Nurses: Making a Difference

I have been a nurse for nearly 20 years. To some that is not a long time and to others that may seem like a lifetime. I can honestly say that it has been a great 20 years. I can with absolute certainty tell you if I had it to do all over again—I would be a nurse! I started to think about what nursing really is. There are the TV versions that most of us in health care cringe at with Bobby Spencer from the soaps, Hot Lips from MASH or the nurses from Scrubs, thankfully that portrayal of nursing is not accurate.

Nurses are not bimbos, servants to the physicians, or objects of extracurricular activity. Nurses are well-trained professionals that have a strong heritage of caring for others.

Florence Nightingale is the mother of modern nursing who defined nursing as having charge of the personal health of somebody and said that what nurses do is to put the patient in the best condition for nature to act upon him.

Nursing is an art. It is the balance of science and the human response that makes it such an invigorating profession to be a part of. Some people think of the nurse as someone in all white that helps the doctor. Times have changed and the roles of nurses are quite a bit different, but the fundamental, underlying reason people become nurses has not changed; to care for others and make a difference.

Nurses work in different sectors of the business world. We have nurses working in hospitals, the military, government, home health, hospice, research companies, insurance companies, schools and in manufacturing factories. They are all there making a difference.

Nurses do not realize the awesome trust that perfect strangers put into their hands each day. Families give us their loved ones to care for and we hold those precious lives in our hands. It is an amazing responsibility but to me it is one of the greatest honor and privilege at the same time. Nurses are well-trained professionals that have a strong heritage of caring for others.

Throughout history we have had many nurses contribute to the heritage of caring and making a difference. Here are a few that you may or may not know:

1. Florence Nightingale is the most famous nurse of all time. She was a nurse working in the battle fields during the Crimean War advocating for cleanliness to reduce the loss of soldiers.

2. Clara Barton was a nurse most known for her contribution of organizing the American Red Cross. Barton, a philanthropist, was shocked at the number of lives lost in the Battle of Bull Run due to lack of medical supplies in the 1860’s. She created medical teams and traveled during the war to assist individuals.

3. Walt Whitman is perhaps one of the most famous male nurses. This celebrated poet spent part of the Civil War as a volunteer nurse after his brother was wounded.

4. Mary Todd Lincoln, the wife of President Abraham Lincoln was a nurse.

5. Anna Mae Hays, the first woman promoted to Brigadier General in 1970 was a nurse.

Nurses do not realize the awesome trust that perfect strangers put into their hands each day. Families give us their loved ones to care for and we hold those precious lives in our hands. It is an amazing responsibility but to me it is one of the greatest honor and privilege at the same time. Nurses...

- hold your hand when you get the news that your child has been in an accident and will not make it,
- hold a woman when she comes out of surgery and does not know if she had a lump removed or the entire breast,
- stand at your side as you ease a loved one onto a better life,
- hand that brand new baby over to the dad to present to mom,
- decipher what the doctor just told you and translate it to mom,
- teach you how to give yourself shots after you have been diagnosed with diabetes and explains how you manage the changes in your life,
- monitor hospitalized or home care patients health from moment to moment, visit to visit, and intervene when early signs of complications, poor response to therapies or medications occur, and work with other health care team members (physical therapists, respiratory therapists, pharmacists, advanced practice registered nurses [NPs, CNSs, CRNAs], and physicians to provide the most effective evidence-based health care available.

While I believe this is an awesome career, it is one of great joy, at times sadness and not for the faint of heart but for the soft at heart. Nurses are here to care for us and help us make our tomorrows better. This year’s motto for nursing week is “nurses caring today for a healthier tomorrow.” That is what we do.

Join New Mexico Nurses Association Today!

Application on page 14
NEED INFORMATION?
Here’s how to get in touch

Academy of Med-Surg Nurses (AMSN)
Rio Grande Chapter, Contact: Steve Ross
505-291-5474 or pross@salud.unm.edu

American Assn. of Critical Care Nurses (AACN)
Albuquerque Chapter, P.O. Box 35646
Albuquerque, NM 87156-6546
Hodi Radke, Chapter President
Email: huckerl@msn.com

American Assn. of Nurse Assessment Coordinators
www.aanac.org a website for members of assn. of Long Term Care MDS Coordinators, offering CNE, on-line discussion, latest news updates.
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CNE Application Email: cneapp@nmna.org
Office Mailing Address: P.O. Box 29658, Santa Fe, NM 87592-9658
Office Phone: 505/471-3324
Office Fax: 505/750-7059
NMNA Board and Staff
President: M. Colleen Campbell, BSN, RN
1740 Belvoir Circle
Chesapeake, VA 23301
Hm: 575/763-7141
pcampbell@bluebonnck.com
term exp. 2011

1st Vice-President: Leigh DeLoess, BSN, RN
464 Sandblow Drive
Los Cruces, NM 88011
575/521-4362
lbolo@msn.com
term exp. 2010

