



NMNPC News

Caring for New Mexico

March 2018

Volume 2

Issue 1

News in Brief

Board Meetings

NMNPC holds its monthly Board meetings at 5:30 pm on the 2nd Thursday of each month. We're now holding our meetings at the Pulakos CPA offices located at 5921 Jefferson Street NE and encourage all interested members and non-members to attend.

Annual Conference

The NMNPC 2018 annual conference will be April 26-28 at the Hilton Buffalo Thunder Santa Fe. Plan to join NPs from New Mexico and other states for 3 full days of continuing education and networking.

Fall Conference in Taos planned for November 16

The 4th annual NMNPC fall conference celebrating NP week will be November 16, 2018 at El Monte Segrado in beautiful and historic Taos, New Mexico. Plan now to attend!

Check out our website — improved navigation and a redesigned look

The NMNPC website just got a face lift and improvements to navigation. We're asking website visitors to give us feedback and suggestions for further improvements to enhance the user experience. Our newsletter redesign with this issue complements the new website look and we're also asking for reader suggestions to improve future issues.

President's Message

Reflections on my first year

Halfway through her term, Sam looks back

Amanda Conley, FNP-BC

Greetings to fellow NPs! It's hard to believe I've already served as your president for a year. And it's been an exceptional year, thanks to each of you. Your commitment and dedication has created a powerful force for our patients and your NP colleagues.

25 years of independent practice

This year, New Mexico celebrates 25 years of independent practice for NPs in our state. A quarter-century of doing what we do best – planning and delivering stellar patient care. The NMNPC Board of Directors will celebrate this accomplishment at our annual conference in April.

Highlights of the year

I'd like to point out some of the highlights of the past year:

- Membership in NMNPC and attendance at our two conferences has increased.
- We now have an influential voice for communicating with the NM Board of Nursing and have representation at each meeting.
- NMNPC hired an accountant to help manage our finances.

Our agreement with them includes the opportunity to hold our monthly meetings at their offices with our accountant available to consult and answer questions for us as needed.

- We moved our bank accounts to Nusenda Credit Union and are already earning dividends due to that move. (See announcement on page 5 for information on a new member benefit with Nusenda.)
- Our Regional Representatives have exceeded my expectations with meetings, educational offerings, and community involvement. Their activities strengthen our image as one of the best groups providing patient care in New Mexico.

I extend my thanks to each of you for a wonderful year of growth and commitment to excellence. Here's to an even better year ahead. I hope to see you at our conference in April!



NP Spotlight

Ann Green

The **spotlight**
is on . . .

*Meet another
nurse practitioner
doing great things
in New Mexico.*



Meet Lynda "Ann" Green — Running for NMNPC President-Elect

Ann's move to New Mexico gives our NP community another colleague doing great things for our profession and our patients

Melissa Rietz, FNP-BC

L Lynda "Ann" Green, PhD, APRN, FNP-BC and GNP-BC, has been in nursing since 1970. She began her career as an LPN and over a span of many years and many miles, received her BSN, MSN, post-graduate Gerontologic Nurse Practitioner (GNP), post-graduate Family Nurse Practitioner (FNP), and then her PhD in Nursing. Louisiana didn't have graduate or doctoral degree programs in nursing, so Ann got all her graduate education in Mississippi. She was among one of the first NPs in Louisiana to obtain prescriptive authority.

Early career

Ann began her GNP career in 1992, joining a geriatrician to provide primary care to long-term care residents and clinic patients in a rural area. Her practice included precepting and teaching students attending the first NP program in the state. In 1996, Ann completed the FNP program and began to care for patients of all ages. She continued as adjunct faculty until completing her doctorate in nursing and accepting an

appointment as associate professor at Northwestern University in Louisiana. While at Northwestern, she taught FNP students as part-time faculty for 15 years. During this time, she continued to precept students in her clinical practice.

Moving to New Mexico

Ann, her husband, and their two horses moved to Tijeras four years ago for the climate and open spaces conducive to trail riding. She currently works as a provider for the VA system in Albuquerque providing primary same-day care and chronic pain management to veterans. She loves taking care of her patients, listening to their stories, and getting to know them. Being in the VA system has allowed her to connect with an entirely new population with unique and diverse needs. Ann's father was a veteran of WWII and retired as a Lt. Colonel in the Army Reserve, as did her sister. By caring for veterans, Ann feels she's giving a little back to her country and to the memory of her family members others who served in our armed forces.

Reflections on being an NP

When asked, "What do you like most about practicing as a nurse practitioner?" Ann answered that "Having moved from a state where collaborative practice is still necessary for APRNs and the prescribing of some scheduled drugs is also prohibited, I'm truly grateful for independent practice in New Mexico." She also cautioned NPs not to take independent practice for granted. As an NP, she has spent many hours on legislative activities,

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Legislation and Policy

Update

Highlights of the 2018 Legislative Session

Legislators prove they can act quickly when needed

Linda Siegle, NMNPC Lobbyist

Governor Martinez's last legislative session was a calm and congenial one, unlike those in her seven prior years. The most significant factor impacting the mood was the addition of almost



\$300 million of new revenue. As you may remember, last year we had just the opposite – a \$300 million deficit. As a budget year, the 30-day 2018 session focused on creating our

\$6.33 billion budget that funds everything from the public schools and higher education to health care and the corrections department.

