New Jersey State Nurses Association
Forum of Nurses in Advanced Practice
General Meeting
October 21, 2006

There were 28 attendees, including ten students from Ramapo College of Nursing. The presentation was given first, followed by the General Business Meeting.

1. Diabetes Mellitus and CAD—presented by Myrelleen L. Merry, BS, CNMT, Teresa DePeralta, Professional Education Chair, introduced the speaker and thanked Bristol-Meyer-Squibb for sponsoring the speaker and breakfast.

2. The meeting was called to order at 10:50AM by President Maryanne Crowther. She announced that a Publicity Chair is needed to write articles in the NJ Nurse.

3. Treasurer’s Report—in Mary Krug’s absence, Harriet Berliner announced that the current FNAP balance is $11,771.84

4. Secretary’s Report/Educational Awards: Harriet Berliner
   Presently paid membership is 336, of which 45 are NOT NJSNA members. The Nancy Fortna and FNAP Members Only educational awards have updated application forms online at the NJSNA website. The Colleges of Nursing have received forms and an announcement has been placed on the listserv and in the NJ nurse. Completed packets are due back by Jan. 15, 2007. The annual FNAP dues announcement will be mailed in Jan. 2007.

5. Nominations: Trish Vigna, Chair
   Mary Krug has won a second term as Treasurer. Shelly Schneider will be assisting on various program committees.

6. Listserv: no report

7. Practice, Regulatory and Legislative Update: Carolyn Torre, RN, MA, APN,C., NJSNA Director of Practice
   There was a five page handout given at the meeting. It will be attached to these minutes online.

8. NJSNA Insurance Task Force: Mary Ellen DeMartini, Immediate Past President
   Mary Ellen, Maryanne Crowther, and Andrea Aughenbaugh met with the Medical Director at Horizon BC/BS to discuss reimbursement issues. They have stopped reimbursing APNs and also did not know what APNs actually do. A proposal to include APN’s in screening Horizon insurance members is being addressed.
9. **NJSNA new Website:** there is a section for the FNAP that includes minutes from the past two years. Scholarship and membership forms can be accessed directly.

10. **Fall Program:** Grace Reilly, Chair, President-Elect  
    Sat., Nov. 11, 2006  
    St. Peter’s Medical Center, New Brunswick, NJ  
    **Billing and Coding Workshop** presented by Jim Meeks, PA-C. Lecture will be presented from 8AM-11:15 AM. Then box lunches will be dispensed and there will be a one hour panel of experts to discuss their own office experiences on insurance, billing issues, tracking revenue, reimbursement, etc.

11. **New Business:**
    - MARC-NP Conference, April 19-21,2006 was attended by Mary Krug  
    - AANP Regional Leadership Conference was attended by Kris Olson and Maryanne Crowther  
    - November is National Nurse Practitioner Month—Nov. 5th-11th is National Nurse Practitioner Week Maryanne has contacted Gov. Corzine for a NJ Proclamation for APN Week  
    - AANP and FNAP State Awards for Excellence in Nursing are seeking applicants. Applications must be received by Mid-January 2007.  
    - ACNP: Mary Ellen DeMartini, Liaison  
      There will be a five day leadership conference in Feb. 2007, which will include exposure to lobbying. They are seeking nominations for national office as the NJ State Representative.  
    - NJ State Awards for Excellence in Nursing are seeking applicants. Applications must be received by Mid. Jan. 2007.

No further business was presented.  
The meeting was adjourned at 12:15 PM.

Respectfully Submitted,

Harriet Berliner  
FNAP Secretary
ATTACHMENT:

FNAP Meeting 10/21/06
Practice/Regulatory and Legislative Update
Carolyn Torre RN, MA, APN,C., NJSNA Director of Practice

Regulatory Issues:

- **Department of Banking and Insurance (DOBI) meeting:** In August, 2006 Andrea Aughenbaugh, NJSNA CEO and I met with DOBI to discuss regulations related to 8:38A: the Health Care Quality Act; these regulations deal with HMO law. Back in 6/05, when the HMO division was still with DHSS, a regulatory analyst there had published proposed changes to this law that included removal of APNs from the list of providers who could be designated PCPs (Primary Care Providers) b/c in this analyst’s words, the dept. was “unaware” of these providers being used as PCPs in HMOs. NJSNA registered concern with DHSS and were told that the regulation would be republished once the dept. moved to DOBI. Indeed they were republished without the proposed removal of APN language. However, NJSNA remained concerned that DOBI might proceed to reintroduce such changes in future, so having received no response from the regulatory staff, wrote to Commissioner Goldman in May 2006 seeking a meeting. Sheila Kenny, DOBI Director of Legislative Services, her boss, Robert Melillo and Chanel McDevitt, a regulatory analyst (who had incidentally been responsible for the original language changes at DHSS) represented the Dept. Both Ms Kenny and Mr. Melillo asked many questions and NJSNA spent considerable time describing the roles of APNs, the law underpinning their practice and emphasizing their increased credentialing, empanelling and direct reimbursement as PCPs by HMOs. It was clear to them that removing APNs from HMO law would eliminate a valuable health care option for NJ consumers. This was a very positive meeting for APNs.

