CNA Negotiates Alternate Plan for Safe Prescribing—APNs Moving Away from Collaborative Agreements

Fran Ricker, RN, MSN

One of the pivotal issues which Colorado Nurses Association addressed in its recommendations for Sunset of the Nurse Practice Act related to the broken system of collaborative agreements which APNs were required to have for prescriptive authority in Colorado. In its formal recommendations for Sunset-CNA identified many problems with the current system. Some examples were excessive fees for agreements, difficulties finding physicians to participate in the agreements, excessive restrictions, and the requirement for a Colorado specific physician in some government practice settings, among others.

In part due to strong advocacy on these issues, Colorado Nurses Association was invited to participate in a series of facilitated meetings, set up through the Department of Regulatory Agencies with the Colorado Medical Society on Recommendations 17 and 18 of the DORA report on Sunset. These recommendations dealt primarily with prescriptive authority, collaborative agreements, and with joint rule making processes. The first three meetings were funded by the Colorado Health Foundation. Two additional meetings were co-sponsored with funding from the Colorado Nurses Association and the Colorado Medical Society.

The CNA/CMS Collaborative Workgroup included five nursing representatives and five physician representatives. CNA workgroup members included: Tay Kopanos, Marion Thornton, Karen zinc, Mary Cambell, and Fran Ricker. Physician members of the workgroup included: Dr. Alex Slucky, Dr. Susan Townsend, Dr. David Downs, Dr. Steven Holt, and Dr. Luke Casias. The workgroup efforts were supported by a professional facilitator, Chris Adams of the Adams Group. The workgroup was informed by Executive Director, Rico Munn of DORA, that DORA was prepared to stand by its recommendations (17 and 18) in the DORA report, unless consensus recommendations could be made by the workgroup. The workgroup then began its work with a focus on the topic of “safe prescribing” with recommendations to be made by consensus. The group was allowed to explore ideas or options beyond the collaborative agreements as long as they supported the goal of safe prescribing.

After a series of five meetings the workgroup reached agreement on credentials and requirements for safe prescribing, on an alternate mechanism to replace collaborative agreements, and on a process to bring together the professions of nursing and medicine to address issues of mutual concern. There were definite wins for nursing in the agreement. There were also compromises on the part of both professions during the negotiations.

The recommendations by the workgroup were then submitted to DORA in a formal written report. DORA then evaluated the recommendations and incorporated them into an amendment to SB 239 – Nurse Practice Act. DORA did honor its intention to adhere to the recommendations adopted by Colorado Nurses Association and the Colorado Medical Society as much as possible.

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The “New Grad”—Not What It Used to Be

Lola Fehr, RN, MS, CAE, FAAN

When I graduated from my diploma program back in 1958 I had an easy decision. I went to work at St. Luke’s Hospital in Denver without a worry about the adequacy of orientation programs or adapting to the culture. I was “home” in the facility. I had lots of taste of the “real” world. And, not one setting up cath trays. None of those tasks are done today. I also worked “charge” as a senior student so I had lots of taste of the “real” world. And, not one nurse asked me why in the world I would want to enter this profession.

Thank goodness, nursing education has changed and students no longer staff our hospitals. However, gone with that era is the confidence in so many ways. One of the things that impresses is the resourcefulness of nursing. We can stretch to cover when needed. Isn’t that part of what we demonstrate every day as nurses in our clinical settings?

This is no less apparent in our role as advocates. The

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Professional nursing is not easy work. For a new grad, it can be stressful, it can also be very rewarding. Recently, I received an email from a new member of the Colorado Nurses Association, graduate in 2008 and employed in a large medical center, that said “I am loving my job. It is so nice to work in such a wonderful profession and specialty”. It was only about two months ago that she shared her feelings with me about her first night shift after completing her formal orientation program. The combination of her education and the skills she had acquired during the orientation program served her well for that shift and she is now a self assured professional nurse who loves her chosen career. Her mentors during the early days in practice deserve many thanks encouraging her to question, to listen and for supporting her as she moved from novice to not expert yet. One important aspect of a profession is preparing the next generation entering that profession. This involves not just those who are the formal educators but every member of the professional nursing team. She may not know everything, but she knows where to ask for help and guidance.

One question many new grads have is if offering freely without pressure, their value will increase and enhance the profession.

If you find yourself working with an eager, experienced colleagues, it can be stressful, it can be rewarding. When you see a questioning look from your new colleague? Would you be willing to ask your new grad colleague for input or advice about an aspect of nursing. And, in just a short time, I hope you will be there to mentor those who are following you even as your mentors are supporting you. The Colorado Nurses Association is developing special programs for the new grad nurse. Please visit our website www.nurses-co.org for more information.
The provisions recommended by the workgroup to ensure safe prescribing include the following credentialing criteria: graduate degree in a nursing specialty, pharmacy course requirements as required in Section 12-38-111.6 (4) (b), national certification in nursing specialty (exceptions may be considered by the Board of Nursing), and prescriptive experience and verifying signatures for each prescription. There are also additional requirements for an articulated plan which is replacing the current system of collaborative agreements.

Additional requirements were supported for new applicants for prescriptive authority. In compliance with current requirements, a Preceptorship period of 1800 hours experience within five years with a physician or a physician and APN with experience in prescribing is required. The preceptor must have education, training, experience, and active practice which correspond to that of the APN. The preceptor is prohibited from requiring payment or employment as a condition for the relationship.

New applicants for prescriptive authority are also required to have a second Mentorship period of 1800 hours documented within five years with a physician or physician and APN mentor with experience in prescribing. The restrictions on payment and on condition of employment also apply to this period. A physician or APN mentor signature will verify completion of the mentorship period.

During the Mentorship period, a new applicant will develop an articulated plan which details the APN’s plan for safe prescribing. A one time physician signature will verify the development of an articulated plan by the APN.

APNs with current prescriptive authority will be required to have the following: an articulated plan with a one time physician verification signature, professional liability insurance, and national certification. There is a grandfathering provision for APNs with current prescriptive authority with respect to national certification, graduate degree—please refer to the final legislation and rules for clarifications on date requirements and specifics.

What is an articulated plan? The articulated plan details how the APN intends to maintain collaboration with physicians and other health care prescribers, and how the APN will ensure safe prescribing. The plan will be kept by the APN, but can be requested by the Board of Nursing for review. It includes at a minimum, the following:

- Mechanism for consultation and referral for issues regarding prescriptive authority
- Quality assurance plan
- Decision support tools
- Documentation of ongoing continuing education in pharmacology and safe prescribing

The articulated plans should be updated and reviewed annually. The Board of Nursing will conduct a random audit of articulated plans initially to ensure they meet criteria. The responsibility for developing the plan is on the individual APN. The physician signature required is NOT an authorization—it simply attests to the development of a plan by the APN.

What are the “wins” or “advantages” with the proposed system? One advantage is that for experienced prescribing APNs, once they have obtained the ONE TIME PHYSICIAN SIGNATURE of their articulated plans, they will no longer have this requirement. New entrants to prescriptive authority will have a supported time frame, but they also will not be restricted once they have prescribing experience and verifying signatures for their plans. APNs who have not been able to find collaborating physicians or who have had their physicians drop off for any number of reasons, including physicians who have expired, forcing the APN to try to find an alternate physician—will not have these barriers. In rural areas the current requirements can present a definite challenge and deterrent to practice. This is also a better system to support patient choice and access.

Additionally, APNs can have signature for their plans from a physician who is not their current collaborator, but who does practice in the same area. Thus, if they prefer they can use an alternate physician. APNs are now officially allowed to mentor their own (with a physician).

The Colorado Nurses Association argued strongly for the APN being able to serve as a mentor/preceptor for APNs.

It is arguable that the best outcome for APNs would have been a completely independent model—which some of our rural western states have adopted. In Colorado, at this juncture, our limits were set by the DORA recommendations which at best looked at modifying agreements, not removing them. The negotiations which took place allowed consideration of an alternate plan—which is better for nursing. Perhaps this is a transition model that could guide other states which are facing similar challenges with strong organized physician group opposition.

NPATCH—Nurse Physician Advisory Task Force for Colorado Healthcare

One of the most highly debated, contested issues for the workgroup was the issue of “joint rule making”. Colorado Nurses Association wanted to avoid at all costs—any type of regulatory oversight of nursing by non nursing entities. Some states have established “joint board authority” over their APNs and those states are considered to be “non nursing friendly” practice environments for APNs. In addition, Colorado Nurses Association supports the independent authority of nursing in Colorado under the authority of the Board of Nursing.

The physicians argued that there needed to be a mechanism to discuss joint issues, some of which might be regulatory. The final agreement of the workgroup supports a process to do that—which should not restrict the independent authority of either discipline.

The NPATCH also has a general purpose, so that the focus is not on nursing only or on advanced practice nursing, in particular. Nursing members of the workgroup reminded the physician members—that physician practice, safe prescribing, and physician topics could also be important agenda items.

The NPATCH is a Type II Advisory Board under DORA—it offers recommendations only and has no rule, practice, or disciplinary authority. It is advisory only. The recommendations made by the NPATCH have to be made by consensus, defined as striving for agreement that all members can actively support. At a minimum, consensus is defined as there being no member that will actively oppose a decision. There is a protection in this process. Issues which are highly contentious, and on which there are strong opposing
One of the early task items for the committee will be to ensure a smooth transition from collaborative agreements to articulated plans. The committee will also look at quality assurance mechanisms, evidence based guidelines, and safe prescribing metrics for all prescribers. Delivery system integration, system improvements, and effective communication between health professions are other potential agenda items.