Teacher and other salaries increased

The Appropriations and Finance Committees were able to develop a budget increasing public education by \$61 million while adequately funding Medicaid and increasing minimum teacher salaries by \$2000 per level with an additional 2.5% overall salary increase for teachers. All state employees will receive a 2% average salary increase in the new fiscal year. Correction officers, and nurses

and social workers in the Department of Health will receive an even higher percentage increase. Revenues for the state continue to rise because of the surge in the prices of gas and oil.

Nurse compact licensure passes in record time

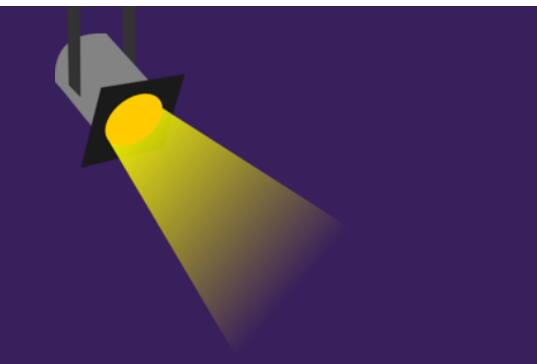
The session started with a bang on January 16, when the leadership of the Senate and House expedited the passage of the Nurse Licensure Compact. For the new compact (already joined by 26 states) to grandfather New Mexico RNs, our legislature had to pass and the Governor had to sign the new law by midnight January 19. With only one committee hearing in each chamber, the House and Senate had the bill up to the Governor's desk by the afternoon of the 18. It's amazing to see the legislature pass a bill so rapidly when the need arises.

Non-budget related items allowed

Though the focus of a 30-day session is always the budget, the governor can allow discussion on other bills. As has been usual for this governor in a 30-day session, legislators introduced and debated several crime bills. One omnibus bill actually passed and the governor signed it. Although the governor and many Republicans wanted to reform the gross receipts taxes in this session, the bills never made it out of committees. This issue has been of concern to us and other health care providers because prior bills removed health insurance gross receipt tax exemptions

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We'll have to address gross receipts tax exemptions in the 2019 60-day legislative session ...



Spotlight . . .

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in committee meetings, and preparing labor-intensive, detailed documents to obtain and maintain the right to practice without cumbersome restrictions. She also points out that it's imperative for someone to be present at all legislative sessions to preserve our practice. She said that for NMNPC, that person is our lobbyist, Linda Siegle. Ann believes that without constant and careful surveillance, NPs could lose independent practice with a stroke of a pen. She told us that her two best friends in advanced practice have always been her local pharmacist and her association lobbyist!

Other interests and activities

When not working, Ann rides horses with her husband or looks for new places to ride. She also serves on the Governor-appointed opioid advisory council and the New Mexico Board of Nursing. Occasionally, she has the chance to catch a quick visit with her three married children and her nine grandchildren.

Because Ann has always lived in the south, she has a very pronounced "southern accent." She admits she's gained the nickname of "Dolly Parton" at the VA and it seems to draw patients and colleagues who want to see who belongs to the accent!

Most people who work with her have learned that she answers best to "Ann," not "Linda." She's quick to explain that she's always been called "Ann" and isn't quite sure why her mother, Lynda, gave her the same first name – must be a southern thing, she says!

Mandated Prescription Monitoring Program (PMP) Usage by New Mexico NPs

Using the PMP is crucial to efforts to curb overdose deaths & reduce controlled substance abuse.

Peter Ryba, PharmD, Director,
PMP

Although New Mexico's rate of drug overdose deaths dropped from second to twelfth highest in the nation between 2014 and 2016, we need to do more to save lives. One tool available to nurse practitioners (NPs) is the New Mexico Prescription Monitoring Program (PMP).

What is the PMP?

The PMP is a web-based electronic database that aids in the collection of data specific to dispensed controlled substance prescriptions. PMP reports provide practitioners, pharmacists and other authorized users with the ability to review a patient's controlled substance prescription history and assist them in preventing diversion, abuse, misuse, and drug overdose deaths associated with controlled substance prescriptions.

The New Mexico Board of Pharmacy (NM BOP) maintains our state's PMP, which is hosted by Appriss Health. The NM BOP collects information on all controlled substance prescriptions dispensed by a pharmacy located in NM or shipped into NM. This information (including the drug name, dosage, quantity, day supply, dates written and filled, prescription number, practitioner name, pharmacy name, and payment method) is readily available to authorized users of the PMP site via a user-friendly report. Reports are available to authorized users through the **PMP AWARxE** website.

