Growing ANA-Maine and Supporting Members
Membership in ANA-Maine has increased 11% in the last twelve months, continuing a pattern of growth we have seen in recent prior years. Our ongoing participation in ANA's membership pilot program allows us to offer reduced rates for joint membership in ANA and ANA-Maine. Our board's goals include further expanding membership and also providing value to members. We have continued to publish our quarterly newsletter which is sent to all licensed nurses in the state. We also communicate updates and alerts via our Facebook page, website and through email blasts. We are developing a Practice Committee to provide a forum to address clinical practice issues. We are also evaluating opportunities to bring educational programs to nurses across the state.

Advocacy
One major accomplishment this year was assuring the Maine legislature's passage of the Enhanced Nurse Licensure Compact – which allows Maine to retain the status it has held as a compact state since 2001. In this effort, ANA-Maine collaborated with a group representing several healthcare entities and organizations. The successful strategy included communicating within our organizations, meeting with the Governor, testifying before a legislative committee, and contacting each legislator individually. ANA-Maine was also vocal against efforts to repeal the Affordable Care Act. Many of you responded to our appeal to contact Maine senators to share your individual concerns. Though we recognize that there will likely be further challenges ahead, we should recognize the impact we have had to date. ANA-Maine sent letters of appreciation to Senators Collins and King for the positions they took on this critical issue.

Other activities included: successfully advocating for filling budgeted state public health nursing positions; joining the Alliance of Nurses for a Healthy Environment (ANHE) lobby day in DC on clean water issues; participating in ANA lobby day in DC; providing financial support for the Maine Health Care Task Force; signing on to the National Resources Council of Maine's letter to state legislators urging their attention to matters impacting climate change; and endorsing Medicaid expansion in Maine.

Addressing Maine's Nursing Shortage
ANA-Maine is participating in the 2017 Maine Nursing Workforce Summit, convened by the Governor and the Chancellor of the University of Maine system, on October 27 at the University of Maine in Orono. The purpose of the summit is to bring together educators, providers, policymakers and stakeholders for a "solution-focused discussion" on addressing the projected nursing shortage in Maine, which is estimated to approach 3,200 by 2025. (See regional data on page 10.)

Mentoring Students
ANA-Maine was a vendor/exhibitor at the first annual Maine Student Nurses Association conference in Orono last November. We have committed to do the same this year and look forward to building more bonds between our organizations. We have re-established our scholarship program to provide financial assistance to nursing students. Board members have served as guest lecturers to classes of nursing students, and we educated many students about the legislative process in Maine at our annual Hall of Flags Day at the State House in February.

Professional Collaboration
ANA-Maine has been represented at and participated in several OMNE (Organization of Maine Nurse Leaders) and MeNAC (Maine Nursing Action Coalition) meetings, has had frequent communications with the Executive Director of the Board of Nursing, the ANHE, the Maine CDC, and other professional associations.

Northeast Multistate Division (NEMSD)
ANA-Maine is a member of the NEMSD along with New Hampshire, New York, Rhode Island and Vermont. The NEMSD provides an opportunity to share resources, explore opportunities for non-dues revenue streams, and negotiate contract services – all intended to promote sustainability of the member organizations.

Though this report does not encompass all of ANA-Maine's accomplishments, it is my hope that it reinforces for members the value of continuing to support ANA-Maine's efforts, and that it entices nonmembers to consider joining the only professional organization that represents all nurses.

In closing, I want to thank you for the privilege of serving as President of ANA-Maine and working for Maine nurses for the last two years. It has been an opportunity to share, learn, and grow; to meet and collaborate with colleagues in our state and across the nation on professional issues; to interact with nursing students; and to advocate for nursing and healthcare in legislative matters. I recognize and deeply appreciate the commitment, dedication, and support of the board members who have served during my tenure. Without them, this would not have been possible. I have every confidence that Catherine Loretto-Snow, the incoming president, and the board members will continue to grow and guide ANA-Maine.

Warm regards,
WHAT WOULD YOU LIKE TO SEE IN THE NEWSLETTER?  
Do you have an idea for an article or want to become an author? Is there something going on in your workplace that you would like to share with other nurses? Do you have a suggestion to share about the ANA-Maine newsletter? If so, please contact us at info@anamaine.org.

WANT TO STAY CONNECTED?  
Connect with RNAction.org to be updated on the latest national policy and legislative issues that affect your work. Go to www.rnaction.org to sign up for emails and to follow @RNAction Tweets. Follow nursing on Facebook on the ANA-Maine and American Nurses Association pages.

Rotary Service Above Self, Paul Harris Fellowship  
Juliana L’Heureux, BS, MHSA, RN

PORTLAND, ME – Very few nurses are in the group when I look around the meeting room filled with Rotarians, who are fellow members with me in the Rotary Club of Portland, Me. In fact, our club membership just included the induction of a hospital administrator who commented about how few health care providers are in our membership.

Speaking from over 20 years of experience as a Rotarian, I hope to recruit more nurses to join Rotary. I know how enjoyable the membership is for me and call on others to participate in the clubs nearest to their own communities.

My experience as a Rotarian blends perfectly with the values I support as a nurse because the Rotary International motto is “Service Above Self.” It’s what Rotarians do and it’s exactly why we are drawn into nursing.

In September, the Rotary Club of Portland awarded me the Ruby level Paul Harris Fellow, in recognition of my contributions the Rotary International Foundation; but also because I have given back to the community in ways consistent with “Service Above Self.”

Currently, I serve on Portland Rotary’s committee to organize a Veterans Day lunch for all veterans, where they are our guests. This event will be held at the Italian Heritage Center in Portland on November 10, and it is free for all of our veteran guests to attend. Our guest speakers include Maine’s First District Congresswoman Chellie Pingree, and leaders who are advocates for veterans’ services and programs.

