AMNP
Association of Missouri Nurse Practitioners
WINTER 2020

# REMOVING THE SHACKLES

Sarah Thompson – 12/9/19 St. Louis Post Dispatch

It may come as a shock to some that 97% of Missouri counties have a shortage of primary care and mental health providers. Making matters worse, at least 90% of new physicians choose not to practice in rural areas, creating immense challenges for people seeking care for everything from chronic back pain to autism. But while there is a clear solution, it has long been blocked by a campaign against facts. It's time for that to change.

Advanced-practice registered nurses are highly skilled clinicians with advanced degrees in nursing practice. While they are not considered medical doctors, these nurses provide basic diagnostic and chronic illness treatment, and 75% practice in primary care settings. When they are free to go wherever they are needed, they are a crucial part of bringing health care to underserved rural communities. In places where physicians are few and far between, advanced-practice nurses are increasingly in demand for their ability to fill the void.

Unfortunately, these highly skilled nurse practitioners are shackled by outdated state regulations that force them to collaborate with physicians within 75 miles of their practice. The physicians must regularly review charts and visit clinics in person to approve work that can be done without their input. And since there are so few rural physicians, there are severely limited options for nurse practitioners. This is especially frustrating because advanced-practice nurses are much more likely to practice in rural areas than physicians, especially when they are allowed to practice where they are needed.

Every year, legislation that would remove these shackles – which also include a restriction on prescribing medication and other critical activities without the approval of a collaborating physician – is brought before state legislators. And every year, it fails to gain enough steam to pass.

Now, as a new version of this bill was expected to be filed last week, the cycle is at risk of continuing. Some continue to make the argument that these skilled nurse practitioners will put physicians out of business if they are allowed to practice to the full extent of their training and expertise, a claim that is not based on any discernible facts. It certainly isn't based on comparisons with Iowa or any of the other 21 states that have allowed them to thrive independently and fill gaps in rural health care without any detrimental effects on physicians.

On the contrary, loosening the restrictions on nurse practitioners has been shown to greatly increase access to care, and the Missouri Foundation for Health has found that doing so could save Missouri $1.2 billion over 10 years.

Similarly, the other claim that advanced-practice nurses are not competent is based on a groundless fear that people will receive subpar care without a physician's oversight. Again, the facts readily tell a different story.

In truth, these nurses are clinical specialists who must complete a master's or doctorate degree as well as advanced clinical study. They are educated to diagnose and manage illnesses, prescribe medications, and refer to physicians when the need arises.

If their rigorous education isn't enough, consider that for decades, multiple studies have shown that the quality of care they provide is equivalent to physicians and often reduces costs for patients. And if that isn't enough, well, that's where fear comes into play.

Clearly, the debate needs to be refocused around what matters most: peoples' lives. In a 2019 report from the Commonwealth Fund, Missouri's health system is ranked 43rd in the nation; the same report states that disparities between rural and urban care are widening while the accessibility and affordability of care is getting worse. It's a fact: Rural communities do not have sufficient access to care. Another fact: The advanced-practice nurses capable of closing that gap are hamstrung by regulations requiring them to cede the authority earned from their education and experience to physicians.

It's long past time we gave rural Missourians access to convenient, quality care. To do that, we need to talk about facts, not fears. The health and well-being of the people in our state depends on it.

Sarah Thompson is the dean of the University of Missouri's Sinclair School of Nursing.

****Editor's Note: This article was originally published in the St. Louis Post Dispatch on 12/9/19.*

# PRESIDENT'S MESSAGE

## Happy New Year 2020

**Dr. JoAnn Franklin,**
**DNP, FNP-BC, GNP-BC, MHNP, FAANP**

As we look to the future, I would like to reflect on 2019 and say that AMNP has had an amazing 2019. Our accomplishments are a result

of our members coming together to improve Advanced Practice in Missouri.

As I reflect over the last year, I am so grateful to Dr. Chris Hemmer for providing Orthopedic Workshops all over the state. His tireless volunteer work is so impressive but if you know Chris it is just evidence of his professional commitment. He achieved the American Association of Nurse Practitioners "Missouri NP Clinical Excellence Award 2019." He serves not only providing workshops but also, we are blessed with him as our treasurer on the AMNP board.

Additionally, Dr. Tammy Bartholomew-Vandermolen was awarded the American Association of Nurse Practitioners "Missouri Advocate Excellence Award 2019' as a current member of our Advocacy Board. Tammy has served on our Advocacy committee for years but is also extraordinarily active and influential with the BJC organization being a lead for Nurse Practitioners in Advocacy and keeping BJC NPs in the loop.

These two national award winners are working with AMNP so that Missouri APRNs will benefit.