The PMP provides information which can raise "red flags" of risk factors. Although a red flag is not a stop sign, it can help NPs screen

for abuse or diversion of controlled substances. Red flags can reveal patients who:

- get multiple controlled substances from multiple providers (doctor and pharmacy shoppers);
- get prescriptions from nonlocal providers and/or pharmacies;
- take higher than prescribed opioid doses;
- use opioids in combination with other sedating substances, such as benzodiazepines;
- frequently request early refill requests; or
- use different payment methods, or cash only.

Requesting reports

In order to request a report, all you need is the patient's first and last name and their date of birth. We recommend searching by "partial spelling" for their first and last name (provide a minimum of three characters for first and last names). This allows you to see if the patient has multiple profiles, such as ones with different spellings of their name or potentially different addresses.

New Mexico has partnered with 25 other states, and you can see if your patient has filled controlled substances in those states. New Mexico Board of Nursing (NMBON) regulations require you to review a patient's PMP report from adjacent states, if available, and you can do that through our state's PMP AWARxE site. In order to query a different state's patient report (via "interstate"), enter the patient's full first and last name – you cannot select "partial spelling" and perform interstate searches simultaneously. This is why it's important to do a partial spelling search first to determine if you need to do multiple full patient name searches for interstate requests.

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Required queries

NPs should also regularly query a self-report (via MyRx) to be sure the PMP reflects correct and accurate data. If there are discrepancies on this report, contact the dispensing pharmacy to make sure it wasn't simply a data entry error. However, discrepancies can also reflect serious issues such as forged prescriptions using your DEA number.

As of January 2017, there are new mandatory PMP use requirements for all practitioners, including NPs. Specifically, the NMBON requires nurses to utilize the PMP to assist in balancing the safe use of controlled substances with the need to impede harmful and illegal activities involving those pharmaceuticals. Although nursing rule 16.12.9.9 NMAC* allows nurses to prescribe less than 4 days worth of controlled substances without checking a PMP, we highly encourage establishing good work flow processes by running a PMP report on all patients.

Unfortunately, NPs in New Mexico aren't utilizing the PMP enough. We estimate that practitioners should have queried 47,010 reports in Q3 of 2017 alone but the actual number queried was only 16,107.

Registering for the PMP

The first step to use the PMP is to register – it's easy and takes only 15 to 20 minutes (in one sitting). In addition to the mandated use, the NM BOP requires an active PMP account to renew your Controlled Substance Registration. For the most current, up-to-date steps, go to the [NM PMP](#) website. In summary, the four necessary steps you'll see there include:

- Creating an account at the [PMP AWARe](#) website.
- Verifying your email by clicking on the link in the auto-generated email you receive when you create an account (this link is only good for 20 minutes so before registering, open your email account to watch for the auto-generated email).

- Uploading a copy of your driver's license, state-issued photo ID, or passport. The PMP will not accept any other forms of identification (for example work badges or social security cards). If you're unable to upload the documentation, please [email](#) the NM Board of Pharmacy.
- Completing the required PMP training available on the [NM PMP](#) website.

It may take up to 14 days to approve your account but turnaround times for approvals have been much quicker if you complete all four steps.

Using PMP delegates to get credit for queries

We understand how busy practitioners are, so we allow you to have up to four delegates to query PMP reports on your behalf. You must approve delegates (in "Delegate Management") before they can query the PMP for you. Once we approve your delegate and she or he queries a patient report on your behalf, your dashboard will include the PMP report. You can also be a delegate for other practitioners and query reports for them. Because New Mexico is a mandated-use state, your delegates must select you as the supervising practitioner so you receive credit for the query and don't appear on an outlier quarterly report that your licensing board receives. Appearing on the report could lead to disciplinary action if the NMBON determines that your PMP utilization did not meet the standard required in Rule 9.

Conclusion

Using the PMP is one of the many tools we can all use to combat the opioid overdose death epidemic and abuse of other drugs such as stimulants and depressants. PMP use should be part of exercising professional judgment in prescribing controlled substance in a safe manner. As a patient-safety tool, the PMP could prevent inadvertent controlled substance prescription overlaps and alert NPs to patients for whom alternative approaches to pain management (including

non-opioid or non-pharmacologic therapies) may be appropriate.

Contact us if you have any questions, concerns or comments regarding the PMP. The Appriss Customer First Center can resolve most technical questions (such as browser or application issues, login assistance, basic troubleshooting for prescription requests, etc.). In addition, the NM BOP has additional staff to assist with non-technical questions (such as correcting user accounts, registrations, etc.):

- Appriss Customer First Center (844) 366-4767
- NM Board of Pharmacy (505) 222-9847 or nm.pmp@state.nm.

*The nursing rules (including 16.12.9.9 — Management of Chronic Pain with Controlled Substances) are available on the [NM Board of Nursing](#) website.