Volunteering in the Rotary Club’s international service efforts, I’ve been pleased to work with our local St. Charles Borromeo Church in Brunswick where the parishioners have been kindly donating used hearing aids to the “Three H” Rotary project, in the Dominican Republic. This is the “Hearing, H2O and Hands” project sponsored by the Portland Rotary. Every year, a group of Rotarians participate in an international humanitarian program with the Dominican Republic whereby refurbished hearing aids are given to the hearing impaired.

This program is led by Dr. Roger Fagan, an audiologist and Rotarian, who restores the used hearing aids to distribute to the needy in the Dominican Republic. Additionally, the Rotarians also distribute water filters and synthetic hands made with 3D technology, to people who lost arms as a result of working with scythes, while cutting sugar cane.

Receiving a Ruby level Paul Harris Fellow indicates multiple levels of contributions and support for the Rotary International Foundation. As a result, the Foundation is able to award many micro-loans and grants to projects and community development programs throughout the world.

Fellow Rotarian Amy Chipman, of Cape Elizabeth ME, is a club volunteer who submits the documentation and recognition to Rotary International on behalf of the recipients who receive the awards.

Hopefully, my experiences as a Rotarian will help to raise interest among many other nurses who, like me, are always looking for exciting opportunities to put our “Service Above Self.”

Check out the Rotary International website for more information.

Amy Chipman, (right) the Rotary Club of Portland Maine's volunteer chair of the Rotary Foundation, presenting the Ruby level recognition to fellow Rotarian Juliana L’Heureux.

The Student Affairs Committee is Looking for Members!  
If you are interested, please email Amander at amander428@gmail.com.
We also will be looking for scholarship recipients this fall! Please keep your eye out for information coming in your email! ANA-Maine works for you and we want you to maximize the benefits of your membership.

Happy Fall!
Amander Wotton MSN, RN
Director-at-Large, Chair Student Affairs Committee

Contents of this newsletter are the opinion of the author alone and do not reflect the official position of ANA-Maine unless specifically indicated. We always invite leaders of specialty organizations to contribute.

ANA-Maine Editorial Committee  
Michelle L. Schweitzer (Editor)  
Patricia Boston, MSN, RN, RRT  
Jean Dyer, PhD, MSN, BSN, CNE  
Juliana L’Heureux, BS, RN, MHSA

We welcome submissions, but we reserve the right to reject submission of any article. Send to publications@anamaine.org.

CE calendar listings are without charge.

Attribution: We do not knowingly plagiarize. We encourage our authors to fact check their material but we do not assume responsibility for factual content of ads or articles.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@dabpub.com. ANA-Maine and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement. Published quarterly every February, May, August and November.

Acceptance of advertising does not imply endorsement or approval by ANA-Maine of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ANA-Maine and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser’s product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ANA-Maine or those of the national or local associations.

Postal Address corrections: This list of addresses is obtained from the Maine State Board of Nursing (MSBON) each issue. To keep your address current for these mailings, simply notify the MSBON of any needed changes in your postal mailing address.

Permission must be obtained from ANA-Maine to replicate or reproduce any content from ANA-Maine Journal.
ANA-Maine Recognizes Mary Herman, Former First Lady of Maine

Juliana L’Heureux, BS, MHSA, RN

BRUNSWICK, ME – Nursing history in Maine includes leaders at many levels of our community. Mary Herman was the former First Lady of Maine. She was recognized by Patricia Boston, president of ANA-Maine, for her health care leadership and prior nursing experience, at a program to discuss “Maine Nursing Interviews and History on Caring and Competence,” on August 22, hosted at the Curtis Memorial Library, in Brunswick. Leading the history program were the co-authors and a contributor to the centennial retrospective, written from the excerpts of oral histories, many of them transcribed from taped nursing interviews. Leading the program with Mary Herman and an audience of about 35 nurses were, Ann Sossong, Susan Henderson, Juliana L’Heureux and Marla Davis, with Adult Services Librarian Pamela Bobker.

Included in the library presentation were highlights describing some of the experiences of the nurses featured in the published histories. Among them was Ruth Weeks Henry, researched by Marla Davis. In fact, Henry was a nurse from Bath (and Davis is also native of Bath), Henry was a veteran of the Red Cross during World War I. She founded Community Health and Nursing Services (CHANS), the home care and hospice agency in Mid Coast Maine, a subsidiary of Mid Coast Hospital, in Brunswick. Davis researched the life of “Nurse Henry” and presented interesting facts about her life. In fact, Henry worked alongside Dr. Harvey Cushing in France. Cushing was perhaps the most important founder of American neurosurgery, and was an Army neurosurgeon in France, from 1917 to 1918.

In recognition of Mary Herman’s nursing and health care advocacy, Boston emphasized her graduation from the University of Maine Augusta, where she obtained a nursing Associate Degree. After graduation, Herman worked in obstetrics, and in the nursery at Parkview Hospital, in Brunswick and as a home care nurse with HealthReach, in Augusta. Herman was the former First Lady of Maine, when her husband, Senator Angus King, was Maine’s governor. Additionally, Boston made a $100 donation from ANA-Maine to the Curtis Library, in the name of Mary Herman, for the purpose of purchasing health care information. Subsequently, ANA-Maine received a thank you from Mary Herman, after the recognition: “…thanking you and co-authors (and others) for honoring me last month. I truly was moved to be recognized for my past advocacy of nurses and nursing in Maine. It was an honor to be among the true stars of contemporary Maine nursing and nursing history. And THANK YOU for making a donation in my name to ‘my’ library, Curtis Memorial. What a lovely gesture. I had a brief conversation with our librarian and we brainstormed some ideas for purchases to be made. I suggested looking for an audio book/tape and, if sufficient funds, a book for the ‘Youth’ library, encouraging teens to enter the health professions. We’ll see what they are able to find. Again, THANK YOU for honoring me. And thank you for ‘my own’ copy of your wonderful book. Warmly, Mary J Herman.”