- **APN Titling/Certification Categories in Draft APN regulations now at BON.** You may recall discussion at previous FNAP meetings about the BON’s proposed draft regulations related to APNs in which they were planning to limit APN Certification categories to a fixed list. NJSNA had opposed this fixed list suggesting that the Board should allow certification categories consistent with national APN certification and had written letters to the Board and shared NJSNA’s Position Statement on APN titling with them to no apparent avail. Pat Murphy was appointed as APN representative to the Board of Nursing in Jan. 07. We discussed the issue informally and in August, I met with her to review the issue thoroughly since she had requested it be on the 9/19/06 BON agenda. I provided her with copies of letters I had written to the BON and with the NJSNA position statement. Following the meeting with Pat, I developed bullet points describing the history and nature of the problem for her use in discussion with the Board; as part of these points, I shared suggested language for the regulation. Pat had invited Lucille Joel to the BON meeting to lend an expert voice to the
discussion and I had an opportunity to discuss the points with her prior to the meeting. Outcome: the BON agreed to drop the fixed list and to adopt language similar to that suggested by NJSNA which would require that the APN have met all the specifications of the statute, completed a course of study in an APN specialty (the statute requires a master’s degree in that APN specialty) and submitted evidence of current national certification in an APN specialty by a national certifying body accredited by the American Board of Nursing Specialties or the National Commission for Certifying Agencies. Note that ANCC, AANP and NAPNAP are all accredited by both these agencies. This was a very positive outcome for APNs and demonstrates the necessity for cooperative efforts between educational, professional association and governmental representatives for policy change to be effected.

Legislative Issues:

- **Pronouncement of Death:** P.L. 2006, C. 86 was signed by the Governor August 21, 2006 and “takes effect” 60 days after enactment, which means today. This law allows nurses to pronounce death in all settings, including acute care and to complete that portion of the death certificate related to pronouncement. It does not authorize nurses to certify the cause of death; that must still, by law, be done by a physician. Additionally, it does not allow nurses to pronounce brain death.

Practice Issues:

- **APN Reimbursement:** Maryanne Crowther, Mary Ellen DeMartini and Andrea Aughenbaugh met at my request with the Chief Medical Officer of Horizon BCBS on 9/18/06. NJSNA requested this meeting because we have received complaints from APNs about not being reimbursed or no longer being reimbursed by BCBS. Most often, APNs relayed that BCBS stated that APNs could not be reimbursed except through their collaborating physician’s number. (Other APNs, in particular, CNSs in Psych. have been being reimbursed by BCBS until recently; explanation: supervision necessary). Maryanne or Mary Ellen can relay exactly what happened at the meeting if you’d like, but in summary, many questions were asked and answered. It was clear at the meeting, that BCBS did believe that APNs must, by law, be supervised. Since that meeting, we have received copies of Standards of Participation in Horizon BCBS Managed Care Networks and in PPO Networks. The copies were sent with the following comment by James Dell’Arena, Dir. Network Operations, “Please note that Horizon does not require "supervision" but that the Certified Nurse Midwife (CNM), Advanced Practice Nurse (APN) and Physician Assistant (PA) shall have an established, consultative, collaborative management and referral relationship with an appropriate Horizon participating physician who shall maintain a relationship with no more than three such physicians or healthcare professionals.” We are still in the process of reviewing the Standards before writing a response but among the items that jump out: the APN must have a collaborative relationship with a physician empanelled by H. BCBS in order to herself, be empanelled. Whether
this meeting will ultimately have an impact on APN reimbursement by Horizon BCBS remains to be seen, but it puts them on notice that NJSNA is aware there a problem and it may result in at least a correct interpretation of their own standards by their own employees.

NJSNA intends to schedule meetings with other insurers in future to determine their policies re. APN credentialing and reimbursement.

