Maryland Health Care Successes Since 2007
by Health Care for All Maryland Citizens’ Health Initiative

Under the leadership of Governor Martin O’Malley, Lt. Governor Anthony Brown, and the Maryland General Assembly, Maryland has gone from 44th in the nation in health care coverage for adults to 16th and expanded health care coverage to over 100,000 uninsured parents and children. The Governor’s Working Families and Small Business Health Care Coverage Act of 2007 provided health care coverage to over 56,000 uninsured Maryland parents and caregivers, many of whom would have otherwise had to use hospital emergency rooms for their health care needs. This in turn would increase what we all pay in higher premiums for uncompensated hospital care. Passed in 2007 yet still not implemented would be an expansion to cover all children.

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District Four Board Members Take a Break

District 4 board members had a delightful night out to dinner at Marie and Rosario DiPasquales’ restaurant, Portofino, in Easton, on Sunday evening, February 21. Rosario and Marie contributed 20 percent of net dinner costs to District 4. The dinners, service, and ambience were wonderful. All had a great time. District 4 sold raffle tickets for a complimentary dinner at the restaurant, 2 bottles of wine and a spa treatment.

New Laws in Maryland and What Nurses Did in 2010

This was a year that nurses in the Maryland Nurses Association (MNA) worked with our regulatory board, the Maryland Board of Nursing (MBON) to update its statute. With responsibility for regulating about 240,000 licensees and certificate holders, the MBON has demonstrated a commitment to evolve to meet its challenges. Nurses appreciate their efforts, especially given the severe resource restrictions that they face. Here are some elements of bills that MNA supported:

- Renewal of nursing licenses every two years instead of every year: This change will save resources for the MBON and make licensure renewal more convenient for Maryland nurses.
- Temporary Licenses: The change would allow the MBON to grant a temporary license to an

New Maryland Laws continued on page 6

Nurses joined Delegate Jim Hubbard and others when Maryland Governor Martin O’Malley signed the prohibition of BPA in infant products into law on April 13. MNA President Dr. Pat Travis stands immediately to Governor O’Malley’s right. (Photo courtesy of the Governor’s Press Office)

Steering Committee for the Maryland Women's Coalition for Health Care Reform at their summer meeting, from the bottom left: Elise Handelman (MNA representative); Anne Kasper (Chair of the Coalition); Leigh Cobb; Barbara Lenkerd; Keisha Walker (MNA member). Top row from the left: Mary Lou Fox; Leni Preston (Vice Chair of the Coalition). Not pictured are Nate Brown, Marion Mudd, Eric Newsom and Jim Montgomery.
The Editorial Board welcomes articles for publication. There is no payment for articles published in The Maryland Nurse and authors are entitled to free reprints published in The Maryland Nurse.

1. Articles should be word-processed using a 12 point font.
2. Articles should be double-spaced.
3. Articles length should not exceed five (5) 8½ X 11 pages (1500-2000 words).
4. All references should be cited at the end of the article.
5. Include name, credentials, e-mail, mailing address, telephone contact, and FAX number for each author.
6. Articles for refereed publications should be directed to the attention of Dr. Patricia Travis, Journal Editor, using APA format and following the above Guidelines.

Articles should not mention product and service providers. Please cite sources specifically and properly so we can verify them. Attach any supporting documents, as appropriate.

Many publications accept articles as is. However, to meet The Maryland Nurse's editorial board and publisher's requirements, articles may be edited. Referred articles will be peer reviewed. These comments may be returned to the author if the request significant clarification, verification or amplification. Additionally, once the editorial process begins and if you decide to withdraw your submission, you may not use the editorial board's comments or suggestions.

It is standard practice for articles to be published in only one publication. If your submission has been previously distributed in any manner to any audience, please include this information with your submission. Only if applicable, and the original publication and all authors give their written permission, will we reprint an article or adapt it with clear and appropriate attribution to the original publication. If the article is to appear first in The Maryland Nurse, the same consideration is requested.

Your article might not be published in the next issue following its receipt. The timing of publication is dependent upon the editorial process cycle, other articles ready for publication, and the requirements for each issue.

Authors may approve the article to be published in its final form. Authors must sign any release forms requested by the editorial board and publisher of The Maryland Nurse.

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Submissions should be sent electronically to TheMarylandNurse@gmail.com.

Please Send In Your Nursing News

The Maryland Nurse encourages nurses and nursing students to send in nursing news items about your region or school, activities, happenings, photos with description and articles for publication. Documents must be in WORD format. Send these to us at TheMarylandNurse@gmail.com. Be sure to include your name and contact information.

The Maryland Nurses Association promotes excellence in the nursing profession with a culture of camaraderie, mentoring, diversity, and respect for colleagues. We provide programs and educational development for continued personal and career growth. As the voice for nursing in Maryland, we advocate for policy supporting the highest quality health care. Approved BOD August 2009.
The Coppin State University Helene Fulld School of Nursing has announced that the Certified Nursing Assistant program will reopen in May 2010. The program was initiated in 2005 by Mrs. Rosa Cain and closed upon her death in 2007. Classes will be held three evenings a week for twelve weeks. A maximum of forty students will be accepted into each class. For more information contact the STAR office at Coppin State University, telephone (410) 951-3970.
Nurses: Beyond the Bedside

by Christie Simon Waterman, BSN, RN, Family Nurse Practitioner student

Every nurse that I have met has at least one “drama and trauma” story in which she (or he) has successfully used something akin to “guerilla warfare” to get something that a patient needed, without challenging the “powers that be” or the entire health care system.

Nurses have been advocates for their patients in every possible health care setting. Patient advocacy is an integral and vital part of the nurse’s role in health care delivery. As nurses we have a remarkable amount of influence in the area of personal, “bedside” advocacy. For decades nursing has accounted for the greatest portion of professional providers in the health care delivery system. Although we nurses have given advocacy beyond the bedside a lot of “lip service” in recent years, on the political front nurses remain underrepresented in relation to other health care professionals.

It was a pretty good year for nursing in Washington, D.C., too. The American Nurses Association was in the lead, educating Congress and the public about issues in the debate for health care reform, which we all know was badly needed. We may not find the new laws perfect, but we made sure that some of the changes would mean that our patients, nationwide, would have more access to nurse practitioners.

Nurses are continuously making vital decisions that affect the health care delivery system. Nurses provide useful and valued services and are visible to those who are in policy-making capacities. This is clearly illustrated with the close relationship that has been established between the American Nursing Association and the President on the health care reform issues. It is evident that if the President recognizes the strength of the nursing professionals, we as a nursing body must all be able to see it.

Nurses are perceived as a powerful group, and we have a great chance of impacting upon the decisions of policy makers who directly affect the profession and the cost-effective delivery of quality health care.

It is time to recognize the important role we play as patient advocates and policy makers. Many nurses have empowered themselves by continuing their education, either through Maryland’s very friendly RN to BSN “articulation” program, or by going on the get graduate education, with specialized skills or as Nurse Practitioners. Let’s take our fantastic skill for patient advocacy that we show at the bedside and utilize it in Annapolis and D.C. Let’s really enjoy helping others, and enjoy being nurses. If you are not already a member of at least one professional organization, you have to join. You owe it to yourself.

If you have time, visit a meeting of the Legislative Committee for the Practice and Education Committee, the Center for Human Rights, or the Workplace Advocacy Committee at MNA. Don’t just read about it, be it! Nurses, united, can never be defeated. There has never been a better time to be a nurse.

Editor’s Note: Ms. Waterman just completed her second year on MNA’s Legislative Committee. This year her focus was passage of legislation to forbid the use of BPA in infant products.

Patricia McMullen

Appointed CUA Nursing School Dean

Patricia McMullen has been named dean of Catholic University’s School of Nursing, effective May 17. Very Rev. David M. O’Connell, C.M., university president, announced today McMullen, associate professor, joined CUA in 2003 as associate dean for academic affairs in the nursing school. Since 2008, she also has served as associate provost for academic administration.

As CUA’s School of Nursing looks toward its 75th anniversary this fall, I am very pleased to announce my appointment of Dr. Patricia McMullen as academic dean,” Father O’Connell said. “Dr. McMullen is an effective administrator and an impressive scholar, deeply committed to the university’s mission.

