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GAPNA

Gerontological Advanced Practice Nurses Association

Year-In-Review 2017 - 2018

Membership 2018: 2,520

Board of Directors:

President – Joan Michelle Moccia
Past President – Katherine A. Evans
President-elect – Valerie Sabol
Treasurer – Jennifer Kim
Secretary – Natalie Baker
Member-at-Large – Deborah Dunn
Member-at-Large – Sherry Greenberg

Committees with Chairs:

Awards Committee – Abby Parish
Conference Planning Committee – Kathy Daniel
Communications Committee – Lacey Stevens
Education Committee – Vaunette Fay
Health Affairs Committee – Sue Mullaney
Historical Committee – Cindy Gerstenlauer
Chapter Leadership Committee – Evelyn Jones-Talley
Nominating Committee – Marianne Shaughnessy
Practice Committee – Suzanne Ransehousen, Ann Kriebel-Gasparro
Research Committee – Valerie Flattes

SIGS with Chairs:

Hospice/Palliative Care SIG – Ami Goodnough
House Calls SIG – Helen Horvath
Leadership SIG – Joan Carpenter
PAC/LTC SIG – Christina Ramsey
Transitional Care SIG – Stacey Chapman
Cross Cultural SIG – Kate Aldrich
GeroPsych SIG – Melodee Harris
Veterans Care SIG – Marianne Shaughnessy
Acute Care SIG – Michele Talley

Professional Recognition Task Force:

Chair – George Peraza-Smith

GAPNA Award Winners:

Established Chapter Excellence Award – Georgia Chapter
Special Interest Group Excellence Award – GeroPsych SIG
Excellence in Clinical Practice Award – Suzanne Ransehousen
Excellence in Community Service Award – Marva Edwards-Marshall
Excellence in Education Award – Barbara Harrison

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Excellence in Leadership Award – Sue Mullaney and Cynthia Gerstenlauer
Excellence in Research Award – Valerie Sabol
Health Affairs Scholarship – Izabela Kazana

GAPNA Foundation Officers:

Chair – Jennifer Serafin
Vice Chair – Joanne Miller
Secretary – Anna Dowd
Treasurer – Suzanne Ransehousen
Resource Development – MJ Henderson
Resource Development – Catherine Wollman
Administrative Affairs – Nancy Wilens
Board Member Emeritus – Barbara Phillips
GAPNA Foundation Registered Agent – Erik Joh, Esq.

Foundation Award Winners:

Research/Clinical Project Scholarship Award:
- Linda Beuscher
- Stephanie De Santiago
- Malissa Mulkey

GAPNA Center for Clinician Advancement: (United Health Group) Grant:
- Joan Carpenter

AMDA Foundation Futures Program Educational Grant:
- Lori Steiger

Dave Butler Spirit of GAPNA Award:
- Evelyn Duffy

National Office Staff:

Executive Director – Michael Brennan
Association Services Manager – Jill Brett
Director of Marketing – Jack Edelman
Registration Manager – Danielle Little
Conference Manager – Beth Meehan
Education Director – Rosemarie Marmion
Education Coordinator – Kristina Moran
Director of Online Learning and Innovation, Administrator of On-line Community, GAPNA Exchange – Celess Tyrell

Newsletter Editors:

Carol Bartoo, working with Ken Thomas, editor from AJJ

GAPNA Sponsors:

Merck, Sanofi, Janssen, Santyl, Sunovion

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Annual Dues:

Member Category	Description	1 Year	2 Years	3 Years
Regular	(advanced practice nurse)	$100.00	$190.00	$285.00
Associate	(interest in GAPNA)	$100.00	$190.00	$285.00
Retired	(advanced practice nurse)	$75.00	N/A	N/A
Student		$60.00	N/A	N/A