Information about “Maine Nursing: Interviews and History on Caring and Competence” is available at the book’s Facebook page: https://www.facebook.com/mainenursing/.

All royalties and proceeds from the sale of the nursing history are being donated to the American Nurses Foundation, where the interest will be dedicated to supporting nursing research in Maine.

Patricia Boston, president of ANA-Maine (left) with Mary Herman, former First Lady of Maine, in recognition of Herman’s nursing experience and health care advocacy, at a program about “Maine Nursing: Interviews and History on Caring and Competence” on August 22, at the Curtis Memorial Library in Brunswick, ME.

Curtis Memorial Library program featured stories from “Maine Nursing: Interviews and History on Caring and Competence,” with (left to right) Patricia Boston, president of ANA-Maine; Mary Herman, former First Lady of Maine, who worked as a nurse in Brunswick and in Augusta; and Juliana L’Heureux, the secretary of ANA-Maine and co-author of the published history, on Aug. 22, in Brunswick, ME.

Mary Herman (left), former First Lady of Maine, with Ann Sossong, lead author of “Maine Nursing: Interviews and History on Caring and Competence,” a history program held on August 22, at the Curtis Memorial Library in Brunswick, ME.

Are you an RN, LPN, or MA looking for a change?

Maine’s largest physician-owned primary care practice is looking for Central Intake Representatives for our inbound triage call center.

If you like working in a fast-paced environment with great people, we want to hear from you. InterMed, named one of the Best Places to Work in Maine five years in a row, is an equal opportunity employer.

http://careers.intermed.com/

InterMed, P.A.
Apply to: Jodie Griffith, HR Business Partner
jgriffith@intermed.com or 207-523-3721
OMNE Emerging Health Leader Award

Heather Lomax, BSN, RN, recipient of the OMNE Emerging Leader Award, was nominated by Stephen Baybutt, MS, RN, ENPC, TNCC. Heather was recognized for her supportive and empowering leadership in the challenging home health environment.

Stephen Baybutt, MS, RN, ENPC, TNCC; Heather Lomax, BSN, RN, MaineHealth Care at Home; Karen Mueller, BSN, RN, MBA, OMNE President

ANA-Maine Board of Directors

The results of the 2017 ANA-Maine elections were announced at the annual business meeting on Thursday, September 28 at the Hilton Garden Inn in Freeport. The newly elected officers and directors who will begin two-year terms are:

President-Elect – Robert Abel, MSN, RN, CHPN, CMC, CCM;
Treasurer – Irene Eaton, RN, MSN, CS;
Directors – Joanne Chapman, MSN, M.Ed, RN, NE-BC, and Carla Randall, PhD, RN, CNE.

Current officers and directors who will be serving the second year of their terms are:

Secretary – Juliana L’Heureux, MHS, BS, RN;
Directors – Paula Delahanty, MHS, BSN, RN; and Amander Wootton, BSN, RN.

Catherine Lorello-Snow, RN, PMHHRN-BC, having completed her two-year term as President-Elect, will assume the role of President of ANA-Maine.

Irene Eaton, RN, MSN, CS, former ANA-ME President and incoming Treasurer; Catherine Lorello-Snow, PMHHRN-BC, incoming ANA-ME President; Patricia Boston, MSN, RN, RRT, outgoing ANA-ME President

Representative Anne Perry

Karen Mueller, BSN, RN, MBA, OMNE President and Patricia Boston, MSN, RN, RRT, ANA-MAINE President provide opening remarks at the Annual Conference on September 28 in Freeport, Maine

Nursing’s annual meeting jointly held with ANA-Maine and OMNE Nursing Leaders of Maine in Freeport, on September 28, was well attended with leaders pictured (left to right) Juliana L’Heureux, Secretary of ANA-Maine; Rep. Anne Perry from Calais, also a nurse practitioner; Catherine Lorello-Snow, incoming ANA-Maine president; and Karen Mueller, president of OMNE. Photo credit: Sherry Rogers

James Bond, MS, RN, NE-BC, incoming President; Jean Dyer, PhD, MSN, BSN, CNE, outgoing Treasurer; Carla Randall, PhD, RN, CNE, Director; Irene Eaton, RN, MSN, CS, incoming Treasurer; Robert Abel, MSN, RN, CHPN, CMC, CCM, incoming President-Elect
President’s Award

Michelle Schweitzer was the recipient of the 2017 ANA-Maine President’s Award. Michelle worked for ANA-Maine for over ten years, leaving her position as Director of Business Affairs in January 2017 to join the staff of the Northeast Multistate Division (NEMSD). When describing Michelle, ANA-Maine President Patricia Boston said, “Michelle is very talented, dependable, organized, and always displays a professional demeanor. She is a respected representative of ANA-Maine. Michelle ‘manages up’ quite effectively and has certainly assisted me in being more effective in my role. She does not hesitate to provide helpful suggestions and guidance. Our board members consistently speak highly of Michelle and the work she does for us so diligently. Since coming to ANA-Maine in 2006, Michelle has acquired a wealth of knowledge of the history and operations of ANA-Maine which she utilizes to help us advance the organization.” In recognizing Michelle’s efforts and contributions with this award, President Boston said, “ANA-Maine would not be where we are today without Michelle’s dedicated service and support. Thank you, Michelle!”

Agnes E. Flaherty Leadership and Sister Consuela White Awards

Christine Warrick, RN, FNP, received the Sister Consuela White Spirit of Nursing Award. Christine was nominated by Jennifer Tardiff, BSN, RN.