McMullen has a Ph.D. in nursing from CUA and a law degree from the University of Baltimore. She earned bachelor’s and master’s degrees and an OB/GYN nurse practitioner certificate from the University of Maryland School of Nursing.

Previously, she was chair of the Department of Nurse Practitioner and acting associate dean at the Uniformed Services University of Health Sciences Graduate School in Bethesda, Md. She also was a member of the nursing faculty at the University of Maryland.

Her research interests include women’s health, work-related injuries and the law. She has researched patient satisfaction with prenatial-care services in the United States, Spain and Germany. She also has served as an expert witness on personal-injury and medical and nursing malpractice cases. More recently, McMullen has been working with colleagues in the CUA schools of engineering and nursing and the R. Adams Cowley Shock-Trauma Center at the University of Maryland Medical Center. They are using technology to help patients transition to home after being hospitalized.

“Dr. McMullen brings strong administrative experience, both at the school and university levels, an accomplished research record, and a commitment to student success,” CUA Provost James Brennan said. “I’m so pleased that she has agreed to take on this responsibility.”

While at CUA, McMullen also has been a leader in the Women’s Faculty Collaborative.

“She brings wonderful skills, great competence and a caring heart to her position and profession,” Father O’Connell said. “I have every confidence that she will continue the excellence that has long been the School of Nursing’s history and tradition. I wish her and the faculty every blessing and success.”

Nalini Jairath, current nursing school dean, will take a sabbatical before returning to CUA’s full-time faculty. “I am deeply grateful to Nalini Jairath as she concludes her service as dean,” Father O’Connell said.

“She has introduced some very important innovations to the School of Nursing during her tenure and has been a diligent and generous leader of the school’s faculty. We all look forward to her continued contributions to the high academic standards of the school.”
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100,000 uninsured childless adults—this expansion put on hold due to economic constraints, would be a major step forward for Marylanders with little to no shot at securing health care coverage. A great way to fully fund the 2007 Health Care Coverage Act would be a dime a drink alcohol tax increase that would also save lives and money.

The Governor’s Working Families and Small Business Health Care Coverage Act of 2007 also provided substantial grants to over 200 Maryland small businesses that had been unable to provide health care for their employees which have enabled them to provide this health care coverage.

Funding for the Governor’s Working Families and Small Business Health Care Coverage Act of 2007 was made possible by a one dollar per pack increase in the state cigarette tax. This reduced the number of packs of cigarettes sold in Maryland by 74 million (and thereby saving thousands of lives from the horrors of tobacco caused illness and death) and raised an additional $144 million per year. This revenue is almost identical to the state’s cost for the health care expansion.

The O’Malley/Brown Administration has worked with the General Assembly and health care advocacy groups to make sure that over 50,000 children who have been eligible for state health care coverage got enrolled and covered. The Administration has also worked to make sure that these children have proper dental care to avoid another tragedy such as the death a few years ago of young Demonte Driver who could not get proper dental care. New outreach strategies that have proven effective would include the Kids First Act, the Foster Kids Act, as well as reaching out to Medicaid eligible children in Baltimore City through the school lunch program—all of these inventive laws have aided in the exceptional enrollment of Maryland’s children.

The Governor and General Assembly enacted legislation that increased the age limit from 18 to 25 for young people to stay on their parents’ health care plans. This allows thousands of Maryland young adults to keep health care coverage while they are students or look for jobs that offer health insurance.

The Governor and General Assembly, with substantial assistance from CareFirst Blue Cross Blue Shield, enacted legislation that closes the prescription drug donut hole for many Maryland seniors by covering more of their prescription drug costs.

The Governor and General Assembly enacted legislation to reduce the burden of hospital debt.

Meet MNA’s Lobbyist, Robyn Elliott

Dr. Nayna Philipsen and Becky Colt-Ferguson, this year’s co-chairs of MNA’s Legislative Committee, want nurses to know who is helping us make a real difference in Maryland law for our profession and our patients. The lobbyist for MNA, Robyn Elliott, has been doing legislative and policy work in Annapolis for over 10 years. She worked as a Senior Policy Analyst related to health care budgets for the Maryland General Assembly. She subsequently was the Director of Governmental Affairs for the Department of Health and Mental Hygiene. She currently is a founding partner of Public Policy Partners, a lobbying and public policy firm in Annapolis, Maryland.

She has been the lobbyist for MNA over two years, for three legislative sessions. She has taught professionals and students about how to become an effective advocate in a variety of settings, including professional association meetings, a graduate course at Johns Hopkins University and the Leadership in Disability Policy Program. Nurses and nursing students have reported that they entered into a new dimension of health care and advocacy by spending a day in Annapolis with Robyn Elliott.
Health Insurance Premiums and Profits Up

In February Blue Cross announced that it was immediately raising premiums charged to hundreds of thousands of individual customers by as much as 39%. Their parent company’s profits rose to a record $4.7 billion last year. Secretary Sebelius and Congress requested a rationale for the increase. For more information, go to the sources below.

Sources:
“Anthem Blue Cross dramatically raising rates for Californians with individual health policies,” The Los Angeles Times, February 4, 2010
http://www.latimes.com/business/la-fi-insure-anthem5-2010feb05,0,3002094.story


“Waxman and Stupak to WellPoint: We Request Your Testimony,” Office of House Speaker Nancy Pelosi, February 9, 2010 http://www.speaker.gov/blog/?p=2149

Nurse Practitioners Legislation Removes Barriers to Care in Maryland

By Sandra Nettina, President Nurse Practitioner Association of Maryland

“At a time when there is an acute shortage of primary care providers in Maryland, nurse practitioners—the professional you increasingly encounter when you go to the physicians’ office for care— have been facing tremendous barriers to practice in Maryland,” said Susan Delean-Botkin, Family Nurse Practitioner and Legislative Chair for the Nurse Practitioner Association of Maryland (NPAM).

The new law will require that each nurse practitioner file a statement of collaboration with the board of nursing, but there will be no requirement for a formal agreement signed by a physician and approved by a joint committee. Regulations will need to be rewritten by the Board of Nursing before the change can go into effect. Nurse practitioners have been required to have an approved written collaborative agreement with a physician before they can work in Maryland, a requirement established over 30 years ago and one that may take 2 to 6 months to accomplish. That means 2 to 6 months before new graduates can work, or experienced NPs can change jobs. At the same time, patients are told that they must wait weeks or in some cases, months, before they can get an appointment for health care because there are not enough providers to see them.

To improve access to health care in Maryland, nurse practitioners introduced legislation to eliminate the written collaborative agreement. HB 319/ SB 484 Nurse Practitioner-State Board of Nursing-Authority to Practice, passed both the House and the Senate and is awaiting the governor’s signature. The successful legislative effort was the result of a nine month process on the part of NPAM, the statewide nurse practitioner association, and the Maryland Coalition of Nurse Practitioners, which represents nurse practitioners in Southern Maryland.

MNA supported the effort. It was also supported by other health care and advocacy organizations, such as the American Association of Retired Persons.

The written collaborative agreement was a good starting point for nurse practitioners 30 years ago when it was not clear what NPs could do and how closely they needed to interact with physicians. Now there is research that shows that nurse practitioners offer safe, high quality care that is well accepted by patients. Nurse practitioners collaborate closely with physicians and do not require a mandated agreement to do so.

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applicant who has passed the NCLEX (licensure examination) and other licensure requirements, but is still awaiting completion of the criminal background check. MNA supported this measure, as many of the delays have been the result of long processing times by the Federal Bureau of Investigations, and no fault of nurses or of the Board of Nursing.

• Elimination of the Collaborative Practice Agreement for Nurse Practitioners: MNA supported other nursing groups in the effort to eliminate the “collaborative practice agreement” requirement for NPs because the collaborative practice agreement was cumbersome and created an unnecessary barrier to practice; and our patients need more primary care providers. The collaborative practice agreement requirement resulted in long delays and has prevented NPs from practicing in some areas of Maryland.

• Easy Access to Licensing Information: The bill requires the MBON to post a record of each license on its website. This information will make it easy for nurses and their employers to check licensure status. The Board has already worked to provide this service. The MBON should also see a reduction in the number of phone or written inquiries, saving valuable administrative resources.