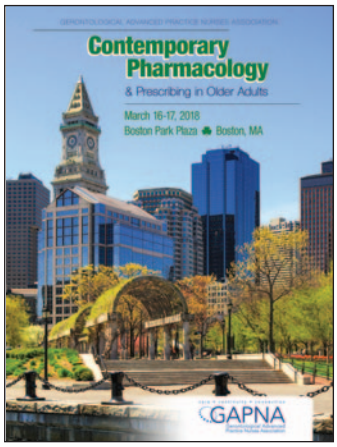
Geriatric Nursing, GAPNA Section Editor(s):

Benjamin A. Smallheer, Abby Luck Parish

GAPNA Website Editor:

Casey Fowler

GAPNA Accomplishments:



- 37th Annual Conference, Washington D.C., Marriot Wardman Park, September 26-29, 2018
  - Attendees 485, 410 members and 73 non-members
  - 4 Pre-cons w/ 122, 54, 143 and 242 attendees each
  - Gerontological Specialist Certification Exam offered; 5 took it
  - GAPNA Gives Back: IONA Senior Services, $315 in gift cards + toiletries
  - Marianne Boettger created a beautiful quilt based on GAPNA history that was auctioned at the conference. She dedicated over 80 hours to this effort, and $420 was raised. Proceeds from this raffle were used to benefit the Historical Committee to aid in their archiving efforts.
- 4th Annual Pharmacology Conference, Boston Park Plaza, MA, March 16-17, 2018
  - 325 attended, 242 members, 103 non-members
  - GAPNA Gives Back: Little Brothers – Friends of the Elderly, Boston; Gift cards to Target, Dunkin Donuts & Staples were given.
  - First Gerontological Specialist Certification Exam offered; 35 took it, pen and pencil test.
- First live educational Webinar: *"Best Practices in Diabetes Management and Optimizing Insulin Delivery in Older Adults"*
- Released two new resources for APRN's
  - *Gerontology Resources for APRNs in Acute and Emergent Care Settings (1st edition)*
  - *Gerontology Resources for APRN Preceptors and Students (6th edition)*
- Endorsed a health insurance tax advocacy letter from the Health Affairs Committee.
- Future of nursing meeting, GAPNA along with AANP, AARP gathered patient stories about negative impact of home health restrictions.
- Natalie Baker represented GAPNA at FL Medical Associations Annual Conference.
- Disseminated Consensus Dissemination Chart to schools of nursing, geriatric nursing publications, conferences.

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- NGNA dissolved and GAPNA attempted to reach their members by offering a one-time reduced membership fee of $75.
- GAPNA and Hartford Institute for Geriatric Nursing working on 9 CE educational modules, which will include cases adapted from GN GAPNA page.
- Motion passed to partner with Age Friendly Health System.
- Acute Care Tract at 2018 Conference goal to recruit acute care NPs.
- Chose San Diego Sheraton for fall conference 2021.
- Care Plan Oversight (CPO)Toolkit put in the GAPNA Online Library.
- CPO working on value base of NP, working with AARP to get Congressional Budget Office (CBO) score.
- Vote taken to support the Patient-Center Primary Care Collaborative.
- Natalie Baker visited the UVA SON Eleanor Crowder Bjoring Center for Historical Inquiry.
- Board approved support/signature on Medicare Access and CHIP Reauthorization Act.
- Authorized funds for a booth at an Acute Care conference in November to market the new acute care SIG.
- Agreement to participate in the PA & LTC Medicine National Leaders Forum.
- GAPNA Leadership Institute working on curriculum.
  Renewed agreement and dues with LACE.
- UCLA module in Phase II and GAPNA is the nursing partner. Grant would pay for training and provide workshop revenue. Developed websites will be housed on GAPNA's website.
- Military discount for GAPNA membership approved for 10% discount.
- Reviewed membership categories: recommended any healthcare worker interested in gerontology be eligible for associate membership but could not hold office or vote.

GAPNA Committees at Work:

Anniversary Committee: In conjunction with the Historical Committee, planned to facilitate a Chapter anniversary table to recognize chapter anniversaries at the fall 2018 conference. Supplied ribbons for badges and anniversary pins for 5, 10, and 20 years of Chapter Excellence.