2nd Vice-President: Fran A'Hern-Smith, DNSc, MSN, RN
1312 Wilhelmy Dr, NE
Albuquerque, NM 87108
www.fasmith-tech.org
term exp. 2011

Secretary: Mary J. Stetten, DNPc, MSN, RN
1007 Cordulf Drive
Las Cruces, NM 88005-1247
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mstickert@esanex.org
term exp. 2011

Treasurer: Margaret Ouanka, MSN, CNS, CNP
3907 Honeysett NE
Hm: 505/288-0723
moouanka@pano.org
term exp. 2010

Directors:
1 Jennifer Drexler, MSN, RN, CCRN
5920 Unitas Lane, NW
Albuquerque, NM 87114
Hm: 505/875-1055
chmara@hotmail.com
term exp. 2011

2 Gloria Doherty, MSN, RN, ACNP
1005 Rio Court NE
Albuquerque, NM 87106
term exp. 2011
gdosher@salud.unm.edu

3 Stephanie Martin, BSN, RN
2951 Rose Street
Chesapeake, VA 23301
Hm: 575/621-7379
smartin2927@gmail.com
term exp. 2010

4 Kimberly Stout, MSN, RN
7 Vuosa dellos Las, Santa Fe, NM 87506
Hm: 505/992-1145
ktoues@msn.com
term exp. 2010

5 Jane Swanson, MSN, RN
2971 PO Box
Albuquerque, NM 87114
Hm: 505/241-2628
term exp. 2011
gdosher@salud.unm.edu

6 I Lorraine Goodrich, MSN, RN
841 East 2nd Street
Portales, NM 88130-6007
Hm: 505/319-0679
llgoodrich@salud.unm.edu
term exp. 2011

NMNA Website: www.nmna.org
NMNA general Email: nmna@nmna.org
CNE Application Email: cneapp@nmna.org
Office Mailing Address: P.O. Box 29658, Santa Fe, NM 87592-9658
Office Phone: 505/471-3324
Office Fax: 505/750-7059 toll free

Executive Director: Celynn Roberts, MSNS, RN
3692 State Highway 14
Santa Fe, NM 87592-9065
term exp. 2010

clayc@nmna.org

Lobbyist: Linda Suille
P.O. Box 720
Corrillos, NM 87010
term exp. 2010

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District Presidents and Contacts

DNA 1, Albuquerque—Margaret Onuska, 3907 Hanett NE, Albuquerque, NM 87110, Hm: 505/268-0723.
DNA 2, Santa Fe—Kimberly Stout, 7 Vuelta De la Tusa, Santa Fe, NM 87506, k2stout@msn.com, 505/992-1145.
DNA 4, Clovis—Stephanie Martin, tsmartin@plateautel.net, 575-765-7379.
DNA 7, Carlsbad—Tiffany Baggs, 1313 Doepp Drive, Carlsbad, NM 88220, tiffbaggs@gmail.com, Hm: 505/887-6725.
DNA 10, Raton—Tina Bird, 649 Mora Ave., Raton, NM 87740, third4444@msn.com, Hm: 505/244-2921.
DNA 14, Las Cruces—Leigh B. DeRoos, 4644 Sandalwood Dr., Las Cruces, NM 88011, lderoos@nmsu.edu, Hm: 505/521-4362.
DNA 19, Farmington—Dianne M. Bonebrake, P.O. Box 887, Kirtland, NM 87417, bonebrake@peoplepc.com, Hm: 505/596-0232.

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Nursing Information Web Sites

NM Nurses Association: www.nmna.org
- Information on the organization, calendar of events, legislative update, on line registration for workshops, job listings for all kinds of health care jobs, and Continuing Education applications for workshops for nurses.

NM Board of Nursing: www.bon.state.nm.us
- Lists board meeting dates, downloads the Nursing Practice Act, Rules and Regulations, download renewal forms, complaint forms, get information on recent rules and regulation changes, gets names of board members.

NM Center for Nursing Excellence: www.nmnursingexcellence.org
- Information on NMCNE activities to lessen the nursing shortage, recognize nurses for their accomplishments, Links to nursing organizations, workforce reports and much, much more.

NM Nurse Practitioner Council: www.nmnpc.org
- Information on the organization, activities, legislative initiatives, and formulary for sale to NPs.

American Nurses Association: www.nursingworld.org
- Membership, bookstore to buy standards of various nursing practices, the Code of Ethics for Nurses, Online Journal of Nursing, press releases on various legislative initiatives, connections to state (constituent) nurses associations, American Nurses Credentialing Center, and the American Academy of Nursing.

Exceptional Nurse: www.ExceptionalNurse.com
- A nonprofit resource for nurses and students with disabilities. The email address is exceptionalnurse@aol.com.

Mission Statement

The New Mexico Nurses Association is committed to advocating for all licensed nurses, improving health care, and promoting life-long learning.