• Electronic Notification of Renewal Information: The bill allows the MBON to contact licensees about renewal information either electronically or by mail. The electronic option will allow the MBON to save money and will be easier for many licensees. Those licensees who do not wish to communicate electronically or who do not have access to email will still be able to receive notices by mail.

• Extension of Renewal Notification: The bill lengthens the time period by which the MBON must notify licensees that it is time for renewal from 1 month to 3 months. MNA agreed that this extended time period will lead to fewer renewal problems.

The Elimination of Scholarship and Loan Repayment Programs for Nurses

Nurses contacted their Legislators to explain why they should vote to keep the Loan Repayment and Scholarship Programs. The Department of Legislative Services recommended the elimination of the Janet L. Hoffman Loan Assistance Repayment Program (LARP) and the Graduate and Professional Scholarship Program. Both of these critical programs for nursing education were saved.

Good News on BPA
MNA worked with other organizations and our legislative champions, Delegate Hubbard and Senator Frosh, to support a ban on BPA in children’s products. The result is a ban in Maryland on BPA from bottles and cups used by children under the age of 3. This is a great victory for our smallest patients and for the long-term health of our community.

How to Contact Your Legislators
If you know your legislators names, find contact information at: http://www.mlis.state.md.us/mgaweb/mail32.aspx. If you need to determine who represents you, find their names at: http://mdselect.net/electedofficials/
Key Provisions Related to Nursing:
The Patient Protection and Affordable Care Act (Public Law 111-148) clearly represents a movement toward much-needed, comprehensive and meaningful reform for our nation’s healthcare system. As the largest single group of healthcare professionals in the health system, licensed registered nurses are educated and practice within a holistic framework that views the individual, family and community as an interdependent system that can keep as well and help us heal. Registered nurses are fundamental to the critical shift needed in health services delivery, with the goal of transforming the current “sick care” system into a true “health care” system.

Nurse Faculty Loan Program
Section 5311 (p. 513) increases the Nurse Faculty Loan Program amounts from $30,000 to $35,000 in fiscal years 2010 and 2011 and declares that the amount of these loans will thereafter be adjusted to provide for cost-of-attendance increase for yearly loan rate and the aggregate loan. The statute also creates new authority to permit HHS to enter into an agreement with individuals who hold unencumbered RNs and who have already completed, or are currently enrolled in, a master’s or doctoral training program for nursing. Under such an agreement, HHS will provide up to $15,000 per year to master’s recipients and $20,000 per year to those who earn a doctorate if such individuals spend at least 4 years out of 5 year period as a full-time faculty member at an accredited school of nursing. The provision provides funding priority to doctoral nursing students.

Mandatory Funding Stream for Title VIII Programs
Section 5312 (p. 515) authorizes $738 million in appropriations to carry out nursing workforce development programs—including the advanced education nursing grants, workforce diversity grants, and nurse education, practice, quality and retention grants—in fiscal year 2010. For fiscal years 2011 through 2016, HHS may use “such sums as may be necessary” to carry out such programs.

Public Health Workforce
Section 5204 (p. 494) establishes a Public Health Workforce Loan Repayment Program to assure an adequate supply of public health professionals to eliminate workforce shortages in public health agencies. Under the program, HHS will repay up to one-third of loans incurred by a public health or health professionals student in exchange for that student’s agreement to accept employment with a public health agency for at least three years. Individuals who serve in priority service areas may be eligible for additional loan repayment incentives at the Department’s discretion.

Allied Health Workforce
Section 5205 (p. 493) authorizes an Allied Health Loan Repayment Program to assure an adequate supply of allied health professionals to eliminate critical allied health workforce shortages at public or non-profit health facilities that can demonstrate enhanced collaboration and communication among allied health professionals, to establish and maintain academic relationships with federally qualified health centers or other clinics that serve underserved populations. Allied health professionals who seek additional training in their respective fields.

Nursing Workforce Diversity Grants
Section 5440 (p. 515) expands the workforce diversity grant program by permitting such grants to be used for diploma and associate degree programs to train nurses to enter baccalaureate and higher degree programs for student scholarships and stipend programs for accelerated nursing degree programs. In carrying out this revised program, the statute instructs HHS to consider recommendations from the National Advisory Council on Nurse Education and Practice and to consult with nursing associations, including the National Coalition of Ethnic Minority Nurse Associations.

Training for Direct Care Workers
Section 5382 (p. 493) establishes a three-year grant program under which an institution of higher education can subsidize training of individuals at that institution who are willing to serve as direct care workers in a long-term or chronic care setting for at least two years after completion of their training. To be eligible for such a grant, the institution must partner with a nursing home, skilled nursing facility, or other long-term care provider.

Geriatric Nursing Career Incentives
Section 5383 (p. 504) includes a provision that authorizes HHS to award grants to advanced practice nurses who are pursuing a doctorate or other advanced degree in geriatrics and who, as a condition of accepting a grant, will agree to teach or practice in the field of geriatrics, long-term care, or chronic care management for a minimum of 5 years.

In order to meet our nation’s healthcare needs, an integrated national healthcare workforce that looks beyond physicians must be put into action. Advanced Practice Registered Nurses (APRNs), in particular Nurse Practitioners and Certified Nurse-Midwives, are proven providers of high-quality, cost effective primary care. APA has been advocating for the use of provider neutral language throughout the House and Senate bills. We also believe that any type of demonstration or pilot project that focus on primary care should include nurse practitioners and certified nurse midwives and that nothing should preclude them from leading those models of care.

Legislation
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<td><strong>Advance Care Planning</strong></td>
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<td>The statute does not contain a specific voluntary advance care planning consultation under Medicare, as provided under the House bill. However, Section 8002 (p. 710) creates a Community Living Assistance Services and Support (CLASS) independent benefit plan available for individuals with functional limitations. CLASS insurance will cover (p. 723), among other services, consultation with an advice and assistance counselor relating to the formulation of advance directives and other written instructions. Taxpayer funds will not be expended to pay benefits under the CLASS plan. Effective January 1, 2011.</td>
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| **Accountable Care Organizations (ACOs)** |
| Section 3022 (p. 277) establishes a shared savings program under which a group of providers and suppliers may form a legally structured ACO to manage and coordinate care for Medicare fee-for-service beneficiaries. Medicare An ACO that abides by a set of quality performance standards and meets a financial benchmark will be eligible for an incentive payment based on the share of savings they achieve for the Medicare program. An ACO must include primary care ACO professionals that are able to serve a minimum of 5,000 fee for service beneficiaries. The statute defines the term “ACO professional” to include a physician assistant, nurse practitioner and clinical nurse specialist. |

| **Medical Home–Medicare**             |
| Section 3502 (p. 395) authorizes HHS to establish a grant program for states or state-designated entities to establish community-based interdisciplinary, interprofessional teams to support primary care practices within a certain area. Such “health teams” may include nurses, nurse practitioners, medical specialists, pharmacists, nutritionists, dietitians, social workers, and providers of alternative medicine. Under the program, a health team must support patient-centered medical homes, which are defined as a mode of care that includes personal physicians, whole person orientation, coordinated and integrated care, and evidence-informed medicine. |

| **Increase in Medicare Payment for Primary Care Services** |
| Section 5501 (p. 534) provides a 10 percent bonus payment under Medicare for fiscal years 2011 through 2016 to encourage Medicare providers to furnish services appropriate for the Medicare-eligible population. The provision establishes a new presumption that “inpatient hospital care” begins with an inpatient encounter, and when applicable, an office or other outpatient encounter, rather than with an emergency department encounter. It also requires payment for those services furnished by physicians at no less than 100% of Medicare rates for those services furnished by physicians in 2013 and 2014. The federal government will pay 100% of the incremental costs attributable to this requirement. This provision is only a 2-year mandate. |