New NMNPC Member Benefit

By moving our bank accounts to Nusenda Credit Union, NMNPC became a Select Employer Group (SEG). With SEG status for NMNPC, our members are automatically eligible for membership in the credit union. Some benefits of credit union membership include:

- All members are owners
- Every member's voice is important
- Credit unions are not-for-profit
- Nusenda shares surplus income is with members
- Fewer or no fees and better rates
- Lower loan interest rates and higher savings rates

Click [here](#) for more information about the benefits of Nusenda membership.

Celebrate Nursing in 2018: Honor Our 25-Year History of Independent Practice in NM

Janette B. Espinoza, DNP, MSN,
RN, PMHNP-BC

Committee member of New Mexico Board of Nursing Advanced Practice Committee celebrates the history of independent practice in NM

Do you recall what you were doing as a nurse in 1993? Were you in school, an LPN, an RN, or possibly an NP? Where were you practicing? In 1992, I had graduated from an LVN program in Colorado and was moving to New Mexico to begin my career in nursing. I had goals, but no way of knowing that I would practice as an NP in the state of New Mexico. I also didn't know the history of how New Mexico became a state with independent practice and full prescriptive authority for NPs or how this might affect me. It would be safe to say this was something I assumed was the norm – and indeed, possibly something I took for granted.

2013 article celebrated 20 years of independent practice

In 2013, Carolyn Montoya, PNP-BC wrote an article* featured in *The New Mexico Nurse* (Volume 58, Number 3). Her article gave us an opportunity to review the history of independent practice and prescriptive authority on the 20th anniversary of independent practice. It highlighted successful efforts resulting in practice authority that means NPs in New Mexico:

- do not need a collaborative agreement with a physician to provide healthcare to the citizens of NM;
- can prescribe controlled substances without supervision and the NP's name is the only one required on the prescription; and
- are recognized as primary care providers.

Celebrating our history includes remembering the efforts of the individuals who were committed to improving access to care for

New Mexico's citizens. In celebrating our history, we look back to nurses who joined with NMNPC and the New Mexico Nurses Association (NMNA) to address this issue. Deborah Walker, MSN, RN, who is currently the Executive Director of NMNA, was the lobbyist for NMNA in 1993. Another nurse involved was Gloria Birkholz, RN, JD, who rallied in convincing legislators to vote for passing the bill for prescriptive authority.

Honoring history by following rules

We shouldn't ever take independent practice for granted. Honoring the history of independent practice includes knowing and following the rules promulgated by the New Mexico Board of Nursing (NMBON).

As a member of the NMBON Advanced Practice Committee, it concerns me when NPs voice the opinion that "Checking the PMP (Prescription Monitoring Program) takes too much time, it's too much work." I'm also alarmed about allegations of over prescribing by advanced practiced nurses (APRNs) as well as data gathered by the New Mexico Board of Pharmacy (NM BOP) regarding the Prescription Monitoring Program (PMP). This data suggests that practitioners aren't checking the PMP according to requirements.

PMP reminder

Are you registered with the PMP? Are you familiar with the PMP requirements in the rules that regulate our practice? According to rules regarding the PMP (16.12.9.9), the intent of requiring participation in the PMP is to assist APRNs in balancing the safe use of controlled substances with the need to impede harmful and illegal activities involving these pharmaceuticals. There are several specific requirements in the rule:

- APRNs with DEA registration and a New Mexico controlled substance registration must regularly participate in PMP inquiry and reporting.

- Delegate(s) may access PMP reports for providers. The APRN's delegate may obtain a report from the PMP, but the APRN remains responsible for reviewing the PMP and documenting the receipt and review of the report in the patient's medical record.
- A practitioner must review a PMP report for the previous 12 months before prescribing or dispensing a controlled substance to a patient for the first time. If the prescription is for longer than four days, or if there's a gap of 30 days or more in prescribing the controlled substance, the practitioner must also review a PMP report for the patient for the preceding 12 months. When available, the practitioner must review similar reports from adjacent states. The practitioner must document receipt and review of PMP reports in the patient's medical record.
- Providers must review a PMP report a minimum of once every three months during the continuous use of a controlled substance and document that review in the patient's medical record.

2016 legislation mandated changes

Enacted in 2016 and effective January 1, 2017, SB 263 affected our practice with changes to the PMP requirements summarized above. NPs need to recognize that legislation, rules and requirements don't exist to create work – they're intended to prevent harm.

*See Carolyn's update to her 2013 article in this newsletter (page 12).

as well as other healthcare provider credits. We'll have to address this in the 2019 60-day legislative session, as Democrats also want to reform our tax system.

2018 is an election year

All statewide offices (governor, auditor, attorney general, etc.), the 70 seats in the New Mexico House of Representatives, our three US House of Congress seats and one of our US Senate seats are up for election. The primary when Democrats and Republicans elect their general election candidates is June 5, and the general election is November 6.

