Special Points of Interest:

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- ANA/C 2014 Awards Recipients page 18

Dear Member:

Remember to Vote! 2015-2017 Election for American Nurses Association/California! In this election, you are being asked to vote for the following:

- President and Membership Assembly Representative
- Vice President
- Secretary
- Treasurer
- Legislative Director
- Membership Director
- Director, Nursing Education
- Director, Nursing Practice
- Ballot Committee
- Membership Assembly Representative (& Alternates)

To vote, please follow the instructions you have received in your email or by paper ballot, or call 916-447-0225!

Your vote is important!

President’s Perspective

Monica Weisbrich, RN  
President ANA/C 2013-2015

Hello Colleagues,

As my term is nearing completion, three words keep running through my mind—Collaborate—Coalition—Collegial—these three words are meaningful and define the energy of the ANA/C Board of Directors these past two years. I would love to tell you what Webster says about these words but in reality I checked out Google—As I reviewed the definitions I reflected on certain ANA/C activities that matched up perfectly with the definitions. It is my belief these three words—one a noun—one a verb—one an adjective are defining the future of our Association. The accomplishments, driven through Collaboration by forming meaningful Coalitions and then supported by Collegial relationships, during my tenure, have moved the Association forward and will continue to do so.

COLLABORATE

“...to work jointly on an activity to produce or create something.” During my term multiple task forces were formed to complete certain presidential directives. These task forces worked to produce outcomes to serve the membership. To name a few: The Awards Task Force made possible the recognition of past and current contributors to our profession on our web site. The General Assembly Planning Task Force updated how this meeting was planned and provided not only information about the business of the Association but offered education to those attending. The Magnet Status Task Force designed and implemented a system whereby ANA/C personally recognizes both new and renewing hospitals upon achieving or maintaining Magnet Status. From my perspective these task forces, comprised of different officers and/or directors of the Board, jointly created and produced something beneficial to our members.

COLLEGIAL

As nurses, we seem to use the word collegial frequently and freely. I wonder if we have taken time to understand the full definition of the word which is “involving shared responsibility among a group of colleagues.” During my term, I believe, collegial had its greatest impact on our profession with the Future of Nursing project. Members of ANA/C have had and continue to have opportunities to work with fellow nursing colleagues from academia, service and the community reaching from Oregon to the Mexican border. We have met nurses from different areas of our profession and are working side by side with colleagues never before imagined moving the Future of Nursing forward with positive outcomes. Leadership mentoring programs within the Association of California Nurse Leaders (ACNL) and ANA/C’s collegial relationship with the Board of Registered Nurses (BRN) come to mind as two of the many on-going collegial activities by two California nursing associations.

COALITION

Coalition is a buzz word for 2014/2015 and one definition is—“a treaty among groups in which they join forces together for a common cause, each in their own self-interest, a temporary arrangement.” The most recent example of a coalition on a national level was the AMA/ANA/AHA joint statement regarding Ebola. This statement was followed in our own state with an ANA/C-ACNL-CHA joint statement on the same topic. ANA/C participates on the APRN Coalition whose purpose is to satisfy the transformation of nursing practice through the Future of Nursing’s Key Message #1—Nurses should practice to the full extent of their education and training directive. ANA/C represents those registered nurses who are not defined by the Consensus Model as advanced practice nurses. This coalition will be on-going as the directive for Key Message #1 affects many arms within the nursing profession. For now the solution is moving slowly forward.

As you can see ANA/C is demonstrating that when we Collaborate, are Collegial, and form important Coalitions it is to the benefit of our patients and the members of ANA/C. In my previous president’s perspective I mentioned that we need a commitment of a village to assure the success of our Association. When I speak of this village I speak of the ANA/C membership. With your participation and support your Board made the advances we have these past two years.

On behalf of Dianne Moore, RN, Donna Dolinar, RN, Melanie Krupa-Kelly, RN, Elissa Brown, RN, Elizabeth Dietz, RN, Phillip Bautista, RN and myself, I thank you.

Until next time.
Help us stay in touch: Do you have a new address or e-mail address?

You can help American Nurses Association California ‘stay in touch’ by updating your contact information. Call ANAC at 916-447-0225, e-mail us at anac@anacalifornia.org or return this form to:

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ANA California accepts and encourages manuscripts and editorials to be submitted for publication in the Association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANAC members will be given first consideration for publication. We welcome signed letters of 200 words or less, typed and double spaced and articles of 1,500 words or less, typed and double spaced. ANAC will accept larger narrative if space permits. For more information please email TheNursingVoice@anacalifornia.org or call 916.447.0225.

ANA California’s official publication, The Nursing Voice’ editorial guidelines and due dates for article submission is as follows.

