By the time you read this, much discussion will have occurred regarding health care reform and the changes at GAPNA. We will find both challenges and opportunities in both areas. This is not the time for apathy, but the time for involvement.

On the national front, health care reform opens the opportunity to new demonstration projects, new preventive care programs, and expanded educational funding. The challenge is ensuring the inclusion of nurse practitioners in these projects and programs and to ensure acknowledgment as primary care providers. The work is far from done and this is not the time for political apathy. Stay informed, stay engaged, and stay connected to the alerts from your policy committee. As we continue to participate in the NP Roundtable, the common voice of the many organizations that have come together will be heard. You will have opportunity to respond; your challenge is determining how best to be heard.

On the organizational front, the transition from one management firm to another was completed the end of March. It has brought us new experiences and new frustrations which, of course, are part of any change that occurs, and this is a significant one. Anthony J. Jannetti, Inc., our new management firm, is working diligently to provide us with the highest feasible level of service. Should you experience something less, we want to know. Please contact the National Office or any member of the Board of Directors. We work for you.

This year, we want to provide a full roster of candidates for the upcoming elections, a stellar conference, and continue to build our national reputation as the organization of experts in gerontology. It is a competitive year for us, like every other organization. Your membership is vital and your help in recruiting new members is needed. Our committees and special interest groups continue to look for members and we want to build the number of state chapters. There are opportunities for you to engage and build this organization and we challenge you to be active and engaged.

What can you do? Be engaged, make change when change is needed, and help guide GAPNA and health care reform to the achievement of a better tomorrow.

Pat Kappas-Larson, MPH, APN-C, FAAN
President
Chicagoland Chapter

The Chicagoland Chapter hosted its 12th Annual Dinner Meeting on May 12 at Francesca's Fiore. New officers were installed with Anne Maynard, GNP, taking over the leadership as chapter president for 2010-11. Entertainment for the evening was provided by the 3rd Sunday String Band which includes one of our members. Chapter membership reached 60 this past year with many APN students attending the quarterly meetings. The Chicagoland Chapter offers an annual $500 research award. In addition, this past year we had our first leadership intern, Michael Meaney, a recent APN graduate who brought a new perspective to our board. A new strategic plan for the chapter will be finalized with members at the August meeting with an emphasis on leadership development.

Valerie Matthiesen, PhD, ANP/GNP
Chapter President

Florida Chapter

The newly approved Florida Chapter of GAPNA met in Daytona Beach Shores at The Shores Resort and Spa, on February 19, 2010. Our chapter met early Friday evening with complimentary meeting space provided by Alpha Physician Services. Some of us stayed to attend their “Collaborative Best Practices in Long-Term Care Achieving Excellence 2010” meeting on Saturday February 20. Following our meeting, we were guests at the Florida Medical Directors Association Town Hall Meeting with a dinner meeting supported by Eli Lilly.

Officers confirmed were Jo Ann Fisher, president; Patricia Wallace, president elect; Wendy Huckery, secretary; and Charlene Demers, treasurer. Debi Hunt will be on the education committee with Marsha Rauch and Barbara Phillips volunteered to be chapter historian.

The application process for state chapter approval was presented by Jo Ann Fisher and a brief treasurer’s report was given by Charlene Demers. Jo Ann advised that GAPNA has a new management company, Anthony J. Jannetti, Inc., and gave an update on how state dues would be sent to us by GAPNA. Patty Wallace reviewed the bylaws and there were some minor recommendations for change.

ENP Network is an ANP advocate and a Web site was discussed and approved by all in attendance. John Rauch had reserved several domains for us and it was agreed that he would contact Andrew Keller, founder of ENP Network, to acquire a domain for us to own. He has since provided two sites at no cost to the chapter!

Florida Chapter members met in Daytona Beach Shores.