| **Medical Home–Medicaid**             |
| Section 2703 (p. 201) creates a state option under Medicaid to provide coordinated care through “a health home” for individuals with chronic conditions. Under this option, states could receive 90 percent FMAP funding to support a Medicaid enrollee who designates a provider or a team of professionals as their health home. State must specify the methodology they will use for determining payment. This methodology may be tiered to reflect the number of chronic conditions that a patient is afflicted with and the specific capabilities of the health home. Such health homes will provide comprehensive care management, care coordination, and chronic disease management. Providers must also meet certain standards established by HHS to participate in the option. The provision also authorizes HHS to award planning grants to states to develop their “health home” program. |

| **Accountable Care Organizations (ACOs)–Medicaid** |
| Unlike the House bill, the new statute does not contain a provision that would establish a State Medicaid pilot program for ACOs. However, Section 2706 (p. 277) authorizes a demonstration project for pediatric ACOs that serve State Medicaid and State Children’s Health Insurance Program beneficiaries. Under the demonstration program, HHS will authorize states to govern the program for pediatric ACOs. In addition, the Department will provide incentive payments for those pediatric ACOs that both meet federal performance guidelines and achieve savings greater than the annual minimal savings level established by the State. |

| **School-Based Health Clinics** |
| Section 4001 (p. 428) establishes a grant program for school-based health clinics that serve a large population of children eligible for coverage under the State Medicaid plan or under waiver authority for this plan. However, unlike the House bill, the statute does not require State Medicaid programs to reimburse school-based health clinics receiving grants under the program on the same basis as they would FQHCs. |

| **Certified Nurse-Midwives**            |
| Section 3141 (p. 305) will increase the reimbursement rate for Certified Nurse-Midwives for covered services from 65 percent of the rate that would be paid were a physician performing a service to the full rate. Effective January 1, 2011. |

| **Independence at Home program**      |
| Section 3024 (p. 280) creates the Independence at Home Demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physician and nurse practitioner-directed home-based primary care teams aimed at reducing expenditures and improving health outcomes. Independence at home medical practices that spend less than established spending targets are eligible for incentive payments. HHS will give priority to practices that are located in high-cost areas, that have experience in furnishing home health services, and that have information technology and individualized plans of care. Participation of Nurse Practitioners and Physician Assistants (page 287): “Nothing in this section shall be construed to prevent a nurse practitioner or physician assistant from participating in, or leading, a home-based primary care team as part of an independence at home medical practice.” |

| **Nurse Home Visitation Services**     |
| Section 2911 (p. 216) authorizes states, with federal grant support and after conducting a mandatory assessment of needs, to establish evidence-based nurse home visitation programs for maternal, infant, and early childhood purposes. Programs that support high-risk populations will be given priority under the grant program. Unlike the House bill, there was no provision that would allow optional coverage of nurse home visitation services under State Medicaid programs. |

| **Quality**                            |
| Many recent studies have demonstrated what most health care consumers already know: nursing care and quality patient care are intricately linked, in all care settings but particularly in acute and long-term care. Because nursing care is fundamental to patient outcomes, we are pleased that both bills place a strong emphasis on reporting, both publicly and to the Secretary, of nursing staffing in long-term care settings. The availability of staffing information on the Nursing Home Compare website would be vital to helping consumers make informed decisions, and the full data provided to the Secretary will ensure staffing accountability and enhance resident safety. |

| **Graduate Nurse Education (GNE)**     |
| Section 5509 (p. 556) appropriates $50 million per year for FY 2012 through FY 2015 to establish a graduate nurse education demonstration program in Medicare. Up to five eligible hospitals will receive Medicare reimbursement for the educational costs, clinical instruction costs, and other direct and indirect costs of an eligible hospital’s expenses attributable to the training of advanced practice nurses. The program is consistent with the skills needed for acute and preventive care, transitional care, chronic care management, and other nursing services appropriate for the Medicare-eligible population. The program also authorizes HHS to award planning grants to states to develop health homes for individuals with chronic conditions. Under this option, states could receive 90 percent FMAP funding to support a Medicaid enrollee who designates a provider or a team of professionals as their health home. State must specify the methodology they will use for determining payment. This methodology may be tiered to reflect the number of chronic conditions that a patient is afflicted with and the specific capabilities of the health home. Such health homes will provide comprehensive care management, care coordination, and chronic disease management. Providers must also meet certain standards established by HHS to participate in the option. The provision also authorizes HHS to award planning grants to states to develop their “health home” program. |

| **Increase in Medicaid Payment for Primary Care Services** |
| The Medicaid incentive program was not in the Patient Protection and Affordable Care Act, but was included in the Health Care and Education Reconciliation Act of 2010. Section 1601 requires states to report the proportion of primary care services furnished by physicians at no less than 100% of Medicare rates for those services furnished by physicians in 2013 and 2014. The federal government will pay 100% of the incremental costs attributable to this requirement. This provision is only a 2-year mandate. |

| **Medicaid–Medicaid**                  |
| Section 3502 (p. 395) authorizes the establishment of a shared savings program under which a group of providers and suppliers may form a legally structured ACO to manage and coordinate care for Medicare fee-for-service beneficiaries. Medicare: An ACO that abides by a set of quality performance standards and meets a financial benchmark will be eligible for an incentive payment based on the share of savings they achieve for the Medicare program. An ACO must include primary care ACO professionals that are able to serve a minimum of 5,000 fee for service beneficiaries. The statute defines the term “ACO professional” to include a physician assistant, nurse practitioner and clinical nurse specialist. |

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| **Certified Nurse-Midwives**            |
| Section 3141 (p. 305) will increase the reimbursement rate for Certified Nurse-Midwives for covered services from 65 percent of the rate that would be paid were a physician performing a service to the full rate. Effective January 1, 2011. |

| **Independence at Home program**      |
| Section 3024 (p. 280) creates the Independence at Home Demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physicians and nurse practitioner-directed home-based primary care teams aimed at reducing expenditures and improving health outcomes. Independence at home medical practices that spend less than established spending targets are eligible for incentive payments. HHS will give priority to practices that are located in high-cost areas, that have experience in furnishing home health services, and that have information technology and individualized plans of care. Participation of Nurse Practitioners and Physician Assistants (page 287): “Nothing in this section shall be construed to prevent a nurse practitioner or physician assistant from participating in, or leading, a home-based primary care team as part of an independence at home medical practice.” |

| **Nurse Home Visitation Services**     |
| Section 2911 (p. 216) authorizes states, with federal grant support and after conducting a mandatory assessment of needs, to establish evidence-based nurse home visitation programs for maternal, infant, and early childhood purposes. Programs that support high-risk populations will be given priority under the grant program. Unlike the House bill, there was no provision that would allow optional coverage of nurse home visitation services under State Medicaid programs. |

| **Quality**                            |
| Many recent studies have demonstrated what most health care consumers already know: nursing care and quality patient care are intricately linked, in all care settings but particularly in acute and long-term care. Because nursing care is fundamental to patient outcomes, we are pleased that both bills place a strong emphasis on reporting, both publicly and to the Secretary, of nursing staffing in long-term care settings. The availability of staffing information on the Nursing Home Compare website would be vital to helping consumers make informed decisions, and the full data provided to the Secretary will ensure staffing accountability and enhance resident safety. |
### Comparative Effectiveness Research

**Section 6301** (p. 690) establishes a non-profit Patient-Centered Outcomes Research Institute to perform and synthesize research on comparative effectiveness. The purpose of the Institute will be to assist patients, physicians, purchasers, and policymakers in making informed health decisions. In particular, the statute envisions that the Institute will advance the quality and relevance of evidence concerning the manner in which health conditions can effectively be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis that provides variations in patient sub-populations, and through the dissemination of research findings. Any findings made by the Institute will be construed as a mandate on practice guidelines or coverage decisions. The Agency Healthcare Research and Quality will be responsible for disseminating the findings made by Institute researchers to build data capacity for comparative effectiveness research (CER) and to train researchers in CER methods.

### Nursing Home Transparency–Nursing Home Compare Medicare Website

**Section 6103** (p. 586) directs the Nursing Home Compare Medicare Website to release information on staffing data for each facility, including resident census data, hours of care provided per resident per day, staffing turnover and tenure. Furthermore, it will need to be in a format for consumers to compare differences in staffing between facilities and State and national averages for facilities. Moreover, the format is to include: differences in types of staff; relationship between staffing levels and quality of care; explanation that appropriate staffing levels vary based on patient mix. Effective not later than 1 year after the date of enactment (p. 588).