1. Letters, Articles and Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@anacalifornia.org.

a. Letters, Articles and Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.

b. The Nursing Voice reserves one-time publication rights. Letters, Articles and Manuscripts for reprint will be accepted if accompanied with written permission.

c. The Nursing Voice reserves the right to edit Letters, Articles and Manuscripts to meet style and space limitations.

d. Letters, Articles and Manuscripts may be reviewed by the Editorial Staff.

e. Letters, Articles and Manuscripts submitted by members of ANAC will be given first consideration when there is an availability of space in the newsletter.

f. Letters, Articles and Manuscripts submitted to ANAC will be published as space allows unless content is of a timely nature.

g. Letters, Articles and Manuscripts printed in The Nursing Voice do not necessarily reflect the views of ANAC, its membership, the board of directors or its staff.

2. Photographs should be in jpeg format and emailed with the name of the Letter, Articles or Manuscript referenced in the subject line. Email to TheNursingVoice@anacalifornia.org. Photographs should be of clear quality. Write the name(s) of the persons displayed in the photo in the order in which they appear in the body of the email.

3. E-mail all narrative to TheNursingVoice@anacalifornia.org.

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ANA Supports CDC Guidance, Not Mandatory Quarantine for Health Care Professionals Returning from Treating Ebola Patients in West Africa

Statement: Attributable to ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN

“The American Nurses Association (ANA) opposes the mandatory quarantine of health care professionals who return to the United States from West African nations where Ebola is widespread. ANA supports registered nurse Kaci Hickox, who recently returned to the United States after treating Ebola patients in Sierra Leone, in her challenge of a 21-day quarantine imposed by state officials in Maine, her home state. Hickox arrived at Newark airport on Oct. 24 and was immediately quarantined in a hospital tent by New Jersey state officials, who eventually allowed her to travel to Maine via private transport on Oct. 27. After testing negative twice for Ebola, nurse Hickox, who continues to be symptom free, poses no public threat yet is restricted to her home.

ANA, along with the American Hospital Association and American Medical Association, supports the Centers for Disease Control and Prevention’s (CDC) guidance based on the best available scientific evidence. The CDC guidance would not require a mandatory 21-day quarantine of Hickox given risk levels outlined by the CDC in her particular case. ANA urges authorities to refrain from imposing more restrictive conditions than indicated in the CDC guidelines, which will only raise the level of fear and misinformation that currently exists.

ANA supports a policy of appropriate monitoring for health care workers who have cared for or been in contact with patients with Ebola. Those who are not exhibiting symptoms of illness consistent with Ebola do not require quarantine. Monitoring should follow recommendations outlined by the CDC based on risk levels and the presence or absence of symptoms, including regular monitoring of body temperature and oversight by a public health agency. If symptoms do occur, the appropriate next step is isolation and transport to a medical facility for further evaluation. ANA seeks to balance protection of public health and safety with individual liberties. Policies to protect the public from the transmission of Ebola must be based on evidence and science, not fear.

Mandatory quarantine for individuals who do not have symptoms or risk factors is not backed by science. Such actions undermine efforts to recruit sufficient numbers of volunteer nurses and other health care professionals, who are essential to help contain the spread of the disease in West Africa.

ANA’s position emphasizing evidence and science as the foundation for decision-making extends to proposals to ban travel to the United States from West African nations affected by the Ebola outbreak. There is no evidence to suggest that a travel ban would be effective; public health experts oppose it. In fact, a ban could be counterproductive, encouraging individuals to try to circumvent reporting and other systems. ANA supports the current requirement that those traveling to the U.S. from affected nations in West Africa, including health care professionals who have provided care to Ebola patients, once they have passed initial screening, engage in monitoring according to CDC guidelines and reporting to their respective public health agencies.”

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What are the unique components of our Doctor of Nursing Practice program?

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• Meet requirements for certification in appropriate nursing specialty area.
• Has preparation and experience as an APN or nurse administrator/executive/educator.

Applications are accepted October 1, 2014 - April 1, 2015.

The application is available on the CSU Northern California Consortium DNP website. http://www.fresnostate.edu/chs/nursing/degrees-programs/dnp.html
National Coalition Launches Effort to Place 10,000 Nurses on Governing Boards by 2020

The American Nurses Association (ANA) is pleased to be a founding member of the Nurses on Boards Coalition, a group of national nursing organizations working together to increase nurses’ presence on corporate and non-profit health-related boards of directors throughout the country. “Without a nurse trustee, boards lack an authority on the patient experience, quality and safety, and the largest part of the hospital workforce,” Trustee Magazine, a publication of the American Hospital Association, wrote recently.

The coalition will implement a national strategy to bring nurses’ valuable perspective to governing boards, as well as state-level and national commissions, with an interest in health. The goal is to put 10,000 nurses on boards by the year 2020. The effort is a direct response to the Institute of Medicine’s (IOM) report, The Future of Nursing: Leading Change, Advancing Health (2011), which recommended nurses play more pivotal roles on boards and commissions in improving the health of all Americans.

The effort is supported by the Robert Wood Johnson Foundation and AARP as part of their collaborative effort to implement the recommendations of the IOM report through the Future of Nursing: Campaign for Action. Members of the coalition are listed below. Other organizations may choose to be a part of this important and historic coalition going forward.