Laurie Burton, BSN, RN, recipient of the Agnes E. Flaherty Leadership award, was nominated by Jennifer LaFlamme, BSN, RN.

The Sister Consuela White Spirit of Nursing Award: Defining qualities include the ability to:
- Listen on a deep level and to truly understand.
- Keep an open mind and hear without judgment.
- Deal with ambiguity, paradoxes and complex issues.
- Believe that honestly sharing critical challenges with all parties and asking for their input is more important than personally providing solutions.
- Be clear on goals and good at pointing the direction without giving orders.
- Use foresight and intuition.
- See things whole and sensing relationships and connections.

The Agnes E. Flaherty Leadership Award: Defining qualities include the ability to:
- Develop a work environment that fosters autonomy and creativity.
- Value and empower others.
- Affirm the uniqueness of each individual.
- Motivate others to work toward a common goal.
- Identify common values.
- Be committed to the profession and society.
- Think long-term and be visionary.
- Be politically astute.
- Think in terms of change and renewal.

Agnes E. Flaherty Leadership and Sister Consuela White Awards

The annual ANA-MAINE awards ceremony was held at the Hilton Garden Inn in Freeport on September 28, 2017.

Joanne Chapman, MSN, M.Ed., RN, NE-BC, ANA-MAINE Director, Christine Warrick, RN, FNP, and Patricia Boston, MSN, RN, RRT, ANA-MAINE President

Joanne Chapman, MSN, M.Ed., RN, NE-BC, ANA-MAINE Director, Laurie Burton, BSN, RN, and Patricia Boston, MSN, RN, RRT, ANA-MAINE President

Keynote speaker, Dora Mills, MD, MPH, FAAP interacted with the attendees at the conference.

Patricia Boston, MSN, RN, RRT, outgoing ANA-MAINE president, chats with a nursing student at the annual conference.

Lisa Harvey-McPherson, RN, MBA, MPPM, shared information about the nursing shortage in Maine.

Robert Abel, MSN, RN, CHPN, CMC, CCM, incoming President-Elect, discussed TeleHealth at the annual conference.

Patricia Boston, MSN, RN, RRT, outgoing President; Dora Mills, MD, MPH, FAAP; Catherine, RNHRN-BC, incoming President

Keynote speaker, Dora Mills, MD, MPH, FAAP
The Enhanced Nurse Licensure Compact (eNLC) Implementation FAQs

1. When does the eNLC go into effect?
The eNLC went into effect July 20, 2017, when 26 states enacted eNLC legislation. The significance of this date is that the compact was officially enacted and the eNLC commission met to draft rules, policies and set an implementation date. The effective date is not the same as the implementation date, which is when nurses can practice in eNLC states that have started issuing eNLC multistate licenses. See this resource for more information: www.ncsbn.org/Difference_Between_Effective_Implementation.pdf

2. What is the difference between the effective date and the implementation date?
Based on the legislation, the effective date of the eNLC was designated as “the earlier of the date of legislative enactment of this Compact into law by no less than twenty-six (26) states or Dec. 31, 2018.” The eNLC was enacted in the 26th state on July 20, 2017, so, the effective date was set as July 20, 2017. On this date, the compact’s governing body, the Interstate Commission of Nurse Licensure Compact Administrators (the Commission) was formed and could begin meeting and performing the work of the compact. The Commission is charged with drafting rules and policies to govern the operations and implementation of the eNLC. By contrast, the implementation date, Jan. 19, 2018, is a date set by the Commission on which eNLC states begin issuing multistate licenses and when nurses holding multistate licenses may start to practice in eNLC states. More information is available at www.ncsbn.org/Difference_Between_Effective_Implementation.pdf

3. When will nurses have multistate licenses in eNLC states?
Nurses in the original NLC states that were grandfathered into the eNLC will be able to practice in eNLC states as of the implementation date, Jan. 19, 2018. Nurses in new states that joined the eNLC (Wyoming, Oklahoma, West Virginia, Georgia and Florida) will be able to practice in eNLC states upon issuance of a multistate license. Each eNLC state will notify its licensees by mail of the implementation date and the process by which a nurse can obtain a multistate license.

4. What happens to nurses in the original compact if their state does not pass the eNLC legislation?
States that do not pass the eNLC will remain in the original NLC until: a) the state enacts the eNLC, b) the state withdraws from the original NLC or c) the original NLC ends due to having less than two states as members. As of now, Wisconsin, Colorado, New Mexico and Rhode Island are members of the original NLC that have not yet joined the eNLC. These states plan to introduce legislation in 2018 or sooner.

5. What happens to the original NLC after the eNLC starts?
Once the eNLC is implemented, the original NLC will continue to operate until there are less than two states as members, at which time it will end. As of Jan. 19, 2018, the 21 states in the original NLC that enacted the eNLC will cease to be members of the original NLC. This means that a nurse in Wisconsin, Colorado, New Mexico and Rhode Island will then hold a multistate license valid in four states rather than 25 states, and will need to obtain additional licensure in order to practice in any of the eNLC states. Conversely, it also means that nurses in the eNLC will no longer have the authority to practice in those four states, and will need to obtain additional licensure in order to practice in the state.
6. Which nurses are grandfathered into the eNLC and what does that mean?
Nurses in eNLC states that were members of the original NLC may be grandfathered into the eNLC. Nurses who held a multistate license on the eNLC effective date of July 20, 2017, in original NLC states, will not need to meet the requirements for an eNLC multistate license. They are automatically grandfathered. Nurses issued a multistate license after July 20, 2017, will be required to meet the eNLC multistate license requirements.