Great Lakes Chapter

We are busy moving ahead with preparation for our 3rd Annual Geriatric Conference: “Advancing Excellence in Geriatric Care,” on Saturday, November 6, 2010, Marriott Dearborn Inn, Dearborn, MI. Planned sessions for the day incorporate the care of geriatric patients in: diabetes, acute respiratory conditions, incorporating geriatrics into primary care, The three “D’s” (dementia/delirium/depression), skin disorders, and oral health. The chapter will again utilize the assistance of the Michigan Council of Nurse Practitioners for advertising and registration purposes. The program will be submitted to GAPNA’s national provider unit for approval of 6 contact hours.

As a result of proceeds realized from previous conferences, the chapter provided its first scholarship of $500 to an NP student. The award was presented at the 2009 conference to Bernadette Below, attending Oakland University, Rochester, MI. Given the successful response to this activity, this year the chapter unanimously voted to make two $1,000 scholarships available to NP students who meet scholarship award criteria (master’s or doctoral preparation). Presentation of scholarship awards will be made at the chapter’s annual conference in November.

Chapter Education and Business Dinner meetings continue on a quarterly basis, most recently being held on March 10, 2010, on the topic of “Osteoporosis in the Elderly,” presented by Dr. Rao of the Henry Ford Health System and sponsored by Eli Lilly. Approximately 30 NPs attended. The meeting in June is scheduled for the 10th at a location to be determined. Final plans are underway for a presenter on the topic of “Managing Opioid Induced Constipation in Advanced Illness Patients Receiving Palliative Care” to be sponsored by Wyeth Pharmaceuticals.

Details of all educational activities will be posted on GAPNA’s Web site.

Mary Jane Favot

Jo Ann Fisher, MSN, FNP-C
President
GAPNA Excellence in Clinical Practice Award

This award for outstanding clinical practice should be to an individual who demonstrates a commitment to geriatric clinical practice. This award should be for an individual who demonstrates, through the use of geriatric principles, outstanding geriatric care that goes well beyond the traditional service role of the profession. The award highlights clinical practice as an important element of the mission of nursing professionals and singles out individuals who serve as examples of geriatric expertise. Examples of the types of experience appropriate for consideration include, but are not limited to:

- Working with geriatric clients.
- Acting as primary care provider, consultant, educator, coach, and advocate.
- Utilizing geriatric principles to provide care and treatment.
- Meeting multiple needs and requests of geriatric client.
- Responding to cultural differences.
- Acting as an advocate for geriatric client.
- Applying a multidisciplinary approach in the care of an elder consulting other health care providers and additional agencies as required.
- Utilizing up-to-date research to support decision making and to improve care.

GAPNA Excellence in Leadership Award

This award for outstanding leadership should be to an individual who demonstrates a commitment to geriatrics, through direct care, education, and research. This award should be for an individual who demonstrates the tenacity to advocate, through a variety of means, for geriatric education and care in a variety of settings that goes well beyond the traditional service role of the profession. The award highlights leadership as an important element of the mission of nursing professionals and singles out individuals who serve as examples of geriatric expertise. Examples of the types of experience appropriate for consideration include, but are not limited to:

- Excelling at geriatric care.
- Innovating clinical practice to enhance the care of geriatric clients.
- Creating clinical models that more efficiently care for geriatric clients.

continued on next page
Awards for Excellence Nominations: Submit Your Application by June 1, 2010

- Leading change (small or large) that improves quality of care.
- Promoting an environment of change.
- Excelling at communication and relationship building.
- Energizing others to promote geriatric care.

**GAPNA Excellence in Community Service Award**

This award for outstanding community service should be to an individual who demonstrates a commitment to service to the community. This commitment should be demonstrated through the development or participation in programs that go well beyond the traditional service role of the profession. The award highlights community service as an important element of the mission of nursing professionals and singles out individuals who serve as examples of social responsiveness on the part of the nursing community. Examples of the types of programs appropriate for consideration include, but are not limited to:

- Innovative programs of patient care/service to disadvantaged communities.
- Innovative services to the geriatric community.
- Programs of education targeted at increasing the participation of a traditionally under-represented group.
- Leadership focusing community resources to respond to health needs such as prevention and health education, patient care, and social supportive services.
- Programs aimed at providing nursing students with educational experiences in underserved areas to encourage eventual practice in such communities.
- Programs developed to meet the needs of isolated communities, geriatric communities, or communities which have a large geriatric population.
- Programs that use the unique assets and resources to address continuing educational, economic, and/or systemic community problems.