- AARP
- American Academy of Nursing
- American Assembly for Men in Nursing
- American Association of Colleges of Nursing
- American Association of Nurse Anesthetists
- American Association of Nurse Practitioners
- American Nurses Association
- American Nurses Foundation
- American Organization of Nurse Executives
- Asian American/Pacific Islander Nurses Association
- Association of Public Health Nurses
- National Forum of State Nurses Workforce Centers
- Jonas Center for Nursing and Veterans Healthcare
- National Alaska Native American Indian Nurses Association, Inc.
- National Association of Hispanic Nurses
- National Black Nurses Association
- National League for Nursing
- National Organization for Associate Degree Nursing
- National Student Nurses Association
- Robert Wood Johnson Foundation
- Sigma Theta Tau International

The Future of Nursing: Campaign for Action seeks to promote healthier lives, supported by a system in which nurses are essential partners in providing care and promoting health. An initiative of AARP and the Robert Wood Johnson Foundation, the Campaign works with Action Coalitions in 50 states and the District of Columbia to implement the Institute of Medicine’s Future of Nursing recommendations. The vision is to ensure that everyone in America can live a healthier life, supported by a system where nurses are essential partners in providing care and promoting health. The Campaign is coordinated by the Center to Champion Nursing in America, an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation.


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Membranes) with blood or body fluids (including but not limited to urine, saliva, feces, vomit, unexplained hemorrhage. Ebola is spread through direct contact (through broken skin or mucous membranes) and dead bodies. Ebola is a rare and deadly disease caused by infection with one of four viruses (Ebolavirus genus) that cause disease in humans. Ebola infection is associated with fever of greater than 38.6°C or 101.5°F; and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. Ebola is spread through direct contact (through broken skin or mucous membranes) with body fluids or body fluids (including but not limited to urine, saliva, feces, vomit, sweat, tears, blood, semen, and sputum) of a person who is sick with Ebola or contact with objects (such as needles and syringes) that have been contaminated with these fluids. Ebola is not spread through the air or water. The main source for spread is human-to-human transmission. Avoiding contact with body fluids (as well as potentially infected corpses) and their blood and body fluids is of paramount importance. Persons are not contagious before they are symptomatic. The incubation period (the time from exposure until onset of symptoms) is typically 8-10 days, but can range from 2-21 days. Additional information is available at http://www.cdc.gov/vhf/ebola/index.html.

Background
The first known case of Ebola with illness onset and laboratory confirmation in the United States occurred in Dallas, Texas, on September 4, 2014, in a traveler from Liberia. The West African countries of Liberia, Sierra Leone, and Guinea are experiencing the largest Ebola epidemic in history. From March 24, 2014, through September 30, 2014, there have been 6,374 total cases (3,626 were laboratory-confirmed) and 3,091 total deaths reported in Africa. Ebola is a rare and deadly disease caused by infection with one of four viruses (Ebolavirus genus) that cause disease in humans. Ebola infection is associated with fever of greater than 38.6°C or 101.5°F; and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. Ebola is spread through direct contact (through broken skin or mucous membranes) with body fluids or body fluids (including but not limited to urine, saliva, feces, vomit, sweat, tears, blood, semen, and sputum) of a person who is sick with Ebola or contact with objects (such as needles and syringes) that have been contaminated with these fluids. Ebola is not spread through the air or water. The main source for spread is human-to-human transmission. Avoiding contact with body fluids (as well as potentially infected corpses) and their blood and body fluids is of paramount importance. Persons are not contagious before they are symptomatic. The incubation period (the time from exposure until onset of symptoms) is typically 8-10 days, but can range from 2-21 days. Additional information is available at http://www.cdc.gov/vhf/ebola/index.html.

Recommendations
Early recognition is critical to controlling the spread of Ebola virus. Consequently, healthcare personnel should elicit the patient’s travel history and consider the possibility of Ebola in patients who present with fever, myalgia, severe headache, abdominal pain, vomiting, diarrhea, or unexplained bleeding or bruising. Should the patient report a history of recent travel to one of the West African countries (Liberia, Sierra Leone, and Guinea) and exhibit such symptoms, immediate action should be taken. The Ebola algorithm for the evaluation of a returned traveler and the checklist for evaluation of a patient being evaluated for Ebola are available at http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf and http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf.

The following guidance documents provide additional information about clinical presentation and clinical course of Ebola virus disease, infection control, and patient management:


The case definitions for persons under investigation (PUI) for Ebola, probable cases, and confirmed cases as well as classification of exposure risk levels are at http://www.cdc.gov/vhf/ebola/epi/case-definition.html.

Persons at highest risk of developing infection are:
- those who have had direct contact with the body fluids and body fluids of an individual diagnosed with Ebola – this includes anyone who provided care for an Ebola patient, such as a healthcare provider or family member not adhering to recommended infection control precautions (i.e., not wearing recommended PPE),
- those who have had close physical contact with an individual diagnosed with Ebola
- those who lived with or visited the Ebola-diagnosed patient while he or she was ill.

Persons who have been exposed, but who are asymptomatic, should be instructed to monitor their health for the development of fever or symptoms for 21 days after the last exposure. Guidelines for monitoring and movement of persons who have been exposed to Ebola are available at http://www.cdc.gov/vhf/ebola/epi/patient-monitoring-us-hospitals.html.

