

Only You Can Make This Happen

President's Message

Karen Ketner

CANP works hard on behalf of all 14,000 Nurse Practitioners in the state of California each and every day. It is because of CANP that you have controlled substance prescriptive authority, you are considered a “professional” under the labor code, you can dispense controlled substances, you can request and accept pharmaceutical samples, you can prescribe medications to patients other than those considered “essentially health”, you can sign a Doctor’s First Report of Injury, you can certify disability for DMV disability placards, you are legally authorized to perform microscopy procedures, you have a DEA number, your name is on the bottle label of your prescriptions, and you are no longer required to have all Medi-Cal patient’s charts cosigned by a physician.

This to me, adds up to quite a lot of accomplishment, especially when one considers that this all happened within just over the last decade. What just doesn’t add up though is this. Each day, about 16% or 2,200 of the 14,000 Nurse Practitioners in California fund these efforts with their annual CANP membership dues. Those 16% are willing to extend to the association that is dedicated solely to their professional success, and the success of their practices, the financial support needed to continue to change and improve the future for all California Nurse Practitioners.

Where is everybody else, where are the other 11, 800 California Nurse Practitioners? They are your colleagues, your friends, your neighbors and your teachers. If you are a member of CANP, paying membership dues, it is in your best interest to seek out non-members and encourage them to join CANP. We need members to continue to be a strong voice in Sacramento, to continue to promote the role of Nurse Practitioners to the public and to continue to have success at our conferences and local chapter meetings. Only you can make this happen!

Talk up CANP to everyone you know, bring membership applications to work, encourage your colleagues to join on-line, call your friends and teachers. Encourage them to join you in ensuring that Nurse Practitioners have a place in health care now and always.

Passion for Your Profession?

Do you have it?

It’s not too late to renew your membership for 2009-10. Go to [Hwww.canpweb.orgH](http://www.canpweb.org) and click on the “members only” bar and then the renew button. If you need personal assistance, please do not hesitate to call our office.

916-441-1361 – ask for Brigette or Stacie.

Who is AMG continued

Karen Ketner

Last month, I summarized some general information about Advocacy & Management Group or AMG for you. As you re-call, AMG provides CANP with the infrastructure we need for day-to-day operations. Now I would like to begin introducing the staff to you. AMG has two principals, Robert Acherman and Jackie Miller. This month it's all about Bob.

Robert Achermann is an attorney who has worked in government relations and association

management since 1978. He has worked on legislation regarding recycling programs for the soft drink industry and has worked on legislation and regulation pertaining to licensing and regulation of entities and professionals under the Department of Consumer Affairs, health care reform, clinical laboratories and radiation control to name a few.

Bob knows and understands CANP and has supported our organization since taking us on as a client just over two years ago.

From the PR Chair

Elisa Evans

- NP week will be Nov 8 - 14th. Chapters are encouraged to have a monthly meeting during this week to celebrate each other and the amazing work we do!
- Monthly Tip sheets are available on www.canpweb.org to distribute to local media outlets. August tip sheet is on "Preventing Childhood Obesity"
- We have all had exceptional moments in our career where we have touched a patient's life. Would you like to share your story with us? CANP PR committee is looking for your "exceptional moment" story to collect for publication. Please submit to Elisa Evans, PR Committee Chair at elisa.r.320@sbcglobal.net

Hopes and Dreams for the Future of Healthcare...

*Join us at the CANP Annual Educational Conference March 25-28, 2010, at the Disneyland Resort.
As always, there is something for everyone including a Family Fun Night at Disneyland!*

Have a Hot topic to share?

Abstract submission is open for more information - go to canpweb.org

Want to Share a School Project?

Now accepting Poster Presentations Deadline for submission is 2/1/10 admin@canpweb.org

Interested in Volunteering?

Email Bridgette Jacques to be on the list bjacques@amgroup.us

Need CEUs and an Outstanding Opportunity to Learn? Topics range from Acute Care to Women's Health and Everything in between!

Questions???