Once again our leaders are making a difference and both will be presented with these national awards at AANP Annual Conference in New Orleans in June.

Planning this next year happens on many levels. We currently have Dr. Lila Pennington, AMNP's senior policy analyst evaluating and structuring the Access Improvement for Missouri (AIM) bill. The AMNP AIM bill would take care of many issues preventing adequate access for our patients. In addition to her work on drafting legislation, Lila represented AMNP at the Nurse Practitioner Week Governor's Proclamation signing ceremony.

Additionally, the National State Board of Nursing Counsel (NCSBN) is lending national support to Missouri in the form of hiring a lobbyist for the explicit purpose of changing the "APRN document of recognition" to an APRN license. The purpose for this is it gives NPs a separate license for RN and APRN offered at the same time of year for the same fees. Separate licenses allow for treatment of each separately and can be used in Compact Agreements for RNs now and possible APRNs in the future.

Beyond the licensure bill, we plan on introducing multiple APRN bills to positively impact APRN practice in Missouri. Plan to join us on February 12, 2020 and April 8, 2020 for our AMNP Advocacy Days held at the State Capitol in Jefferson City. These advocacy days will provide APRN's with an opportunity to demonstrate grassroots support for APRN issues in advocating for 2020 legislative agenda. AMNP will provide a legislative webinar the day prior to each AMNP Advocacy Day to inform attendees about the legislative process and give updates on the status of bills.

In addition to Advocacy Days, the 6th Annual AMNP Show Me Conference will be held at Margaritaville Lake Resort on October 9-10, 2020. This conference is always a great place to learn, network and play so save the dates. We have repeatedly provided an exemplary agenda in an extremely fun venue so plan for this conference.

As the new year is upon us-- know that Association of Missouri Nurse Practitioners works daily to grow our organization so that APRN networking is Missouri wide. We will continue to provide meet and greets, workshops, an annual conference and a fierce legislative agenda with a focus to make Missouri APRN practice the best it can be in 2020!

# NURSE PRACTITIONER PRIVATE INCOME:
## MAXIMIZE IT WITH THESE 5 STRATEGIES

JD Medlink – 12/26/19

As a nurse practitioner managing a Private Practice, implement these 5 strategies to help increase your bottom line.

To continue providing services to patients, it's a necessity that you must get paid for your time. With operating costs continuing their upward ascent, it's vital to maximize reimbursement when you can. Yet, opportunities for Nurse Practitioners to maximize their private practice income are frequently missed. Omissions may result in lower reimbursements. Things like sloppy documentation and incorrect CPT codes can cause insurers to deny claims or pay less than they otherwise would. Did you know that approximately 80 percent of medical claims contain errors?

To make matters more challenging, the large corporate walk-in clinics seem to be popping up on every street corner, and in every strip mall. This phenomenon is causing a more competitive environment for the small Nurse Practitioner who wants to run their own business and provide value to their local community. It seems a perfect storm is brewing to make competing with the corporate healthcare leviathan all the more difficult. So in order to compete, providers need to be more nimble, think 'outside the box, and place emphasis on 'Service' and follow up. Providers also need to figure out how to get patients to choose the small clinic over the large corporate providers.

Large corporate providers might be able to scale their purchasing power, but they cannot scale the 'patient satisfaction level' the way smaller clinics can. So, here are five ways a solo nurse practitioner can maximize their private practice income to compete with the corporate giants, and best of all, win!

## #1 EMPATHETIC BEDSIDE MANNER

This is common sense. It's called treating someone like you want to be treated. It's empathy. It's compassion. It's winning people over with kindness. I remember my last experience with the 'Corporate Urgent Care" where I left feeling under-appreciated and rushed. It felt like all I was doing was contributing my good "Blue Cross Blue Shield Policy" to their bottom line. The 99213 I received would pay them in 14 days with no 'self-pay balance' for which they needed to send a statement on. The 15 minutes they spent with me likely netted them $150. In the world of medical insurance claims filing, I was the "Holy Grail". I get that my 15-minute office visit was used to offset the cost of the uninsured patient sitting in the waiting room, but at least treat me like you're glad to see me. I'm not asking for preferential treatment of course, just be a little less obvious you're trying to rush me out.

In the end, showing empathy and compassion will go a lot farther for the nurse practitioner who is running their private practice and will ultimately pad your bottom line.