NPs can help educate legislators

Please learn about the candidates running for these positions. Get involved in a campaign for someone you like. Give a few campaign contributions. It matters that these candidates and elected officials know nurse practitioners. It matters that you meet them to talk about your issues. I'll be hosting and assisting with fund raisers and connecting volunteers with campaigns. If you're interested, let me know. I can put you in contact with candidates from either party, though I'll be working for my party. We need both political parties understanding your issues and other healthcare issues.

Contact information

Linda Siegle, NMNPC Lobbyist
(505) 690-5850
Lsiegle1@msn.com

NMNPC Social Media

Be sure to follow us on Facebook & Twitter!

@NMNPCouncil on Twitter

@NMNPC on Facebook

Our Facebook & Twitter accounts have been very active and we're regularly posting the monthly Regional meetings happening around the state. It's a great way to get everyone engaged in their regional events!

NMNPC Annual Conference hash tag
#nmnpc2018

Keep in touch with other members attending & see pictures of the event!

 Find us on
Facebook



Rule 9 Changes Approved by NM Board of Nursing

New Mexico Board of Nursing meeting on March 2 results in much-needed changes to non-cancer pain management CE requirement

Kate Goldblum, FNP-BC

As most of us know, the New Mexico Board of Nursing (NMBON) rules require all NPs with DEA registration and a controlled substance license to get 5 hours of continuing education (CE) on non-cancer pain management (NCPM) every two years. A bill that passed in the NM legislature in 2012 mandated the CE, and it became effective in 2013. NMNPC immediately determined that we needed to offer this CE content at our 2013 annual conference to make sure NM's NPs could meet the requirement. NMNPC has continued to offer the NCPM CE every two years and has also provided the material as an enduring CE activity for those who can't attend the annual conference.

Designation of required CE as pharmacology problematic for NPs

What soon became clear to many of us is that the inclusion of the 5 hours specifically as part of our pharmacology requirement

severely limited the range of CE content that would meet the regulation. Yes, we could always seek additional non-pharmacology CE in the area of NCPM.

However, for many NPs the cost, logistics and desirability of obtaining more than the required number of CE hours in the area of NCPM were prohibitive. As one example, some NPs may treat patients who

have chronic pain but choose not to prescribe opioids. If they can't manage certain cases without opioids they refer those patients to other providers. For those NPs, CE on non-pharmacologic pain management strategies would be highly useful, even crucial – but it wouldn't meet the CE requirement as originally written into the rule.

As it has become even more apparent that prescribing opioids as first-line therapy for pain management isn't optimal care, NMNPC started a dialog with the NMBON regarding removing the required CE from the pharmacology category so the content could include non-pharmacologic pain management therapies and strategies. After much discussion and work, we're happy to announce that the Board approved this change at their meeting on March 2.

When will the change be effective?

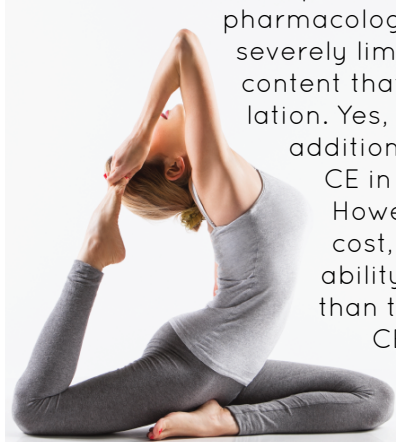
Once the BON publishes the amended rules in the NM Register (likely sometime in April), the new language will allow NPs to meet the 5-hour requirement from a much broader range of topics. It means NPs will be able to choose content most relevant to their particular practices and not focus only on CE related to pharmacologic pain management therapies.

Non-pharmacologic CE topics now acceptable

Once this change takes effect, NPs in NM will be able to obtain CE on topics that don't include pharmacology content and it will meet the requirement. Because the requirement still specifies certain content, some of the required CE content will remain pharmacologic in nature, but many other topics will also meet the requirement. Some examples include:

- massage
- guided imagery
- acupuncture
- yoga
- pet therapy
- application of heat or cold
- physical therapy
- aromatherapy
- self-hypnosis
- distraction
- relaxation techniques
- biofeedback
- psychotherapy
- music therapy
- transcutaneous electrical nerve stimulation (TENS)
- spinal cord stimulation
- empathy

NMNPC believes this change will improve the care NPs throughout NM will be able to offer our patients and is one example of how our state-wide professional organization serves the needs of NPs and our patients.



National Nutrition Month

Academy of Nutrition & Dietetics

EatRight: Good Nutritional Habits

Nutrition organization's website offers useful tips

Catherine Wisner, FNP-BC

The Academy of Nutrition and Dietetics recognizes March as National Nutrition Month. NMNPC joins the Academy in recognizing this month as an important time to take a look at good nutritional habits. Below is a selection of important topics from their website, **EatRight**. Please take a look at other nutritional information and tools for your practice from their website as well as other sources and use it to improve your patients' knowledge about good nutritional habits.

