanted to network so I can discover all the options of the profession, as well as, make connections for future job opportunities.

Once I graduated from school I felt compelled to get more involved. I saw the level of professionalism, the dedication to advocacy and the expansion in our scope of practice -- I knew I needed to lend my support and my voice. I am currently on the board of directors for Region 5, as well as, serve as the program coordinator for the Lower Hudson Valley Group. I attend local meetings, regional, and state conferences whenever I am able. My favorite event is Capital Day when we get an opportunity to educate our state legislators how valuable we are to healthcare and how current laws inhibit us to practice to our full capabilities which in turn, effects patients’ access to quality healthcare.

I believe precepting student nurse practitioner is so important. It brings me joy to watch fledgling students turn into competent NPs. I am grateful I can pay forward what my preceptors and NPA members I have been lucky to get to know, have taught me.

What are some of your hobbies/interests?

In my spare time, I meditate and strive to learn as much about compassion and loving kindness to myself, as well as to others. I enjoy reading and listening to books on tape, binge watching television shows on rainy and snowy days and being active. Taking long walks on wooded paths and biking are my favorite activities.



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