Finally, there is also a time Sunset for this committee. If the committee process is not working and does not lend value, it can be reevaluated on its Sunset deadline. The committee will be funded by licensing fees, shared mutually by the professions of nursing and medicine.

There is a strong role for professional association involvement in the committee, which Colorado Nurses Association felt was imperative to ensure effective advocacy for professional nursing issues. Colorado Nurses Association continues in its commitment to addressing critical nursing issues and in its obligation to challenge any organized effort that threatens nursing as a profession.

The efforts of the nursing workgroup were further augmented by the participation of leadership from the Colorado Association of Nurse Anesthetists and the Colorado Nurse Midwives. Representatives from both groups collaborated with Colorado Nurses Association on the proposals, then later to evaluate their acceptance and potential impact for APNs. Their support and time commitment to this process was greatly appreciated.

Thanks are extended to Colorado Medical Society for their shared financial support for continued meetings, and for persistence through the negotiation process.

Colorado Nurses Association was also supported by its legal representative, Linda Siderius, and Lobbyist, Charlie Hebeler in each meeting which took place. Colorado Nurses Association also acknowledges the support of its leadership and Board of Directors in committing both financially and professionally in support of the outcome objectives. The Department of Regulatory Agencies also deserves recognition for being willing to promote an innovative process for discussion on controversial issues.

The Board of Nursing will be promulgating rules to implement the legislative changes in the Nurse Practice Act. The Colorado Nurse will have updates on this transition as it moves forward. Colorado Nurses Association also plans to conduct meetings to help inform APNs on the changes which will take place in the current legislative session that affect them. Additionally, Colorado Nurses Association commits to helping locate physicians to support the articulated plan signatures that will be necessary.

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legislative bills affecting nursing directly in the 2009 session including SB 239 the Nurse Practice Act, and also SB 607 brought out the best in us. Many nurses participated in the efforts.

This effort was primarily supported by nursing volunteers, the majority of which are employed in full time career positions. This extra time committed to nursing has “personal value” in time sacrificed away from family and in lost time for personal interests. Many times in the current session, nurses “dropped everything” to do whatever was needed in support of nursing.

The nurses that volunteered and served on the Colorado Nurses Association Sunset Task Force deserve first acknowledgement. This group began its work over a year and a half ago and was instrumental in the identification of issues pertinent to the Nurse Practice Act. The formal recommendations submitted to DORA which influenced some of the DORA recommendations were a product of this group’s work. This group continues in discussion of related rules and issues for our nursing authority to practice. They have also begun work on recommendation for the Medical Practice Act which will Sunset in 2010.

Resources have always been a challenge for nursing; people and financial resources. The nursing community met this challenge head on. When a Legal Defense Fund was established by Colorado Nurses Association to support legal defense and consultations to defend the Nurse Practice Act, the response was overwhelming. Nurses contributed en masse to support this effort. Contributions also came from nurses and professional organizations outside of the association. The Advanced Practice Nursing Community contributed heavily to this fund. Several individual contributors made repeat contributions. This made a definite difference in our ability to respond effectively to organized threats to nursing.

The DORA workgroup members that were chosen to represent Colorado Nurses Association in facilitated meetings with Colorado Medical Society on issues regarding collaborative agreements and prescriptive authority were dedicated, persistent, informed, and articulate in their representation. Five meetings took place, several of which lasted into late Friday evenings. Each of these meetings required heavy preparation and strategy sessions prior to the meetings.

Members of the DORA workgroup included: Tay Kopanos, Marion Thornton, Mary Giambelli, Karen Zinc, and Fran Ricker. Most do not know that Karen Zinc made a significant personal contribution in supporting her own travel expenses, lost professional income, etc to attend these meetings to represent nursing. I will also mention Marion Thornton’s conference call from her “hospital bed” when she was an admitted patient during one of the meetings. This was a dedicated
STAND FOR QUALITY
in Health Care

Recommendations call for better measurement and transparency as foundation for improvement and reform

Washington, DC—Stand for Quality, a diverse coalition of more than 165 organizations from across the health care spectrum, today announced a framework to improve the quality and affordability of health care for all patients through a public-private partnership described in six key recommendations.

The six recommendations are:
1. Set national priorities and provide coordination for quality improvement.
2. Endorse and maintain nationally standardized measures.
3. Develop measures to fill gaps in priority areas.
4. Ensure that providers and other stakeholders have a role in developing policies on use of measures.
5. Collect, analyze, and make performance information available and actionable.
6. Support a sustainable infrastructure for quality improvement.

Stand for Quality’s recommendations are the product of a partnership among patient and consumer groups; employers and public purchasers; representatives of physicians, nurses and other clinicians; health plans; hospitals; and more. The multistakeholder group came together with the shared belief that improvements in access, quality, and affordability are inextricably linked.

“The wide array of organizations endorsing Stand for Quality’s recommendations illustrate the essential role quality improvement must play in health care reform,” said Gerald Shea, Assistant to the President for Governmental affairs at the AFL-CIO. “Stand for Quality provides structure around a quality enterprise that has grown organically and makes it accountable in a new system.”

“Consumers and patients want affordable, high quality care that is safe, efficient, and responsive to their needs,” said John Rother, Executive Vice President of Policy and Strategy for AARP. “Health care reform must include ways to better assess quality, as well as how to translate results into useful information that will help practitioners, patients, and policymakers make informed decisions. These recommendations recognize the continuum of measuring and improving quality and affordability.”

The six recommendations representing a path to safe, efficient, patient-centered health care are outlined in Stand for Quality’s Building a Foundation for reversible and affordable health care: Linking Performance Measurement to Health Reform. The recommendations build on existing improvement efforts and aim to harness the energies of the public and private sectors to strengthen health care quality—ensuring reform not only expands coverage, but improves the care patients receive.

“These recommendations are anchored in the reality that quality is about what happens between a clinician and a patient,” said John Tookey, Chief Executive Officer of the American College of Physicians. “We support this effort because it is critical to giving doctors the tools they want and need to improve care.”

To support and catalyze these efforts, Stand for Quality identifies distinct roles for the public and private sectors to work in partnership to measure quality and use those results to drive continuous improvement. Measurement and reporting of health care services are crucial to achieving the essential goals of reform—quality, affordability, and access for all.

Stand for Quality recognizes that standardized metrics and public reporting create a strong foundation to share what works and inform care delivery that is patient-centered, safe, and affordable. The successes of work already underway to create an integrated national infrastructure that will put the hands of providers of care, purchasers of care, and consumers of care information to inform their decisions,” said Richard Umbdenstock, President and Chief Executive Officer of the American Hospital Association.

Stand for Quality Steering Committee Members include: Janet Corrigan, President and Chief Executive Officer, National Quality Forum; Karen Ignagni, President and Chief Executive Officer, America’s Health Insurance Plans; Charles N. Kahn III, President, Federation of American Hospitals; Peter V. Lee, Executive Director for National Health Policy, Pacific Business Group on Health; Mark B. McClellan, Director, Engelberg Center for Health Care Reform at the Brookings Institution and Leonard D. Schaeffer Chair in

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Many of these students have had their career choice questioned by registered nurses in the clinical settings where they were a student, and now must depend on these same nurses to precept them into a successful career. Now, employers of these “newly minted” RNs are anxious to keep them on board and that is a challenge to us all.

An Associated Press article datelined Miami, appeared on the same day, February 16, 2009, in at least two Colorado newspapers. The article described the plight of one novice nurse who left nursing, or at least her initial work setting, after nine months, unable to cope with the demands of the job and feeling the lack of supportive assistance to work through the challenges. It is widely acknowledged that an extended “internship” is one successful strategy to retain these novice practitioners, but at a cost of $5,000 per nurse or more many facilities cannot provide such programs.

The Colorado Nurses Association is preparing to meet the need of novice nurses as they move toward competency and confidence in their practice settings. The plan, still in the design phase, will be designed to support not only new grads, but their employers and even their alma mater schools in this critical transition process. While the details of the plan are not set, some concepts can be shared.

• The structure will be flexible and incorporate the use of e-tools as well as regional face-to-face meeting opportunities.
• The target group may be new grads, but any nurse in a novice phase, will be designed to support not only new graduates, but their employers and even their alma mater schools in this critical transition period.
• The plan is designed to be self-sustaining so that those entering the network as new grads will remain to continue their own development and assist those who follow in their footsteps.
• Education in short “micro-bursts” will be provided as part of the program.

It’s not too early to sign up and join in the creation of a “Novice to Expert Network” that will ultimately enhance the power and image of the profession as nurses band together to support each other the delivery of quality health care to the citizens of Colorado and beyond. Contact the Colorado Nurses Association and be one of the citizens of Colorado and beyond. Contact the

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Broad Coalition Offers Plan to Improve Health Care Quality and Affordability

Institution and Leonard D. Schaeffer Chair in
Health Policy Studies; Debra L. Ness, President of the National Partnership for Women & Families; Nancy H. Nielsen, President, American Medical Association; Kenneth W. Porter, Senior Vice President, American Benefits Council; William L. Roper, Dean, UNC School of Medicine, Vice Chancellor for Medical Affairs and CEO, UNC Healthcare System; John C. Rother, Executive Vice President, Policy and Strategy, AARP; Gerald M. Shea, Assistant to the President for Governmental Affairs, AFL-CIO; Linda J. Stierle, Chief Executive Officer, American Nurses Association; John Toor, Executive Vice President and Chief Executive Officer of the American College of Physicians; Richard J. Umbdenstock, President and Chief Executive Officer, American Hospital Association; Anthony Wisniewski, Executive Director, Health Care Policy, U.S. Chamber of Commerce.