7. Why was there a change to the eNLC from the original NLC?
The original NLC began in 2000 and grew to 24 member states by 2010. From 2010 to 2015, one more state joined. A primary reason identified for the slowed adoption of the NLC was the lack of uniform criminal background check (CBC) requirements among NLC states. As a result, the eNLC requires that all member states implement CBCs for all applicants upon initial licensure or licensure by endorsement. This revision, along with other significant updates, will remove barriers that kept other states from joining. The eNLC will make it possible to get closer to the goal of all states joining the eNLC.

8. How does the eNLC differ from the original NLC?
Primarily, the eNLC adopts 11 uniform licensure requirements (ULRs) in order for an applicant to obtain a multistate license. One of those requirements is submission to federal and state fingerprint-based criminal background checks (CBCs). The full list of ULRs can be viewed at www.ncsbn.org/eNLC-ULRs_082917.pdf. A fact sheet identifies the key provisions of the eNLC legislation and highlights the differences between the two compacts at: nursecompact.com/privateFiles/NLC_Key_Provisions.pdf.

9. Who are the primary proponents of a state’s decision to join the compact?
Most states that have joined the compact have done so by the supportive efforts of the state nurse association, the state hospital association or the state board of nursing. A number of other stakeholder organizations (e.g., AARP, AONE, National Military Family Association, etc.) have played significant roles in advancing the legislation.

10. Why are some states still not members of the compact? What is the opposition?
The minimum number of states (26) for the eNLC to become effective was just met. This includes five states that were not in the original NLC. More states plan to introduce eNLC legislation in 2018 and beyond. The eNLC removes barriers that prevented some states from joining. Support for the NLC is overwhelming in the nursing community. According to 2014 NCSBN nurse and employer surveys, 80 to 90 percent of nurses and employers want the authority to practice in those four states without applying for a single state license in those states. The eNLC transition may also impact employers in the four states that remain in the original NLC who have nurses practicing in the 21 former original NLC states that joined the eNLC. As of Jan. 19, 2018, those nurses with an original NLC multistate license will not have the authority to practice in eNLC states without applying for a single-state license in those states.

11. Why would a nurse need a multistate license? What are the benefits for a nurse?
The foremost reason is that a nurse will not need individual licenses in each state where the nurse needs authority to practice. Obtaining individual licenses is a burdensome, costly and time-consuming process to achieve portability and mobility. Nurses are required to be licensed in the state where the recipient of nursing practice is located at the time service is provided. Any nurse who needs to practice in a variety of states benefits significantly from a multistate license. These nurses include military spouses, telehealth nurses, case managers, nurse executives, nurses living on borders, nurses engaged in remote patient monitoring, school nurses, travel nurses, call center nurses, online nursing faculty, home health nurses, nurses doing follow up care and countless more.

12. How can nurses stay well informed of the changes in the compact?
Nurses can subscribe to receive email updates at www.nursecompact.com, review their state board of nursing website and newsletter, and review the implementation page on the NCSBN website at www.ncsbn.org/enhanced-nlc-implementation. Follow the NLC on social media: Twitter @ NurseCompact or Facebook at www.facebook.com/nurselicensurecompact.

13. How will the transition from NLC to eNLC affect employers of nurses?
The transition may impact employers in eNLC states that have nurses practicing in the four states that remain in the original NLC. As of the implementation date, those nurses with an eNLC multistate license will not have the authority to practice in four states without applying for a single state license in those states. The eNLC transition may also impact employers in the four states that remain in the original NLC who have nurses practicing in the 21 former original NLC states that joined the eNLC. As of Jan. 19, 2018, those nurses with an original NLC multistate license will not have the authority to practice in eNLC states without applying for a single-state license in those states.

Nurses residing in eNLC states who are not eligible to be grandfathered may not have a multistate license on the Jan. 19, 2018 implementation date until they have completed an eligibility process. This process will determine if the licensee meets the licensure requirements for a multistate license. In some eNLC states, the nurse may need to proactively engage in this eligibility process. By October 2018, nurses in all eNLC states should receive a letter from the respective board of nursing with more information.
I'm not sure I can tell you who was at a meeting I was at at USM last week. But I can definitely tell you one of the very first people I met on the job on my first day of work on May 1st, 1991. It was Catherine Lorello-Snow, from Portland Help. Florence wanted me to meet this important person, this critically important partner in our efforts, as soon as possible. I distinctly remember meeting Catherine, talking with her for a while, and feeling relieved. Relieved that Preble Street was not in this work alone.

On that day we had two staff, ten students and one Jesuit volunteer. The next day, May 2nd 1991, by the way, we had no students as the school year ended. It was a very, very tiny organization. But the need was great, and the demands on the agency were almost endless.

So we needed, our clients needed, strong and committed and driven partners. And I knew immediately upon meeting Catherine that she is a strong and committed and driven human being. And that she cares deeply about serving others.

Portland Help was a small nonprofit agency on its own at that time. It's a mental health clinic, right up the street from the resource center providing integrated community-based outpatient, psychiatric treatment, assertive community treatment and clinical community support to adults with serious mental illness and chemical dependences.

Later, it became part of Spurwink. Over the years, they've had incredibly skilled clinical staff and psychiatrists. And they've been a phone call away, always always always to do whatever was in their power to make mental health services available and easy to access for the people that came to Preble Street. This would include Catherine making sure their psychiatrists had time scheduled at the resource center and even doing outreach in the dining room during breakfast.

And Catherine has been at the helm the whole time, she's been at Portland Help since its inception, always being vigilant to make sure Portland Help stays true to its mission.

And she's always been there for Preble Street and those we serve.

Remarks from Mark Swann, Executive Director, on presenting the annual Joseph D. Kreisler Community Impact Award (named in honor of Preble Street’s founder) to Catherine Lorello-Snow.

About three years ago, when the resource center first started experiencing opiate overdoses in our building, over and over again, we called a community meeting with over a dozen agencies and providers to ask for their help, their advice, their ideas to help us respond.