### Nursing Home Transparency–Whistleblower Protection

**Section 6105** (p. 593) directs the Secretary to create a standardized complaint form and requires states to establish complaint resolution processes. It also provides whistleblower protection for employees who complain in good faith about the quality of care or services at a skilled nursing facility. Effective 1 year after the date of enactment (p. 594).

### Nursing Home Transparency–Staffing Accountability

**Sections 6101 through 6121** (starting on p. 588) requires Medicare skilled nursing facilities and Medicaid nursing facilities to disclose information on their ownership and organizational structure to government authorities and mandates that such facilities implement a compliance and ethics program within 3 years of the legislation’s enactment. Furthermore, these sections require facilities to report in detail their expenditures on wages and benefits for direct care staff and to develop a program under which facilities can report staffing information in a uniform format based on payroll data, including agency or contract staff. Unlike the House bill, the Senate nursing home transparency provisions require a CMS study and report on the Five-Star Quality Rating System and authorize a national demonstration project to develop best practices related to “culture change” and information technology in nursing facilities.

### Additional Nursing Provisions

**Section 3501** (p. 389) establishes a Center for Quality Improvement and Patient Safety within the Agency for Healthcare Research and Quality to support the identification of best practices for quality improvement in the delivery of health care services. The Center’s activities will include identifying health care providers that employ best practices and finding ways to translate these practices rapidly and effectively into practice elsewhere. The Center will also be charged with supporting research on health care delivery system improvement by establishing a Quality Improvement Network Research Program, under which funding recipients will test, scale, and disseminate information about interventions that improve quality and efficiency. Section 3501 also directs the Director of AHRQ to award technical assistance grants to struggling health care providers and organizations so that such entities can understand, adopt, and implement the best practices identified by the Center. Unlike the House bill establishing the Center, the statute does not reference the nursing profession.

### School-Based Health Clinics

**Section 4101** (p. 428) establishes two new grant programs for school-based health centers. The first program will authorize grants to provide for construction of, and equipment for, new school-based health centers. The statute appropriates $50 million in each of fiscal years 2010 through 2013 to carry out this grant program. School-based health centers that serve a large population of Medicaid eligible children will have priority for grant consideration. The second grant program provides funding to existing school-based health centers for operation, equipment acquisition, training, and salaries of personnel. HHS may give priority under this program to communities that have a shortage of primary care for children or a high per capita number of children who are uninsured.

### Nurse-Managed Health Centers

**Section 5208** (p. 494) establishes a new program to support nurse-managed health centers centers operated by advanced practice nurses that provide comprehensive primary care and wellness services to underserved or vulnerable populations. It also authorizes to be appropriated $50 million for FY 2010 and such sums as may be necessary for FY 2011 through FY 2014.

### Pipeine to Nursing

*This program is not in the new statute.*

### Student-to-School Nurse Ratio

*This demonstration program is not in the new law.*

### Skilled Nursing Facilities

**Section 10325** (p. 842) delays implementation by one year of new prospective payment rules for skilled nursing facilities, as outlined in Version 4 of the Resource Utilization Groups (RUG-IV). The component of RUG-IV specific to therapy furnished on a concurrent basis and RUG-IV’s changes to the look-back period can be implemented on October 1, 2010, as originally contemplated by the payment rules.

### Indian Health

**Section 5507** (p. 545) establishes a demonstration grant program to provide educational and training opportunities for low-income individuals for positions in the health care field that pay well and are expected to be in high demand. The demonstration program will primarily serve Native American and Alaska Native recipients. It is required to award at least three demonstration grants to eligible entities that are: (1) A tribal health organization; (2) an tribally designated community health center; or (3) an Indian tribe or tribal governing body. The statute appropriates $2.5 million in each of fiscal years 2010 through 2013 for the demonstration program. The statute appropriates $2.5 million in each of fiscal years 2010 through 2013 for the demonstration program. The statute appropriates $2.5 million in each of fiscal years 2010 through 2013 for the demonstration program.
MNA Introduces Professional Development Online Resource

Maintaining competence in the rapidly changing, increasingly complex healthcare environment is an important professional issue for Maryland registered nurses. Attending local or national conferences is often problematic because of work requirements and associated costs. Recently educational offerings for registered nurses have become available via the Internet, and the Maryland Nurses Association is pleased to introduce e-learNTM. This program is the only online site with nursing continuing education courses written and reviewed by RNs. The e-learNTM staff includes nurses with experience in a range of clinical, managerial, and educational settings. They make it their business to stay on top of trends in nursing care.

The e-learNTM courses are designed for nurses’ busy schedules, and offer an affordable and convenient option to attending conferences. Nurses can earn nursing contact hours by spending several hours at the computer, since many of the courses can be completed in a few hours. The courses offer flexibility, in that the entire course does not need to be completed in one session. All courses are awarded nursing contact hours by the New York State Nurses Association, which has been providing high-quality CE for more than 30 years.

The average cost is $15 per e-learNTM course. MNA members receive a 15% discount. Some of the courses are even free! Popular offerings include:

- HIV/AIDS: The Impact on Persons Age 50+
- Managing Pain in a Drug-Dependent Patient
- Electrocardiograms Made Easy!
- Understanding Arterial Blood Gases
- Role of the RN in Organ and Tissue Donation
- The Nurse in Palliative Care
- The Role of the Nurse in Bereavement
- Caring for the Patient Who Is Dying
- Care of the Patient with Cancer
- Pain Management in the Setting of Palliative Care
- Palliative Care in the Home Setting

MNA / ANA News

Leadership and Transition

Musings from the desk of
Pat Travis, R.N., Ph.D., CCRP, MNA President

I wish to thank the many members of this organization that have called, e-mailed or written me providing feed back to my last article. The feedback has been most positive and encouraging. Following up on my view and philosophy of leadership, expressed previously through a prism of “top-down” management, I want to share with you those qualities that I believe we should expect of our leaders and bosses from a “bottom-up” perspective.

- Honest, just and fair treatment;
- Consideration due them as mature professionals;
- Personal interest taken in them as mature individuals;
- Loyalty;
- Shielding from harassment from higher-ups;
- The best in leadership by example;
- That their needs be anticipated and addressed;
- All the comfort and privileges that are practicable;
- To be kept oriented and told the reason “why”;
- A well thought out program of time, work and recreation;
- Clear cut and positive decisions and directions that are not constantly changing;
- Demands on them commensurate with their capabilities; and
- That their good work will be recognized and publicized as appropriate.

Some of the most noteworthy activities of my first hundred days as your new president include attending ANA’s first Virtual Constituent Assembly in New York and hosting the first Eastern Seaboard Regional Executive Committee (ESREC) meeting; addressing over 200 student nurses at the Maryland Association of Nursing Students (MANS) 30th Annual State Convention; attending the Philippine Nurses Association Maryland Chapter’s 6th Annual Dinner Dance and Induction of New Officers (MNA’s newest affiliate organization); discussing ways to partner and work with the Maryland Organization of Nurse Executives; welcoming 144 nurses at the February 1st 2010 Nurses Lobby Day training session held at the Loew’s Hotel in Annapolis, Maryland before the nurses visited with their legislators. The MNA staff made appointments for nurses to meet with 42 of their District Senators and 108 of their District Delegates following Delegate Shirley Nathan-Pulliam and Delegate James Hubbard’s remarks and MNA’s Lobbyist, Robyn Elliot’s, brief overview of meeting with legislators. This event provided MNA new visibility and requests for support on issues that impact nursing have followed.

Transitions in leadership and management are sometimes unsettlingly. However, I see every challenge as an opportunity for us to collectively excel. I ask you to be open minded and don’t let any one issue divide us. In a spirit of collaboration and transparency, I hope that we can share our thoughts and be respectful of hearing each other’s ideas in an open and honest dialogue. As we work toward an agreed upon vision and one strong shared voice for the profession and MNA, industry’s perception of our ability to lead can be strengthened.

Thanks to the great efforts, understanding and patience of the MNA staff, the Board of Directors, and the District Presidents, although the seas upon which we are sailing are a little choppy, we appear to be on a favorable tack and a following breeze.