**GAPNA Excellence in Research Award**

This award for research should be to an individual who demonstrates a commitment to research in nursing that benefits the geriatric community. This commitment should be demonstrated through the development or participation in research projects that emphasize or go beyond the traditional service role of the profession. The award highlights research as an important element of the mission of nursing professionals and singles out individuals who serve as examples of nursing scientists within the nursing community. The award recipient must have a broad-based, continuing commitment to research as reflected in a variety of programs and initiatives which are responsive to the geriatric nursing community. This recipient may be active in conducting research, mentoring other researchers, and contributing to ongoing research of other nursing scientists. Examples of the types of programs appropriate for consideration include, but are not limited to:

- Made outstanding contributions to the science of nursing through research, development of new knowledge in nursing, or to furthering nursing knowledge through research.
- Contributed to the development and testing of nursing interventions to improve geriatric nursing care.
- Completed research and scholarship that informs practice and advances geriatric education of advanced practice nurses.
- Provided information that can inform health care policy to improve the care to the geriatric community.
- Demonstrated leadership in research in geriatric nursing (conducting research, mentoring, participating in research projects, etc.).
- Demonstrated expertise in research through an earned doctorate or post doctorate in research.

**GAPNA Chapter Excellence Award**

The Chapter Excellence Award honors a chapter that best promotes the goals of GAPNA through its member relationships, professional activities, and promotion of advanced practice gerontological nursing throughout the local, regional, and/or state during the past year. The winning chapter will be awarded $250 and receive a $100 discount on conference registration for the president or appointed designee for the year that the award is given. Eligibility requirements:

- The chapter must be officially chartered by the GAPNA Board of Directors.
- The chapter must be in compliance with all chapter obligations and in good standing with the GAPNA.
- The completed application must be received by the National Office by the given deadline.

**GAPNA Excellence in Education Award**

The Award for Excellence in Education recognizes an individual involved in the teaching and/or design of gerontological nurse practitioner curriculum or course content. The faculty member will demonstrate knowledge of the care of older adults and the ability to translate that knowledge to enhance students’ understanding in innovative ways. The faculty member will encourage and inspire advanced practice students to develop their excellence in gerontology. In addition to excellence in teaching, the faculty member will exhibit excellence in practice and service to the community. Examples of programs appropriate for consideration include, but are not limited to:

- Development of a program of recruitment of students into the GNP program of their school.
- Development of a new or revised GNP program.
- Implemented innovative teaching in a GNP course.
- Development of an academic practice.
- Formed a community partnership which met educational objectives while meeting the needs of the older adult community.

**IMPORTANT:** Deadline for submission of award applications is June 1, 2010. Download an Awards for Excellence nomination form at [www.gapna.org](http://www.gapna.org) or contact the GAPNA National Office at GAPNA@ajj.com or call 866-355-1392.
Coming Together to Meet the Evolving Needs of Older Adults

Annual Educational Conference & Business Meeting

Join us in the Land of Enchantment!
September 22-25, 2010
Hyatt Regency Albuquerque
www.gapna.org
The GAPNA Foundation invites you to join their fundraising activities at this year’s conference September 22-25, 2010 in Albuquerque. The money raised at these events will enable the Foundation to continue to fund scholarly awards each year including:

- **Student Travel Award**: A $2,000 award to cover travel, for a NP, CNS, or doctoral student with a completed research or project on aging, to present his/her work at the GAPNA Conference.
- **Research Seed Grant**: A $2,000 award to assist with the costs of an uncompleted research or project on aging.
- **Dave Butler Spirit Award**: A $2,000 clinical excellence award for a GAPNA member who supports the GAPNA mission.
- **Conference Research Awards**: Four awards of $100 each presented at conference for the best paper, best poster, best oral presentation, and best project.