Diagnostic tests are available for detection of Ebola at LRN laboratories as well as CDC. Consultation with CDC is required before shipping specimens to CDC. Information about diagnostic testing for Ebola can be found at http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission_patients-suspected-infection-ebola.html.

Healthcare personnel in the United States should immediately contact their state or local health department regarding any person being evaluated for Ebola if the medical evaluation suggests that diagnostic testing may be indicated. If there is a high index of suspicion, U.S. health departments should immediately report any probable cases or persons under investigation (PUI) (http://www.cdc.gov/vhf/ebola/hcp/case-definition.html) to CDC’s Emergency Operations Center at 770-488-4000.

The Centers for Disease Control and Prevention (CDC) protects people’s health and safety by preventing and controlling diseases and injuries, enhances health decision by providing credible information on critical health issues, and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:
- Health Alert - Requires immediate action or attention; highest level of importance
- Health Advisory - May not require immediate action; provides important information for a specific incident or situation
- Health Update - Unlikely to require immediate action; provides updated information regarding an incident or situation
- HAN Info Service - Does not require immediate action; provides general public health information

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organization.

Mt. San Jacinto Community College District seeks Nursing Instructors to teach and develop courses in Nursing. These are full-time tenure-track academic positions. Full-time faculty are typically assigned 15 lecture hours (or the equivalent in laboratory, studio or related activities) of student contact time per week. Only full-time faculty appointments are also required. Faculty are expected to participate in college governance through departmental, institutional and other required campus meetings as well as academic Senate appointments to standing councils, committees, and/or a variety of task forces. Teaching assignments may include a mixture of day, evening, multi-campus and off-campus classes.

QUALIFICATIONS:
1. The position requires a Master’s or equivalent foreign degree in Nursing AND a Master’s or equivalent foreign degree in Education or Administration.
2. Direct patient care experience within the previous five (5) years.
3. Completion of at least one (1) year of experience teaching related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing, AND
4. A sensitivity to and understanding of the diverse academic, socioeconomic, cultural, disability and ethnic backgrounds of community college students is required.

The current vacancies are expected to be at the Menifee Valley campus, applicants may be assigned to the San Jacinto campus or any District facility.

The start date for those positions will be Fall, 2015 (August). Additional openings that become available prior to the end of the hiring process may also be filled from the qualified applicants.

District academic applications (printable PDF) and other application materials are available on our website at www.msjc.edu. Applications may also be obtained by visiting the Human Resources Office, Building 208, Room 220 at the address noted below. Applicants may contact the Human Resources Office at (951) 487-3165 ext. 1134 (24 hour job line); e-mail: employment@msjc.edu; fax: (951) 654-5971, or TDD: (951) 654-2098.

To ensure consideration, a complete application packet must be received in Human Resources by February 5, 2015. Application screening will begin shortly after February 5, 2015 and only the most qualified candidates will receive further consideration.

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The Board assures that all employees and applicants for employment will be provided equal opportunity regardless of race, color, national origin, age, religion, sex, sexual orientation, disability, marital status, or veteran status. Equal Opportunity Employer
The National Council of State Boards of Nursing (NCSBN) completed a military simulation program which included discussions on clinical competency and readiness for practice. The study cohort was also followed for the first six months of clinical practice. There were no significant differences in manager ratings of overall clinical and completed the study in May of 2013. The study had students in their state.

The committee recommended five guidelines for prelicensure programs.

1. Distance learning prelicensure nursing education programs shall meet the same approval guidelines as any other prelicensure nursing education program in the host state. The rationale was the mode of instruction should not alter the requirements.

2. The Home State jurisdiction approves prelicensure nursing education programs, including distance education programs. The rationale was the Board of Nursing approves prelicensure programs that have legal domicile in their states whether traditional or distance education.

3. Prelicensure nursing education programs in the host state provide oversight over the students in the host state and are responsible for supervising the education. The rationale being that the students are under the auspices of the nursing education program where it is not regulated.

4. Faculty, preceptors or others who teach clinical experience for a prelicensure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not excused, and meet licensure requirements in the state where the patient is located. Faculty who only teach didactic content for a prelicensure nursing education program by means of distance education shall hold a current and active nursing license or privilege to practice, which is not excused, and meet licensure requirements in the host state where the program is approved.

This recommendation had a lot of discussion. Many states approve the didactic instructors as well as the clinical instructors. They wanted to make sure the clinical instructors met the same criteria as expected in their state. There was also the discussion of the problem of students being in another state, meeting that state's criteria for supervision and preceptorship. The Committee clarified that the exemption language did not say the faculty should be licensed in the host state but only says currently licensed to practice in a state. The specific language about licensure of faculty is covered in the Model Rules and states that nursing faculty shall hold a current, active RN license or privilege to practice that is not excused and meets requirements in the state where the program is approved.