Maryland Nurses Association
107th Annual Convention

Member and non-member Nurses and Students are invited to attend the 107th MNA Convention, held in a new location in Annapolis at the Anne Arundel Medical Center Health Science Institute Conference Center on October 7-8, 2010.

National and local speakers will present timely topics and engaging, innovative, and interactive workshops that enable participants to effect change and lead in our ever-changing healthcare environment.

Call for Presentations are still being accepted until June 1st if you or a colleague you know would like to help Maryland Nurses in Navigating Today’s Healthcare!

Leadership for Healthcare Change

Watch your email or go online at http://www.marylandrn.org/ for more information.

Navigating Today’s Healthcare
Leadership
Opportunity Alert:
The Maryland Board of Nursing has Positions Open

The Maryland Board of Nursing is seeking nominations for two positions on their Board.
- One position is for the "Nurse Administrator" and requires at least a Master's Degree in nursing administration, education or public health.
- The other position is for the "Baccalaureate Nursing Educator" and requires at least a Master’s Degree in nursing or education.

If you or someone you know is interested in either of these positions and would like more information, please contact Ed Suddath at MNA, directly via email at: esuddath@marylandrn.org or via telephone at 410-944-5800.

Maryland Nurses Association
ANNUAL AWARDS

The Maryland Nurses Association has seven (7) awards that are given annually. These include:

The Outstanding Nursing Practice Award
Given to a MNA member to recognize a nurse in direct patient care whose care is a source of pride to self, peers, patient/clients and colleagues. This award is given to the nurse you would most want to care for your loved ones.

The Outstanding Nurse Educator Award
Given to a MNA member who has demonstrated excellence in nursing education, continuing education or staff development.

The Outstanding Leadership Award
Given to a MNA member who has demonstrated exemplary leadership in the performance of activities on behalf of nursing and the MNA.

The Outstanding Advanced Practice Clinical Nurse Award
Given to a MNA member who has demonstrated excellence in clinical practice. The recipient would be an innovator and combine clinical practice with a major leadership function such as research, education, professional services, community services, or scholarly activities.

The Outstanding Health Information Award
Given to recognize achievements in the dissemination of health information to the public.

Coverage may include illness prevention or wellness promotion. This award could come from the print, radio, television, cinematic or other similar mass medium.

The Outstanding Pathfinder Award
Given to a MNA member who has demonstrated excellence and creative leadership that fosters development of the nursing profession. The recipient has pioneered in innovation in nursing or developed creative approaches to further nursing’s agenda.

The Outstanding Mentoring Award
Given to a MNA member who shows individuals how to put into practice the professional concepts of nursing by example and through wise counsel and advice.

Nominating Instructions:
1. MNA Districts or members of the Association recommend nominees.
2. A Nominating Form must be completed for each nominee.
3. Nominations must address the specific criteria noted for each award on the Nominating Form.
4. A photo of the nominee should be submitted with the nominating materials.

Selection:
Each award is competitive and will be selected by the Awards Committee.

Presentations:
Awards will be presented at the Annual MNA Convention.

Nominating Forms are available by contacting the MNA office @ 410-944-5800 or pgwinn@marylandrn.org
The MNA office must receive all Nominating materials no later than September 7, 2010 for consideration.
The Ruth Hans Nursing Foundation of Maryland

$500 Baccalaureate Education Scholarship

The Ruth Hans Scholarship promotes lifelong learning and best practices in nursing by awarding an education scholarship to a Baccalaureate nursing student in Maryland. This can include an RN licensed in Maryland who is continuing his or her education in an RN to BSN nursing education program in Maryland. The recipient will exemplify academic achievement, leadership and community service as required in the criteria. The Ruth Hans Scholarship/Awards Committee of the Nursing Foundation of Maryland will review the applications with the Alumni Association of the former Lutheran Hospital School of Nursing where Ruth received her entry nursing education.

ELIGIBILITY CRITERIA
1. The applicant must be an RN who is attending an accredited baccalaureate entry nursing program or an RN-to-BSN completion nursing program in Maryland.
   a. The student must be a matriculated student in the semester that the year the award is given.
   b. The student must be enrolled in a Maryland nursing program and within a year of receiving the baccalaureate nursing degree.
   c. The RN-to-BSN completion student must have an Associate Degree in Nursing and be studying in a baccalaureate degree completion program.
2. The applicant must:
   a. Be in good academic standing (minimum GPA of 3.0 out of a GPA of 4.0).
   b. Demonstrate leadership qualities; and
   c. Be involved in community service.
3. The official NFM Education Scholarship application form (or facsimile) must be used and submitted to the Nursing Foundation of Maryland, Inc. The form is available at www.marylandrn.org or 410-944-5800.
4. The applicant must be able to attend the Awards Banquet at the Maryland Nurses Association Convention on October 8, 2010. The recipient will be a guest of the NFM at the Awards Banquet.

For more information email: tzimmerman@farmd.edu

Call for Presentations 107th Annual Convention

As the statewide nursing membership organization, the Maryland Nurses Association’s mission states:
• “The Maryland Nurses Association promotes excellence in the nursing profession with a culture of camaraderie, mentoring, diversity, and respect for colleagues.”
• “We provide programs and educational development for continued personal and career growth.”
• “As the voice for nursing in Maryland, we advocate for policy supporting the highest quality healthcare.”

The Convention draws about 150 participants from all over the state of Maryland. Keynote and plenary speakers provide insights and inspiration while targeted breakout sessions allow attendees to gain specific knowledge and experience related to this year’s theme.

The 107th Annual Convention
This year’s Convention, with the theme 2010 MNA: Leadership for Healthcare Change—Navigating Today’s Healthcare, will help Maryland nurses take an introspective look at what it means to strive towards excellence, to reach beyond ordinary expectations for the extraordinary, and to establish higher standards that can lead to healthcare change and better outcomes for our patients. The content should enable participants to answer the following questions: What will it take to have a greater impact? How can nurses maintain their personal and professional integrity, and the quality of their day-to-day work, in the face of constant changes in today’s healthcare? How can we ensure that nurses are able to “navigate today’s healthcare”? How can nurses ensure that patients continue to trust nurses? How can we help each other navigate the unsteady healthcare waters while federal legislators battle for reform? The new decade of change offers hope and opportunity, how can we support our patients and each other? The 2010 Convention will concentrate on how nurses develop and implement goals that serve to stretch, challenge, and improve what nurses do to improve patient outcomes. The Convention Committee will review all valid proposals.

Convention Breakout Sessions
This year’s Convention offers attendees the opportunity to participate in six (6) tracks of current sessions; each with three one (1) hour sessions. We are seeking engaging, innovative, and interactive presenters that enable participants to effect change. Our experts will be able to demonstrate how Maryland nurses are able to strive for and achieve excellence. Equally important, nurses will learn how to make value added contributions to the entire community through achieving Leadership for Healthcare Change—Navigating Today’s Healthcare.

2010 Convention Committee Members are Neya Ernst, RN; Chair; Hershaw Davis, BSN; Student Nurses Representative; Linda DeVries, RN, CRNFA (R), MNA First Vice President; Kristie Kovacs, RN, BA; Maureen Lal, MSN, RN; Denise Moore, MS, APRN-BC, Chair, Continuing Education Provider Committee; Tyree Morrison, BSN, RN; Kelly Nelson, RN, BSN, MPH; Gewreka Nobles, RN, MSN; M.A.N.S. State Advisor; Rosemary Mortimer, RN, MS, MSEd, CCBE; MNA Immediate Past President; Jean Seifarth, MS, PMHCNS-BC; Mary Tolz, CRNP, MS; and Patricia Travis, Ph.D, CCRP, RN; MNA President.
Nursing Foundation of Maryland Seeks Applicants for 2010 Education Scholarships

Application deadline is September 15, 2010

The Nursing Foundation of Maryland (NFM) is seeking applications for their 2010 Nursing Scholarships. These scholarships are awarded to those baccalaureate nursing students demonstrating scholarship, service, commitment and potential for leadership in the practice of nursing. The Foundation will award up to four scholarships not to exceed $2,000 each. Applicants may be entry-level baccalaureate nursing students, or Registered Nurses with an Associate Degree who are completing a baccalaureate degree in nursing.