Core Values
- Promote the professional and educational advancement of nurses.
- Promote high standards of nursing practice by upholding the integrity of the New Mexico Nursing Practice Act.
- Promote access to health care services by expanding opportunities for nurses.
- Advocate for nurses through legislative, regulatory, and policy making endeavors.

Revised 06/03/2008
Professional Tips from an Observer of the Board of Nursing Disciplinary Hearings

Carolyn Roberts, MSN, RN, FNP-BC
Executive Director of NMNA

In order to protect their license and their professional career nurses must:
• notify the Board of Nursing (BON) whenever they move,
• be aware of the nursing practice act and Rules,
• function within national standards of nursing practice, and
• obtain 30 hours of continuing nursing education contact hours for license renewal every two years (and be able to prove it by producing the CE certificates upon the request of the BON).

Note that advanced practice nurses (CNPs, CNSs, and CRNAs) must have 50 contact hours every two years, the extra 15 of which must be in pharmacology, and the additional 5 in their specialty.

Record keeping is YOUR responsibility. When the BON sends you an audit letter requesting proof of CE contact hours, it makes life so much less stressful if you have set up a record-keeping system already. Every time you come home from a CE course or earn contact hours online, place those CE certificates in the file folders for the appropriate 2 year renewal period and keep them in a safe place, such as a dedicated file drawer with your other important papers. Then if you are ever audited, you only have to go to one place, pull the file for the correct years, copy the certificates, mail the copies to the Board of Nursing, and put the originals back in the folder and the file drawer (in case the mail goes awry and the Board of Nursing never receives or loses the copies you sent). If you are nationally certified you are going to want to keep those certificates for 6 or more years depending on the certification period, so you would have three to four two-year period files in your drawer at all times.

Another issue that has been coming up in disciplinary hearings before the BON is noncompliance with settlement agreements. Settlements are agreements between a licensee and the board that sets out conditions that must be met in order to continue to be licensed, usually after a relatively minor complaint against the licensee regarding practice (incompetence, unprofessional conduct, late renewal of license or problems with CE audit). Apparently quite a few nurses enter into settlement agreements, signing the document and then forget about meeting the conditions in the agreement.

Essentially these settlement agreements are like terms of probation, and if the requirements are not met, the board can call you back in front of them for a hearing to find our why you didn’t meet those requirements. You can be put on formal probation, or have your license suspended or even revoked for not meeting this requirements. If you are ever in the position of having a settlement agreement, make certain you understand all the conditions in the settlement agreement. If you do not, call the BON and talk with the Executive Director to make sure that you get clarification. Then set a timeline for yourself, making sure that you are meeting all the conditions before the deadlines.

There is a section of the Nursing Practice Act Rules that was put in place about 3 years ago, and I was unaware of. In April 2010 the Board of Nursing had a disciplinary hearing on a nurse who’d been using opiates for pain and had not had this evaluation done (see the rule below).

16.12.9.9 ADVANCED PRACTICE NURSES, REGISTERED NURSES, AND LICENSED PRACTICAL NURSES TREATED WITH OPIATES: Advanced practice nurses, registered nurses, licensed practical nurses who have chronic pain and are being treated with opiates shall be evaluated by a pain clinic or, by a physician, CNP, CNS pain specialist and must have a complete, independent neuropsychological evaluation, as well as clearance from their practitioner, before returning to or continuing in practice. In addition, they must remain under the care of a physician, CNP or CNS for as long as they remain on opiates while continuing in practice.

The important line is: “… shall be evaluated by a pain clinic, physician, CNP, or CNS pain specialist and must have a complete, independent neuropsychological evaluation, as well as clearance from their practitioner, before returning to or continuing in practice.”

I have been reading and studying the New Mexico Nursing Practice Act RULES for 25 years, and every time I look at it, I find another nuance that requires our attention. It is easy to find it: go to www.bon.state.nm.us and click on Rules under Legal Information on the right hand side of the page. The RULES are updated fairly often, and although there is public notice of a rules hearing, the Board does not always publish a notice in their newsletter, or you might miss it. To protect yourself and your license, it would be a great idea to download at least Section 2 of the rules and read through them- section 2 refers to licensure, discipline, continuing education, and the diversion program.
A Book Review: Caring Beyond Borders

by Nancy Harless, RN, APRN
2010 Kaplan Publishing

For a week or two after Port-au-Prince was flattened by the Haiti earthquake, we were glued to the TV while the human drama of recovery from a disaster was played out live, unscripted, made possible by the sophisticated technology of TV and global communication. We saw the recovery crews pulling out the people or their remains, watched the reporters interview nurses overwhelmed by the sheer numbers of patients, watched as mobs of desperate people swarmed the trucks delivering food and water, which was at first dumped out the back of the truck as it moved along, barely in control. The images highlighted the heroic nature of relief work. This epic disaster now moves to a quieter phase as it takes its place alongside the stories of 9-11, Katrina, the Tsunami, wars and other manmade or natural events of history.