**Wednesday, September 22, 1:00 pm**: The 5th Annual Foundation Best Ball Golf Tournament at the award-winning golf course “Sandia Golf Club.” All levels of players are most welcome. It’s great fun with prizes too!

**Friday, September 24, 6:00 am**: Get your blood pumping with a lively 2 mile Fun Walk/Run.

**Friday, September 24, 6:15 pm**: Join us for a spectacular evening of Albuquerque fun. GAPNA attendees will be picked up at the Hyatt Regency Hotel at 6:15 pm and taken by bus to the Balloon Museum. There we will have a private tour of the museum, a demonstration of a Hot Air Balloon Glow, as well as a cash bar and complimentary snacks. After the museum, attendees will have a choice of continuing the fun at the nearby Sandia Peak Tram for a spectacular view of the Albuquerque city lights or opting to return to Old Town Albuquerque or back to the hotel. All options will allow you time to have dinner, shop, ride the tram, or just take in the sights. The price of the evening does not include the tram ride or dinner but we will provide transportation, make reservations, and provide a group discount rate for the tram. This tour is a great way to see and appreciate the unique beauty of Albuquerque the week before the famous Annual Balloon Festival!

**Cost for events:**
- Golf Outing: $150
- Fun Walk/Run: $25
- Balloon Museum/Sandia Peak: $50

**Foundation Fun in Albuquerque!**

Don’t miss the Anderson-Abruzzo Albuquerque International Balloon Museum and other fabulous GAPNA Foundation events at the 2010 Annual Conference.

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**GAPNA Foundation Donor Opportunities**

Each year members and friends of the GAPNA Foundation pledge to give a certain amount annually to support research and educational activities of advanced practice nurses working with older adults. Currently the Foundation has five levels of donors:

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<th>Platinum Level</th>
<th>Gold Level</th>
<th>Silver Level</th>
<th>Bronze Level</th>
<th>Friends of the Foundation</th>
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<td>($2,000+)</td>
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<td>($100-$499)</td>
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**Sustaining Donors**
With the long view in mind, Sustaining Donors pledge a specific amount of financial support given over 10 years.

**Corporate Donors**
Corporations donate at least $5,000 or more for the year.

**Endowments**
Endowments are being developed as an option for tax-deductible donations.

**Donations to GAPNAF**
The GAPNA Foundation
The Anderson-Abruzzo Albuquerque International Balloon Museum
4600 North Ocean Boulevard
Suite 206
Boynton Beach, FL 33435

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The GAPNA Newsletter — www.gapna.org
GAPNA Organizes Special Interest Groups

During the 2009 Annual Business Meeting, the Board of Directors shared highlights of the organization’s strategic plan. GAPNA continues its work positioning itself as an organization that attracts a wide array of nurses in advanced practice and that the health care industry looks to as knowledge leaders influencing decision making in health and health care issues. To meet the demand for infusion of gerontology across the health care continuum to those practicing in a variety of settings ensuring the unique needs of the older adults are met, GAPNA developed Special Interest Groups.

These Special Interest Groups engage the membership to function as the knowledge leaders for the health care industry, community, and patient populations. The goals of these groups are to strengthen advance practice nurses as primary care providers across the continuum of care in all health care settings and to share information, collaborate, identify and discuss critical topics and issues of concern or interest. Each group has a focused topic or area of practice to be addressed such as skilled nursing facilities, assisted living, primary care practice, hospice/palliative care, acute care, and transitional care. The groups have begun to meet and will be providing an update to the membership at the Annual Educational Conference & Business Meeting, September 22-25, 2010 at the Hyatt Regency, Albuquerque, NM. We look forward to seeing you there!

Sue Mullaney MS, APRN, GNP-BC
Immediate Past President

Research Committee to Host Sessions at Annual Conference

The GAPNA Research Committee is presenting an all day pre-conference and a concurrent session at the annual conference in Albuquerque, NM, September 22 (pre-conference) to 25. The purpose of the pre-conference is to assist novice researchers, DNP students and graduates, and advanced practice nurses to begin the development of a research or outcome project proposal. Participants will utilize research and outcome evaluation strategies to begin to plan and implement a clinical project or study related to older adults. Participants are asked to bring an idea or two they would like to develop to the session. The afternoon session will be divided into small groups by project/study type with an experienced researcher or evaluator facilitating discussion and individual project/study development. The concurrent session will review how to write an abstract that “scores” and develop a successful poster.