- **Coalition for Patient’s Rights:** The American Nurses Association (ANA) recently joined 24 other healthcare groups in the formation of the Coalition for Patient’s Rights (CPR) whose aim is to combat the efforts of the American Medical Association, in cooperation with other allied groups, to limit the scope of practice of non-physician providers. CPR is concerned that the AMA’s “Scope of Practice Partnership” whose explicit purpose is to “study the work and qualifications” of “allied health professionals,” particularly those in rural and underserved areas, is in reality, intended to reduce patient’s access to licensed, qualified providers such as advanced practice nurses, psychologists, physical therapists, nurse midwives, nurse anesthetists, chiropractors and others.

CPR has issued a statement requesting that AMA stop their campaign to actively interfere with the practice of other licensed and qualified non-physician providers. CPR plans to oppose legislation at the state level which will limit provider options for patients.

For a list of CPR members and to read more about the nature of this coalition go to http://www.patientsrightscoalition.org

**Recent Practice Questions:**

- **National Provider Identifiers (NPIs):** When will these be required? All APNs should apply for an NPI now since this number will, by May 23, 2007, be the identifier insurance companies and other health care entities use. (Small businesses have until May 23, 2008 to comply).

Once the NPI is required, the DEA number should no longer be requested as an identifier (unless you are prescribing a controlled substance) which is something long overdue, since its use related to identifying a legitimate prescriber is and has been inappropriate. The web address for applying as a provider to obtain the NPI is: https://nppes.cms.hhs.gov/NPPES/Welcome.do The process takes only about 10 minutes. There is a link to a Q&A page at DHSS on this page which covers many of the questions that have arisen re. the NPI.

- **Q: Can an APN work as a registered nurse first assistant (RNFA)**
  A: Yes. Like an RN, she can work as an RNFA, if she has met the requirements specified in the Board of Medical Examiner’s rules: N.J.A.C. 13:35-4.1 Major Surgery: qualified first assistant: she is **qualified** to do so and the institution in
which she is employed has **credentialed** her to work as an RNFA. The Association of Perioperative Nurses (AORN) has defined the standards for education for an RNFA at [http://www.aorn.org/Practice/pdf/RNFAEdStand06.pdf](http://www.aorn.org/Practice/pdf/RNFAEdStand06.pdf)

Since few APN programs are focused on perioperative nursing practice the APN, like the RN, will have completed an RNFA educational program to meet this requirement.

- **Q:** Can an APN perform the pre-admission physical examination and obtain informed consent in a hospital setting?
  
  **A.** Yes. Hospital licensing standards (N.J.A.C. 8:43 G) were readopted with amendments on September 6, 2005, and included were language changes which had been requested by NJSNA. The language now reads that each patient admitted to the hospital shall have a medical history and physical examination that includes a provisional diagnosis performed by a *clinical practitioner* within 7 days prior to admission or within 24 hours after admission. The language of the rule also reads that the patient may give informed, written consent only after a physician or *clinical practitioner* has explained the details about a procedure, its risks, outcomes and alternatives. In the rule, *clinical practitioner is defined as a physician, dentist, podiatrist, certified nurse midwife, physician assistant, or nurse practitioner operating within his or her scope of practice.* (The Department of Health and Senior Services states in its comment to this amended rule that it uses the phrase nurse practitioner synonymously with advanced practice nurse).

- **Q:** Can an APN sign for drug samples in NJ?
  
  **A.** Yes. A week ago two APNs working in different venues contacted me to say that their Bristol Myers Squibb drug reps had told them that as of 10/1/06, APNs in NJ could no longer sign for drug samples. One drug rep. explained that it was related to a “new law of 2002”; the other said it was “related to a law of 2004”. I suggested that both APNs challenge BMS re. this prohibition since no law of which either I or any other professionals at NJSNA is aware, has mandated such a prohibition. One of these APNs, Pam Ford, did indeed contact the legal dept at BMS and one day later, she received a call from the BMS district manager saying that she could now sign for drug samples. The explanation was that they had misread a 2004 APN law and didn’t realize that APNs included NPs! BMS said that they were going to require that the NPs collaborating physician sign a form agreeing that it is acceptable for NPs to sign for drug samples in that practice.

**Other issues:** New NJSNA Website with New FNAP It is a work in progress and not quite complete yet; still activating links and updating information. Take a look; you’ll find it user friendly. In near future, we expect to make many elements of both pages accessible to members only, including: Helping Hands guidelines, FAQs and APN List serve Link.