Dietary Guidelines for Americans

Eating right doesn't have to be complicated — simply begin to shift to healthier food and beverage choices. These recommendations can help get you started:

- Emphasize fruits, vegetables, whole grains and low-fat or fat-free milk and milk products.
- Include lean meats, poultry, fish, beans, eggs and nuts.
- Minimize saturated fats, trans fats, salt (sodium) and added sugars.

EatRight info on 4 types of food to boost memory

Eat your veggies. You're not likely to forget this message. Getting adequate vegetables, especially cruciferous ones including broccoli, cabbage and dark leafy greens, may help improve memory. Try a kale salad or substitute collard greens for a tortilla in your next sandwich wrap. Broccoli stir-fry also is an excellent option for lunch or dinner.

Be sweet on berries and cherries.

Berries — especially dark ones such as blackberries, blueberries and cherries — are a rich source of anthocyanin and other flavonoids that may boost memory function. Enjoy a handful of berries for a snack, mixed into cereal or baked into an antioxidant-rich dessert. You can reap these benefits from fresh, frozen or dried berries and cherries.

Get adequate omega-3 fatty acids.

Essential for good brain health, omega-3 fatty acids or docosahexaenoic acid (DHA) in particular, may help improve memory in healthy young adults. Seafood, algae and fatty fish — including salmon, Blue fin tuna, sardines and herring — are some of the best sources of omega-3 fatty acids. Substitute fish for meat a couple times each week to get a healthy dose. Grill, bake or broil fish for ultimate flavor and nutrition. Try salmon tacos with red cabbage slaw, snack on sardines or enjoy seared tuna on salad greens for dinner. If you don't eat fish, discuss other food options and supplementation with your provider or registered dietitian nutritionist. You can get omega-3 fatty acids from fish oil, seaweed or microalgae supplements.

Work in walnuts. Well known for a positive impact on heart health, walnuts also may improve cognitive function. Snack on a handful of walnuts to satisfy midday hunger, add them to oatmeal or a salad for crunch or mix them into a vegetable stir-fry for extra protein.

These foods are not just good for the brain, they sustain a healthy heart and all parts of the body. While there's no guarantee that these foods will help you remember where you put your keys tomorrow, over time they can support lifelong good health.



Make March the month you focus on your patients' food choices & needs — good nutrition is the basis for good health.

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Representative Report

AANP

How can NPs impact healthcare policies & legislation?

- Call the state offices for our Senators and your Representative to request that they ask Senate and House leadership to prioritize the bills we support. Give them personal stories that illustrate the impact these barriers have on your patients' care. Go to the [AANP Advocacy Center](#) to locate the contact information for your federal and state officials.
- You can also use the [AANP Advocacy Center](#) to send emails saying thank you for co-sponsoring and asking assistance in moving the legislation forward.

C · P · R

Champion
Patients
Relentlessly

AANP Health Policy Conference

NM NPs go to Washington, DC, meet with federal legislators and officials

Anita Ralstin, FNP-BC

I was fortunate to attend the AANP Health Policy conference in February with five other New Mexico nurse practitioners and want to share that experience.

NPs seen as important part of US health care system

The speakers included the newly appointed Surgeon General, Jerome M. Adams, MD, MPH. Dr. Adams made it a priority to speak to our group, acknowledging that NPs are vital healthcare providers. As he concluded his remarks, he told AANP president Joyce Knestrick that he wanted to meet with her for further conversation.

When we visited our legislators' offices, the aides we met understood who NPs are and the value we bring in providing patient access to high quality, affordable healthcare. Several years ago, we used much of our meeting time to educate legislators and staff on the role of NPs. Those education efforts have paid off.

NM legislators offer support for patient-focused bills

Senators Udall and Heinrich have both co-sponsored S 445, the bill that authorizes NPs to order home health care (HHC). We asked them to make passing this bill a priority. The New Mexico NP delegation had excellent examples of delays in care that result from the current requirement for a physician signature for HHC orders.

Representative Lujan Grisham is a co-sponsor of HR 1825, the

companion home health bill in the House. She's also co-sponsoring HR 1106, a bill to remove the restriction preventing patients who receive primary care from NPs from being assigned to ACOs in the Medicare Shared Savings Program. Currently these patients must have one visit per year with a PCP physician to be included in the ACO savings and reimbursement.

We asked Senators Udall and Heinrich and Representative Lujan Grisham to co-sponsor bills to allow NPs to order diabetic shoes. Currently, NPs must send patients to a physician for a referral to a podiatrist for shoes. The bill would allow NPs to refer patients directly to a podiatrist without this additional delay and cost.

These seem like small issues that should move through the House and Senate with little resistance. The reality in Washington is that someone must add these small issues to a larger bill to give them a vehicle to move. Otherwise they sit in a committee with little action.

Communicating with legislators

- Keep your message positive and patient-centered.
- Offer thanks for their service, not just constructive criticism. Many people ask for their help.
- Provide real-life patient examples (HIPPA compliant) of how a barrier or issue impacts your patients.
- Invite them to visit your practice. Seeing what you do is very powerful.
- Keep your comments patient-focused. Our goal is to remove barriers so patients can access any provider.