The research committee is also sending a short survey to all GAPNA members on their interest in (1) future research topics; (2) providing and receiving mentoring on writing, research, or projects; and (3) experience with research or project management. The survey is for all members even if you are not interested in doing research, because all practice should be based on evidence based knowledge. Therefore, all members need to be competent consumers of research. We would like to know if there are topics or issues members want presented at future conferences or on the Web site. We also want to support members doing research or projects that will improve the care of older adults. Please contact me for more information or questions on the conference presentations or committee work.

Joanne Miller, PhD, APN/GNP-BC
Research Committee Chair
Joanne_M_Miller@rush.edu

GAPNA Participates in NSO Meeting

GAPNA was an invited participant at the 2009 Nurses Service Organization (NSO) Advisory Board Meeting. NSO has been meeting the needs of nursing professionals for over 30 years providing professional liability and personal insurance and as risk management resources. More information can be found at www.nso.com.

During the course of the meeting, presenters provided an understanding of nurse practitioner liability issues, claims detail, risk control strategies, and highlights of the 2009 claims analysis study.

This study is available online. Of particular note is the finding U.S. nurse practitioners requiring physician supervision appear to be at increased risk for a claim being filed. The study also provides detail as to the years of practice, education, and practice settings at greatest liability risk.

This vital information, as well as engagement with other representatives of nursing organizations, is invaluable to us. It is also notable that GAPNA is the only organization bringing insights regarding the practice of gerontology and the roles of those practicing in this specialty.
GAPNA Membership Now Includes Chapter Membership

Effective January 1, 2010, the Gerontological Advanced Practice Nurses Association (GAPNA) annual membership dues changed from $75.00 to $100.00. The dues change was announced at the GAPNA 2009 Annual Educational Conference & Business Meeting in Savannah, GA.

One of the benefits of GAPNA membership is the opportunity for you to be a member of a local chapter. The merger of national and chapter dues will provide paid memberships to all GAPNA members to join a local chapter. If you are already a member of a local chapter, you will no longer pay local dues. If you are not currently a member of a local chapter, you now have the opportunity to become a member of the local chapter closest to you. If you are not in an area where there is a local chapter, the additional funds from the dues increase will become GAPNA operating income with the provision that a stipend be provided to all forming chapters that have completed initial work for chapter charter. GAPNA members in areas where there are no local chapters are encouraged to contact the National Office for information about starting a chapter.

Your ongoing commitment to GAPNA and to the advanced practice nursing care for the older adult is very much valued and appreciated. Please feel free to contact Michael Brennan, GAPNA executive director, if you have any questions or concerns regarding your membership dues at GAPNA@ajj.com.

Lisa Byrd Honored with State and National Nursing Awards

GAPNA member Lisa Byrd, PhD, RN, FNP-BC, Gerontologist, was selected as the Nurse of the Year by the Mississippi Nurses Association for 2010. This award honors the nurse in Mississippi who exemplifies the art and science of nursing during the previous year. Ms. Byrd has worked as a nurse since 1984 and a nurse practitioner since 1996. She operates a rural clinic in Bolton, MS, and serves as director of clinical and facility compliance with Provider Health Services, LLC, Memphis, TN.

She will also be a recipient of the prestigious State Awards for Excellence, and will be honored on Wednesday, June 23 during the American Academy of Nurse Practitioners (AANP) 25th National Conference in Phoenix, AZ. AANP’s State Award for Nurse Practitioner Excellence, founded in 1991, recognizes a NP in a state who demonstrates excellence in practice, research, NP education, or community affairs. In 1993, the State Award for Nurse Practitioner Advocate was added to recognize the efforts of individuals who have made a significant contribution toward increasing the awareness and acceptance of the NP.

Congratulations Lisa and thank you for your outstanding contributions to gerontological nursing practice.