Contact Tiffany Tyler Ewing at (916) 441-1361 or tttyler@amgroup.us

Association Finance Tidbits

By Karen Ayers, ACNP

VP Finance

- **CHAPTER DONATIONS**

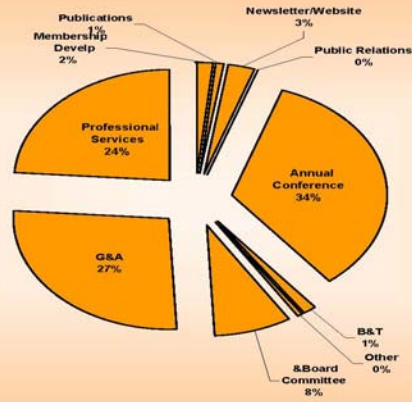
Chapter donations make up a significant portion of CANP's annual revenue. CANP accepts donations from chapters year round. Last year (08-09) we took in \$50,762 in chapter support. This year we hope to surpass that. Now into the second month of our new fiscal year, we have not yet received any chapter donations, but are hoping to see them coming in soon.

- **MEMBERSHIP REVENUE**

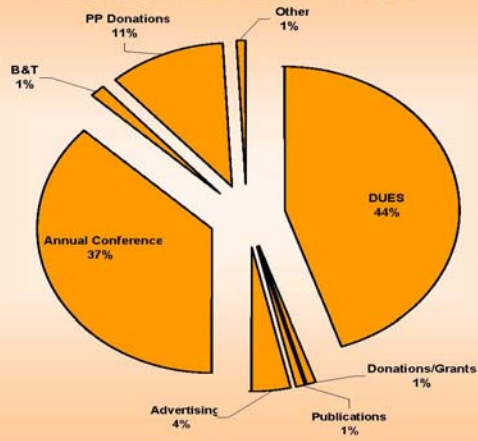
Over 50% of our Association's revenue comes from membership dues. This year we are lagging behind in renewals and in new members. Since this Communicue is sent to members, I know I am preaching to the choir, because you have probably already renewed. I encourage you to take a minute to define why it is that you join CANP, then share that with a non-member colleague. It's the grass root efforts and personal stories that will grow our membership....our foundation.

Please check out the charts on the next page for details!

ACTUAL EXPENSES 2007/08



ACTUAL REVENUE 2007/08



Capitol Update

Beth Haney, MSN, FNP-C

Health Policy Chair - CANP

SB 294 is moving nicely through the legislative process. The Senate has asked us to allow some additions to our bill regarding BRN enforcement processes and we are currently working on that. That being said, our bill will need to repeat some of the steps it has previously taken, however the legislature wants it to move quickly so there is a strong possibility it will make it to the Governor's desk in 3 weeks! A reminder; CMA is officially neutral.

A re-cap of our bill is:

SEC. 2. Section 2835.7 is added to the Business and Professions Code, to read:

2835.7. (a) Notwithstanding any other provision of law, in *In* addition to any other practices that meet the general criteria set forth in statute or regulation for inclusion in standardized procedures developed through collaboration among administrators and health professionals, including physicians and surgeons and nurses, pursuant to Section 2725, **standardized procedures may be implemented that authorize a nurse practitioner to do any of the following:**

(1) **Order durable medical equipment**, subject to any limitations set forth in the standardized procedures.

Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payor to require prior approval.

(2) **After performance of a physical examination by the nurse practitioner and collaboration with a physician and surgeon, certify disability** pursuant to Section 2708 of the Unemployment Insurance Code.

(3) **For individuals receiving home health services or personal care services, after consultation with the treating physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.**

(b) Nothing in this section shall be construed to affect the validity of any standardized procedures in effect prior to the enactment of this section or those adopted subsequent to enactment

AB 294 is an important step for nurse practitioners in California because it clarifies to stakeholders in the health care industry, such as insurance companies and medical supply companies, some of the functions nurse practitioners can perform. In essence, it alleviates some of the confusion and reduces barriers to health care caused from mis-information. These items were listed by many of our members as barriers to health care and decreased their ability to deliver timely care. Remember, our standardized procedure document gives nurse practitioners as much independence or supervision as desired by the facility, the physician, *and the nurse practitioner*.

SB 171 has passed which allows NPs to sign medical certification for employees of schools.