Stand for Quality Supporting Organizations

The organizations are heartened by the prospects of substantial health care reform and believe that reform should build on the momentum that has been generated by collaborative activities already underway to promote improvement in health care quality and affordability. By acting on the recommendations in Building a Foundation for High Quality, Affordable Health Care: Linking Performance Measurement to Health Reform (March 2009) we believe we can harness the energies of a wide range of groups seeking to improve care and lower costs, and, ultimately, achieve our goal of making high quality, affordable health care available to all.

These recommendations are the product of a partnership among patient and consumer groups, employers and public purchasers, representatives of physicians, nurses and other clinicians, health plans, hospitals, and more. The composition of this partnership reflects the multistakeholder collaboration that we believe should be the locus of the measurement, reporting and improvement activities described in this document. Together we call on the new administration and Congress to build on the collaborative activities already underway. By expanding the public investment in the performance measurement, reporting and improvement enterprise we can harness the energies of these groups that seek to improve care and lower costs, and, ultimately, achieve our goal of making high quality, affordable health care available to all.

National Organizations

- AARP
- AFL-CIO
- Academy of Managed Care Pharmacy
- Academy of Obstetricians and Gynecologists
- Acumenra Health
- Aetna
- Alliance for Pediatric Quality
- America's Health Insurance Plans
- American Academy of Family Physicians
- American Academy of Neurology
- American Academy of Nurse Practitioners
- American Academy of Otolaryngology–Head and Neck Surgery
- American Association of Birth Centers
- American Association of Cardiovascular and Pulmonary Rehabilitation
- American Association of Colleges of Nursing
- American Benefits Council
- American Board of Medical Specialties
- American College of Cardiology
- American College of Nurse-Midwives
- American College of Physicians
- American College of Radiology
- American College of Surgeons
- American Geriatrics Society
- American Health Information Management Association
- American Health Quality Association
- American Heart Association
- Association of Hospitals Association
- American Hospice Foundation
- American Medical Association
- American Nurses Association
- American Optometric Association
- American Osteopathic Association
- American Pharmacists Association
- American Podiatric Medical Association
- American Psychological Association
- Association for Professionals in Infection Control and Epidemiology
- American Society of Health–System Pharmacists
- American Urological Association
- Association of American Medical Colleges
- Association of PeriOperative Registered Nurses
- Association of Women's Health, Obstetric and Neonatal Nurses
- Blue Cross Blue Shield Association
- Bridges To Excellence
- Calculated Risk, Inc.
- CareVariance LLC
- Catholic Health Initiatives
- CEGity.com, Inc.
- Center for Health Systems Research & Analysis
- Child Health Corporation of America
- Childbirth Connection
- Coalition for Improving Maternity Services
- Comprehensive Pharmacy Services
- Consumers' CHECKBOOK/Center for the Study of Services
- Consumer's Checkbook
- Consumers Coalition for Quality Health Care
- Consumers Union
- Council of Medical Specialty Societies
- Discern, LLC
- Epstein Becker & Green, P.C.
- Federation of American Hospitals
- HealthPartners
- Healthcare Leadership Council
- Heart Rhythm Society
- Hospice and Palliative Nurses Association
- Hospital for Special Surgery
- Hospitalman
- IPRO
- Lumetra
- MAXIMUS Federal Services, Inc.
- Medco Health Solutions
- MetaStar, Inc.
- National Association for Healthcare Quality
- National Association for Public Hospitals and Health Systems
- National Association of Children's Hospitals and Related Institutions
- National Association of Pediatric Nurse Practitioners
- National Business Coalition on Health
- National Business Group on Health
- National Committee for Quality Assurance
- National Community Pharmacists Association
- National Consortium of Breast Centers
- National Consumers League
- National Institute for Quality Improvement and Education
- National Partnership for Women & Families
- National Quality Forum
- Network for Regional Healthcare Improvement
- Next Wave
- Outcomes Pharmaceutical Health Care
- Pacific Business Group on Health
- Pharmacy Quality Alliance, Inc.
- Physician Consortium for Performance Improvement convened by the AMA
- Primer Inc.
- QSource
- Qualis Health
- Quality Partners of Rhode Island
- Quidel Corporation
- Service Employees International Union (SEIU)
- Shaller Consulting Group
- Society for Cardiovascular Angiography and Interventions
- Society for the Advancement of Blood Management
- Society for Vascular Surgery
- Society of Hospital Medicine
- Society of Thoracic Surgeons
- The Catholic Health Association of the United States
- The Joint Commission
- Thomson Reuters
- UnitedHealth Group
- Universal American Corp.
- U.S. Chamber of Commerce
- WellPoint, Inc.
Colorado Nurses Association Advocates for APN Scope of Practice

by Mary Ciambelli, PMHCNS-BC, PhD

On March 2, 2009, the Colorado Nurses Association successfully defeated an attempt to limit the scope of practice of advanced practice nursing in Colorado when the House Judiciary Committee voted to post SB007. SB 007 concerned the involuntary commitment process for persons with alcohol and substance abuse assessment and treatment. Nursing provided education about the statutory procedures and process for emergency and involuntary commitment proceedings and their concerns about adding advanced practice nurses to the current statute.

During these meetings nursing argued that the current statute any licensed physician may complete the required examination and complete the letter of certification within two days of the court hearing for involuntary commitment. Association members held that it was not reasonable to exclude advanced practice nurses with specialized education and knowledge pertaining to the evaluation and treatment of substance misuse when the current statute includes all physicians. At the involuntary commitment hearing, the court considers all relevant evidence, including testimony of the physician who examined the patient and determines whether or not grounds for commitment have been established by clear and convincing proof. In other words, the judge makes the final decision about whether or not a person meets statutory criteria to be treated on an involuntary basis for alcohol or substance dependence. HB 1061 did not change any aspect of the commitment process except to add advanced practice nurses to the statute. HB 1061 also includes a provision that advanced practice nurses are responsible for practicing within their scope of practice. That provision ensures that advanced practice nurses performing these assessments and making recommendations to the court will have the necessary competencies and experience to complete such evaluations.

The final meeting with the Division of Behavioral Health included community stakeholders and was held on November 10, 2008. Several community stakeholders, including registered nurses, alcohol and substance abuse counselors, one of the HB 1061 bill sponsors—Senator Hagedorn, and a psychiatrist from Larimer County supported the addition of advanced practice nurses to the current statute. Current alcohol and drug counselors stated that they fill out the letter of certification and the physician simply signs off on the assessment that the counselors have completed. The psychiatrist stated that advanced practice nurses are an integral part of the treatment team in community mental health centers and are qualified to complete these assessments and to testify in court hearings. Despite clear community support for adding advanced practice nurses to the current statute, the Division of Behavioral Health remained opposed to this change and put forth SB 007, sponsored by Senator Jennifer Veiga and Representative James Riesberg.

SB 007 was initially heard in the Senate Judiciary committee on January 21, 2009. Several members of DNA 30 and 31 testified in opposition to this bill. The committee listened very respectfully to the arguments presented about the qualifications of advanced practice nurses and the fact that certain populations in Colorado are vulnerable to not being served if only physicians are allowed to complete these examinations. Nursing also argued that it is important to identify people in need of involuntary treatment and that it is an issue of public safety when such persons are not recommended for commitment in a timely manner. Nurses testifying in opposition to this bill were Tay Kopanos, Chairperson of the Governmental Affairs and Public Policy Committee, Sue Orahood, psychiatric clinical nurse specialist, and Mary Ciambelli psychiatric clinical nurse specialist representing the Colorado Society of Clinical Specialists in Psychiatric Nursing (District 31 of CNA).

Nursing was joined by the Colorado Behavioral Healthcare Council and the Colorado Association of Alcohol and Drug Service Providers in opposing this bill. The community supporters agreed that advanced practice nurses are an integral part of mental health and substance abuse treatment teams and that keeping APNs in the statute would benefit and not harm the people of Colorado.

Several Division of Behavioral Health employees, two attorneys, the Executive Director of the Colorado Medical Society, and two psychiatrists testified in support of the bill. The basis of their arguments was that only physicians have the necessary qualifications to perform such assessments and that any physician...
is more qualified to do these assessments than any advanced practice nurse, regardless of the qualifications of the nurse. They also argued that there is no need for additional persons to perform these examinations and claimed that the rural and frontier areas of Colorado are currently well served by physicians. Finally, the physicians also claimed that the Colorado Medical Society and the Psychiatric Society had not been consulted about these provisions of HB 1061- which was an inaccurate statement. Nursing representatives met with representatives of the Colorado Medical Society and Psychiatric Society before this section was added to HB 1061 in the previous legislative session and agreed that these assessments were within the scope of practice of advanced practice nurses. The physicians also claimed that most of these assessments are actually completed by board certified psychiatrists despite the current statutory language including any physician.