We had behavioral health agencies there, medical institutions, law enforcement, addiction specialists, and public health professionals. Preble Street also arranged for an expert in reversing overdoses from Waterville to come to the meeting and help lead us to a productive plan.

As everyone in this room knows, the opiate crisis in this community, this state and this country is a complicated one. And even a controversial one. But for us, for Preble Street, we were simply asking for help in keeping people alive.

Pretty much everyone in that room at that meeting wanted to help in some way. And many have stuck with us in trying to do more. One of them, Maine Medical Center, is committed with us to take our learning collaborative to a new place around treating addictions.

But in that moment, back when we called this community meeting – when we were in crisis due to this overwhelming number of overdoses – it was Portland Help, it was Catherine Lorello-Snow, who stepped up. And she stepped up immediately.

When the meeting was over, before the room was cleared in the basement of Florence House, Catherine approached Donna and me and said "We can do this. We can help with this. Let me do some thinking and then let's talk." And we did talk. The very next day. Catherine and her team met with us, worked with us, planned and schemed with us and in short order, we were able to safely train and equip our social work staff at the resource center – and later staff at all our social work programs – to administer naloxone in response to opiate overdoses.

To save lives.

Over the last two and half years we reversed 63 overdoses at the resource center.

Again, there is much, much more we need to do. Much more the community needs to do. Much more the state and our governor needs to do.

But when we needed help and needed it immediately it was Catherine who came through for us. As she’s done so many times, for so many years.

Thank you Catherine, from all of us in this room and from all the countless individuals whose lives you have touched, whose lives you’ve saved. It gives me great pleasure to present this year’s Joe Kreisler Community Impact Award to Catherine Lorello-Snow.
Maine’s Push to Add Nurses and Other Healthcare Professionals to Local Volunteer Teams

Jared McCannell, CVA
Volunteer Management Coordinator

The Medical Reserve Corps was established in the U.S. with the purpose of building localized teams of volunteer healthcare personnel who can respond to and support public health emergencies. When a request came in recently asking for volunteer nurses to provide support following hurricanes in Florida, Maine volunteers responded in force, mustering 23 qualified RNs to deploy within twelve hours of the initial request. Although the request was cancelled (due to an overwhelming response closer to the affected areas), Maine’s recent push to build teams of volunteer healthcare responders proved to be a valuable resource for the people of Maine and across the country. In the past year, Maine has added six new Medical Reserve Corps units, which now total eight across the state. Although it has long been known that volunteers are central to a successful disaster response and recovery, managing volunteer responders, integrating them in a timely manner and finding the right people for the roles needed in an emergency response is an ongoing struggle based on lessons learned from previous events.

Maine has had a statewide program for volunteers for over a decade, as part of the federally mandated Emergency System for Advance Registration of Volunteer Health Professionals (known by the acronym ESAR-VHP). In Maine, we call ESAR-VHP “Main Responds,” which serves as the single statewide database for volunteer healthcare professionals and other disaster volunteers otherwise unaffiliated with an established program such as the American Red Cross. Although the registration, pre-screening and pre-credentialing of healthcare volunteers is a proactive approach to disaster volunteer management, the program itself does not prepare volunteers to fold into a response in a timely manner—instead leaving it up to state-level disaster managers to identify the need for volunteers and request them through Maine Responds when needed. A list of qualified volunteers is a step in the right direction, but anyone that has worked in volunteer management knows that if participants are not engaged in a meaningful way—or on a regular basis—they are at risk of being lost due to inactivity, feeling underused or unappreciated, and ultimately finding something better to do with their time.

Through a public-private collaboration, six new MRC units have been added to the Public Health Emergency Preparedness landscape in Maine—combined with the two MRC units that already existed, there are now 14 units in each of Maine’s eight Public Health Districts! Each unit is led by a local unit coordinator; typically meets on a monthly basis and participates in preparedness and response trainings and exercises with local, regional, state and federal disaster preparedness partners. By engaging volunteers in regular preparedness activities, the entire volunteer cadre of public health emergency volunteers across the state is much more capable of addressing disaster related health concerns before they escalate to much larger public health emergencies.

MRC volunteers still register with the State of Maine as a public health volunteer through Maine Responds and enjoy the same benefits that all ESAR-VHP volunteers are entitled to in Maine, including liability and workers compensation protections for volunteer responders during times of deployment. Maine Responds volunteers that join their district MRC unit are much more prepared to fold into a response at the local level than in the past. Interested healthcare professionals who can volunteer can contact MRC State Coordinator Jared McCannell at jared.mccannell@maine.gov for more information about joining their local Medical Reserve Corps unit. To register with the State as a disaster volunteer, please visit www.maineresponds.org.

Alliance of Nurses for Healthy Environments – EPA Seminar in Washington, D.C.

WASHINGTON, DC – Maine participated in a seminar hosted by the Alliance of Nurses for Healthy Environments at the American Public Health Association headquarters, during a September 19-20 “fly in,” held in Washington. The purpose of the seminar was to educate our nation’s lawmakers about the urgency to protect funding for the Environmental Health Agency’s (EPA’s) budget. In fact, the budget cuts proposed by Washington lawmakers will negatively impact public health by removing support for clean water and air quality regulations. Climate change impact on public health was also discussed.

Attending from Maine were Juliana L’Heureux, a nurse, board member, and Secretary of ANA-Maine and Rebecca Boulos, executive director of the Maine Public Health Association. Meetings were scheduled with the lead staff at the Capitol Hill offices of Senator Susan Collins with Elizabeth Allen and with Jake Springer in the office of Senator Angus King. Funding for the seminar was provided by a philanthropic gift dedicated to the educational purposes of the program with the Alliance of Nurses for a Healthy Environment.