What was has been striking about all of these is the growing recognition of the role that nurses play in these events. At one hospital the CNN crew was referring to the workers as doctors, until the people delivering care came over to correct them. This has always been true about disaster publicity - the care is delivered by whomever happens to be the ones there and more often than not it is a nurse. The introduction is probably the clearest statement about the phenomenon of becoming a Global Nurse, of any that has been written. I found myself wanting to cut-and-paste the whole thing into this review. I knew I was in for a treat when she wrote “...Sit back. Get comfortable....” and then a few sentences later followed it up with “....And then get uncomfortable—very uncomfortable—so uneasy that you too, feel the call for action....” My reaction was, here is a person who gets it and so uneasy that you too, feel the call for action.... I knew I was in for a treat when she wrote “...Sit back. Get comfortable....” and then a few sentences later followed it up with “....And then get uncomfortable—very uncomfortable—so uneasy that you too, feel the call for action....”

The introduction probably is the clearest statement about the phenomenon of becoming a Global Nurse, of any that has been written. I found myself wanting to cut-and-paste the whole thing into this review. I knew I was in for a treat when she wrote “...Sit back. Get comfortable....” and then a few sentences later followed it up with “....And then get uncomfortable—very uncomfortable—so uneasy that you too, feel the call for action....” My reaction was, here is a person who gets it and knows from whence she speaks.

There is a danger in describing overseas experiences, which is to romanticize the events, or the people who do this sort of thing, or their thinking. During a war, there will be periods of time that are boring, or where senselessly awful things happen for which there is no whitewash. Or we are led to think that the person telling the story has led a spotless personal life; or that the person never experienced fear and doubt during the experience, which is a particular failing of stories told by Christian Missionaries. It was something to which I was determined not fall victim in my own writing. Telling the real truth is something nurses pledge to each other at work and in their professional lives, and Ms. Harless deserves praise for that same commitment to truth she has continued in this work. These storytellers shared the aspects of global nursing that make it intense and very rewarding as well as a journey of personal discovery and service to humanity. Bravo.

And so, I recommend this book to any nurse that is thinking of getting outside their personal bubble of comfort zone and out in to the big wide world. Get comfortable. Read.... the get Uncomfortable.... very uncomfortable.....

(Note: Caring Beyond Borders, ISBN 978-1-60714-428-1, will be released by Kaplan Publications in April 2010. There is a fan page for the book on FaceBook. Mr. Niemczura, the reviewer, teaches nursing at the University of Hawaii at Manoa and is the author of The Hospital at the End of the World, telling the story of his own trip to Nepal in 2007.)

Give the Board of Nursing your NEW ADDRESS!

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Nurses Week was last week—I’m really ambivalent about Nurses’ Week. On one hand I am delighted that it calls to the public’s mind the heroic nature of nursing and nurses in providing health care. On the other hand, we are professionals—it is our job to assess our patients on a minute by minute basis, adjust treatments as needed, notify the primary care provider when there are signs of complications, teach the patient and family about medications, treatments, physical limitations, how to care for self and new baby or dependent child, spouse, older adult, and we shouldn’t need that rather superficial recognition. How many more pens, cups, key chains do I need?

The New Mexico Center for Nursing Excellence (NMCNE) has posted on their website: www.nmcenterfornursing.org the new application forms for nominations for their annual nursing excellence awards. Nominations can come from colleagues, supervisors, co-workers, and even the public (those are called Touch a Life awards). Their website even has hints on how to write winning nominations! On Saturday, October 23, 2010 the NMCNE Nursing Excellence Awards gala will again be at Tamaya Resort in Bernalillo. During this event, each person nominated will receive some gifts, a lovely dinner, opportunities to have their portrait taken, and the winners will receive awards and recognition. Now THIS is a special way to recognize nurses and inspire us to do the very best every single day.

In the last legislative session, amid all the heated discussions re: the budget and cuts to the budget, Representative Eleanor Chavez brought forth House Memorial 50, that asks the NM Center for Nursing Excellent and the NM Board of Nursing to look at nursing education issues to determine what needs to be done to make it much easier for nursing students to move from one school to another without repeating courses, to move from one degree level to the next smoothly (perhaps dual enrollment in community college ADN and University BSN courses, early entry in to MSN and PhD programs); what infrastructure is in place and what needs to be improved so that nurses in rural areas (and urban if desired) can complete further professional education online, the sharing of faculty between community colleges and universities, and what regulatory barriers there might be to making these changes. The Board of Nursing invited representatives from nursing programs, the Higher Education Department, NMNA, and many more to attend meetings, work on subcommittees, and have a report ready for the Interim Health and Human Services committee in October, 2010. The Board of Nursing and all participants are determined to give “deliverables” (concrete recommendations that if implemented would improve nursing education in New Mexico). After several years of hearing how other states are re-organizing nursing education, we are delighted to be at the table helping to bring New Mexico into the 21st century for nursing education.