Despite the well-received testimony of nursing and community stakeholders, SB 007 passed unanimously out of the Senate Judiciary Committee and through all three readings in the Senate. Colorado Nurses Association member and representatives continued to educate legislators and to dialogue about our concerns with this bill. SB 007 was heard in the House Judiciary Committee on March 2. Representative Riesberg tried to broker an alternate amendment that proposed a study to evaluate what health care providers would be appropriate to this process, with a deadline date for this determination of January 1, 2010. This amendment was intended to support ongoing dialogue about this issue and to possibly change the language in the current statute to limit the kinds of physicians who ought to perform such assessments and possibly add additional professionals such as certain advanced practice nurses and licensed psychologists. However, this amendment did not change the fact that SB 007 would still eliminate advanced practice nurses from the statute as of July 1, 2009 and it did not guarantee that advanced practice nurses would be added to this statute in future legislative sessions.

Representative Riesberg proposed to the Judiciary Committee that the amendment be added with restricted testimony. Members of the Judiciary Committee preferred to hear testimony and once again representatives of the Colorado Nurses Association responded to questions on this bill. Colorado Nurses Association had agreed to support the amendment in a last minute negotiation with the Division of Behavioral Health and the bill sponsor. APNs Mary Ciambelli and Mary Weber testified on behalf of CNA. Questions posed by committee members allowed nursing representatives to provide additional information about the history of SB 007, clarify some inaccurate statements that were presented to the Senate Judiciary Committee by supporters of the bill and to reinforce the evidence that advanced practice nurses are qualified to perform these assessments and testify to those findings in court.

Representatives Bob Gardner, Joe Miklosi, Ellen Roberts and Mark Waller were clear advocates for including advanced practice nurses in the alcohol and substance abuse statutes and presented strong legal arguments for opposing both the amendment and the bill. Representative Roberts sponsored HB 1061 and refuted ongoing claims made by the Division of Behavioral Health, the county attorneys, and the physicians that any sections of that bill were added in a secretive manner and without appropriate consultation with the Colorado Medical Society. She also referenced the findings of the Scopes of Care Advisory Committee which she participated on as supporting evidence for APN role. Representative Gardner cited a recent finding in Colorado that advanced practice nurses are qualified to be expert witnesses within their scope of practice. Representative Waller spoke to the illogical nature of the current statute which allows any physician to perform such assessments, even if they have had no experience in substance abuse assessment since medical school.

The Division of Behavioral Health presented its testimony in support of the bill. Committee members asked them questions and at times refuted some of the testimony that was being presented. In a surprising outcome, the amendment requiring a study was defeated by one vote and the bill was voted down 7-4. The committee then voted 10-1 to postpone the bill indefinitely, which essentially means the bill was killed in committee.

The Colorado Nurses Association also defended the rights of health care consumers and their families to access safe, cost-effective and high quality care by including advanced practice nurses in appropriate health care statutes in Colorado. Finally, this was also a public safety issue. The importance of identifying persons in need of commitment for alcohol and substance abuse issues potentially impacts safety for the general public.

SB 007 Updated Information

SB007, which had been postponed indefinitely in the current session, was resurrected and introduced by Senator Jennifer Veiga in the Senate on second reading of the Nurse Practice Act–SB 09-238. Colorado Nurses Association had not been informed by either the Colorado Division of Behavioral Health or by any of the previous bill sponsors of intention to introduce this legislation in the context of the Nurse Practice Act. Colorado Nurses Association leaders committed to the importance of identifying and communicating continued concerns on the appropriateness of APNs serving in this role.

When SB 09-238 The Nurse Practice Act was heard in House Health and Human Services Committee on April 16, 2009 several members of Colorado Nurses Association testified regarding this issue. Additionally, while CNA supports a study to evaluate appropriateness of providers to do this, we requested direct participation of concerned stakeholder organizations as important to ensuring an impartial valid study. Representative Jim Riesberg was the original House Sponsor on this legislation. Representative Jim Riesberg in his summation comments at the hearing communicated his personal view that at the end of the study required in the legislation; he fell confident SOME APNs would be able to participate in this role. We thank him for those reassuring comments.

It is unfortunate that this legislation, which was not related to the Nurse Practice Act came through in this manner. Colorado Nurses Association commits to continued vigilance in monitoring this issue and in advocating for inclusion of appropriate APNs for this role. The Division of Behavioral Health has been noticed of expectations for fair evaluation of APN role. There is continued opportunity to better educate the attorneys involved in this process and the staff of the division on APN education and role.
Porter Hospital Achieves Magnet Designation—Nursing Reflects on Meaning

by Sharon Pappas, RN, PhD, CNO

The Magnet™ award for nursing excellence is a nationally recognized designation that communicates a visible commitment to nursing. Nurses are involved in decisions that affect patient care and their professional practice, nursing evidence is used to define nursing practice, and where teamwork with physicians is the norm. This is what the health care industry knows about this designation, but what does this recognition or nursing excellence mean to clinical nurses? We asked this question of members of the Nursing Practice Council at Porter Adventist Hospital. Porter received the Magnet Award this January and became the seventh Colorado hospital to achieve this designation. Through the journey to Magnet designation, nurses say that it represents a commitment to shared governance, to high quality patient care, a culture of nursing excellence, and visible evidence that patients are the center of their work. This journey takes commitment and passion for the work that occurs throughout the many clinicians caring for patients, and particularly the passion of the nurses.

“The nurses at Porter deserved to be recognized by receiving the Magnet Award. Patient care is done well here, and our goal for several years has been that Porter is known for nursing care,” says Sharon Pappas, RN, PhD, Chief Nursing Officer for Porter.

It is also clear that this designation would not have been possible without a passion for nursing excellence among those who provide patient care daily. “I recall when we began our journey, I met with close to 300 Porter nurses to see if this is the direction they believed in and verified it was aligned with our philosophy and our mission,” Pappas says. Hearing the voice of our clinical nurses after the designation has confirmed for me the meaning this award has for them. Here is what they have to say.

Quality and service are cornerstones of the Magnet culture. “Being a magnet hospital means to me that we are more effective in identifying opportunities for improvement in providing quality care to our patients,” says Lauri McCarthy, RN. Lauri believes that such improvement of patient care has largely been the result of shared governance that not only helped us improve our processes and practice, but also in sustaining those changes long term. This concept of shared governance is one that managers and clinical staff had to work to understand.

Creating councils to solve problems based on evidence was a new concept to most, and shifting to an accountability culture where outcomes of the council’s work rested with those who cared for patients became their motivation for improvement. This was the belief of Deb Willet, RN, who also believed that the Magnet journey itself was enslaving. “It is a lot of pride associated with Porter. The evolution of shared governance brought managers and clinical nurses to a place of sharing the accountability for great patient care through improvements in the work environment, nursing competency, and physician partnerships. “It gave me confidence to tell people that they are making a good choice when choosing this hospital for their care or for their career. It provides an increased awareness of patient, staff, physician education and a process to improve things,” Deb says.

And then there is nursing excellence. Many of the clinical nurses recognize their passion for high standards. “Striving for excellence in a profession that we were called to do, it is a way we perform on a moment-to-moment basis for the care and safety of our patients,” Renee Trujillo says.

“Magnet designation means quality and excellence in nursing care. This means we have an ongoing process of improvement to give the best care to our patient. I feel encouraged to advance in my practice,” says Melissa Steurns.

Martie Malone, a clinical nurse who practices in various settings and believes, “We are viewed as a facility that has consistency and a standard of care from department to department between the nurses.”

In summary of excellence, Jennifer Shevchuck believes, “It shows that Porter cares about their nurses and acknowledges the excellent nursing care they provide.”

In Magnet hospitals, patients are the center of our work and this patient-centeredness is enabled through teamwork and collaboration. Tina Empey, Chair of the Porter Nursing Practice Council believes that: “Magnet stands for nursing excellence. It is achieved by compiling everyone’s wisdom from all the bedside caregivers in order to create a collaborative, fine-tuned environment that provides excellent nursing care to the patient. It is an award that is part of an ongoing process to seek and deliver the highest quality of nursing care.”

When considering the various individuals who come in contact with patients daily, this type of collegiality requires constant attention to the culture of patient care. It requires support and reinforcement of every member of the team to assure they are prepared for this accountability. Kryssy Kimmings, is one of our new RN graduates who says, “Magnet has given me endless opportunity to open new doors; nothing is too big. I have enjoyed educating my peers about magnet and the meaning behind the word ‘magnet’ and now I enjoy working with my peers as we take this journey towards nursing excellence together. This is something I will always look back on throughout my nursing career. It is hard to put it into words, but it is something great, it is powerful.”

Our passion and our journey have touched many. It is quite rewarding to hear one of our medical staff talk about the pride he has for our Magnet designation. This tells me they see a difference in our nursing staff of the value of patient focus and nursing excellence. George Mathews is one of the clinical leaders who led the development of the Porter Nursing Practice Council. He says: “I can’t express the excitement I felt on the day Porter learned of our Magnet Award. I still feel that electricity every day. It is a feeling of pride in the work I do and the place where I do it. It’s knowing that my nurse colleagues share that pride and dedication in accomplishing meaningful people work each and every day. It’s believing in the excellence of care shared by our nurses at Porter. Working in a Magnet hospital is a challenge to achieve and improve achievement, to keep getting better and giving better to our patients, our community, and our colleagues.”

The pride of excellence is far-reaching. Sonia Rasson says, “I’m proud to tell people to come to Porter either to work or to be a patient. I'm also proud to put Magnet on my resume.” Yong Mar is “proud to work here. I feel nurses are more active in meetings, receive more education, and are involved in more activities related to nursing care.” She says, “I’ll be stickin’ here forever!”