## #2 COMMUNICATING...OUTSIDE THE EXAM ROOM

No one says you can't mail your Blue Cross patients a reminder that you do Well Checks, Sports Physicals, and x-rays. No one says you can't email your soon-to-be Medicare patients a Medicare and You pamphlet. Sending your Blue Cross patients a birthday card? Well that goes back to the aforementioned #1 'empathetic bedside manner' and the "winning people over with kindness" mantra. Communication is still a virtue many people appreciate. So the age-old challenge becomes how do providers stay in communication with patients once they leave their office? Here are a few methods of communication you should consider:

## EMAIL MARKETING:

In the digital age, correspondence with patients can be cheap but often time less effective. We've all become calloused by email bombardments and mail solicitations to get us to change our behavior. Reaching your desired outcome with email and 'snail mail' is like throwing spaghetti against the wall and seeing what sticks. But it's worth it, because some of the spaghetti is bound to stick! Do not overlook this with obtaining patient email addresses, especially younger ones. Not for the purpose of providing any health information, but to communicate with your patients. Keep in mind that if your solicitation is "warm", they are likely to click on your email because they know and trust you.

## SO HOW DOES A NURSE PRACTITIONER GATHER EMAIL ADDRESSES?

First of all, have your front desk say to patients at registration: "Please include all means of contact, including email, in case the nurse practitioner needs to contact you". This is crucial, and most patients are willing to provide their email address when asked this way.

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Think of the hidden value of email lists. If you ever go to sell your business, what's more valuable? A practice with 2,000 active patients, or a practice with 2,000 active patients and 20,000 email addresses? You guessed it. The latter. According to the Privy Network, each email address collected can be worth up to $15.23 in sales. This obviously differs from industry to industry, and health care may be an anomaly, but even if one email could generate $10 in income on 2000 patients, that's an extra $20,000 per year.


Another option is to add a blog to your practices website, and create content. This is a huge value add to the overall worth of your practice. A blog and a website are intellectual property, and people pay big money for this kind of intellectual property. Smartblogger posted a blog article about 10 bloggers making over a $1,000,000 per year from their websites. A blog raises your profile in search engines. Websites with keywords that appear on the first page of Google aren't there by mistake, they've created content related to the specific keyword searched. A blog with 1,000 'Search Engine Optimized" keywords may be able to add another $100,000 per year of value to your practice. Content creation can be hired out through websites like Fiverr.com and Freelancer.com. So this means you don't have to have a New York Times writer on staff, just someone with a willingness to write content and who knows a little about Search engine optimization.

## # 3 RVU MUST MONITOR PRODUCTION!

RVU's are commonly known as Relative Value Units, or as we like to call it 'Restoring Vested Urgency'. In a nurse practitioners private practice, it's a great way to incentivize the providers in your clinic.

It takes altering the mindset of providers at a medical facility from 'wage-earner' to 'producer' and this almost always takes enticement. Enticement can be many things, but in the case of RVU's, it's of a monetary nature. Restoring Vested Urgency is simply getting providers to be 'vested' in the "mission" and rather than thinking like a wage-earner, for them to think like business owners. The "mission" is to care for people, first and foremost, but it's also to make a living. In order to make a living, and keep up with inflation, you need to make a profit year after year.

So, how do we make a profit? Simple economics of course. Take in more than you pay out. But its simply not that simple! As you know there are a lot of moving parts to running a medical clinic, some of which are out of your control. One of the parts you can control, is how you pay the providers in your clinic, and the best way create a "Vested Urgency" is to implement an RVU bonus program.

## WHAT ARE RVU'S AND HOW CAN THEY BE USED TO INCENTIVIZE?

People are inevitably going to do what is convenient...to them. Sometimes it's more convenient to give the patient a shot when you want to hurry off to your lunch date, rather than an office visit and subsequent 99213. But what if that 99213 was tied to a RVU bonus? It will change providers' behavior, it will make them more competitive, and they may end up deciding that lunch can just wait a few extra minutes.

If you're planning to implement an RVU Bonus Program, please don't forget to do these:

- Track the RVU's. Seems simple, but without a tracking mechanism it's useless knowledge. Choose a Practice Management program or billing company which can offer RVU Tracking like we do at Medlink Services.
- Make bonus payments monthly, not quarterly. This way the provider remains 'engaged', and by receiving feedback on a regular monthly basis, it will reinforce Productive Behavior. Quarterly is too long. Think of "the carrot and stick" analogy; you wouldn't have a stick that was so long, the horse mistook it for beets, or mushrooms, or some other undesirable vegetable, would you?

## #4 KNOW WHICH E/M CODE TO USE... AND DON'T BE AFRAID TO USE IT

The Evaluation and Management (E/M) service is the most common service provided by nurse practitioners. Most patient visits require the use of an E/M code. Therefore, it is essential to choose the right code. However, incorrect evaluation and management codes are often selected either out of fear of your not substantiating the chosen level of care, or maybe the fear of being audited.