Education included informing lawmakers about the harmful effects of cutting the EPA’s budget, because doing so will cripple the ability to enforce water pollution laws and regulations. Budget cuts will reduce the ability for states to clean up polluted water bodies, protect groundwater, restore beaches and coastal areas, oversee compliance with drinking water standards and remove assistance to clean water systems. In fact, clean water is one of the greatest public health advances of the 20th century. However, thousands still become ill each year from contaminated drinking water and there are more than 30 outbreaks of waterborne illnesses annually. Limiting the EPA’s ability to address sources of contaminated water, such as human and animal waste, along with industrial pollution, and harmful pathogens, will cause potential public health threats to continue to be reported.

A free e-textbook available for those who are interested in learning more about how to support public health through protecting a clean environment. A link to a free textbook about this subject is available at the website http://envirn.org/e-textbook/.

In Maine, maintaining oversight for clean water programs is essential for the state’s tourism attraction to hikers and campers as well as to the economy of providing clean bottled water products.
Regional Differences of Maine’s Nursing Workforce

In forecasting the supply and demand for nurses in Maine, the state was divided into seven regions. These align with national labor market definitions.

Of the approximate 39,000 (FT) working nurses in Maine in 2015, more than one-third worked in the York/Cumberland region.

<table>
<thead>
<tr>
<th>Region</th>
<th>Proportion of Nurses Working</th>
</tr>
</thead>
<tbody>
<tr>
<td>York/Cumberland</td>
<td>39%</td>
</tr>
<tr>
<td>Piscataquis/Penobscot</td>
<td>17%</td>
</tr>
<tr>
<td>Somerset/Kernicke</td>
<td>14%</td>
</tr>
<tr>
<td>Oxford/Franklin/Androscoggin</td>
<td>14%</td>
</tr>
<tr>
<td>Sagadahoc/Lincoln/Knox/Waldo</td>
<td>6%</td>
</tr>
<tr>
<td>Aroostook</td>
<td>6%</td>
</tr>
<tr>
<td>Hancock/Washington</td>
<td>4%</td>
</tr>
</tbody>
</table>

There were variations among the regions in terms of the use of LPNs and APRNs. Aroostook had the highest proportion of LPNs and the lowest proportion of APRNs.

<table>
<thead>
<tr>
<th>Region</th>
<th>% of Nurses Who Are LPNs</th>
<th>% of Nurses Who Are APRNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aroostook</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Somerset/Kernicke</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Oxford/Franklin/Androscoggin</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Hancock/Washington</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Sagadahoc/Lincoln/Knox/Waldo</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>York/Cumberland</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>Piscataquis/Penobscot</td>
<td>6%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Maine’s Nurse Shortage = Regional Differences

In two of Maine’s regions, nearly half of the RNs are over age 55 and can be expected to either stop working or reduce hours within the next 10 years.

- Sagadahoc, Lincoln, Knox, Waldo: 49.0%
- Hancock, Washington: 40.0%
- York/Cumberland: 30.0%
- Oxford, Franklin, Androscoggin: 43.0%
- Somerset, Kennebec: 29.0%
- Piscataquis, Penobscot: 29.0%
- Aroostook: 40.0%

All regions will see a significant increase in the proportion of its residents being over age 65 in just five years (2022). The York/Cumberland region will see the biggest increase (25.3% more senior citizens in 2022 than in 2017).

<table>
<thead>
<tr>
<th>Region</th>
<th>Change in Proportion of Population Over 65, By Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>York/Cumberland</td>
<td>25.3%</td>
</tr>
<tr>
<td>Sagadahoc, Lincoln, Knox, Waldo</td>
<td>20.3%</td>
</tr>
<tr>
<td>Hancock, Washington</td>
<td>18.9%</td>
</tr>
<tr>
<td>Oxford, Franklin, Androscoggin</td>
<td>20.5%</td>
</tr>
<tr>
<td>Somerset, Kennebec</td>
<td>22.4%</td>
</tr>
<tr>
<td>Piscataquis, Penobscot</td>
<td>17.2%</td>
</tr>
<tr>
<td>Aroostook</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

While all health care settings will be impacted by this, non-acute care settings are likely to see the largest surge in demand. The table below shows a minority of RNs in each region are working in either a non-acute care residential facility or in home care. As the demand for RNs grows within non-acute residential care and the need for home health settings grows, two regions will be especially challenged.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Nursing Home / Assisted Living Facility</th>
<th>Home Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>York/Cumberland</td>
<td>50.0%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Sagadahoc, Lincoln, Knox, Waldo</td>
<td>47.8%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Hancock, Washington</td>
<td>54.8%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Oxford, Franklin, Androscoggin</td>
<td>54.5%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Somerset, Kennebec</td>
<td>49.0%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Piscataquis, Penobscot</td>
<td>62.6%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Aroostook</td>
<td>53.9%</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

Four of six regions face large shortages:

- RN Shortage, 2020: York/Cumberland | 651
- RN Shortage, 2020: Sagadahoc, Lincoln, Knox, Waldo | 322
- RN Shortage, 2020: Hancock, Washington | 96
- RN Shortage, 2020: Oxford, Franklin, Androscoggin | 154