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Make time for breakfast

While breakfast might seem like a hurdle in your busy morning, nutritious food doesn't need to take extra time to prepare. Try the following tips* to enjoy a healthful breakfast on busy mornings:

- Get organized the night before.
- Set the alarm 10 minutes earlier.
- Keep breakfast simple.
- Remember protein and carbohydrates.
- Start the day with extra fruits and vegetables.
- Pack your breakfast to go.
- Help make sure your kids have an appetite.
- Be a good role model.

* more detail on these tips is available for your patients at the [EatRight](#) website

Whatever your morning routine, remember that breakfast is an important meal for the family, and doesn't have to be very time-consuming. When you eat well in the morning, you and your family will be on the nutrition fast track for a high-energy day.

Good news for Java-drinking nurses

If you think your morning cup of Joe provides nothing more to your body than a jolt of caffeine, you might be pleasantly surprised to learn that your daily cup (or three) provides some health benefits as well. Drinking moderate amounts of coffee (including

decaf) has been linked to lower risk of cardiovascular disease, Type 2 diabetes, Parkinson's disease and some cancers.

Making your coffee a vehicle for fat-free milk is

one way to ensure your daily calcium and vitamin D needs are met. If your diet does not include dairy, a fortified soy beverage is a calcium-rich alternative.

How much is too much?

So how much java is too much? It's wise to stick to no more than 3 to 4 cups per day. Certain groups, such as people with hypertension and the elderly, may be more susceptible to the adverse effects of caffeine. Pregnant and breast-feeding women will want to limit intake to a maximum of 200 to 300 milligrams a day of caffeine (the amount in 2 to 3 cups of coffee). The American Congress of Obstetricians and Gynecologists recommends that pregnant women cap caffeine consumption at 200 milligrams a day.



Twenty-Five Years of Full-Scope Practice for Nurse Practitioners: What's Next?

Carolyn Montoya, PhD, CPNP, RN,
FAAN, FAANP

In 2013, the New Mexico Nurse Practitioner Council (NMNPC) celebrated the 20-year anniversary of the 1993 legislation granting nurse practitioners (NPs) in New Mexico full prescriptive authority for Schedule II-V drugs without physician supervision, allowing them to practice independently without physician supervision, and recognizing NPs as primary care providers. As we celebrate the 25th anniversary of this groundbreaking legislation, we need to ask, "What's next?"

More states allowing full scope of practice

In 1993, when New Mexico lawmakers passed this pioneering legislation, only one other state, Alaska, allowed NPs to practice without physician supervision or collaboration (Birkholz & Walker, 1994).

Since that time much has changed, including how we define scope of practice. The American Association of Nurse Practitioners (AANP, 2018) provides an annual update regarding the status of NP scope of practice across the country. Their state regulatory map organizes states into three categories: full practice, reduced practice, and restricted practice.

Full practice versus reduced or restricted practice

Full-practice states, such as New Mexico, allow NPs to evaluate, diagnose, order, and interpret diagnostic tests and initiate and manage treatments, including prescribing medications and controlled substances with exclusive authority of the state board of nursing. They consider states that limit at least one element of NP practice to have either reduced or restrictive practice. The difference between reduced and restrictive practice states is whether they require collaboration versus supervision. Reduced practice states mandate

that NPs have career-long regulated collaborative agreements with another health care provider, whereas states with restrictive practice require career-long supervision, delegation, or team management by another health care provider.

AANP currently designates 22 states and the District of Columbia as permitting full practice, 15 as having reduced practice, and 13 as having restricted practice. Slowly but surely, NPs are successfully leveraging their legislative skills to increase the number of full-scope-practice states across the country.

A new initiative — CPR

A new initiative by AANP uses the familiar acronym for cardiopulmonary resuscitation, CPR, in a new context:

C

hampion

P

atients

R

esiliently

AANP designed CPR to assist NPs in refining their legislative skills (personal communication, AANP, Regional Leadership Meeting, February 10, 2018). Just as NPs follow a specific sequence before initiating cardiopulmonary resuscitation, so should they follow a sequence when deciding to pursue legislative advocacy.

The first step is to survey the scene. What is the current political environment? Is it the right time for the proposed legislation? The second step is to check the pulse. Are the policymakers responsive to the NP's priorities? The next step is to engage "bystanders," such as various community organizations, to support your cause. The fourth step, call 911, calls for NPs to use their resources, such as their local and national NP organizations. Providing aid appropriate for the situation reminds NPs to tailor their

approach to each particular case. Finally, don't give up! It's rare that a bill passes through the legislative process in the first round. Celebrate small successes and regroup for the next round.

Patient outcomes with NPs comparable to physicians

In spite of practice restrictions, NPs continue to focus on providing high-quality care to patients. Since the study by Mundinger et al. (2000) demonstrating that patient outcomes for NPs in ambulatory care were comparable to physician outcomes, more studies have validated the quality of care provided by NPs (Carter & Chochinov, 2007; Cooper, Lindsay, Kinn, & Swann, 2002; Horrocks, Anderson, & Salisbury, 2002; Oliver, Pennington, Revelle, & Rantz, 2014).