Either way you've miscoded, which is often the result of lost revenue, sometimes significant. In 2012, the American Academy of Professional Coders (AAPC) conducted a review of more than 60,000 medical billing audits. More than a third of the records examined were under-coded. This represents an average loss of $64,000 in revenue per provider. You can avoid this by selecting the correct E/M code.

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How do you choose the right E/M code? Complexity is the key to choosing the correct E/M level. These codes are based on the presenting problem, patient history, examination, and medical decision making. Here is a handy chart to help you select the correct code.

**LEVEL OF CARE CODING** KEY COMPONENTS

| CPT Code | Presenting Problem | Patient History | Examination | Medical Decision-Making |
|---|---|---|---|---|
| 99201 | Is self-limited or minor; the provider typically spends 10 minutes face to face with the patient and/or family | Problem-Focused | Problem-Focused | Straightforward |
| 99202 | Low to moderate severity; the provider typically spends 20 minutes face to face with the patient and/or family | Expanded Problem-Focused | Expanded Problem-Focused | Straightforward |
| 99203 | Moderate severity; the provider typically spends 30 minutes face to face with the patient and/or family | Detailed | Detailed | Low Complexity |
| 99204 | Moderate to high severity; the provider typically spends 45 minutes face to face with the patient and/or family | Comprehensive | Comprehensive | Moderate Complexity |
| 99205 | Moderate to high severity; the provider typically spends 60 minutes face to face with the patient and/or family | Comprehensive | Comprehensive | High Complexity |

Source: Centers for Medicare and Medicaid Services

## #5 IMPLEMENT A ROBUST PATIENT PAYMENT PROCESS!

First and foremost, teach your front desk how they can accurately verify when a returning patient has a balance. The front desk must be confident in this or they simply won't ask. Does your system clearly show when a balance is due?

Nurse practitioners typically generate 20-25% in revenue from patient payments. A drop in patient payments to 10% can potentially put a nurse practitioner out of business. You must have a robust patient payment process like Medlink Services has.

Here are some tips to help your staff build confidence when asking for payment at the time of service.

- Not asking a returning patient to pay an old balance is essentially giving them the authority to not pay for this visit.
- Automate your Statement Process
- Have a consistent and immediate method for moving accounts to patient balance when both the primary and secondary payers have paid. The longer time lapses, the greater the opportunity the patient has to move or change their phone number.

Time is not on your side. It is said that collectability drops by 80% once the patient leaves your office. Not having the correct address or phone number increases this immensely. The longer time goes by from when the patient leaves your office to when they receive their first statement only hurts your chance of payment.

When asking for payment, teach your staff to ask "how" they want to pay today, not "will" they pay today. Use statements like "We take Visa, Mastercard, or Discover, which would you prefer?". Or, "your total is $30 today, would you like to write a check for that?".

Making a firm statement then asking for payment will put your staff member in a position of authority, and patients are more likely to pay when the message is delivered by someone in a position of authority. This practice will certainly increase your patient payment revenue.

Remember; your practice is a business and businesses succeed when they are profitable.

These five strategies will certainly help you maximize your nurse practitioner private practice income.

**To learn more about what you can do to maximize your income, contact Jim Driscoll with Medlink Services at 888-590-2959 or by email at** jim@medlinkservices.com

# 2020 CALENDAR of EVENTS

**To add and event in your area, please email it to us at**
nursepractitioners@missourinp.org

## JANUARY

**5th** - Monthly Board Meeting

**7th** - Advocacy Committee Meeting

**15th** - Membership Committee Meeting

**21st** - Advocacy Committee Meeting

**23rd** - KC Meet & Greet

**29th** - St. Louis Meet & Greet

## FEBRUARY

**4th** - Monthly Board Meeting

**11th** - Advocacy Day Webinar

**12th** - Advocacy Day

**18th** - Advocacy Committee Meeting

**19th** - St. Louis Meet & Greet

**20th** - KC Meet & Greet

**20th** - Springfield Meet & Greet

**22nd** - NW Region CE Course

## MARCH

**3rd** - Advocacy Committee Meeting

**8th** - Monthly Board Meeting

**17th** - Advocacy Committee Meeting

**19th** - KC Meet & Greet

**24th** - St. Louis Meet & Greet

**28th** - KC Region CE Course

**31st** - Advocacy Committee Meeting

## APRIL

**7th** - Advocacy Day Webinar

**8th** - Advocacy Day

**8th** - In Person Board Meeting

**14th** - Advocacy Committee Meeting

**15th** - Membership Committee Meeting

**28th** - Advocacy Committee Meeting

# EXPAND ACCESS TO HEALTH CARE BY EXPANDING THE ROLE OF NURSES

BY JEREMY CADY, CRAIG EICHELMAN ON DECEMBER 9, 2019

It's no secret that the U.S. faces health care challenges in the years ahead – with an aging population, anticipated doctor shortages, and numerous other issues. Missouri isn't exempt from these problems, but the good news is that the state legislature has the opportunity to adopt common-sense reforms that are working in other states that would improve health care and alleviate the coming shortages.