So many of our nurses choose to work at Porter because it is where they want to be for many reasons. According to Crystal Carmody, “What Magnet means to me is that Porter Hospital is not filled with nurses who are here because it is a job, but because nursing is their career and they love their career choice. Our nurses have chosen Porter for the place to fulfill their career because it is filled with nurses who also love their nursing career.” Our nurses want to be here and to work with others who feel the same way. Amanda Schirber sums it up this way: “What does Magnet mean to me? Magnet means that our Porter nurses are AWESOME! We are patient advocates always focusing care of the center of the patient, always making decisions using the critical thinking process, and finally, always providing the best quality of care possible.”

Porter nurses listen to Magnet Presentation.

CNO Sharon Pappas giving pins to RNs Wendy Hayes and Sara Schaecher.
The 24th Annual Nightingale Awards for Excellence in Human Caring, hosted by the Colorado Nurses Foundation (CNF), was held Saturday, May 9, 2009 at the Renaissance Denver Hotel with 550 in attendance. The evening began with a gala Silent Auction of over 200 items. During the reception and silent auction, professional musicians Robert L. Tate and Tom Severino provided music on the grand piano and bass. The program started at 7 pm with Greetings from Susan Fagerlund, President of the Colorado Nurses Foundation and a Welcome from David Kears, Chair of the Event. Carolyn Fricke, 2008 Finalist, gave the Invocation. Kim Christiansen, 9NEWS, returned as master of ceremonies and introduced each of the 15 finalists as they received their crystal award. Of the fifteen 2009 Finalists, six practice in direct patient care provider roles, six in managerial or administrative roles and three in educator roles. They have a combined total of 453 years in nursing practice! Kate McCord, RN, Chief Nursing Officer at Penrose St. Francis Health Systems in Colorado Springs gave a special presentation “Nightingale—Yesterday, Today and Tomorrow.” The grand finale of the evening was the announcement of the six recipients of the Nightingale Award: Jane Foster, Clinical Director, Quality Health Network, Grand Junction; Kiska May, Nursing Education and Training Instructor-Retired, Veterans Affairs Medical Center, Denver; Mary McMahon, Director of Perinatal Services, Memorial Health System, Colorado Springs; Sharon Pappas, Chief Nursing Officer, Porter Adventist Hospital, Denver; Editha Pasion, Staff Nurse, Exempla Saint Joseph Hospital, Denver; Susan M. West, Assistant Vice Chancellor, University of Colorado Health System, Aurora.

In addition to the six recipients, the 2009 Nightingale Finalists include Kathy Bunzili, Clinical Nurse Educator, University of Colorado Hospital, Aurora; Susan Fagerlund, Patient Navigator, North Colorado Medical Center, Greeley; Cindy McCauley, Staff Nurse/Clinical Educator, Poudre Valley Hospital, Fort Collins; Jeanne Nicholson, County Commissioner, Gilpin County, Black Hawk; Amiee Orf, Staff Nurse, University of Colorado Hospital, Aurora; Marylou Robinson, Assistant Professor of Nursing, University of Colorado at Denver College of Nursing, Aurora; Dawn Sculco, Clinical Nurse Specialist, St. Anthony Summit Medical Center, Frisco; Leona Tiffany, Volunteer/Retired, Colorado Mental Health Institute at Pueblo, Pueblo and Carla Cooper Weeks, Director of Home Care, Jewish Family Services of Colorado, Denver. Dr. Jane Watson attended and presented the Finalist and Recipient Awards.

The Nightingale Event was established in 1985 as a tribute to the professional excellence of Colorado’s registered nurses. The Nightingale Award was conceived to honor nurses whose contributions to human caring have gone beyond the cutting edge of the nursing profession. Nominations of nurses for the Nightingale Award are solicited throughout the state in the fall of each year through the Colorado Area Health Education Centers (AHEC) System and the Colorado Springs and Western Slope Committees. After the nominations have closed, the final selection process begins. The AHECs select their own finalists based on the number of nominations from their area of the state. This insures fair representation of finalists across the state. The State Selection Committee, consisting of delegates from each area, selects the six recipients from the fifteen finalists.

Two-hundred eighty four finalists throughout the state of Colorado were nominated for the 2009 award. Each AHEC and Colorado Springs hosted a regional event where nominees were recognized prior to the May 9 event. As the primary fund-raiser for the Colorado Nurses Foundation, the goal of the event is two-fold: 1) to recognize outstanding Colorado nurses for their excellence in human caring, and 2) to raise funds for scholarships for nursing education in a time when there is a critical shortage of nurses. Including proceeds from last year’s event, the Colorado Nurses Foundation awarded 34 scholarships totaling $53,250 in December 2008.

Members of the Steering Committee were: David Kears, 2009 Event Chair, Rita Beam, Mirian Bildner, Pam Boehm, Alison Bowers, Judith Burke, Vickie Carroll, JoAnn Deselms, Tonie Galiz, Sara Jarrett, Pam Kears, Ann Kelly, Suze Ketchum, Corinne Koehler, Charlotte LeDonne, Shelly Limon, Joyce Vernon, Kris Wenzel, and Jo Zumbrunnen. Linda Schuyler serves as Nightingale Event Coordinator and Vicki Carroll serves as Silent Auction Coordinator.
Forensic Nursing: Evolving Practice in Response to the Epidemic of Violence

Valerie Sievers MSN, RN, CNS, CEN, SANE-A, SANE-P
Megan Lechner MSN, RN, CNS, SANE

Recently it seems that the media is reporting the occurrence of more random acts of violence in the U.S. and other parts of the world. Physical assaults, shootings in public locations like schools, shopping malls and the streets of small, previously considered safe communities seem to be increasingly common events. Domestic violence shelters are reporting information about the increased demand for crisis services. The current economic downturn may prove to be a trigger for an increase in interpersonal violence. Nursing has the distinct opportunity and obligation to provide proper care and treatment of both victims and perpetrators of violence.

Forensic nursing is an area of clinical expertise, addressing healthcare issues that have a medicolegal component (Hammer, Moynihan, & Pagliaro, 2006). Forensic nurses are unique in that their education and experience position them to serve as a liaison among the healthcare, criminal justice, and forensic science worlds.

History of Forensic Nursing

Nurses have been practicing forensic nursing informally for decades. They are faced daily with forensic patients: victims of abuse, neglect, accidents, and crime. Even so, it was not until 1991 that the American Academy of Forensic Sciences formally recognized forensic nursing, and not until 1995 did the American Nurse's Association's Congress of Nursing Practice grant specialty status to forensic nursing. The forensic nursing specialty has expanded nursing's holistic approach to include body, mind, spirit, and the law (Lynch, 2006).

Forensic nursing would not be where it is today without the dedication and vision of Virginia Lynch. In 1986, Lynch initiated the formal curricula for forensic nursing at University of Texas at Arlington, with a focus on scientific investigation of death (Lynch, 2006). In 1989, Lynch introduced forensic nursing as a scientific discipline, and then went on to become the founding president of the International Association of Forensic Nurses (Lynch, 2006). Her concept of forensic nursing emerged from forensic medicine, which was being practiced for centuries around the world, under different titles, such as “police surgeon” (Lynch in Hammer et al, 2006). Historically, this practice was limited to physicians, and did not extend to living forensic patients. In the 1980’s, it was recognized that evidence was being destroyed during trauma treatment of patients (Lynch in Hammer et al, 2006). In order to avoid liability issues and poor outcomes, healthcare professionals began to recognize and preserve evidence found on patients (Lynch in Hammer et al, 2006). Over time, this knowledge has grown, and forensic nursing has continued to evolve into the specialty practice it is today.

Forensic Nursing Roles

Forensic nurses practice in a variety of roles and settings. They may be based in the hospital, the community, the coroner/medical examiner’s office, mental health facilities, correctional institutions, or within the justice system. Some of the roles forensic nurses fulfill within the specialty include: Forensic Nurse Investigator, Sexual Assault Nurse Examiner, Forensic Psychiatric Nurse, Forensic Correctional, Institutional, or Custodial Nurse, Legal Nurse Consultant and Nurse Coroner (Lynch in Hammer et al, 2006).

Forensic Nurse Investigator

The Forensic Nurse Investigator is typically employed at a medical examiner or coroner’s office. In this role, the nurse “represents the decedent’s right to social justice through a scientific investigation of the scene and circumstances of death” (Lynch, 2006, p. 25).

Forensic Nurse Examiner

The Forensic Nurse Examiner serves a large population of forensic patients, and is typically employed in an acute care setting. Most of these forensic cases involve victims (or perpetrators) of interpersonal violence, i.e. child abuse, elder abuse, domestic violence, sexual assault, or injury resulting from lethal weapons (Lynch, 2006).

Sexual Assault Nurse Examiner

The Sexual Assault Nurse Examiner provides medical -forensic care to both victims and perpetrators of sexual assault or abuse. In this role, the nurse examines and evaluates sexual trauma and body surface injury, while collecting and preserving evidence. All this must be done while minimizing trauma to the patient (Lynch, 2006). The Sexual Assault Nurse Examiner also frequently testifies in court as an expert witness.

Forensic Psychiatric Nurse

The Forensic Psychiatric Nurse provides assessment and intervention of criminal defendants (Lynch, 2006). This patient population is in legal custody, and “have been accused of a crime or have been court mandated for psychiatric evaluation” (Lynch, 2006, p. 25).