Applicants must meet the following criteria of eligibility:

- Currently accepted or enrolled in an accredited baccalaureate nursing education program in Maryland;
- Resident of Maryland;
- Scheduled to receive a baccalaureate degree in nursing within the 2010-2011 academic year;
- GPA of 3.0 out of 4.0 or higher in prior college coursework;
- Demonstrate involvement in community service;
- Provide at least two letters of reference which indicate scholarship, service, commitment and potential for leadership in the practice of nursing. One letter must be from a MNA member (unless applicant is an RN member) and one from a faculty member; and
- Write a letter of application, introducing yourself and telling us about your service to the community and why you choose to study for the bachelors of science in nursing.

The applicant should be able to attend the annual Awards Banquet at the Maryland Nurses Association Convention (October 8, 2010) to receive the scholarship. The recipient will be a guest of the NFM at the Awards Banquet.

Application

1. Complete the application form for the Maryland Foundation Nursing Education Scholarship, available at www.marylandrn.org, or request by phone (410-951-2630).
2. The application must be in the NFM office by the close of business on September 15, 2010. It may be mailed or faxed.
3. The application must be accompanied by an official transcript of grades, your letter of introduction, documentation of enrollment in an accredited BSN program in Maryland, and at least two letters of reference.

Mail to: The Nursing Foundation of Maryland
21 Governor’s Court, Suite 195
Baltimore, MD 21244-2721
Phone: 410-944-5800; Fax: 410-944-5802
E-mail: tzimmerman@harford.edu

The Foundation Board of Trustees will notify Award recipients by October 1, 2010.

The Nursing Foundation of Maryland, Inc., is a professional organization that is committed to equal opportunity in all aspects of its operation. The NFM addresses and responds to equal opportunity and human rights concerns without regard to ancestry, nationality, race, creed, lifestyle, color, gender, sexual orientation, age, disability, health status or religion.

PNAMC Executive Board

The Philippine Nurses Association Maryland Chapter (PNAMC) held their 6th Annual Benefit Dinner-Dance and Induction of Officers held on February 20th at 7:30 PM at Martin's West in Baltimore, Maryland. Pictured from Left to Right are: Dina Krenzischek—Immediate Past President; Julius Brigoli—Board Member; Vicky Navarro—Founding President; Erna Gutierrez—Board Member; Fely Tanseo—Board Member; Joy Lazo—Secretary; Elean Baura—Asst. Treasurer; Jind Rodriguez—Treasurer; Dino Doliente III—President, 2009 & 2010; Angela Lagdameo—Policy and Interim Faith-based Director, Governor’s Office of Community Initiatives; Fe Nieves-Khous—President-Elect; Dr. Patricia Travis—President, Maryland Nurses Association; Love Eugenio—Asst. Secretary; Robert Borje—Third Secretary and Vice Consul, Embassy of the Philippines. The PNAMC is an MNA Affiliate Organization.
Poster Presentation Sessions will be
October 7, 2010
Deadline for Proposal—September 4, 2010
Submit a poster proposal on any aspect of your practice, research, or student activities. Share your creative nursing care approaches, research findings, clinical innovations, projects or models for change in healthcare with your colleagues. Convention attendees will judge your poster for excellence in evidence based practice or information sharing with your peers.

What is a poster?
- The poster should be a summarization of a creative activity.
- It should fit on a poster board measuring approximately 30” wide by 36” long.
- A poster should reflect an innovative aspect of nursing practice, education, or research
- It may be supplemented by handouts.
- It should fit easily on an easel.
- The poster’s presenter must be available for the open poster session to address questions.

How to submit a poster proposal:
- Complete the submission form below
- Mail or Fax your proposal, no later than September 4, 2009, to:
  Convention Posters
  Maryland Nurses Association
  21 Governor’s Court, Suite 195
  Baltimore, Maryland 21244-2721
  Fax: 401-944-5802
You will be notified by September 18, 2010 regarding the acceptance of your poster. You do not have to be an MNA member to submit a poster, however all poster presenters must registered as a Convention participant.

Poster Policy
Posters must avoid commercialism. Posters that constitute promotion and advertising will not be accepted. Statements made in posters are the sole responsibility of the author or presenter. Statements should not be viewed as, or considered representative of, any formal stance or position taken on any subject, issue or product by MNA.

Selection Criteria
Each poster submission will be reviewed for the following elements.
- Quality
- Broad appeal to the nursing community

Award Criteria
MNA Convention attendees will rate each eligible poster for the 2010 Mae Muhr Nursing Excellence Awards of $500 from the Nursing Foundation of Maryland, Inc. (NFM). Please contact MNA or the NFM for more information.

Maryland Nurses Association Poster Submission Form

Poster Title _____________________________
Brief Description:

Developers Name and Credentials ___________
Mailing Address ________________________
City _____________  State  Zip ______
Phone _________  Fax___________________
Email ________________________________
Employer or Nursing School ______________
Reference name and contact information: _____________________
I understand that representatives from the Nursing Foundation of Maryland, Inc., may contact me for more information if my poster is considered for a NFM Excellence Poster Award.
Signature: _____________________________
C: Convention Poster Criteria
MNA 2010 Nurses’ Lobby Day in Annapolis

Waiting for Lobby Day activities to begin, arriving nurses filled the room at Lowe’s.

Nurses who arrived early at Lobby Day had a chance to network.

Arriving nurses waiting for Lobby Day activities to begin.

Attentive nurses listen to Lobby Day information session.

MNA Board member Sharon Koza with District Two President Gewreka Nobles were active on Lobby Day.

Delegate Jim Hubbard (Prince George’s County) led the fight to protect children from BPA.

Delegate Shirley Nathan-Pulliam (Baltimore County—also a nurse) shared pending legislation with nurses at Lobby Day.

MNA Lobby Day/Student Lobby Day in Annapolis

Sponsors

MNA and the Legislative Committee recognize and thank the following donors for their support of MNA’s 2010 advocacy activities and educational programs for nurses and nursing students in Annapolis.

Sponsor ($500 - $999):
Johns Hopkins School of Nursing
Maryland Association of Nurse Anesthetists (MANA)
Maryland Association of Associate Degree Nursing (MAADN)
District 8, Maryland Nurses Association

Contributor ($100 - $499):
Maryland Association of School Health Nurses (MASHN)
District #5, Maryland Nurses Association
Nurse Practitioners of Maryland (NPAM)
University of Maryland Baltimore School of Nursing
Maryland Licensed Practical Nurses

Supporter ($50 - $99):
Maryland Association of School Health Nurses (MASHN)
District #5, Maryland Nurses Association
Nurse Practitioners of Maryland (NPAM)
University of Maryland Baltimore School of Nursing

Individual Supporter ($25 and up):
Wahnita C Hawk, LPN
Joyce McAdoo, RN
Nayna Philipsen, RN

Senator Nancy Jacobs met with Legislative District 34 nurses on MNA Lobby Day in Annapolis. Pictured from left to right: Cristina Santos, RN; Kathie Fallin, Senator Jacob’s assistant; Alphonsa A. Rahman, RN; Barbara Biedrzycki, CRNP; Senator Nancy Jacobs; and Pen Jarina, RN.
**Carroll Hospital Center Announces January and February Daisy Awards**

Kristi Lagunas, R.N., was presented with Carroll Hospital Center’s January Daisy Award. A nurse at the hospital since July 1999, Lagunas was honored for her excellent care of a patient at the hospital and her willingness to provide him with additional assistance with his treatment at his home.

“Kristi is a compassionate nurse who consistently advocates for her patients. Her exceptional care in this case is one of the many ways she goes above and beyond to ensure high quality patient care,” Stephanie Reid, R.N., B.S.N., M.B.A., assistant vice president of nursing at Carroll Hospital Center, said.

Sarah Kemp, R.N., won Carroll Hospital Center’s February Daisy Award. A nurse at the hospital since 2005, Kemp was honored for her excellent and compassionate care of a severely ill patient, particularly during the patient’s final hours.

“Sarah’s compassion for her patients comes from the heart. Her passion for nursing and the well-being of others shines through in her work everyday and exemplifies our SPIRIT values,” Stephanie Reid, R.N., B.S.N., M.B.A., assistant vice president of nursing at Carroll Hospital Center, said.