While the data are clear that America will need more physicians in the years ahead, there are already signs that America's doctors are stretched too thin today. Besides the many troubling reports about rural communities underserved by physicians, the American Medical Association reports that 44 percent of U.S. physicians exhibited at least one symptom of burnout in 2017 – down from the 2014 peak, but still alarmingly high.

Even more troubling is that things are likely to get worse. According to the Association of American Medical Colleges, the U.S. could face a shortage of about 122,000 physicians by 2032, as our over-65 population grows by nearly 50 percent. American physicians are aging along with the rest of the population – with about one-third of all active doctors expected to be older than 65 in 10 years – creating the potential for higher-than-expected retirement numbers.

This demographic time bomb presents a special challenge for Missouri. Only 17 states have more residents over the age of 65. And our state has seen eight acute hospitals in rural areas close in the past five years, leaving 44 counties without a hospital. As the shortage of physicians grows in the years ahead, rural areas are expected to be hurt more than other areas.

But doctors aren't the only people who can care for patients.

The number of physicians' assistants (PAs) and advanced practice registered nurses (APRNs) is likely to continue growing. These skilled professionals represent a valuable resource and a part of the solution to our challenges.

The American Association of Nurse Practitioners includes Missouri among just a dozen "restricted practice" states – meaning the ability of a nurse practitioner to engage in at least one element of NP practice is restricted. Dozens of other states – including Kansas, Illinois, Iowa, and Arkansas – allow greater flexibility for nurse practitioners to do things such as evaluate patients, interpret diagnostic tests, and start and manage treatments.

The fact is, nurse practitioners are already trained and qualified to perform these tasks. The problem is that state laws do not permit them – except with the supervision of a doctor. This is a waste of talent and training – one that unfairly limits them, and also undermines quality of care. Our laws should allow them to practice the full extent of their medical expertise – independent of a doctor's supervision, if they choose.

Missouri's rules dealing with physicians' assistants and advance practice registered nurses are outdated, and they are holding down the quality of health care in our state. Rural and underserved areas are feeling the pain of these shortsighted policies as much as any part of the state – probably more.

As Missouri's health care needs grow in the years ahead, these burdensome restrictions will grow more costly and damaging.

Expanding the role of nurses would also expand choice for consumers. It would mean more providers for the many services for which nurses are qualified, and it would liberate doctors to focus more on services that nurses are not qualified to offer. That's a win-win for patients – greater access to care and a greater focus from Medical Doctors in critical areas. It also increases the likelihood that underserved communities will get the care they need.

What's more, there's no shortage of good examples of how these reforms might work in practice. Because numerous states already empower nurse practitioners to do more to help patients, we can look at what has worked and adopt those changes here.

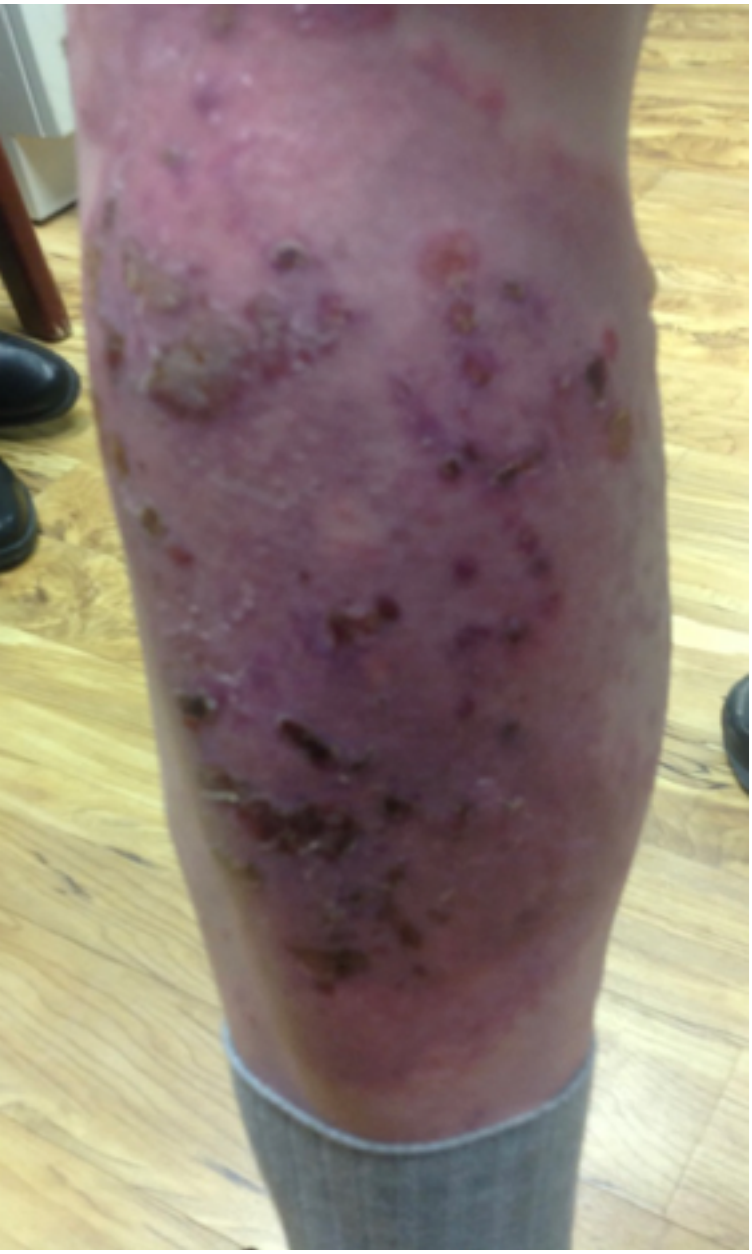
Reforming scope-of-practice laws is a great first step toward expanding and improving health care for some of the neediest communities in our state.