SB 810 – (single payor health coverage bill) is on hold at the moment and we do not anticipate further movement this year.

AB 252 – (authorizes the REVOCATION of a physician's license who is involved with or employed by an outpatient cosmetic medical office). VETOED due to being "unnecessary" per Governor.

National Legislative Action Alert!

American College of Nurse Practitioners

Note from ACNP President Dr. Thad Wilson

This may be your last real opportunity to influence health care reform. Despite the concerted efforts of all the national NP organizations, the current health care reform bills fail to consistently include NPs as authorized PCPs and fail to address chronic access barriers to patients who seek care from NPs e.g. ordering home health care, hospice, etc.

Though our lobbyist, staff and colleagues will continue to act on our behalf in Washington DC, the BEST way to impact health care reform will be a face-to-face meeting with our legislators during the August break when they are home. I STRONGLY URGE you to contact your legislators and ask them to support measures that will improve patient access to care to NPs and remove barriers to NPs practicing within their full capacity. Invite them to spend some time with you in your clinical setting. Once they see the comprehensive, high quality care that NP's provide, they won't forget to include NP's in the reform. Now is the time. Don't miss this opportunity to act on behalf of our patients and fellow NP's.

ACT NOW!! YOU CAN MAKE A DIFFERENCE!

Members of Congress are spending most of August in their home districts. Discussion of health care reform legislation proposals and options have permeated the airwaves recently. With the host of healthcare reform bills still under consideration, votes have been delayed until after the August recess.

The August recess provides you with an ideal opportunity to make a difference by ensuring that nurse practitioners are recognized and included in whatever version of healthcare reform is passed. Nurse practitioners must be specifically recognized in any legislation which focuses on enhancing patient access and improving the quality of their care. All legislation must remove barriers restricting our practice and nurse practitioners must be recognized as fully qualified primary care providers, authorized to provide care according to our full scope of practice under state nurse practice acts.

ASK YOUR MEMBER OF CONGRESS to say YES to fully including Nurse Practitioners in health care reform legislation by:

Supporting legislative language that specifies nurse practitioners as primary care providers in all federal programs, including Medicare and Medicaid. NPs are educated and credentialed to provide a wide range of health care services, including the diagnosis and management of common, as well a complex, medical conditions to individuals of all ages, yet, the federal government restricts their ability to provide care to the full extent of their scope of practice under state law.

Including Nurse Practitioners as authorized primary care providers in any new or expanded health care delivery models, including Medical Homes and Accountable Care Organizations. Nurse Practitioners provide high quality primary care that meets the NCQA standards for the medical home i.e. care that is coordinated by that provider that is whole person oriented, coordinated and integrated, of high quality and safe, and will enhance access. Therefore, nurse practitioners must be included as primary care providers in

legislation authorizing demonstration programs, reimbursement authorization and incentives for participation in medical homes, accountable care organizations and other emerging delivery models.

Ensuring that Nurse Practitioners are authorized to certify Home Health Services under Medicare. As currently written in Medicare statute, only physicians may certify home health care through a face-to-face encounter with the patient. Preventing NPs from certifying these services can result in delayed patient care and more costly reimbursements to the system.

To Find your Congressperson and their Local Office

To find your Senator go to www.senate.gov. In the top right corner, enter your zip code and click "Go." This will open a link to your Senator's website.

To find your Representative go to www.house.gov. In the top left corner, enter your zip code and click "Go." This will open a link to your Representative's website.

Most Members' websites include office address, hours, schedulers/appointment secretaries, and processes to submit a request for a meeting with the Member to discuss health policy issues.

For Resources to Support Your Advocacy Efforts

[CLICK HERE TO ACCESS ACNP's ADVOCACY RESOURCES.](#)

From the Law Offices of Melanie Balestra

Question:

I have taken a job but there are no protocols. Can I start the job and then write the protocols?

Answer:

No. The NP must inform her employer, no matter who it is, that she/he must work under protocols that are approved by the physician, NP and an administrator. If there are not protocols, offer to develop them during initial employment. Once the protocols are in place, the NP can start seeing patients. There are no exceptions to this law. If something were to happen without protocols in place, the BRN would have no mercy since this written in the statute. Know the laws governing nurse practitioners. A case involving practicing without protocols would most likely be referred to the Attorney General and the NP would have no defense. CANP has [example protocols](#) the NP can purchase.