The National Simulation Study had a significant impact on the nursing education community. The study emphasized that the simulation clinical experience had a value in nursing education. The program is actually functioning. The Home State is the state or jurisdiction outside the home state where students participate in clinical experiences or didactic courses.

Distance Education was defined as instruction offered by any means where the student and faculty are in separate physical locations. Teaching methods may be synchronous or asynchronous and shall facilitate and evaluate learning in compliance with BON approval status/regulations.

The committee recommended some key definitions. The Home State is where the program has a legal domicile. These recommendations had a lot of discussion because the legal domicile may be different then were the program is actually functioning. The Host State is the state or jurisdiction outside the home state where the program is approved. The rationale was the state's Board of Nursing will communicate through their annual reports about prelicensure nursing education programs. The rationale was the state's Board of Nursing will communicate through their annual reports about prelicensure nursing education programs. The rationale was the state's Board of Nursing will communicate through their annual reports about prelicensure nursing education programs.

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The annual membership meeting is: an opportunity for individuals to promote issues through the resolution process; to nominate a special colleague for a nursing award; an opportunity for continuing education on current issues; a chance to meet with other nursing leaders in California!
First, let us tell you why we care so much about keeping this awesome nurse in Congress. Since her first election in 1998, she has championed critical legislation that has advanced our profession. For example, she has continuously supported Title VIII Nursing education and workforce funding which is essential to expanding nursing education and reducing the nursing shortage. In addition, Congressman Capps led the effort to pass the Nurse Reinvestment Act in 2002 and continues to lead the effort to keep it funded. Because of this act, Congress provides federal funding for programs aimed at both increasing the number of qualified nurses, including advanced practice nurses and nursing school faculty, and improving the quality of nursing services in the United States through HRSA Title VIII funding.

Congresswoman Capps also demonstrates her outstanding leadership in a number of additional ways:

- She’s the founder and co-chair of the House Nursing Caucus. The Nursing Caucus provides Members of Congress from both sides of the aisle an open forum to discuss nursing issues, advocate for the nursing profession, and promote legislation that impacts the health of our nation. It also serves to help bring the nursing perspective to policy debates. Over one hundred Representatives belong to the caucus.
- She serves as co-chair of the Congressional Heart and Stroke Coalition, the House Cancer Caucus, and the Congressional School Health and Safety Caucus, among others.
- She is a senior member of the Energy and Commerce Committee, working to promote nursing practice through domestic health care policies, including securing authorization of Nurse Managed Health Clinics in the Affordable Care Act and protecting the rights of nurses in Medicare billing.
- In 2013 she received the “first ever” ANA Congressman of the Year Award, acknowledging her contribution to the profession in Washington.

Congresswoman Lois Capps is effective

- Since 1998 Lois has introduced or co-sponsored 3,690 pieces of legislation and has sponsored 208 bills which became law. Visit beta/congress.gov/member/lois-capps/14717?q=SB%2011- states%20%28%22bill%22%7D
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- In 2013 she received the “first ever” ANA Congressman of the Year Award, acknowledging her contribution to the profession in Washington.

Congresswoman Lois Capps is effective

- Since 1998 Lois has introduced or co-sponsored 3,690 pieces of legislation and has sponsored 208 bills which became law. Visit beta/congress.gov/member/lois-capps/14717?q=SB%2011- states%20%28%22bill%22%7D
- Because of this act, Congress provides federal funding for programs aimed at both increasing the number of qualified nurses, including advanced practice nurses and nursing school faculty, and improving the quality of nursing services in the United States through HRSA Title VIII funding.
- She is the founder and co-chair of the House Nursing Caucus. The Nursing Caucus provides Members of Congress from both sides of the aisle an open forum to discuss nursing issues, advocate for the nursing profession, and promote legislation that impacts the health of our nation. It also serves to help bring the nursing perspective to policy debates. Over one hundred Representatives belong to the caucus.
- She serves as co-chair of the Congressional Heart and Stroke Coalition, the House Cancer Caucus, and the Congressional School Health and Safety Caucus, among others.
- She is a senior member of the Energy and Commerce Committee, working to promote nursing practice through domestic health care policies, including securing authorization of Nurse Managed Health Clinics in the Affordable Care Act and protecting the rights of nurses in Medicare billing.
- In 2013 she received the “first ever” ANA Congressman of the Year Award, acknowledging her contribution to the profession in Washington.

Congressman Lois Capps with Mary Foley, Past President of ANA and ANA

Now, more than ever, we need legislators like Lois Capps in public office. She continues to use her experience as a nurse in Congress by working as a team, bringing calmness to chaotic situations, and being able to juggle the many competing priorities of her constituents. Congressman Capps proves that we need more nurses from both sides of the aisle in Congress. For more information, visit www.cappsforcongress.com

Nurses for Capps helped to mobilize support for Lois by

• Honoring Lois Capps. Recognized for her outstanding leadership in shaping healthcare policy by being the 2014 recipient of Nurse.com (NurseWeek) California Diane F. Cooper Lifetime Achievement Award.
• Mobilizing Nurses in California. Thanks to District 24 nurses who volunteered on Lois’ campaign and helped get out the nursing vote from Atascadero to Santa Barbara and Solvang!
• Supporting Capps’ Campaign. We organized events outside of District 24. Nursing’s contributions allowed Lois to fight back against attack ads, fully staff her campaign offices and ensure she was able to run a strong grassroots campaign.