We can't afford not to act.

****Editor's note: This editorial was published in the Missouri Times on December 9, 2019.*

# ITCHY BLISTER: A MINI DERMATOLOGY CASE STUDY

*Kathy Haycraft*
*DNP, FNP/PNP-BC, DCNP, FAANP*



## THE PATIENT PICTURED ABOVE ENTERS YOUR CLINIC WITH THESE HARD BLISTERS ON HIS LOWER LEG.

- He has had them for two weeks and they are very hard to break open..he has tried on multiple occasions.
- He complains that they are mildly itchy and mildly painful.
- He has HPN, DM2, and takes a beta blocker and metformin.
- His primary care provider treated him for cellulitis for one week with Bactrim DS.

## WHAT IS YOUR DIAGNOSIS?

- **Bullous pemphigoid**
  - Disease that remains in NORD (National Organization of Rare Disorders)
  - Autoimmune disease, chronic (2 to 5 years)
  - Disease can affect mucous membranes of eyes, genitalia, oral and esophageal area
  - Associated with increased age with chronic disease esp. those with diabetes, psoriasis, rheumatoid arthritis, medications such as Enbrel, Azulfidine, Lasix, Penicillin, radiation for cancer
  - No gender preference

## CAUSES/DIAGNOSIS

- Antibodies attack the binding agent (hemidesmosomes) between the epidermis and the dermis (resulting in a firm blister).
- A punch biopsy should be performed at a new lesion. Ideally the H&E will be obtained at the edge of the new lesion. A DIF (direct immunofluorescence (DIF) may be taken from normal skin a few MM from the lesion.
- The autoantibodies can be measured by serology and may measure disease severity and response to treatment (BP 180 and 230 ELISA).

## SYMPTOMS/TREATMENT

- Tense blisters with negative Nikolsky and Absoe Hansen (blister does not flatten or move upon pressure) test
- Intense itching may precede the blisters for weeks and in some rare cases, may be the only symptom of the disease.
- Blisters tend to occur on flexor surfaces of the extremities.
- Treatment is done in dermatology and involves immune suppression via steroids, mycophenolate, or newer agents such as rituximab.
- Practice pearl…keep this on your radar when you are examining older patients with itch and hard blisters.

# GOVERNOR'S PROCLAMATION

November 12, 2019

On Tuesday, November 12th, Governor Mike Parson met with NP leaders from across Missouri to proclaim the second week of November as NP Week.

As a rural citizen, Parson is very familiar with the challenges of health care access and the solutions that NP's can provide. The governor cited NP education, training, and scope of practice in the proclamation while noting "nurse practitioners are truly partners in the health care of their patients" and "the excellence, safety, and cost-effectiveness of the care provided by nurse practitioners is established and well documented".

Attending the event were representatives from AMNP and other nursing organizations, including current board members Lila Pennington, Laura Kuensting, and Rose Johnson as well as former board members Tammy Bartholomew and Margaret Benz.

During NP Week and every week of the year, we celebrate the value of NP's and your contributions to delivering high quality health care for your patients and your communities.

# 2020 LEGISLATIVE PREVIEW

Derek S. Leffert
Executive Director/CEO - AMNP

Lawmakers returned to Jefferson City in January for the 2020 legislative session. A host of high profile priorities will dominate discussion in a presidential election year.