Awards Committee: reviewed 20 award nominations including the new Emerging Chapter Excellence Award

Conference Planning Committee: planned 2018 national conference, began planning for 2019 and 2020 conferences

Communications Committee: tracked the newsletter readership, social media presence & how current website is performing; waiting for funding to design new website

Education Committee: revised & strengthened the APRN and student Preceptor Toolkit. Presented a pre-conference workshop on maximizing competency of A/G APRNs. Members represented GAPNA on LACE/other committees that impact APRN education & shared the information with committee members. Working with board on web-based modules & position statement on APRN practice. Score posters for the national conference.

Health Affairs Committee: Partnered with other organizations on nursing policy and care of older adults. Developed pre-conference on health policy and advocacy, Lobby Day. Survey on home health & shared findings in a poster. Shared policy perspective at several conferences. Letters to engage legislators on key policy issues. Newsletter submissions. Educational Module, "*Care Plan Oversight.*" Held health policy Pre-Conference workshop "Advocacy: Fundamentals of Legislative Updates and Visits to the Capital" with 54 attendees.

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Historical Committee: Summarized the activities of GAPNA, extended the GAPNA monograph for years 2011-2015. Members visited the Archives at UVA & wrote newsletter articles.

Chapter Leadership Committee: now Zoom meetings, assist with starting new Chapters; keep Chapters informed of activities of the SGS & committees; facilitate communication between the chapters to promote chapter activities, support Chapter leaders.

Nominating Committee: slate of candidates for elected officers and a board liaison.

Practice Committee: No report submitted. Poorly attended and Board voted to eliminate it September 2018.

Research Committee: reviewed clinical projects & abstracts for presentation and awards; Cash Cab, Ask the Expert Booth, Newsletter articles. Opened conference posters for 2018 conference to students to increase student membership.

GAPNA SIGS at Work:

Hospice/Palliative Care SIG: presentation at annual conference

House Calls SIG: continued to work with Health Affairs on HHPIA. Had guest presentations during meetings about topics relevant to homebound patients. Continue work with AAHCM. Began work on educational module for NP students about house calls.

PAC/LTC SIG: compiled answers to a questionnaire at the national conference and based on those responses they restructured their meetings. Planned educational sessions that targeted NP practice in the nursing home setting. Continued to collaborate with other organizations that are involved in this care setting.

Cross Cultural Care SIG: worked on an article about caring for older adults with intellectual & developmental disabilities, presented this at the fall conference, and are developing a column for the newsletter on cultural care issues.

GeroPsych SIG: presented a geropsych Pre-con, published a manuscript in GN on psychosis, newsletter articles. Developed a position paper but on hold for posting.

Leadership SIG: no report submitted.

Veterans Care SIG: planned a session for the 2018 conference on suicide prevention.

Acute Care SIG: Worked on and published the On-line gerontology resources for APRNs in Acute and Emergent Care settings.

Transitional Care SIG: low attendance, may be dissolved.

Professional Recognition Task Force:

- Initial exam administered by paper/pencil at pharmacology conference in Boston.
- Set exam cut off pass scores and finalized the eligibility requirements.
- Implemented computer testing.
- Changed the name of the task force to Certification Task Force, then Gerontological Nursing Certification Commission.
- Filed article of corporation.

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Health and APRN Influences:

- The Hospice & Palliative Nurses Association, Position Statement: *Physician-Assisted Death and Ethical Use of Opioids*"
- American Academy of Nursing, Position Statement on Ful Practice Authority for APRNs
- Need identified for the APRN Nursing Licensure Compact
- Opioid epidemic
- The Institute of Medicine's Future of Nursing 2018 report reveals that as of 2017, there are 28,000 nurses in the workplace with doctorates, and 22 states and Washington DC have full access to nurse practitioners.
- Authority to certify disability for patients to receive disabled parking tags or placards was achieved in **Alabama** effective March 28, 2018), and **North Carolina** effective July 12, 2017. This provision was extended to both certified nurse practitioners (CNPs) and certified nurse midwives (CNMs) in the respective states. **Alabama'**s new law also includes numerous provisions for CNM/CNP authorization including but not limited to performance of physical exams for various forms and organizations including governmental and educational institutions, authorization to order durable medical equipment within all health plans, home health recertification orders, death certificates, residential or inpatient dwellings within the Department of Mental Health, and ambulance transport.
- CNPs are now authorized to sign and execute Provider Order of Scope of Treatment forms in Indiana effective March 13, 2018) and **Michigan** (Public Act 154 of 2017), which includes a medical order specifying whether cardiopulmonary resuscitation should be performed and a medical order concerning the level of medical intervention that should be provided to the qualified person.
- **New York** now authorizes CNPs to execute nonhospital orders not to resuscitate and Medical Orders for Life Sustaining Treatment (MOLST) (Public Law Chapter 430 of 2017; effective May 28, 2018)
- **Indiana** has enacted legislation replacing "advanced practice nurse" with "advanced practice registered nurse" throughout the Indiana Code (Senate Enrolled Act 410; effective July 1, 2018). This new statute requires current national APRN certification or certification equivalence (to be defined in BON regulation) for renewal of prescriptive authority.
- *Advances in protocol/collaborative agreement requirements and SOP*. Both **Florida** (Chapter No. 2017-134; effective June 23, 2017) and **Vermont** (Public Act 144; effective May 21, 2018) reported passage of legislation eliminating submission of protocols/practice guidelines to their respective BONs. These documents, however, are still required to be maintained on site in these states.
- **Illinois** has reported the implementation of Public Act 100-1096 (effective January 1, 2018), amending the Nurse Practice Act (NPA), effectively grandfathering APRNs who have existing collaborative agreements with a podiatric physician to continue in or develop new collaborative agreements with a podiatric physician when the initial collaborative agreement terminates. Only CRNAs may enter into an initial collaborative agreement with a podiatric physician after January 1, 2018.
- **Missouri**, improvements in supervision ratios related to collaborative practice agreements with APRNs were signed into law effective August 28, 2018. Act CCS HCS SB 951 now authorizes physicians to enter into a collaborative practice agreement or a supervising agreement with six APRNs, assistant physicians (licensed medical school graduates who have not started residency training; practice restricted to primary care in healthcare shortage areas), licensed physician assistants (PAs), or any combination thereof with exceptions for hospital employees, public health employees, or CRNAs.
- Associations in 2018.