For more information, visit www.cappsforcongress.com/nurses4capps
In the afternoon of October 30, 2014, we were privileged to represent ANA California at the California Action Coalition Summit. At California State University L.A. This event recognized the 4th anniversary of the IOM Future of Nursing report, with national and state updates. There were over 120 people there, including nurses active in the Action Coalition, in CINHC, representatives from numerous Nursing associations including ACNL, many nursing students, and AARP representation.

Topics covered were: education, leadership and preparing the next generation, practice, diversity and inclusion, interprofessional collaboration, transition to practice and new roles and opportunities for nurses.

Speakers included national and state leaders: Mary Dickow, Mary Foley, Judee Berg, Lorie Judson, Susan Hassmiller, Linda Searle Leach, Yolanda Ramirez, Susie Phillips, Nina Weiler-Herwell, and Ned Schaub.

We learned what is happening nationally, and how much is it all we have achieved in California—should be proud of our state action coalition’s accomplishments. There were opportunities for audience questions and discussion, and participation by nursing students was particularly welcomed. It was a worthwhile event, providing not only knowledgeable, engaging speakers and valuable updates but also giving us some wonderful networking opportunities.

We hope more nurses will consider getting involved in action coalition activities.

Speakers Brown and Dianne Moore

California Action Coalition Summit
October 30, 2014

Support California Legislative Candidates:
District 10 Assembly: Assemblymember Marc Levine won his re-election to the Assembly.
District 2 Senate: Mike McGuire is the new Senator
District 64 Assembly: Mike Gipson is the new Assembly member
District 6 Senate: Assemblyman Richard Pan is the new Senator
ANA endorses candidates for Congress but must get the states agreement. The following candidates were proposed by ANA and supported by the Endorsement Committee.

Congress
Incumbents
Lois Capp (D-CA-24) Congresswoman Lois Capps won.
Barbara Lee (D-CA-33) Congresswoman Barbara Lee won.
Zoe Lofgren (D-CA-19) Congresswoman Zoe Lofgren won.
Mark Takano (D-CA-41) Congressman Mark Takano won.

Candidate:
Pete Aguilar (D-CA-31 Pete Aguilar is the new Congressman for District 31.
Senator Norma Torres (D-CA-35) Norma Torres is the new Congresswoman for District 35.
Carl DeMaio (R-CA 52) Carl DeMaio lost District 52.

Members of the Endorsement Committee are established in Bylaws and appointed by the President. The Committee is made up of five board members and five members with extensive legislative experience. The Committee is an equal number of Democrats and Republicans. The Committee meets by email and a ⅔ support is required to endorse a candidate or issue. If there is an objection by any member ANAIC is neutral.

The following endorsements were made for the 2014 Elections and this is the results of the November elections.

Oppose Propositions 45 and 46. Both Proposition 45 and 46 went down. A number of ANAIC members were active in the campaigns to oppose these initiatives. Candy Campbell, a member of the legislative committee and ANAI alumni, was heard by many of us on the radio and her picture was used in mail to oppose 45. Monica Weisbrich, President signed the Ballot arguments against 45. Marketa Houkova, RN and member of the legislative committee and an ANAI alumni, was pictured in many of the mail pieces against 46 and Tricia Hunter, Executive Director signed the Ballot arguments.

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Two new concentrations: Business Analytics in Healthcare Entrepreneurship and Global Business
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Legislative

ANA/C The Nursing Voice • Page 9

Healthcare laws and regulations affect the nursing profession and the nurses’ ability to provide quality care. Understanding and using this insight in a timely and effective manner is crucial to ensure nurses have access to information and influence policies and regulations that affect nursing. On February 23rd, 2015, the Anaheim RN Day at the Capitol will bring together nurses from across California to lobby for legislation that affects the practice of nursing.

ANA/C RN Day at the Capitol — Additional Information

1. Participants should register at least two weeks prior to the event.Late registrations are not guaranteed a position.
2. Please be sure and complete the registration form in its entirety. An incomplete form could cause a delay and positions are not guaranteed.
3. Large groups or schools of nursing should notify ANA/C staff no later than April 1st for guaranteed positions.
4. Email confirmation will be sent upon the receipt of registration form, which includes access to travel suggestions, overnight accommodations, directions to and from event locations; your local representative’s information and contact information, etc...
5. The agenda is subject to change up to the date of the event; check website often as date approaches www.ana/california
6. Participants will be touring the Capitol, speaking with their representatives and attending committee hearings as business arises.
7. It is highly encouraged that participants schedule a meet and greet with their local representative while in attendance at the event. Participants will receive a worksheet and contact information for their local representative upon registration.
8. Signs in begins at 8:05am in the Capitol Cafeteria (elevator floor—elevators are near the east entrance across from the Governor’s office). Security can direct you if needed.