On the House side, incoming speaker and current majority floor leader Rep. Rob Vescovo will seek to put his stamp on directing caucus priorities in addition to Speaker Elijah Haahr attempting to tackle big-ticket items as part of his last hurrah.

For the Senate, President Pro Tem Dave Schatz will have to deal with several factions in his own party and possible vacancies due to appointments. The Senate is expected to move at a slower pace than usual this year with several senators already signaling their intentions to slow debate on specific caucus measures.

For both chambers, expect significant discussion on the following:

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**CLEAN MISSOURI** - In November of 2018, voters passed a ballot initiative that prohibited lobbyist gifts and barred legislators from becoming lobbyists. However, a measure that was quietly tucked into the same amendment created an unelected state demographer position appointed by the state auditor to redraw legislative districts. Lawmakers will aggressively seek changes to the demographer provision as it negates the voice of the legislature in drawing the legislative district boundaries.

**TRANSPORTATION FUNDING** - Despite passage of bonding solutions last year, lawmakers will once again turn their sights towards transportation funding. Although it is a high priority for Sen. Schatz, there seems to be little appetite from the remainder of the legislature for tax increases to fund transportation projects, particularly in an election year. Nevertheless, expect the issue to consume quite a bit of debate.

**GUN VIOLENCE** - With homicide rates in Missouri's two most populous cities soaring, urban legislators are talking to anyone who will listen about mechanisms for addressing gun violence. While additional gun control measures is a non-starter, Republicans have signaled a willingness to look at additional law enforcement tools to help curb violent crime.

**EDUCATION FUNDING** - Similar to every other year, education funding for primary/secondary and higher education will dominate much debate, especially in the appropriations process. In a year with some significant budget obstacles, legislators will have to be creative to find ways to maintain or increase funding as they have done since 2005.

**CHARTER SCHOOLS** - With declining academic proficiency in urban public schools, the perennial debate on charter schools will no doubt surface. While there is broad bi-partisan support, there is also bi-partisan opposition. Look for the charter school issue to be a substantial component of the overall education discussion.

**WORKFORCE DEVELOPMENT** - A strong economy and limited workforce means Missouri employers are getting more and more desperate for labor. As one of Governor Parson's and the Missouri Chamber's top priorities, expect workforce development to be front and center throughout the legislative session.

# 2020 LEGISLATIVE PREVIEW

In addition to a slew of bills filed to address the aforementioned issues, legislators have filed hundreds of pieces of legislation during the prefiling period. AMNP is currently tracking dozens of bills for possible action related to health care.

With respect to APRN-specific legislation, several bills have been filed to amend statutes regarding APRN practice, with additional bills pending that AMNP will be both supporting and opposing. The list of bills filed to date with impacts to APRN's are as follows:

**HB 1441** - Filed by Rep. Schroer, this bill establishes an APRN license for NP's and other APRN's throughout Missouri. Currently, NP's in Missouri operate off of a RN license and a document of recognition from the Missouri State Board of Nursing. This measure made it much of the way through the process last year before stalling out in the final days of session. Look for the measure to be revived this year with the potential for other APRN priorities to be added.

**HB 1617** - Filed by Rep. Kelly, this bill eliminates the requirement to maintain geographic proximity for NP's working in alternatives to abortion agencies. This bill received broad bi-partisan support last year in the Missouri House.

**HB 1816** - Filed by Rep. Kelly, this bill removes the requirement to maintain geographic proximity in all counties except Class 1 counties.

**SB 714** - Filed by Sen. Burlison, this bill is identical to HB 1441 in that it creates a license for APRN's.

Throughout the session, we will be asking for you to engage with your elected officials and take action on legislative matters. Please do all you can to ensure that we speak with a unified voice to improve the climate for Missouri NP's and our patients. If there is something that we can assist you with or questions we can answer, please contact us at **573-533-5062** or email us at nursepractitioners@missourinp.org .

# AMNP PRESIDENT AWARDED:

## MISSOURI-METRO EAST MARCH OF DIMES RESEARCH NURSE OF THE YEAR

Dr. JoAnn Franklin, DNP, APRN, GNP-BC, FNP-BC, PMHNP, FAANP, received the **2019 March of Dimes Missouri-Metro East Research Nurse of the Year Award** working in the Missouri Quality Initiative (MOQI) CMS Research Grant. Franklin worked with the MU Sinclair School of Nursing for 6 1/2 years. Missouri led 7 CMS geriatric grant states in quality outcomes and Franklin led Missouri in the best positive outcomes in her nursing home of 16 nursing homes in Missouri. National geriatric best practice will result from all CMS grants.