<table>
<thead>
<tr>
<th>Region</th>
<th>Setting with Greatest Increase in Demand by 2025 (Rp%, % Increase)</th>
</tr>
</thead>
<tbody>
<tr>
<td>York/Cumberland</td>
<td>• Acute Care Inpatient (511, 18%)</td>
</tr>
<tr>
<td></td>
<td>• Skilled Nursing / LTC (38, 10%)</td>
</tr>
<tr>
<td></td>
<td>• Home Care (151, 28%)</td>
</tr>
<tr>
<td>Sagadahoc, Lincoln, Knox, Waldo</td>
<td>• Acute Care Inpatient (77, 16%)</td>
</tr>
<tr>
<td></td>
<td>• Skilled Nursing / LTC (27, 27%)</td>
</tr>
<tr>
<td></td>
<td>• Home Care (41, 36%)</td>
</tr>
<tr>
<td>Hancock, Washington</td>
<td>• Acute Care Inpatient (44, 14%)</td>
</tr>
<tr>
<td></td>
<td>• Skilled Nursing / LTC (15, 26%)</td>
</tr>
<tr>
<td></td>
<td>• Home Care (24, 29%)</td>
</tr>
<tr>
<td>Oxford, Franklin, Androscoggin</td>
<td>• Ambulatory Care (80, 33%)</td>
</tr>
<tr>
<td></td>
<td>• Skilled Nursing / LTC (33, 19%)</td>
</tr>
<tr>
<td></td>
<td>• Home Care (50, 24%)</td>
</tr>
</tbody>
</table>

To prevent a shortage in 2025, the state of Maine would need to increase the number of newly licensed RNs by 60% (400 additional RNs every year beyond current levels) and attract or recruit an additional 365 RNs statewide. This would not prevent a shortage in 2020, but it would reduce the shortage to 1%.
Remember Veterans

Myra Broadway served in the United States Air Force, Nurse Corps on active duty in California and Southeast Asia; as a reservist in the Colorado Air National Guard, and as a reservist in the 9019th Air Reserve Squadron, where she had various assignments as a Mobilization Augmentee on different active duty Air Force bases. She is the retired and former Executive Director of the Maine State Board of Nursing. As a clarinetist, she plays in the Hallowell Community Band and the Bath Municipal Band. Her father was a World War II veteran, who fought in the Allied invasion of Anzio, Italy, in January-May of 1944.

Reflection

I stepped out of myself to watch a woman in a dusty rose rain jacket. You could tell by the way she held her small American flag upright and her “at attention” posture, that she must have been a veteran. I had seen her before, but likely not to let people see her emotional side. She was a proud one.

She moved onto the Commons near the gazebo where she hugged people she knew who were in organizations not impacted by rain on musical instruments. I watched her participate at the end when the soloist invited the people to join in singing “God Bless America.” She was close enough to hear her voice warble and see her face wet when “Taps” was played by two high school boys echoing on either side of the Commons.

At 1500 on Memorial Day, 2016, she stopped typing, and remembered.

ANAL-Maine Takes Positions on Important Health Issues

The ANA-Maine monitors health-related legislation and its Board of Directors has recently endorsed the following positions:

1. Support for Maine referendum question 2 – Medicaid Expansion. ANA's Principles for Health System Transformation 2016 specifically includes “expansion of Medicaid as a safety net for the most vulnerable, including the chronically ill, elderly and poor.” Thus ANA-Maine's position is in keeping with that of our national organization. The entire ANA document can be viewed at http://www.nursingworld.org/Principles-HealthSystemTransformation.

2. Signing on to a letter encouraging our legislators to be active in efforts to combat climate change. Although there are numerous negative economic impacts to our state resulting from climate change, there are also many associated health issues. The incidence of Lyme disease, for instance, has increased from 108 cases in 2001 to 1,464 in 2016, as warmer winter temperatures have promoted dramatic increases in the tick population.

3. Supporting the Maine Healthcare Task Force. In its most recent session, the Maine Legislature approved an order to establish the Task Force on Health Care Coverage for All of Maine. The charge of the task force is to “propose at least 3 design options, including implementation plans, for creating a system of health care that ensures all residents of the State have access to and coverage for affordable, quality health care.” The proposals must be designed to meet a list of defined goals and must include specified analysis. A final report is due by November 1, 2018. Though the legislature created the task force, no funding was appropriated. State Senator Geoffrey Gratwick, District 32, and Maine Providers Standing Up for Healthcare were instrumental in leading the drive to raise the necessary financial support for this task force to proceed.
WHO CAN REGISTER TO VOLUNTEER?

We all have a role to play in preparing Maine for the challenges of responding to a public health or healthcare emergency. MAINE RESPONDS seeks volunteers from all backgrounds, skill levels, and experiences willing to support a public health or healthcare emergency response. If you work in a health-related discipline, we encourage you to register with MAINE RESPONDS.

Jared McCannell, Volunteer Management Coordinator
Phone: 207-287-4072 | jared.mccannell@maine.gov
WWW.MAINERESPONDS.ORG

MaineHealth is ranked among America’s top 100 integrated healthcare networks. When you join the MaineHealth system, you will receive the opportunities, resources, tuition assistance, and support you need to help advance your career to the next level.

I learn more about current RN opportunities at one of our member organizations:

- Franklin Community Health Network
- LincolnHealth
- MaineHealth Care at Home
- Maine Behavioral Healthcare
- Maine Medical Center
- Maine Medical Partners
- Memorial Hospital
- NioDa
- Pen Bay Medical Center
- Southern Maine Health Care
- Waldo County General Hospital
- Western Maine Health

Visit us at www.careersatmainehealth.org to apply and join our Talent Community.

The MAINE RESPONDS Emergency Health Volunteer System provides a prepared and ready workforce of volunteers to serve the people of Maine in the event of any public health emergency.

WHO CAN REGISTER TO VOLUNTEER?

We all have a role to play in preparing Maine for the challenges of responding to a public health or healthcare emergency. MAINE RESPONDS seeks volunteers from all backgrounds, skill levels, and experiences willing to support a public health or healthcare emergency response. If you work in a health-related discipline, we encourage you to register with MAINE RESPONDS.

MAINE RESPONDS Emergency Health Volunteer System
Jared McCannell, Volunteer Management Coordinator
Phone: 207-287-4072 | jared.mccannell@maine.gov
WWW.MAINERESPONDS.ORG