We have a new editorial board for the NM Nurse. The New Mexico Nurse is a juried periodical, and being published in it counts as publication in nursing journals, so write away, colleagues! We have a new calendar to keep up with developments re: research or legislation, please remember to submit possible articles to Carrie@nmna.org. Please limit articles to no more than 1000 words, unless prior approval is given.

District 1 (Albuquerque) had a terrific legislative reception, preceded by Linda Siegel, our lobbyist, giving her “Power of One Voice” continuing education activity. Twelve legislators attended, and one candidate for Governor. There was a question and answer session, with nurses discussing their concerns about health care, work environment, and various bills introduced over the years that have given nurses chills up their spines, asking the legislators to think of long-term consequences before passing any bills that would put the Board of Nursing under the aegis of the Board of Medicine, or taking the Board of Nursing’s authority to regulate nursing practice away from them. There were NMNA members, non-members, advanced practice nurses, student nurses, and “interested parties” all in attendance. Congratulations for District 1’s efforts!

Because the 2011 legislative session is a long one (60 days), during which all kinds of bills can be brought before them, and because the National Council of State Boards of Nursing has developed their position paper on advanced practice nurses, we may be looking at a revision of the nursing practice act in 2011. This will mainly be cleaning up some language that is out-dated, but it may also include revision of the Advanced Practice Registered Nurse sections of the act, to combine what can be combined, with then just a few differences between NPs, CNS, and CRNAs. We’ll see as the Board of Nursing’s advisory committees work on the issues.

NMNA has joined in a partnership with the Graduate Education Foundation to offer very high quality on-line continuing nursing education at a very reasonable cost. If you do not work in a hospital, or in a hospital that decides not to subscribe to the service, you can go to our website: www.nmna.org and see the write up about it on the Home page. It costs $120.00 for NMNA members for unlimited CE contact hours. The activities are kept absolutely evidence-based, and change as new research is published. There is a link to the two “CE activity of the month” for May, and you can look at those, or go to the regular link in the information and look at any other activity that looks interesting to you/would meet your CE needs. We’d love some feedback on what you think.

My lilacs are still blooming, a couple of irises are in bloom, and it is FINALLY a gorgeous spring day with moderate temperatures, and without gale-force winds. I love Spring, but it seems in northern New Mexico we have five months of snow (sometimes at the same time with Mud), 3 weeks of lovely weather, and then it turns hot for 6 weeks before the monsoon comes. After 37 years here, I wouldn’t trade it for anywhere else.

The people here are generally generous and kind, accepting of everyone no matter their background or beliefs; the vistas are without parallel; we have a supportive legislature for nursing issues, and a Board of Nursing that supports nursing to the full extent of legal scope.

It will be July when you get this, so have a great summer!

Carrie
District 1 of NMNA (Albuquerque area) held a Nursing Legislative Forum for Nurses’ Week on 5/12/2010 in Albuquerque. The evening started with a 1 hour continuing education activity provided by Linda Siegle, lobbyist for NMNA and other groups, on “The Power of One Voice.” This was followed by a reception and panel discussion with a lively Question and Answer period. Nurses discussed their work life and professional issues, past legislative initiatives that concerned them, and legislators responded.

Legislators and candidates who attended included:
- Doug Turner, R, candidate for Governor;
- Kim Sanchez-Rael represented her husband Lawrence Rael, D, who is running for Lt. Governor;
- Bea E. Sheridan, PhD, RN, candidate for Probate Judge, representing Rep. Janice Arnold-Jones, another Republican running for Governor;
- Senator Dede Feldman, D-13, a strong supporter of nursing over the last 10 years;
- Anthony L. Romo, R, candidate for District 19 House seat;
- Representative Jimmie C. Hall, R-28, incumbent, running for re-election;
- Rep. Danice Picraux, D-25 running for re-election, and a strong advocate for nursing;
- Representative Bill B. O’Neil, D-15, running for re-election;
- Antonio “Moe” Maestas, D-16, sponsored the Whistler-blower bill for us in 2009, running for re-election;
- Karen E. Giannini, D-30, running for re-election;
- Representative Thomas A. Anderson, R-29, running for re-election.

The fifty or so nurses from all kinds of practice: ICU, school nursing, nurse-midwives, nurse practitioners, MSN-students, ADN students, nursing faculty, public health nurses, med-surg staff nurses and some managers attended to be able to meet candidates and get to know where they stand on health care and nursing. Participants were overwhelmingly positive in their enjoyment of this event, and it serves as a model for events other districts might want to sponsor in their areas.