Forensic Correctional, Institutional, or Custodial Nurse

The Forensic Correctional, Institutional, or Custodial Nurse provides assessment and treatment of the incarcerated population. This continues on page 12.
may also include medication distribution and regulation, acute injury management, and rehabilitation.

Legal Nurse Consultant

The Legal Nurse Consultant investigates documents such as medical records, medication documentation, and health histories (Lynch, 2006). The nurse in this role provides consultation on "legal issues related to civil and criminal cases" (Lynch, 2006, p. 25), often times in relationship to abuse, maltreatment, or malpractice.

Nurse Coroner

The Nurse Coroner specializes in the investigation and certification of death, determining cause and manner of death. The Nurse Coroner also investigates "circumstances pertaining to the decedent's identification, and notification of next of kin" (Lynch, 2006, p. 25). This is an elected position, authorized by the state and jurisdiction.

Evolved Forensic Practice

The most widely recognized role in forensic nursing practice continues to be that of the Sexual Assault Nurse Examiner (SANE), although many nurse examiner programs are expanding their services to provide holistic care and evidentiary exams for patients impacted by domestic violence, child abuse, elder abuse and human trafficking. Forensic nurses working in acute care facilities may respond to emergency departments and provide consultation regarding the forensic healthcare needs of victims of trauma or provide hospital wide forensic education and patient consultation.

In Colorado, standardized SANE education and training is available through Beth-El College of Nursing and Health Sciences. "Care and Management of the Adult, Adolescent & Pediatric Sexual Assault Patient" is 64 hours in length with CNE's awarded after completion of the classroom education. Following the classroom education, nurses wishing to practice as SANEs complete 90 hours of clinical experiences that include proctored evidentiary examinations of adults, adolescents and children in collaboration with experienced nurse examiners. Currently in Colorado there are 12 established or developing SANE programs located in both metro and rural areas of the state including: Alamosa, Aurora, Colorado Springs, Denver, Durango, Frisco, Glenwood Springs, Grand Junction, Greeley, Loveland/Fort Collins, Pueblo & Westminster. Beth-El College of Nursing and Health Sciences at the University of Colorado @ Colorado Springs was among the first in the nation to offer a specialized curricula in forensic nursing in 1993. Beginning this summer, a variety of courses will be available in online format for undergraduate and graduate programs toward completion of a Forensic Nursing Certificate.

The specialty of forensic nursing continues to evolve and expand while offering nurses' unique practice opportunities that build on their clinical expertise and the option to provide comprehensive forensic services to patients impacted by trauma and crime. In areas throughout the nation, nurses have recognized the potential for new opportunities and developed forensic nursing roles that have bridged the gap between healthcare and the legal system. Contemporary forensic nursing education, research and expert practice will serve to expand the role of nursing in promoting a safer world without violence that is epidemic.

References


For more information on forensic nursing education & the forensic nursing certificate program visit: www.urca.edu/bethel
For information on global forensic nursing practice contact: The International Association of Forensic Nurses www.iafn.org
Find out about the Colorado Chapter of IAFN @ speaktruth@comcast.net
Inactive Licensure Status for LPNs and RNs up and running

The application to change status from active to inactive is available on the Board of Nursing web site: http://www.dora.state.co.us/nursing in the LPN and RN licensure section. There is no charge to change the status from active to inactive; however there will be a fee to reactivate an inactive license. Inactive licenses will be required to be renewed every two years and will be assessed a reduced renewal fee. For further information see the Board’s Frequently Asked Questions for inactive status on the Board’s web page: http://www.dora.state.co.us/nursing/faqs.htm#inactive.

Rulemaking update

At its January 21, 2009 quarterly Full Board Meeting the Board held two Rulemaking Hearings for the Chapter IX–Rules and Regulations for the Licensed Practice Nurse in Relation to IV Authority and for Chapter X–Rules and Regulations for the Certification of Nurse Aides. The Board tabled its decision on adopting the Chapter IX rules as amended pending the receipt of further information. The additional changes will be reviewed at the April 22, 2009 Full Board Meeting. The Board adopted the proposed revised Chapter X rules which will become effective March 30, 2009 and will be posted on the Board’s web site: http://www.dora.state.co.us/nursing/rules/rules.htm.

At the Board’s quarterly Full Board meeting on April 22, 2009 beginning at 9:15 A.M., the Board will hold two Rulemaking Hearings on Chapter II–Rules and Regulations for Approval of Nursing Education Programs and Chapter XX–Rules and Regulations for Multistate Nurse Licensure. A workgroup was formulated to assist with the drafting of the Chapter II changes and the outcome was rapid and successful. Written testimony and oral testimony will be heard at the April 22, 2009 hearing. The Chapter XX rules are intended to further clarify and codify what was previously in policy into the proposed rules. These changes were a result of the Nurse Licensure Compact Administrator’s review of the Compact rules.

Changes to Nursys®—Free Verifications Effective April 2, 2009

The nursys.com web site contains data obtained directly from the licensure systems of the boards of nursing. Employers and the general public can verify licenses and receive a detailed report free of charge effective April 2, 2009. The report will contain the name, jurisdiction, license type, license number, compact status (multistate/single state), license status, expiration date, discipline against the license and discipline against the privilege to practice of the nurse being verified.

For additional information please visit nursys.com or the State Board of Nursing web page at www.dora.state.co.us/nursing.

DORA—the state’s consumer protection agency wants to help you be a smart consumer!

DORA—the Department of Regulatory Agencies, the state agency which houses the Division of Registrations and the State Board of Nursing, launched a new consumer outreach program with targeted advertising including a partnership with local TV channel CBS 4 to promote consumer protection and bring awareness to the public on some of the services DORA provides—including protecting consumers of nursing care in Colorado. DORA is dedicated to preserving the integrity of the marketplace and is committed to promoting a fair and competitive business environment in Colorado. Consumer protection is DORA—and the State Board of Nursing’s mission. Be sure to check out DORA’s web site http://www.dora.state.co.us and stay tuned to CBS 4 to learn important consumer tips to help you save time and money!
Mission: To promote health awareness and to encourage individuals to assume responsibility for their own health.

Join our dedicated Volunteer corps! The 9Health Fair is truly a volunteer-driven organization. We rely on over 18,000 volunteers each year to provide free and low-cost medical screenings throughout the state. We have a number of volunteer opportunities available to match your skills and interests.

How Do I Sign-Up to Volunteer?

Medical Site Volunteers
If you would like to volunteer for the In the Community health fairs, you can sign-up on our website. www.9healthfair.org We always welcome your time and services. RNs staff and/or perform many of the screenings, such as those listed below. After signing up, you should expect to be contacted to confirm your volunteer location and responsibilities.

RN Volunteer Opportunities Include:

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<th>Blood Pressure/Pulse Screening</th>
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<td>Skin Fold Screenings</td>
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<td>Prostate/Testicular Screening</td>
<td>Mental Health Screening</td>
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<td>Finger Stick Glucose Screening</td>
<td>Talk with a Health Professional</td>
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Medical Office Volunteers—Critical and Alert/Pap smear/Cardiac Risk Profile Calls
Medical Office Volunteers—RN’s—We need RNs who are willing to commit at least one morning from 6:00am until 1:00 pm. During and after the fairs, medical volunteers help us to make calls to participants whose test results are outside of normal ranges. Volunteers are needed anytime between 9:00am and 5:00pm, during the month of April and May. These shifts take place at the 9Health Fair office in Denver.

9Health Fair Phone Line Medical Volunteers
From late May to early June medical professionals take calls from participants asking questions regarding the interpretation of lab values, cardiac risk assessment and abnormal Pap smears. You will be asked to staff one (1) or more sessions at 9NEWS during major news broadcasting periods ranging from 5:15am to 7:00am, 7:15am to 9:00am and 3:45pm to 6:30pm.

Metro Taxi provides free rides for volunteers and participants from your home to the closest 9Health Fair in the Metro Denver area, or from your home to our office. Please Contact Metro Taxi call 303-333-3333 no later than the night before a fair.

For more information, please call or write Kimberly Penney at 303-996-2131 or kimberly.penney@9healthfair.org.
Affiliate Member Application

Name of Organization ____________________________________________________________

Name of Contact Person and Role ________________________________________________

Mailing Address __________________________________________________________________

Email Address ____________________________________________________________________

Phone __________________________________________________________________________

Annual Membership Fee is **$150 per year.** Please submit payment by check or submit the following information for payment processing:

Check Enclosed ____ Visa or MasterCard

Name on Credit Account ________________________________________________________

Signature ______________________________________________________________________

Credit Card Number ___________________________________________________________

Expiration Date _______________ Card Security Code______________________________

**General Information** Please provide information on your organization’s core purpose or mission and on membership criteria. Are all members of the organization registered nurses?

Membership status is subject to Colorado Nurses Association Board of Director's criteria and approval.

For further information on this organizational membership category, please contact Fran Ricker, Executive Director at 303-757-5049 or email franricker@nurses-co.org.
CNAHCA: Colorado Nurses for Access to Health Care for All (CNAHCA) has been extremely busy keeping on top of all the news in health care reform. Every day brings more information and more progress on this very important front. As the economy struggles and people’s access to health care lessens more and more, CNAHCA remains even more committed to the cause of affordable, quality health care for all. CNAHCA is strategizing and brainstorming on how to be sure that nurses are in close collaboration with legislators and other interested groups as health reform is being developed, as well as ensure that we have a prominent place at the table when health care reform is implemented.