New Web Site Design Unveiled

Please visit the home page of GAPNA and see the new design for our site. It is a fine representation of many of the programs available through our organization. Take advantage of the Pinnacle Educational Resource as the time is limited for CNE. You will need to establish a new member log in. This is a simple process. Just have your membership number handy. Look for more advantages in the future of being connected as GAPNA develops our position as the organization of choice for gerontology experts in the competency model. Chapter events are published and kept current to allow you to continue to network with your local colleagues. Enjoy your Web browsing!

Charlotte Kelley, MSN, GNP, ARNP
Web Site Editor
Winter 2010 was nicknamed Snowmageddon because of the two back-to-back blizzards which brought Washington, DC, to a temporary standstill. When I arrived on February 20 there were lots of visual reminders of the enormity of it all. There were huge piles of snow on the streets, sidewalks, parked cars, and front yards of the 100-year-old houses in the Capitol Hill area where I was staying. By the time I returned home, the snow was melting fast and life was returning to normal.

The weather was only part of my adventure. I was awarded GAPNA’s very first Health Affairs Scholarship to attend the American College of Nurse Practitioners (ACNP) Summit and Leadership Conference. I also signed up for the Advanced Public Policy Institute (PPI) for Health Professionals. I must have figured “emersion” therapy for someone with basic grad school health care policy background would result in a modicum of expertise. I was pretty certain the amount of information I would be hearing and absorbing would probably be overwhelming. During the week, I developed a new mantra, yes, this is overwhelming, but I’m not overwhelmed, nor was I bored.

The PPI provided the groundwork that set the stage for the Summit & Leadership Conference later in the week. We heard about the various factors influencing health policy, how economics can be used to analyze outcomes, the role of IT in improving quality of care, how the media plays a role in getting the message across, and how nurses can interface with the media. On the day President Obama’s Health Care Summit was being held at Blair House, we were meeting in the Cannon Building on Capitol Hill. While eating lunch, we listened to live coverage of the discussions (interestingly, prior to President Obama’s Health Care Summit, many of the ACNP conference speakers were not sure which way the Health Care Reform vote would go, but after his Health Care Summit, the conference speakers generally seemed to think the bill would pass). The ACNP lobbyist, Jodie Curtis, and two Capitol Hill staffers (a male FNP from Senator Barbara Mikulsky’s [D-MD] office and a female from Representative Sam Graves’ [R-MO] office) shared their experiences of working on Capitol Hill and gave us helpful tips for our own upcoming visits to Capitol Hill. We heard viewpoints from patient (AARP), industry, public payer, and ACNP representatives on what they were hoping for in health care reform.

We learned, according to recent Gallop poll studies, nurses are held high on the list of professionals people trust, yet they are not perceived as policymakers. For many years nursing has not had a collective voice, despite being the nation’s largest constituency. GAPNA’s association with ACNP, the nursing community, the NP Roundtable, AARP along with its Center to Champion Nursing in America program, are all venues that have provided GAPNA a forum to be part of a collective voice.

The culmination of the PPI and the summit was the visit to Capitol Hill to meet with our legislators and/or health legislative aides (HLA). We were all prepped on our talking points and supplied with shiny red folders filled with information about NPs and ANP issues. The six representatives from the California Association for Nurse Practitioners took me under their collective wings and we formed a seven member contingent meeting first with the HLA for Senator Boxer and then with the HLA for Senator Dianne Feinstein (D-CA). As the talking points were presented, the HLAs took notes and asked questions. I noticed both Senate HLAs seemed to perk up when I introduced myself as a GNP. That gave me hope they had the insight to recognize the older adult population as a group must be reckoned with and can’t be ignored. I discovered my own comfort zone in my third meeting of the morning, a one-on-one with Representative John Garamendi’s (D-CA) HLA. After finding out he had limited knowledge about NPs, I explained my role as a GNP in the SNF setting. We also had time to discuss recent Solano County town hall meetings and the Amber Alert bill in California. Mind you, these meetings with the staffers are typically 15-20 minutes long, so you need to be succinct and try to make a personal connection with the HLA in a very limited time.