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<td>UNM Dept. of Emergency Medicine</td>
<td><a href="mailto:relgie@salud.unm.edu">relgie@salud.unm.edu</a></td>
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<td>School Nurse &amp; EMS Continuum of Care (most exp. 7/29/2010)</td>
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<td><a href="mailto:relgie@salud.unm.edu">relgie@salud.unm.edu</a></td>
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<td><a href="mailto:relgie@salud.unm.edu">relgie@salud.unm.edu</a></td>
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<td>Scenarios #1 for School Health Nurses (most exp. 7/29/2010)</td>
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<td>Scenarios #4 for School Health Nurses (most exp. 7/29/2010)</td>
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<td>Various titles, subjects Gerontology; Complementary &amp; Alternative Medicine; Spirituality, Health and Healing; End of Life; and many more.</td>
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<td>Clorix Community College/ALLEGRA Learning Solutions</td>
<td><a href="http://www.ed2go.com/clorixce/">www.ed2go.com/clorixce/</a> then click on Health Care Continuing Education</td>
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A = Alternative Therapies
The Affordable Care Act: Immediate Benefits for New Mexico

- **Small business tax credits.** 25,700 small businesses in New Mexico could be helped by a new small business tax credit that makes it easier for businesses to provide coverage to their workers and makes premiums more affordable. Small businesses pay, on average, 18 percent more than large businesses for the same coverage, and health insurance premiums have gone up three times faster than wages in the past 10 years. This tax credit is just the first step towards bringing those costs down and making coverage affordable for small businesses.

- **Closing the Medicare Part D donut hole.** Last year, roughly 25,000 Medicare beneficiaries in New Mexico hit the donut hole, or gap in Medicare Part D drug coverage, and received no extra help to defray the cost of their prescription drugs. Medicare beneficiaries in New Mexico who hit the gap this year will automatically be mailed a one-time $250 rebate check. These checks will begin to be mailed to beneficiaries in mid-June and will be mailed monthly throughout the year as new beneficiaries hit the donut hole. The new law continues to provide additional discounts for seniors on Medicare in the years ahead and completely closes the donut hole by 2020.

- **Support for health coverage for early retirees.** An estimated 24,400 people from New Mexico retired before they were eligible for Medicare and have health coverage through their former employers. Unfortunately, the number of firms that provide health coverage to their retirees has decreased over time.

- **New consumer protections in the insurance market beginning on or after September 23, 2010.**
  - Insurance companies will no longer be able to place lifetime limits on the coverage they provide, ensuring that the 853,000 New Mexico residents with private insurance coverage never have to worry about their coverage running out and facing catastrophic out-of-pocket costs.
  - Insurance companies will be banned from dropping people from coverage when they get sick, protecting the 98,000 individuals who purchase insurance in the individual market from dishonest insurance practices.
  - Insurance companies will not be able to exclude children from coverage because of a pre-existing condition, giving parents across New Mexico peace of mind.
  - Insurance plans’ use of annual limits will be tightly regulated to ensure access to needed care. This will protect the 755,000 residents of New Mexico with health insurance from their employer, along with anyone who signs up with a new insurance plan in New Mexico.
  - Health insurers offering new plans will have to develop an appeals process to make it easy for enrollees to dispute the denial of a medical claim.
  - Patients’ choice of doctors will be protected by allowing plan members in new plans to pick any participating primary care provider, prohibiting insurers from requiring prior authorization before a woman sees an ob-gyn, and ensuring access to emergency care.

- **Extending coverage to young adults.** Beginning on or after September 23, 2010, plans and issuers that offer coverage to children on their parents’ policy must allow children to remain on their parents’ policy until they turn 26, unless the adult child has another offer of job-based coverage in some cases. This provision will bring relief to roughly 13,000 individuals in New Mexico who could now have quality affordable coverage through their parents’ policy. Young adults who turn 26, unless the adult child has another offer of job-based coverage in some cases.

- **Affordable insurance for uninsured with pre-existing conditions.** $37.5 million federal dollars are available to New Mexico starting July 1 to provide coverage for uninsured residents with pre-existing medical conditions through a new transitional high-risk pool program, funded entirely by the Federal government. The program is a bridge to 2014 when Americans will have access to affordable coverage options in the new health insurance exchanges and insurance companies will be prohibited from denying coverage to Americans with pre-existing conditions. If states choose not to run the program, the Federal government will administer the program for those residents.

- **Strengthening community health centers.** New Medicaid options for states. For the first time, New Mexico has the option of Federal Medicaid funding for coverage for all low-income populations, irrespective of age, disability, or family status.


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**Benefits Survey.** 2009 Employer Health Benefits Survey.
New Mexico Nurses Association Elections are Coming Up!

Each year we elect half of the members of the board. Last year we had five new people elected to the board, who have brought fresh insights and ideas to us. We are looking for more members who want to help guide nursing to new heights of professionalism, improved working environments and patient outcomes.

**Time commitment:** 5 or 6 meetings, lasting 3-5 hours, each year, plus helping out with workshops, the Career Expo, or other events 2-3 times a year. Conference calling is available for those unable to travel to board meetings, which move around the state. In 2007/2008 we will have been in Albuquerque, Santa Fe, Carlsbad, Cloudcroft and more.

**Advantages:** be a part of the professionals working to improve nursing in New Mexico; be “in the know” about the latest issues; looks great on a resume; terrific support and networking inherent in being on the board.