Mail your completed registration forms along with payment to:
ANA/C California
RN Day 2015
3221 1st Street, Suite 108
Sacramento, CA 95814
Fax credit card payments to (916) 445-0235
Email fax to ana/california.org

Monday
April 13th, 2015
Registration begins at 8:05am.

Please visit www.ana/california.org
For additional program information
Questions call: (916) 467-0225
The agenda is subject to change due to the availability of political persons and/or committee hearing schedules. Check often for updated agenda information prior to the program.

ANA/C California
(916) 447-0225
3221 1st Street Suite 108
Sacramento, CA 95814
www.ana/california.org

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Whether you're a Registered Nurse interested in stepping up to a BSN, or ready to pursue your MSN, this is an opportune time to earn your advanced nursing degree at Concordia University Irvine and make the transition to education.

Registered Nurses seeking to further their education can enroll in Concordia University's RN to BSN program and earn a Bachelor of Science in Nursing (BSN) degree. The program can be completed in just 12 months full-time, or in two years part-time.

The Concordia Master of Science in Nursing (MSN) program prepares you to become a professional nurse educator. You'll be equipped to teach undergraduate nursing students in four specialty areas and provide clinical teaching in the areas of Mental Health, Medical-Surgical, Pediatrics, and Maternal Newborn.

To learn more about the Concordia RN to BSN or MSN programs, contact Melissa Hinichs at 949-214-3277 or melissa.hinichs@cui.edu
President & ANA Membership Assembly Representative

Stan Walker, RN, MSN

Candidate Statement:
I have been active in my professional nursing association since the year I became a RN. I have held both elected and appointed offices in local, state, and national levels of the association. I participated in the convention organizing ANA/C and have continued to be active in the organization. I am the founder and current president of the Golden State Nursing Foundation. During my career as a nurse I have held positions in both nursing administration and nursing education.

Organizational Experience:
Secretary and Treasurer ANA/C

Education:
- Foothill College, Los Altos Hills, CA: AA Nursing (1965)
- San Jose State University, San Jose, CA: BS Nursing (1968)
- San Jose State University, San Jose, CA: MS Nursing Education (1972)

Employment:
I retired after 20 years employment at the Palo Alto Veterans Administration Health Care System

Dianne S. Moore, PhD, MN, MPH, CNM, RN

Candidate Statement:
Voting for the leader of ANA/C is a significant responsibility. I ask for your vote and submit the following to demonstrate that I have the experience, time, interest, creative thinking and professional commitment to lead. With many years in ANA, ANA/C, ACNM (American College of Nurse-Midwifery), along with the Public Health Association I have learned much from colleagues. My prior experience as an Advanced Practice RN, serving both as a CNS and CNM has laid a strong foundation for understanding of nursing, i.e. the art and science of caring. My time as a researcher, entrepreneur, faculty and administrator within clinical and education settings as well as being on the Board of Directors of a major LA hospital has given me a broad and unique perspective of health care.
Given my diverse background I have the ability to be a representative and spokesperson for ANA/C while working in concert with the many other nursing organizations. Having served on the ANA/C Board as a Director and Officer I am very familiar with the workings of the organization. During the past several years I have also been a part of ANA/C as it has updated its structure and membership. I look forward to the opportunity to work at the national level with ANA for the benefit of the ANA/C membership.
In taking on the responsibilities of President I will insure the new Bylaws are implemented, ANA/C continues to grow membership, and be part of other nursing and health care organizations to insure the profession of nursing is heard and grows appropriately. ANA/C has also been active within the legislative process. As President I have the verbal skills and presence to be the spokesperson that insures professional representation.
Education, experience, interest, commitment and creative thinking help move an organization forward. I have those skills and would welcome your vote.

Organizational Experience:
- President California Association of Colleges of Nursing; Vice President ANA/C, ACNM
- Founding/Member National Nominations Committee; Assistant Editor Journal of Nurse Midwifery; Member ACNM Division of Research

Education:
- Hunter College CUNY: BSN (1964)
- UCLA: MN (1970) MCH
- Downstate Medical Center: Certified Nurse Midwife (1978)

Employment:
- Director of Nursing: Pasadena City College
- Founding Dean: West Coast University
- Associate Provost: West Coast University
- Director of Nursing: Fresno City College