Time for turf wars to stop

The majority of healthcare providers, regardless of title, entered their profession to "care" for patients. We have the evidence to demonstrate the quality and effectiveness of our care. It's time for professional "turf" wars to cease and to focus on what we do best – care for our patients and their families.

Dr. Montoya is Interim Dean, Clinician Educator and Associate Professor at the College of Nursing, University of New Mexico. Contact her at:

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Don't forget to vote!

NMNPC balloting for
members of the Board of Directors and
nominating committee now open

President Elect

Lynda "Ann" Green

Secretary

Nicole Williams

Member at Large

Andrea Owens

Anita Ralstin

Region 1 Representative

No candidate

Region 2 Representative

Kimberly Lopez

Nominating Committee

Cheryl Brubaker

Kate Goldblum

Kathy Lopez-Bushnell

Regional Corner

News & Activities

Region

San Juan • Rio Arriba • McKinley • Sandoval • Los Alamos • Cibola • Valencia

Melissa Rietz, FNP-BC

1 Region 1 had a fantastic meeting in January with an Introduction to the Benefits of Essential Oils in Clinical Practice. We had the opportunity to network and meet a few of the nurse practitioners who recently moved to our part of the state. In March, the Prostate Cancer Support Association of New Mexico presented to our group remotely and provided valuable information on how we can provide the best possible care to our patients. Although I'm stepping down as Region 1 Representative in April, I'll continue to plan meetings until another member living in the Four Corners can take over. If you have any interest in learning more about what this role entails or how you can become a more active member in NMNPC please contact me at beeboymfr@gmail.com or our Executive Director, Rachel Bevan at RBevan@nmnpc.org.



Region

Taos • Colfax • Union • Santa Fe • Mora • Harding • Torrance • Guadalupe • Quay • Curry

Abby Rodriguez, FNP-BC

2 No report.

Do you provide care in a rural, under-served area? You might be eligible for a \$3000 credit because New Mexico offers a Rural Health Care Practitioner Tax Credit. Click [here](#) for the 2017 Tax Credit Application.



Region

Chacon • Socorro • Grant • Sierra • Hidalgo • Luna • Doña Ana

Elicia Currier, ACNP-BC

3 In area news, the Sigma Theta Tau-Pi Omega NMSU Chapter along with Southern New Mexico Advanced Practice Nurses and the UNM/NMSU Cooperative Pharmacy Program held an inter-professional conference at Hotel Encanto on March 9 and March 10. The purpose of the conference was to bring together healthcare professionals to share current guidelines and practices to better serve the community in Southern New Mexico. The conference provided a day and a half of continuing education on a variety of topics relevant for nurses, physicians and pharmacists.

Please remember that Region 4 holds our regular meetings on the 2nd Thursday of each month at 6:30 PM and we encourage all NPs to attend. Our next meeting will be on April 12th so mark your calendars now.



Region

Lincoln • De Baca • Roosevelt • Otero • Chavez • Eddy • Lea

Shawnna Read, ACNP-BC

4 Greetings from southeast New Mexico. Spring is upon us and so are lots of CE opportunities. Did you know all New Mexico advanced practice nurses with DEA registration and a controlled substance license must complete 5 hours on the management of non-cancer pain every two years? NMNPC is partnering with Lea County Nurse Practitioner Group (LCNPG) to offer a viewing of the previously recorded Non-Cancer Pain Management CE on Saturday, March 31, 2018 at Drylands Brewery in Lovington. Registration is \$60 for NMNPC or LCNPG members. The course individually sells for \$110. So take advantage of this huge discount — it's only offered annually. For additional information and registration instructions click [here](#).

Are you thinking about attending the NMNPC 2018 Annual Conference but can't do the travel? Region 4 is hosting a live viewing of the conference on Thursday, April 26 and Friday, April 27 at Pacific Rim in Hobbs. Join fellow NPs for food, networking and CE. As a reminder, Friday is all-pharmacology day. To enroll click [here](#).

Finally, the next Region 4 meeting is Monday, April 16, 2018 at 7:00 PM, location TBD. Come out and hear all the latest advanced practice happenings.



Region

Bernalillo

Michelle Peacock, FNP-BC

5 Our last meeting was January 18th. KC Devine Raver, MSN, FNP-BC presented an amazing class Intro to Compounding Medication. Vessel Health sponsored the dinner and location. It was a great meeting for NPs to discuss concerns and look ahead to legislative concerns. I recently attended the AANP Health Policy Conference in Washington, DC and look forward to sharing what I learned at our next meeting. Remember to put April 19th on your calendar for our next Region 5 meeting and spread the word to your friends. Also, if you have suggestions or topics you would like to know about please email me at region5@nmnpc.org.