CNAHCA has been closely following the organization “Health Care for All Colorado” (HCAC) as they work to create a bill that would implement a single payer system in Colorado. CNAHCA offered feedback and suggestions as the bill progressed and gave ‘good faith’ support to the bill as a work in progress. Now that the bill has been given a name (Colorado Guaranteed Health Care Act) a number of (HB-09-1273) and assigned to a Congressional Committee (Business Affairs and Labor committee) members of CNAHCA are set to testify in support of the bill. This is a good opportunity to show our support for groups working toward our common goal of a single payer system, as well as reaffirm our own commitment, as patient advocates, to this same goal. We want to make the public aware that nurses are in close collaboration with legislators and perhaps a proclamation for Nurses Month. Stay tuned.

DNA 3 DNA 3 members remain busy, both in their personal and professional lives. Their hard work and dedication to nursing is commendable! Their commitment to life-long learning is also evident. Charlotte Ledonne is the most recent member who has decided to further her nursing education. She is pursuing her Master of Science in Nursing (MSN) at the University of Northern Colorado (UNC). She joins the group contributed to the Sunset of the Nurse Practice Act. Linda Skoff presented a report by Lori Rae Hamilton, Director, of the no Bake “Bake” sale and to the Pueblo County Health Department, which needs new equipment for their new building opening this summer. For the upcoming Nightingale Awards Ceremonies, the board has decided to purchase a dress for their new building opening this summer. The group contributed to the District and Committee Reports continued on page 17
6 members belong to the Adams State College (ASC) Advisory Committee and have taken an active role in supporting ASC's endeavors to start a Traditional BSN program in the San Luis Valley.

Goals and Objectives for DNA 6 were recently reviewed and revised. A summary of our goals include: 1) continued recognition of nurses committed to nursing, 2) response and participation to community needs, 3) support of ASC and Trinidad State Junior College (TSJC) nursing programs, 4) support of SLV emergency preparedness efforts, 5) proposals to CNA as needed, 6) advocacy for “Green” health care, and 7) increasing the visibility of nursing in the SLV.

Amanda Jojola attended the 100 Nurses for 100 Legislators Conference in February and was able to share Nurse Practice Act Sunset updates and current political agendas affecting nursing with the rest of the DNA 6 membership. Our district has been following the work of the DORA Workgroup Project closely and we would like to extend a warm thank you to all members of the workgroup for all their hard work.

Our SLV Nightingale Awards Ceremony was held Feb. 27, 2009. Nurses were recognized from both the SLV and Southeastern Colorado regions. Two nurses from DNA 6 were recognized: Shawn Elliott and Jayne Schiffer. The LPN recipients were Sandra Martinez and Fran Maestas. The RN recipients were Shawn Elliott, Jolene Kubat, and Donna Newsom. The state representative will be Leona Tiffany. Congratulations!

District 6 will again sponsor the “Nightingale Nomads” team to walk in the Relay for Life event by the American Cancer Society on July 10th and 11th. What an honor to be part of such a worthy cause.

Respectfully Submitted, Amanda Jojola FNP, MSN

DNA 8

The District 8 Board has adopted the Greeley 9Health Fair as our Spring Project. Last year the Geeley site served 1,500 people. This year that number could double because of our economic problems, high unemployment and many families losing health insurance. This is an amazing opportunity for us to have a significant impact on the health of our community. You can read personal stories about critical health issues identified because of the screenings on the 9Health Fair web site http://www.9healthfair.org/

Our greatest need is for our District 8 members to help us recruit volunteers. You represent a cross-section of nursing leaders in Weld County and we are asking that you talk to your colleagues and co-workers. We need nurses, nurse practitioners, physicians, physician assistants, lab technicians, EMTs, medical assistants, physical therapists, cardiac rehab specialists, and respiratory therapists. We will have one-hour time slots and volunteers can sign up for as many slots as they like. We would also like to develop an on-call roster of volunteers that are willing to come in if scheduled volunteers do not arrive.

Respectfully submitted, Stacie Seaman

DNN 7

We met at Fiesta Americana in Durango to discuss the Nurse Practice Act mediations and to plan our next meeting.

SAVE THE DATE: Next meeting on Saturday, May 16 from 10:00 am to 12 noon at Betsy Romere’s at 1215 Beaver Creek Dr, Bayfield, (888-9802)

Photo from left: Karen Zink, Lynne Murison, Heidi Zink, Deb Myers--Amanda Preston was there but hid from our photographer.

DNA 8

We would also like to recruit Team Leaders for each of these screening areas. Stacie Seaman is serving as the Site Medical Coordinator. Please e-mail Stacie at seamanfamily@comcast.net to sign up for time slots.

Respectfully submitted, Stacie Seaman
We have received information about the deaths of the nurses listed below. Names and available information about any nurse that you know, from your community or school of nursing, etc. will be greatly appreciated. They do not need to have been a member of the Colorado Nurses Association as we include any nurse who has lived, worked, and/or graduated from a school of nursing in Colorado. A majority of the nurses whose obituaries are mentioned here were very active members of their community. Many were involved in multiple volunteer activities. We continue to receive information about the deaths of nurses who served in the United States Military during World War II. (We regret that available space occasionally limits the information we are able to include about in this column.)

Altaffer, Mary Ann, RN age 80, was born in Pueblo and died in Aurora on March 1, 2009. She had worked in hospital and private duty nursing.

Buckstein, Patty Berlau, RN of Denver, died in Mexico in January 2009.

Dodge, Gwen, RN of Denver, died on March 9, 2009 at age 77, died on March 9, 2009 at age 83.

Kirkpatrick, Margaret Jean Peterson, RN died February 3, 2009 in Evergreen CO at age 83. She had worked in hospital and private duty nursing.

Greene, Johnita S., LPN was born in Holdrege Nebraska and died in Aurora CO on March 1, 2009.

Kirsop, Barbara, RN died on January 29, 2009 at age 56, died in Denver in

Owens, Lena Ruth, RN died in Denver in February 2009 at age 82.

Trojan, Ruth Margaret, RN age 77, died on March 10, 2009 in Denver. She was born in Denver where she graduated from Mercy Hospital School of Nursing.

DNA 12
Our Steering Committee is in need of a turnover. For the past decade, a few dedicated members have provided leadership and structure for DNA 12. Quarterly dinner programs, while benefiting the planners, did not seem to serve the needs of our volunteer members. We have discussed with women and men to spearhead revitalization of our Steering Committee, determine our purpose, how funds should be dispersed, find out the needs of our members, and develop a plan to meet these objectives. Other options would be to merge with another District or become part of the Virtual Community. The Steering Committee has been made up of the DNA 12 President, Vice President, Secretary, and Treasurer. Please respond via email to idojo9945@msn.com or phone Jody Owen at 303-438-0636.

DNA 20
The 9th Legislative Connection Dinner, hosted by DNA 20 and was successful in coordinating Katie Butler, DNA 20, and CJ Cullinan, DNA 16, and enemie, Kiska May, DNA 20. Seventy-four nurses and eight legislators attended the dinner held on February 26 at the Scottish Rite Masonic Temple in Denver. Public Health Nurses Association of Colorado made the dinner part of their Winter Conference registrants, who met for a statewide representation of nurses at the dinner.

Kiska Strong, DNA 20 member and a nurse educator at the University of Colorado, is one of two nurse educators representing the Colorado College on Nursing Education on the Pilot Program Implementation Committee created by Senate Bill 007. The work of the committee is to develop and conduct a research study on the effectiveness of nurse involvement in decision-making in the workplace. It would be very beneficial to the nurses hosted by the school and potlatch where Linda presented on the work of this committee.

Kudos to DNA 20 member Paula Stearns, former Executive Director of Colorado Nurses Association, who was appointed to the Board of Directors of the Jefferson Action Center in Lakewood. Since 1968, the JAC has been a diverse community organization that has provided an immediate response to basic human needs and promoted pathways to self-sufficiency in the Denver Metro area. DNA 20 supports the Center’s goals through annual donations of food and toiletries.

Congratulations to DNA 20 Vice President, Kiska May, who was a Nightingale nominee. Kiska recently retired from the Eastern Colorado Health Care System, Denver Veterans Administration Hospital.

Owens, March 23, 2009

Mary Pat DeWald RN, APN, MSN, MPA-DNA 30

Respectfully Submitted, Norma Trubman

DNA 23
It was our pleasure to have Theresa Hakson, Regional Director for us at our March meeting; she drove quite a distance! She shared, shared ideas and support to our group. Unfortunately, our attendance was small and we had to cancel the meeting; we had to cancel the meeting; we could not attend. We do appreciate all that DNA is doing legislatively for all Nurses, spending many hours of work and travel. Our thanks to Lois Brightenburg for bringing a guest and potential member to a meeting and all the faithful members who attend our meetings. May be will be our final meeting after which we’ll have our summer break and resume in September. October 23 will meet at Ciancios Food Restaurant, 96th and Sheridan on the second Tuesday of each month from 8-10 am.