JoAnn Franklin acceptance speech of **March of Dimes Missouri Metro East Research Nurse of the Year**. There were 840 nominees with 172 finalists in 20 categories. Twenty-two nurses were awarded with ties in two categories.

JoAnn Franklin Research Nurse of Year with other research nominees present at the March of Dimes Gala on November 9, 2019 at the Renaissance Saint Louis Airport Hotel.

# SAINT LOUIS REGION MEET AND GREET
## DECEMBER 2019

***Dr. Chris Hemmer***

Dozens of local nurse practitioners and student nurse practitioners met this December at the St. Louis Region meet and greet sponsored by Coloplast (men's health products). In addition to the many currently practicing NP's, there were several NP students from UMSL present. The educational topic was on men's health presented by Dr. Bullock, a local urologist with Washington University. Dr. Bullock works with a nurse practitioner who was also present and shared her insight into treatment of common men's health issues. This forum allowed



future NP's to discuss challenges and expectations with many other seasoned nurse practitioners and an open discussion after the presentation to share knowledge with AMNP board member Dr. Sue Dawson and local NP faculty Dr. Laura Kuensting.

As part of our efforts to provide continued networking and educational opportunities, the regions throughout Missouri will host regular meet & greet events. The events are always free and provide a great opportunity to network.

To check for events in your area, please visit the events section at www.missourinp.org

# MEMBER SPOTLIGHT
## Dr. Susan Dawson
– Ed.D, PMHNP-BC

Dr. Susan Dawson is a board certified clinical nurse specialist and nurse practitioner in adult psychiatry. She has served as a Professor, Director and Dean of nursing for 30 years in Iowa, Texas, Illinois and Missouri, and has had a practice since being certified 25 years ago in advanced nursing. Her practice has focused on underserved populations. The health and wellness of her clients encompasses a holistic approach to mental and behavioral health services to achieve the best outcome for each patient.

Within the populations she serves, she has identified increased issues of addiction and has added these skills to her practice. Her goal is to work in an integrated way to increase integrated care with understanding of these issues.

Her passion is to serve those in her own home city of St. Louis as the St. Louis regional representative on the Association of Missouri Nurse Practitioners Board of Directors.

Recently Dr. Dawson has been appointed to the Federal Intergovernmental Agency Advisory Board on Substance Use. She hopes that bringing all of the data and issues from Missouri advanced nursing practice into focus at the Federal level will be valuable to all of us in this organization.

Thank you Sue for your commitment to your patients, your profession, and AMNP. The organization is blessed to have your leadership and insight.

# AMNP CALL FOR NOMINATIONS

## *BOARD OF DIRECTORS 2021-2022*

The membership committee of the Association of Missouri Nurse Practitioners Board of Directors will soon be seeking candidates to lead the organization in 2021 and 2022.

On March 1st, the call for nominations will open and conclude at the close of business on March 31st. Candidates for office may be nominated by a current AMNP member or may self-nominate if they are interested in a slot. The membership committee will vet all nominees and submit a slate of candidates to the Board of Directors for ballot approval. The list of candidates and their CV's/resumes will be published in June for a full month before elections open electronically to AMNP members in July.

All candidates must be practicing APRN's and members in good standing in order to be nominated and seated on the AMNP Board. Successful candidates will participate in monthly board meetings (usually via web conference) with two in-person board meetings each year. Elected candidates will be invited to attend the last four monthly meetings of the board beginning in September of 2020, with the official two-year term beginning on January 1st, 2021.

Offices up for nomination/election are as follows:

- Vice President
- Secretary
- Treasurer
- Advocacy Chair
- Professional Development Chair
- Membership Chair
- Central (Columbia/Jefferson City) Region Representative
- Kansas City Region Representative
- Northeast (Hannibal) Region Representative
- Northwest (St. Joseph) Region Representative
- Southeast (Cape Girardeau) Region Representative
- Southwest (Springfield/Joplin) Region Representative
- St. Louis Region Representative

Serving as a board member of your professional organization is a way for NP's to give back to the profession through leadership and decision making on policies that will affect your patients and your profession. We encourage NP's of any and all experience levels to consider running for a board position.

If you'd like more information about the AMNP board, please contact our office at **573-533-5062** or email us at nursepractitioners@missourinp.org

# SAVE THE DATE

## 6TH ANNUAL SHOW ME STATE CONFERENCE

**OCTOBER 9-10, 2020**

Margaritaville Lake Resort

494 Tan Tar A Dr. Osage Beach, MO 65065

REGISTRATION

AMNP Member - $350

Non-Member - $400

Retiree/Student - $300

# AMNP

Association of Missouri Nurse Practitioners

TO REGISTER, VISIT www.missourinp.org