The Board of Directors shall:
A. Conduct the business of NMNA between Annual Meeting/Convention.
B. Adopt such policies and procedures and standing rules as needed to carry on business of NMNA.
C. Establish standing and special committees for the Board as deemed necessary for the performance of its duties, and define purpose and authority of such committee.
D. Adopt a budget for the fiscal year.
E. Provide an annual report at the Annual Meeting/Convention.
F. Assume other duties as deemed necessary for the operation of NMNA.
G. Have the authority to designate alternate representatives to attend the ANA Constituent Assembly meetings.
H. Directors provide additional representation of nursing from the various geographical and practice areas of nursing within the state.
I. Serve on the ANA House of Delegates only if elected as an ANA delegate by the individual NMNA/ANA members.

**Open officer positions are:**

**First Vice President shall**

a. Preside in the absence of the President and shall fill the vacancy in the office of President.
b. Serve a Membership Committee Chair, promoting interest and active participation in the state assn.,
c. Report Board actions to the Districts and gather information back from the Districts and report this to the Board.
d. Be responsible to the Board and membership for seeing that programs/policies of the association reflect the needs and aspirations of the membership.
e. Serve on the ANA House of Delegates only if elected as an ANA delegate by the individual NMNA/ANA members.

**Treasurer shall:**

a. Serve as Finance Committee Chair.
b. Monitor fiscal affairs of NMNA.
c. Provide reports and interpretation of ANA and NMNA financial condition to Board and membership.
d. Prepare budget with input from Board, committees and membership.
e. Serve on the ANA House of Delegates only if elected as an ANA delegate by the individual NMNA/ANA members.

**Three (3) Directors positions are open.**

One Nominating Committee positions are open:

Nominating Committee
A. A nominating committee consisting of three members shall be elected by ballot for a term of two years. No two members may reside in the same District. The committee will select a member to serve as chair.
B. Four months prior to the Annual Meeting/Convention, the committee shall provide each DNA with the names of the committee, names of officers, directors and delegates whose terms expire that year, citing those eligible for re-election.
C. At least six weeks prior to the convention/annual meeting the committee shall prepare a ballot having representation, if possible from the various districts. No name shall be placed in nomination without the written consent of the nominee.

Consent to Serve Form on page 13
CONSENT TO SERVE AS AN ELECTED OFFICIAL OF NMNA
Postmarked or emailed by 08/02/2010 for the 2010 election.

You may run for an office or board position AND/ or a delegate position AND/ or (if not a union member) Representative to the Center for American Nurses. The next annual meeting with installation of officers is scheduled for 10/23/2010, and if elected, you will be expected to attend. Forms may be attached and emailed to carrie@nmna.org with “Consent to Serve” in subject line.

Board position:
- First Vice-President (must have served on the NMNA or a district board for at least 2 years in the recent past)
- Treasurer (responsible for helping develop and monitoring budget, presenting financial reports to board)
- Board of Directors (3 positions open- need to attend 6 meetings a year, usually on Saturdays, and help with events)
- Nominating committee (1 position open. Only responsibility is to call members and recruit them for the next elections. Term is 2 years, and each must be from a different district).

1 current member from District 14 (Las Cruces, and 1 from District 04 (Clovis).

Name: ___________________________ MNA District: __________
Address: ______________________________________________________
Phone (home): ______________________ (work): ______________________
Email(s) ________________________________________________________
Place of employment: _____________________________________________
Present position: _________________________________________________
Professional education: ____________________________________________
Professional Organizations: ________________________________________
Statement to be published on the NMNA Ballot:

My signature below represents permission for my name to appear on the ballot of the New Mexico Nurses Association.

Signature ___________________________ Date ________________
Choice of payment:
- a year
- a month
- a year
- a month

Membership Category (check 1)
- ❏
- ❏
- ❏
- ❏

_____________________________________________________
- ❏
- ❏
- ❏
- ❏

Trilevel: ANA/ NMNA/ District membership
Active District  "District 50"
- ❏
- ❏
- ❏
- ❏

Reduced 50% reduction in dues
- ❏
- ❏
- ❏
- ❏

Not employed 2 FT student ❏ New grad within 6 mo. of graduation ❏ 62 y/o and not earning more than Social Security allows
- ❏
- ❏
- ❏

Special—75% reduction in dues
- ❏
- ❏
- ❏
- ❏

> 62 y/o and not employed or 0 Totally disabled
- ❏
- ❏
- ❏
- ❏

Choice of payment:
- ❏ Full (employed fulltime or part time)
- ❏ Reduced 50% reduction in dues
- ❏ Not employed 2 FT student ❏ New grad within 6 mo. of graduation ❏ 62 y/o and not earning more than Social Security allows
- ❏ Special—75% reduction in dues
- ❏ > 62 y/o and not employed or 0 Totally disabled

Monthly Electronic Deduction Authorization Signature
- ❏
- ❏
- ❏
- ❏

Automated Annual Credit Card Payment This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize my Constituent Member Association (CMA) / ANA to withdraw the specified amount from my credit card listed in the credit card information below for the annual dues on the 1st day of the month when the annual renewal is due.