Highlights of our talking points to the HLAs included:
1. Provider neutral language for any new or revised legislation.
2. Recognize NPs as primary care providers in any health care reform initiative
3. Asked our Senators and Representatives to co-sponsor various bills:  
   • S2814 (Collins), the Home Health Care Planning Improvement Act; expands list of eligible health care professionals author-
Health Care Reform Provisions to Strengthen Eldercare Workforce

On March 21, 2010, the Patient Protection and Affordable Care Act (HR 3590) was approved. Thanks to the work of many nursing organizations, these important provisions expand existing geriatric education programs and authorize critically needed new initiatives to ensure a sufficient health care workforce to meet the needs of our rapidly increasing aging population.

These provisions include:

**Geriatric Health Professions Education and Training**
- Providing grants to geriatric education centers (GECs) to support training in geriatrics, chronic care management, and long-term care for faculty in medical schools and other health professions schools.
- Expanding eligibility for Geriatric Academic Career Awards to faculty in the fields of nursing, social work, psychology, pharmacy, dentistry, and allied health professions.
- Establishing federal traineeships for individuals who are preparing for advanced degrees in geriatric nursing, long-term care, and geropsychiatric nursing.
- Providing grants to foster greater interest among health professionals (advanced practice nurses, clinical social workers, pharmacists, students of psychology) to enter the field of geriatrics, long-term care, and chronic care management.

**Direct Care Workforce Training**
- Establishing grants to provide training opportunities for direct-care workers employed in long-term care settings such as nursing homes, assisted living facilities, and home care.

**Family Caregiver Training**
- Requiring federally funded GECs to offer one of two required activities (in addition to health professions training), one of these activities being to provide at least two courses each year, at no charge or nominal cost, to family caregivers who support frail older adults and individuals with disabilities, in collaboration with appropriate community partners.

**National Health Care Workforce Commission**
- Establishes a commission to set the nation on a path toward recruiting, training, and retaining a health workforce that meets the nation’s current and future health care needs.

**National Center for Health Care Workforce Analysis**
- To assess the effectiveness and impact of the above proposals, and to ensure our nation continues to adequately address the need for training and expansion of the eldercare workforce, the Eldercare Workforce Alliance supports the establishment of a new center to describe and analyze this workforce.

**Independence at Home Pilot Program**
- Creates a chronic care coordination pilot project to bring primary care services to the highest cost Medicare beneficiaries with multiple chronic conditions in their home. Interdisciplinary teams of health care professionals caring for patients with multiple chronic conditions in their homes would be eligible for shared savings if they achieve quality outcomes, costs savings, and patient satisfaction.

**Community Living Assistance Services and Supports**
- We also strongly support the inclusion of provisions from the late Senator Kennedy’s CLASS Act (S. 697) that will enable older Americans with functional disabilities to remain in their homes and communities. By establishing a new voluntary national insurance program, this proposal will help adults who have or who develop functional impairment to remain independent, employed, and residing and engaged in their communities.
The Nurse Practitioner Roundtable started over a year ago as an informal method of nursing organizations whose membership is solely advance practice nurse practitioners, to keep current and have a collective voice in health policy affecting our practice. It is presently made up of the American Academy of Nurse Practitioners, American College of Nurse Practitioners, National Organization of Pediatric Nurse Practitioners, Nurse Practitioners in Women’s Health, National Organization of Nursing Faculty, and GAPNA. Our meetings are weekly phone conferences, at a minimum. During the passage of the Health Reform Act, our task was to keep current with aspects of legislation to ensure provider neutral language and access to care through non-restricted practice for all nurse practitioners. The most significant aspect of the final legislation which benefited NPs was the new provision to fund Graduate Nurse Education (GNE) that is commensurate with Graduate Medical Education, except for the amount of money appropriated. This is a huge recognition of the need for our profession to be funded.