Kudos to DNA 30 (CSAP-Colorado Society of Advance Practice Nurses) has been keeping to the beat, with seats at the table during this busy legislative session and with the Sunset of the Colorado Nurse Practice Act. Reflecting back and looking forward we can say that SB-O07 Concerning Involuntary Alcohol Detox Culture, Subcommittee Postponed Indefinitely in the House Judiciary Committee on March 2, 2009. The first official hearing for Sunset of the Nurse Practice was held on Thursday, March 5th in the Senate Health and Human Services Committee, SB 239--The Colorado Nurse Practice Act legislation and several amendments relating to the legislation were voted on in a hearing for action only of the Senate Health and Human Services Committee on Wednesday March 11th and following on Mac Weth. APN’s gathered on the Hill with state legislators for lunch and a movie. Our Colorado APN Video was shown with enthusiasm and support of the important role of APNs throughout Colorado, improving access to care and educating our legislators and who we are and what we do.

We will be holding monthly meetings on the 1st Wednesday of every month, except for July, continue to be an opportunity for Advance Practice Nurses throughout the state. We have attended the Mental Health America–Colorado Legislative Education Day, the CNA Annual Legislative Seminar and have an annual Scholarship Program in the near future. Mary Giambelli participated in extensive mediated workgroup meetings involving representatives from CNA, CMS and DORA. The group was able to come to an agreement on SB-007, approved by the legislature. Many of our members have contacted their senators and representatives about both SB-007 and SB-239 (the Practice Act). Member support has been noticed by CNA and by legislators. We were pleased that SB-007 was postponed indefinitely. We also wish to acknowledge Diane Dean, DNA 20 for her work on the CNA Sunset Review Committee and Patricia Lawence, as well as Laura Mershinger and Sue Onohold for participating in GAPF committee meetings.

Our winter educational dinner was held February 19th at Strings and we had a good turnout. Members were updated on legislative issues and then we had a stimulating lecture on Bipolar Disorder by Dr. Mathure Burke. We appreciated Pfizer sponsoring the event; Riley Suit, with Suitable Photography for providing the program; and the work of our educational led by Barbara Coats. Committee members are Karen Lyda, Louise Suit and Margaret Topf.

Our Institute Committee lead by Louise Suit has already started planning this year’s Fall Institute. This annual weekend retreat and educational event for Advance Practice Psychiatric Nurses is tentatively planned for a September weekend in Breckenridge.

On a sad note, we are grieving the loss of Susan McCabe and Carol Macnee, two nursing faculty members from the University of Wyoming, and have extended our sympathy to their school, for they were killed in a car accident on Thursday, December 18th. Susan was a regular speaker at District 31 educational meetings. Both of them use their creative talents to enhance the lives of many, both personally and professionally. Their deaths are a great loss to nursing and the University of Wyoming is establishing a scholarship memorial fund in their honor.

Donations can be sent, by going to: https://www.uwsecureweb.uwyo.edu/giveonline/ and clicking on the online gift form. Include Macnee/McCabe Memorial Fund in the gift designation box.

Respectfully Submitted, Linda Williams
Your Hands. Your Heart. Their Hope.

Over half the world’s population lives on less than $1 per day and can’t afford basic healthcare. You can help change that.

Join a C.U.R.E. Clinic Team.

Spend two weeks working overseas with local doctors and nurses who need encouragement and help. All logistics will be handled for you, including planning and information before your departure, travel and lodging, meals, and facilitation of entry visa and permit requirements.

Contact:
Jean Feist
jeanfeist@projectcure.org
www.projectcure.org

Carol O’Meara, MS, RN, WHNP, has been appointed by the American Nurses Association Board of Directors to her second two year term on the ANA Committee on Bylaws. Ms. O’Meara, a current member of the Colorado Nurses Association Board of Directors, will serve as Chair of this committee from June 2009-June 2011. In addition, Carol serves a Chair of the Bylaws Committee for the Colorado Nurses Association, and is employed as a Nurse Practitioner at the East Denver Kaiser Permanente Clinic.

Penny McPherson, RN, BSN, MS, an active member of the Colorado Nurses Association and employed by Centura Health, was one of five Colorado RN’s interviewed in an article in the March/April issue of Nurseweek (Heartland edition). The article also included interviews with Pam Hernandez, RNC, BSN (Platte Valley Medical Center), Wendy Wilbur, RN (McKee Medical Center), Wendy Wilbur, RN (McKee Medical Center), Sarah Stadler, RN,MSN,OCN (University of Colorado Hospital) and Chris Nation RN, BSN (North Colorado Medical Center). The article “Capturing Nursing in Colorado” provided a positive picture of the profession in our state.

Karen Zinc has been named to the Steering Committee for the Center for Improving Value in Health Care/Colorado. Congratulations!
Thank you for your interest in the Colorado Nurses Association or ANA/CNA. We appreciate your awareness that nurses have responsibilities to their profession in addition to their job requirements, and welcome your membership and participation.

Please fill out entire form, here and on page 19. Please call the Colorado Nurses Association at 303-757-7483 if you have any questions.

**MEMBERSHIP APPLICATION**

*Members must have been granted a license to practice in at least one state*

*All information must be completed for application to be accepted*

Telephone 303-757-7483

Fax 303-757-8833

www.nurses-colorado.org

cna@nurses-co.org

MAIL/FAX COMPLETE WITH PAYMENT TO:

Colorado Nurses Association

1221 South Clarkson Street, Suite 205

Denver, CO 80210

<table>
<thead>
<tr>
<th>FULL ANA/CNA MEMBERSHIP</th>
<th>STATE ONLY MEMBERSHIP</th>
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<tbody>
<tr>
<td>THE BEST WAY TO SUPPORT CNA</td>
<td>Assures support for state legislative issues, public education, promotion of nursing throughout the state.</td>
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<tr>
<td>Additional insurance and product discounts</td>
<td>State only Members <strong>will</strong> receive discounts on CNA Continuing education offerings.</td>
</tr>
<tr>
<td>Discounts on materials at nursebooks.org and other important nursing products</td>
<td>State only members <strong>will</strong> receive the CNA Member News and will be added to the CNA email list serve.</td>
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<tr>
<td>Up to $40 discount on ANZC credentialing</td>
<td>State only members are <strong>not</strong> eligible to run for CNA President, ANA Delegate, or offices in the Center of American Nurses or UAN or ANA appointed committees.</td>
</tr>
<tr>
<td>Members may run for ANA Delegate and ANA committees</td>
<td>State only members can run for CNA Board Member-at-large. State Only Members are <strong>not</strong> eligible for other CNA Board positions.</td>
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<tr>
<td>Members may run for all Colorado Nurses Association offices, including President</td>
<td>May be appointed to committees that participate in legislative activities and decision making.</td>
</tr>
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<td>Access to the ANA &quot;Members Only&quot; articles at the ANA website—nursingworld.org.</td>
<td>State only members will not receive ANA publications or have access to the ANA &quot;Member's Only&quot; website.</td>
</tr>
<tr>
<td>Includes the ANA publications, The American Nurse, American Nurse Today and Online Journal of Nursing</td>
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**Please fill out entire form, here and on page 19. Please call the Colorado Nurses Association at 303-757-7483 if you have any questions.**

**Date: _______________________________**

**Last Name  First Name  Middle  Credentials**

**Basic School of Nursing Graduation (Month/ Year)  RN License Number**

**County  US Legislative District (if known)  State House (if known)  State Senate (if known)**

**Home Telephone  Fax Number**

**Home Address  City  State  Zip**

**Employer Name  Position Held**

**Work Address  City  State  Zip**

**Work Telephone  Email (Required for DNA #2)  Prescriptive Authority? Yes/No**

**APN Registry? Yes/No**

**Referred by**
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<th>ANNUAL</th>
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<td>FULL MEMBERSHIP DUES</td>
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- NOT EMPLOYED
- FULL-TIME STUDENT
- NEW GRADUATE FROM BASIC NURSING EDUCATION PROGRAM, WITHIN 6 MONTHS AFTER GRADUATION APPLIES TO FIRST YEAR OF MEMBERSHIP ONLY
- SPECIAL MEMBERSHIP DUES $74.75 $6.23
- 62 YEARS OF AGE AND OVER, NOT EMPLOYED, TOTALLY DISABLED/NOT EMPLOYED
- LIFETIME MEMBERSHIP FREE

- SPECIAL MEMBERSHIP DUES $120.00 $10.50
- ANA MEMBER FOR 25 YEARS OR MORE CONSECUTIVELY
- 65 YEARS OR OLDER
- RETIRED
- NON-COLLECTIVE BARGAINING $299.00 $25.41

MY DUES ARE NOT TO BE USED FOR COLLECTIVE BARGAINING ISSUES

State Nurses Association Dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the Colorado Nurses Association is not deductible as a business expense. Please check with the Colorado Nurses Association for the correct amount.

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**STATE ONLY MEMBERSHIP**

- FULL MEMBERSHIP DUES $120.00 $10.50

(No discount Membership Dues for State Only Members)

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(You May Choose Only One District)

- Geographic District (Based on City & Zip Code)
- DNA 2 (Corresponds primarily through email)
- DNA 30 (Advanced Practice Nurses)
- DNA 31 (Clinical Specialists in Psychiatric Nursing)

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CREDIT CARD NUMBER - (M/C & VISA ONLY)  

SIGNATURE CODE

PRINT CARD HOLDERS NAME

TOTAL PAYMENT AMOUNT ENCLOSED

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By signing the Monthly Electronic Deduction Authorization or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the undersigned thirty (30) days in advance written notice. Undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Memberships will continue unless this written notification is received. ANA will charge $5.00 for any returned drafts or charge backs.