Monthly Electronic Payment through Credit Card Please complete the credit card information below and this card will be debited on or after the 1st day of each month.

CREDIT CARD INFORMATION
- ❏ VISA
- ❏ Mastercard

Bank Card Number and Expiration Date

Authorization Signature

Printed Name on Card __________________________ Amount __________________________

Please mail your completed application to: New Mexico Nurses Association, P. O. Box 29658, Santa Fe, NM 87592 or American Nurses Association Customer and Member Billing, P. O. Box 17026, Baltimore, MD 21297-0405

By signing the Monthly Electronic Deduction Authorization or the Automatic Credit Card Payment Authorization, you are authorizing ANA to charge the amount listed in the credit card information below for the annual dues on the 1st day of the month when the annual renewal is due.

NMNA-only or NMNA/ District- ONLY membership (Not ANA)
Membership Category (check 1)
- ❏ NMNA only
- ❏ NMNA & active district only

$128.00/ yr. $140.00 $196.00 $196.00 $16.44 $16.44

$104.00 $104.00 $98.00 $98.00 $8.66 $8.66

$52.00 $52.00 $49.00 $49.00 $4.58 $4.58

$208.00 $208.00 $17.84 $17.84 $16.44 $16.44

$208.00 $208.00 $17.84 $17.84 $16.44 $16.44

$128.00 $128.00 $140.00 $140.00 $16.44 $16.44

Full Annual Payment ( submit application with a check payable to ANA for the yearly amount)!
- ❏ Online (www.nursingworld.org—credit card only)
- ❏ E-Pay (This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize my Constituent Member Association (CMA) / ANA to withdraw 1/12 of my annual dues plus bank fees from my account.
- ❏ Checking—Please enclose a check for the first month’s payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.

NMNA-only or NMNA/ District- ONLY membership (Not ANA)
Membership Category (check 1)
- ❏ NMNA only
- ❏ NMNA & active district only

$128.00/ yr. $140.00 $196.00 $196.00 $16.44 $16.44

$128.00 $128.00 $140.00 $140.00 $16.44 $16.44

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$208.00 $208.00 $17.84 $17.84 $16.44 $16.44

$128.00 $128.00 $140.00 $140.00 $16.44 $16.44

Full (employed fulltime or part time)
- ❏ Reduced 50% reduction in dues
- ❏ Not employed 2 FT student ❏ New grad within 6 mo. of graduation ❏ 62 y/o and not earning more than Social Security allows
- ❏ Special—75% reduction in dues
- ❏ > 62 y/o and not employed or 0 Totally disabled

Check Active   Dues/ year
- ❏
- ❏
- ❏
- ❏

Office Use Only
- ❏
- ❏
- ❏
- ❏

Effective date
- ❏
- ❏
- ❏
- ❏

Approved by
- ❏
- ❏
- ❏
- ❏

Printed Name on Card __________________________ Amount __________________________

New Members
- D01- Albuquerque and area
  Sharon L. Barefoot
  Dana Meyer
  Fran A. Briesm
  Tina Rantanen
  Judy L. Devlin
  Lape Reynnos
  Sheena M. Grimes
  Maria Scarpelli
  Patricia Gillett
  Valerie Simpson
  Sharon Guerra
  Mary Smith
  Bryan Krumm
  Gary J. Williams
  Tanya R. McKinney
  Lydmyla Yurchenko
  Karen L. Metz
  Lomando

- D02- Santa Fe and area
  Jocelyn Elder
  Jenny B. Landen
  Desiree C. Grimes
  Virginia F. Ramos
  Anita L. Hetts
  Kathryn Rannals
  Denise M. Johnson

- D04- Clovis/ Portales area
  Michelle Ramirez
  Cathy Sullivan

- D14- Las Cruces area
  Nichols Adkins
  John A. Conan
  Wanda J. Borges
  Stephanie R. Lynch

- D19- Farmington Area
  Jennifer R. Boyd
  Robbin M. Shaffer
  Steven A. Davenport
  Janet L. Simmons
  Patricia A. Maule
  Alice/Marie Slaven-Emonds

- D50- At Large (no active district)
  LaDonna Chacon-Tucumcari
  Linda M. Garcia-Lucer
  Kimberly S. Gilliland-Tularosa
  Rita Goehring-Dexter
  David B. Marsh-Roswell
  Jennifer J. Martinez-Alcalde
  Leticia A. Martinez-Chimayo
  Glynis Mercantel-Ranchos de Taos
  Estela Rubin-T or C
  Jennifer Townsend-Las Vegas, NM
  Elouie E. Wakefield-Medford, NJ
  Linda E. Wylie-San Jose