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- Prescriptive authority
  - *Controlled Substances and Medication Assistance Programs.* To respond to the national opioid epidemic, 11 states enacted statutory or adopted regulatory changes restricting prescribing of certain CSs, requirements to review and monitor the state's prescription drug monitoring program (PDMP) prior to prescribing CSs, and/or authorization for APRNs to prescribe or dispense buprenorphine as part of the Medication Assistance Programs.
  - These statutory and regulatory changes apply to all APRNs authorized to prescribe CSs, regardless of licensure category. The following summary limits legislative and regulatory changes to APRNs and includes statutory and regulatory changes occurring in 2017 when noted. Additional information may be included in the individual state summary or by reviewing the new statutes or regulations online.
  - This year, several states have implemented laws or adopted regulations restricting the number of pills prescribed, morphine milligram equivalents (MME), and duration of opioid treatment when a CS is necessary. In a special legislative session, **Arizona** (Chapter 243; effective April 26, 2018) added restrictions to the length and dosage of opioid and benzodiazepine prescriptions with exceptions and added NPs with an advanced pain certification to those providers authorized to serve as a medical director in pain clinics.
  - The passage of Public Act 221 in **Colorado** (effective May 21, 2018) now restricts the number of opioid pills all healthcare prescribers may provide a patient as well as stipulates requirements for query of the PDMP. Prescriptions must limit supply to 7 days when a patient has not had an opioid prescription in the last 12 months by that APRN (or other authorized healthcare provider). The APRN may use his or her discretion to include a second fill for a 7-day supply only after querying **Colorado's** PDMP. Exceptions to the new law in summary include provisions for chronic pain, cancer-related pain, postsurgical pain in certain circumstances, and palliative or hospice care, with provisions, see the Public Act for specific requirements.
  - The **Ohio** BON reported implementation of Rule 4723-9-10 of the Ohio Administrative Code, limiting the prescribing of opioid analgesics by APRNs when prescribed for acute pain. Restrictions include a 7-day supply of opioids for adults without refills and not more than a 5-day supply for minors with parent or guardian consent. Exceptions to the 7- and 5-day limit are included in regulation. Extended-release and long-acting opioids are restricted for the treatment of acute pain.
  - **Tennessee** limits opioid prescriptions to up to a 3-day supply with a total of 180 MME for those 3 days. Exceptions apply for procedures that are more than minimally invasive or when other reasonable and appropriate nonopioid treatments have been attempted and failed with duration of therapy and MME restrictions, respectively (Public Chapter 1039; effective July 1, 2018). Advisement of risks associated with opioid use during pregnancy and availability and effectiveness of birth control options must be provided to women of childbearing age (ages 15- to 44-years-old) when prescribing more than a 3-day supply of an opioid or opioid dosage that exceeds a total of 180 MME (Public Chapter 901; effective July 1, 2018).
  - In addition to the states referenced above, several states have enacted legislation or adopted regulations requiring prescribers to consult with or query the state's PDMP. Effective July 31, 2017, **Arkansas's** Public Act 820 of 2017 requires all prescribers to check the PDMP each time a prescription is written for a CS Schedule II or III opioid or for the first time a prescription is written for a benzodiazepine. Exceptions include, but are not limited to, administration (before or during surgery) in a healthcare facility or in an emergency. Additional exceptions relate to palliative or hospice care and licensed long-term care residents, among others.

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- Effective October 2, 2018, **California** prescribers must query the Controlled Substance Utilization Review and Evaluation System (CURES) prior to the first-time prescribing, ordering, administering, or furnishing a Schedule II, III, or IV CS within the 24-hour period prior to the appointment or previous business day, unless exempted. Additionally, the CURES system must be consulted before subsequently prescribing a CS if previously exempt and at least once every 4 months if the CS remains part of the patient's treatment plan. Exemptions are broad and provided within California's Health and Safety Code Section 11165.4.
- In **Illinois**, all prescribers with an IL-CS license are required to enroll in the PDMP and are required to attempt to check the PDMP prior to writing an initial prescription of a Schedule II CS (Public Act 100-0564; effective January 1, 2018). Rolling effective dates for mandatory query of the **Indiana** Scheduled Prescription Electronic Collection and Tracking (INSPECT) program database when distributing or prescribing CSs during the NP's practice in certain circumstances will be required. The enactment of Indiana's Senate Enrolled Act 221 provides for a 4-year stepped approach for query of the database.
- The **South Dakota** BON reported adoption of rule changes effective July 30, 2018, requiring NPs and CNMs to register with the state's PDMP and provide regulatory documentation requirements, including instructions of risk, progress of treatment, and consultation with other healthcare providers when prescribing CSs (General Rules Chapter 20:62:03:11).
  Effective August 28, 2018, APRNs in **Missouri** are authorized to prescribe up to a 30-day supply of buprenorphine for patients receiving medication-assisted treatment for substance use disorders following mandated federal training. This new statute mirrors the Comprehensive Addition and Recovery Act (CARA) signed into law by President Barack Obama in 2016, recognizing APRNs as providers of care within medication assistance programs.
- **South Carolina** now authorizes the Department of Health and Environmental Control to issue registration to NPs (as well as CNMs, CNSs, and PAs) for dispensing medication-assisted treatment for the purposes of maintenance assistance or detoxification treatment (Public Act 216; effective May 31, 2018).

GAPNA Chapters: 21