Carroll Hospital Center’s Daisy Award was created to honor outstanding health care professionals at the hospital. It is given to a registered nurse or licensed practical nurse each month to recognize their outstanding efforts in delivering exceptional patient care.

**Future Care Director Selected for NCLEX Panel**

Christine A. Blaney MacMillan, RN was selected as an Item Reviewer for the National Council of State Boards of Nursing Licensure Examination (NCLEX). NCSBN, headquartered in Chicago, is responsible for developing and administering the NCLEX-RN and NCLEX-PN licensing exams. Christine A. Blaney MacMillan, RN Director of Nursing of Future Care Canton Harbor, Baltimore, Maryland, was approved by the Maryland Board of Nursing and selected by NCSBN to participate on the NCLEX item development panel of subject matter experts that was held in Chicago, IL on January 5-8, 2010. Mrs. Blaney MacMillan was one of five nurses from across the nation to be selected for this assignment. She was nominated on the basis of clinical specialty and nursing expertise.

All nurses in the United States and its four U.S. territories must take the NCLEX. The licensing exam identifies those candidates who demonstrate minimal competence to practice nursing at the entry level. Passing the NCLEX is one of the requirements necessary for attaining a nursing license. Nurses interested in contributing to the profession through volunteering to serve on NCLEX item development panels, should apply by completing the application online at www.ncsbn.org.

**A Family Tradition of Giving**

When Sara Fenwick, a Maryland RN currently residing in Florida, made a recent donation to the Nursing Archives of the Central Maryland Chapter of the American Red Cross, nurses learned the interesting story of a family tradition of giving. Sara’s role model for service was her mother, Mary Wheeler, MBE, who was a leader in her community in Sara’s native England. In 1992 Mary Wheeler was awarded the MBE (Member of the British Order) at Buckingham Palace by Queen Elizabeth II in 1992 for her outstanding work with the mentally challenged. Ms. Wheeler also founded the British Women Racing Drivers Club to encourage women to become involved in auto racing and auto driving, both of which were unusual for women in the early twentieth century.

Pictured above is the Red Cross Arm band worn in England during World War I by Mrs. Wheeler, and donated by her daughter, Sara.

**Mary Beachley Honored**

The Society of Trauma Nurses (STN) honored Mary Beachley, MS, RN, of Frederick Maryland, as the recipient of its 2010 STN Trauma Leadership Award at their 13th Annual Conference this April in Orlando, Florida. Mary Beachley, former President of MNA, is Chief of the Division of Health Facilities of the Maryland Institute for Emergency Medical Services System (MIEMSS).

**New Requirements for Nursing Licensure Renewal in Maryland**

The Board of Nursing has announced that beginning June 2010, some RNs and LPNs who are renewing their Maryland license will need to complete the federal criminal background check with fingerprints. Originally, the Board had announced that this would occur every ten years, and begin with those most recently licensed but not checked. The Board has changed that. Now it will occur every twelve years, based on the month of birth. This year nurses born in June will need to complete the background check to renew their licenses. Next year, it will be the turn for nurses born in July.

Nurses in the Western Maryland region can complete a registration form on the Internet at www.marylandfingerprinting.com. Fingerprinting takes place locally on the second Wednesday of each month. The current $75 fee includes all necessary background checks, two licensing photographs (if required) and the Livescan services. Once the applicant registers they need to appear at the next scheduled date noted on the registration form at 8:30 AM with a valid photo ID and the paid receipt from the internet site. Nurses need to register at least 48 hours before the scheduled date. The address for the fingerprinting service is: Allegany Center for Career and Technical Education, 14211 McMullen Hwy, SW, Cresaptown, MD 21502. For assistance call (410)761-6700.

Legislation that passed in the 2010 Session in Annapolis also holds another change for renewing nurses. In the future, Maryland nursing licenses only need to be renewed every other year. Now nurses must renew their Maryland licensure every year.

**Join the Maryland Nurses Association Today!**

Application on page 18
Howard County General Designated a Blue Distinction Center for Knee and Hip Replacement®

Columbia, MD—Howard County General Hospital: A Member of Johns Hopkins Medicine (JHCHG) announced in March its designation as a Blue Distinction Center for Knee and Hip ReplacementSM by CareFirst BlueCross BlueShield, as part of the Blue Cross and Blue Shield Association’s expansion of its Blue Distinction® designation. Blue Distinction designations are awarded to facilities that have demonstrated a commitment to quality care by meeting objective, evidence-based thresholds for clinical quality and safety developed with input from expert clinicians and leading professional organizations.

The Joint Academy at HCHG offers a comprehensive approach to the joint replacement experience; as a partnership among the patient, doctor and hospital, focusing on engaging and educating patients throughout the surgical process—from admission to post-discharge—so they can more fully participate in their own care and recovery.

“Although joint replacement surgery has been offered for many years at HCHG, the establishment of the Joint Academy in May 2008 took the service to a whole new level,” said Richard Kinnard, M.D., medical director of the Joint Academy. “Introducing specific components to the Academy, such as standardized pre-operative patient education and state-of-the-art advancements in Anesthesia, enabled us to meet the necessary criteria to receive Blue Distinction recognition.”

“Patients appreciate the support provided by the Joint Academy before, during and after a joint replacement procedure,” said Victor A. Broccolino.

“We are proud to offer such an excellent program right here in our community. The number of patients receiving their replacements at HCHG has increased 19 percent since the Academy opened.”

The selection criteria used to evaluate facilities were developed with input from a panel of expert physicians. To be designated a Blue Distinction Center for Knee and Hip Replacement, the following types of criteria were evaluated. More information on selection criteria is available on www.bcbs.com.

On the Yellow Brick Road: One Nurse’s Journey

by Elaine M. Crain, MSN, Family & Adult Nurse Practitioner
elainecraincnpc@comcast.net

I have been a Family and Adult Nurse Practitioner (NP) since 2001. During the day, I work with Dr. Stephen Katz, Internal Medicine, and Kristyn Lyons, Adult NP, in a small primary care practice in Severna Park, Maryland.

On November 11, 2009, I opened my own practice, Who Cares? We Do!, Family, Walk-in, Urgent care, on Robinson Rd. in Severna Park, with hours that start when my day life ends.

After graduating from the University of the South in Sewanee, Tennessee with a degree in mathematics, and in true Sewanee style, I decided to join the Peace Corp, build bridges and teach math. Unfortunately, the Peace Corp interviewer in Washington, DC at the time said no, but if you had a medical or nursing degree, we could use you!

At the time, Pace University in New York offered a program for other disciplines to become Registered Nurses (RN). And after graduating, I enlisted, as an 1st Lieutenant in the Uniformed Branch of the Public Health Service (USPHS) and went to the Pine Ridge Indian Reservation, South Dakota, as an emergency room nurse. After finishing my 2-year tour of duty, I became a ‘traveling nurse’ taking short-term contracts across the US–ski resorts in winter and beaches in summer!

However, emergency room nursing is hard on the soul and demanding on the body, so I was looking for something to do in my ‘old age.’ Encouraged by three of the best NPs I have known, Helen Brown, Jane Corner and Kathy Ogle, I obtained a Masters Degree in Nursing, at Bowie State University, Maryland and became a Family Nurse Practitioner. My daytime practice encompasses many generations and life changes. I have patients from great-grandmothers to their great grandchildren who trust me with their care. I have seen patients in the office for illness and health maintenance; in the hospital when they are critically ill; and in their homes when their health keeps them house-bound. Now that I have opened my practice in the evening, I am seeing younger children with minor illnesses and injuries.
Maryland Nurses Association Membership Application

To be completed by SNA

To apply, complete the following chart. All membership dues are apportioned to the American Nurses Association, the Maryland Nurses Association, and the District. All membership category dues may be paid either annually, or through monthly electronic dues payment plans (EDPP). A service charge applies to the monthly electronic dues membership payment plan except annual membership paid in full at the time of application.

Please choose your district and payment plan from the following chart:

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Make checks payable to: American Nurses Association

Send complete application and check to: P.O. Box 504345

St. Louis, MO 63150-4345