THE LAW OFFICES OF MELANIE BALESTRA

Email balestralaw@cox.net

“ A classic political ploy is letting the other guy take the hit for you”.

- Phil Matier, KCBS political commentator

Patti Hughes, DNP, FNP

and the Health Policy and Practice Committee

Many nurses and nurse practitioners are confused and upset by the recent Board of Registered Nursing (BRN) situation. The Board was blamed for taking too much time to investigate errant nurses, a problem that is made worse by budgetary and regulatory shortcomings, and is plaguing other licensing boards. BRN members became an example for a dysfunctional government system. Many NPs incredulously asked, “Will the board members take legal action for unjust termination of their positions?”

While we may all feel this frustration, it is important to remember that despite the rhetoric in the media, the BRN members were NOT terminated but instead were NOT re-appointed. Those members had already completed their first term on the Board and were awaiting their re-appointment by the Governor. Given the outcry after the LA Times articles, the Governor took dramatic action to assure the public that he was taking the situation seriously.

Reconstitution of a licensing board is not a new phenomenon. All this is business as usual within the drama of political theater. Within the past decade the boards of cosmetology, contractors and acupuncture have all had their members swept away to be replaced by new appointees, within attempts to reform these boards.

Where do we go from here? We will continue to find opportunities that will be forthcoming. As frustrating as this process has been, we have seen that there is an opportunity for positive reform at the BRN. While other licensing boards have updated many of their practices over the past few years, the BRN had not made many of these changes.

There are extensive discussions going on within the Legislature about how to improve and transformation many BRN’s policies and procedures. CANP is actively engaged in these discussions and is at the table while these decisions are being made. These issues will continue over the course of the rest of this legislative session and will likely carry over to next year. CANP will continue to be a strong advocate for the profession while ensuring that consumers are protected.

Congratulations to Kathy Ware, NP, a CANP member, who is one of the Governor’s new appointees to the BRN and will serve a four-year term to provide her expertise.

We will continue to present expanded use of nurse practitioners as one of the solutions to the health care access crisis facing the country.

We will continue to pursue equal access and opportunities as health providers through legislative means.

There are too many of us willing to provide quality care and too many patients waiting to receive it.

Practice Issues: Standardized Procedures

Surani Kwan

How often are California nurse practitioners required to review and/or revise Standardized Procedures?

There is no legally required time frame or frequency for review and revision of standardized procedures (SP), only that a specific provision is made for a periodic review to occur. While this gives generous flexibility to the NP, her/his collaborating physician and the practice setting (administrator), prudent practitioners will review SPs on a frequent enough basis (at least annually) so that all clinical protocols are consistent with the most up to date and highest standards of quality care.

SPs consist of policies and protocols detailing specific medical aspects of the nurse practitioner's professional services. Policies outline the professional qualifications needed for NP practice in the specific setting, patient population and the mechanisms for supervision and evaluation. Protocols detail the management of medical conditions, including the furnishing of medications and devices, and health care maintenance. Also included are standards for subjective and objective data, assessment, treatment/referral, and consultation. While the BRN allows either process or disease-oriented protocols to describe the clinical standards, CANP endorses the use of process-oriented protocols. Process protocols provide the flexibility to allow for situation specific medical decisions (within the NP's competency) while still describing the necessary requirements to meet current standards of care.

The essential point to remember is that the NP is legally liable for maintaining the clinical standards outlined in the SP. Frequent reviews and needed revisions to the SPs will reflect the most current clinical management standards, reflect the NPs actual practice and provide better protection against malpractice liability.

The BRN provides detailed guidance—An Explanation of Standardized Procedure Requirements for Nurse Practitioner Practice---available at [Board of Registered Nursing](#)

Have anything to add?

We hope you're finding the monthly additions of the communiqué to be useful & informative. If you have anything that you'd like to add or share with your NP colleagues, please send it to the CANP office by the 23rd of each month. If you have any particular issues that you'd like to see addressed here, please let us know!

Thank you!