In March, Roundtable organization representatives met in Washington, DC. Strategies were developed to ensure our energies in addressing health policy issues were spent wisely. We also work with the larger nurse community including organizations such as the American Academy of Colleges of Nursing (AACN) and the American Nurses Association (ANA). We ensure issues affecting NPs are reviewed, addressed, and followed to speak accurately to the needs of advanced practice. One prime example of our working together was in drafting a written response to the AMA’s Scope of Practice Data Series after many phone meetings culminated with 23 nursing organizations signing on. The letter was a “simple” refutation of one profession defining scope of practice for another that is not under their purview. The entire community was in agreement we not go line-by-line disputing their errors. However, there is a second stage in which the NP Roundtable has written a FAQ sheet defining advance practice nursing that will be available for organizations and colleges of nursing to use internally. It speaks to who we are and what our practice encompasses. Another example is our strong collective input in defining the “ask” for appropriated money in 2011 through the Health Professional Nursing Election Coalition (HPNEC) that included four areas, one of which included geriatric initiatives.

The NP Roundtable was involved in making recommendations for candidates to sit on the committee to MedPAC, which advises Congress and CMS on prospective payment systems. Two nurse practitioners were endorsed, Kathy Ridnour, from New Mexico, and Mary Naylor, Pennsylvania, known for her work on transitional care. Having a nurse practitioner on the committee would strengthen our input.

Working together with the AACN, ANA, and the American Association of Nurse Anesthetists, the NP Roundtable is finishing another document that lists the barriers to advance practice which exist in statute and regulation. This undertaking has taken many hours of fine-tooth combing issues in home health and long-term care.

The presence of GAPNA at the NP Roundtable helps assure us of keeping the issues facing gerontological nurse practitioners in the forefront. This will continue to be another avenue for us to break down barriers to our practice and ensure access to care for our patients.

Charlotte Kelley, MSN, GNP, ARNP
GAPNA Representative

Changes Sought in Providing Pain Medications in LTC Facilities

A panel of expert witnesses from the Quality Care Coalition for Patients in Pain (QCCPP) testified before the Senate Special Committee on Aging in March regarding health care professionals’ concerns over timely and appropriate medical treatment for patients in long-term care (LTC) facilities. Members of QCCPP maintain that Drug Enforcement Administration (DEA) rules and recent interpretations of those rules interfere with the ability of physicians, nurses, and pharmacists to provide adequate support for patients in need of controlled medications in LTC facilities.

The hearing, “The War on Drugs Meets the War on Pain: Nursing Home Patients Caught in the Crossfire,” was requested by Special Aging Committee Chairman Sen. Herb Kohl (D-WI) after reports surfaced of patients in LTC facilities being left to suffer in pain needlessly without adequate symptom relief due to DEA procedures that were written for ambulatory patients. Existing DEA rules conflict with Centers for Medicare and Medicaid Services mandates for handling medications and ensuring timely delivery of patient treatment. QCCPP is calling upon DEA to immediately make accommodations allowing patients to obtain their medications without delay while updating its rules to reflect practice standards in long-term care.

The DEA does not recognize orders for controlled medications written into a patient’s chart and they do not recognize the critical role of nurses in long-term care, who act as agents of the prescribers. Instead, DEA requires physicians and pharmacists to use outdated procedures for prescribing controlled medications, which often leads to significant delays in drug delivery and patient relief, according to QCCPP.

QCCPP commissioned a survey of physicians, nurse practitioners, pharmacists, nurses, and other clinicians and presented the results to the Aging Committee in a report, “Patients in Pain: How U.S. Drug Enforcement Administration Rules Harm Patients in Nursing Facilities.” The report explains how and to what extent DEA rules affect patients in nursing facilities, and focuses on LTC and those receiving hospice services.

QCCPP called upon Congress to enact the “Long-term Care Patients’ Access to Medically Necessary Controlled Substances Act” absent any other corrective action taken by DEA or the Administration. This draft legislation would require DEA to recognize the LTC facility nurse as an agent of the prescriber, recognize chart orders as valid legal prescriptions for controlled drugs, and allow pharmacists to assist practitioners to issue and complete valid prescription drug orders in a timely manner.

For more information about the QCCPP, visit www.qccpp.org
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