Corinne P. MacEgan, BSN, RN, CHPN

Candidate Statement:
My name is Corinne MacEgan, and I am seeking the position of Vice President. If elected, I will focus on a successful Membership Assembly for our nearly 4,000 members that result in increased involvement with ANA/C. As Director for the California Nursing Students’ Association (CNSA) 2011-2012, I communicated with over 5,000 nursing students through newsletters, e-mails, and the website. Spreading the word about the mission and vision of ANA/C is essential, as nurses cannot participate in what we do not see.
Through local CNSA board service, I had the opportunity to assist in bylaw amendments. Keeping bylaws current is an important part of keeping an association functioning smoothly. Reviewing policies and procedures is also integral to the success of an association in elections, consistency, professionalism, and efficacy. As potential Vice President, I look forward to these duties.
From various CNSA board experience, and leadership within the Navy Reserves, I am confident in my skills of communication and negotiation. Currently I chair the patient satisfaction committee on my floor at Sharp Chula Vista Medical Center, and write the quarterly staff newsletter which brings together nurses, staff, and physicians to ensure consistent connection. I introduced an Employee-of-the-Month program which inspired our staff to go above and beyond for our patients. I took part in a Frontline Leadership Project through the Advisory Board Committee, focusing on a positive admission experience for our patients and staff. I am presently working on my Masters of Nursing Education, with expected graduation in April 2016. Throughout this journey, I am increasing my skills in communication, leadership, and transforming healthcare. With healthcare in the spotlight, having leaders with new insights and experiences will empower and inspire California nurses to find their voice. I appreciate your consideration in electing me as your Vice President.

Organizational Experience:
- Chair - Unit Patient Satisfaction Committee, Editor of Unit Staff Newsletter: Previous – Communications Director, California Nursing Students' Association State Board, 2011-2012; Mentorship/Membership Director, California Nursing Students' Association, SDSU Board, 2011-2012; Mentorship Committee, CNSA SDSU, 2010-2011

Education:
- Cuyamaca College: AA Spanish, AS Exercise Science (2009)
- San Diego State University: BSN (2012)
- Currently enrolled in MSN/EdProgram (anticipated graduation 2016)
- Member of Sigma Theta Tau International Honor Society

Employment:
- Clinical Nurse, Medical/Oncology: 02/13 to present
- Nursing Assistant: 03/11-01/13
- Sharp Chula Vista
- Medical Center
- Sharp Healthcare

Eben Howard, PhD, MBA, BSN, FNP, RN, FACHE

Candidate Statement:
I am honored to be able to run for office for the ANA/C. This position provides an exciting opportunity for me to utilize my experiences as a healthcare executive, Assistant Professor, and old trauma nurse to help fulfill the mission of this organization. My successes in healthcare management, consensus building, and leadership have been honed through my background in nursing, healthcare program development, and education. After earning my BSN, I worked full time and current president of the Golden State Nursing Foundation. During my career as a nurse I have held positions in both nursing administration and nursing education.

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- Master of Science — Leadership
- Master of Science — Nurse Practitioner

Admission is competitive and space is limited! nursing.ucdavis.edu
January, February, March 2015

An AAC The Nursing Voice • Page 11

Anne Hughes, APRN, PhD, FAAN

Brian R. Harradine, RN, CNOR

Candidate Statement:
I would like to continue my work with this organization by upgrading the communications to members using social media platforms, such as Facebook and Twitter. Communication through these electronic platforms to members is essential, regarding the workings of the leadership of the organization. Pertinent evidence-based practice upgrades and legislative advocacy issues can be communicated using social media and traditional email.

Organizational Experience:
ANA-C - Ballot Committee, 2014; Member AORN, ASPAN, ASPMN, AAMN
Education:
Marymount University, Arlington, VA ADN (2005)
Capella University University of California - Davis MSN (in progress 2016)
Employment:
Clinical Educator, Surgical Services 2014 Eisenhower Medical Center, Rancho Mirage, CA

Melanie Krupa-Kelly, RN, MSN, CNOR

Candidate Statement:
I am a current elected member of ANA as the Director of Education; I will have held this office from March 2013 to March 2015. My organizational experience consists of being a staff operating room nurse, surgical case manager, and research coordinator. I currently serve on the Nursing Professional Standards Board at the VA Silver Spring, MD

Education:
University of Phoenix AIN (1999)
University of Phoenix University of Arizona - Phoenix BSN (2008)
University of Phoenix MSN (2012)
Employment:
I have been an employee of the Veteran’s Healthcare Administration of San Diego for 11 years. I am currently a supervisor in an ophthalmology/gynecology clinic and as an outpatient clinic coordinator.

Membership

Phillip M. Bautista, BSN, RN, PHN

Candidate Statement:
My name is Phillip Bautista, and I am seeking your support in reelection to the position of Membership Director for ANA. Over the last term, I have worked hard to improve the foundations of successful membership growth for ANA. In order to improve membership quality and quantity, an association must first understand membership demographics. The membership of ANA is now available in graphic format, county by county, and plans are underway to use these reports to reach out to the membership at a local level over the next year in meaningful ways. As Membership Director, I have worked with you to grow our association 18% since the beginning of my term which is some of the most significant growth within ANA. As the 2014 Membership Assembly elected 2nd Chair, I represented ANA’s interests and voice at the national level, bringing back to our state networking and tools to improve our membership. Over 1300 nursing students, the future of our profession, learned about the professional role of ANA/C at CNSA 2014. I believe a future of these students have joined the profession as RNS and made a personal choice to join our association.

As a full time doctoral student in the Betty Irene Moore School of Nursing at UC Davis in Sacramento, I have taken both the time and geographic liberty to work with the ANA staff to further the vision and strategic planning of the association to expand our membership. I believe that our association has tremendous potential to advocate for the profession, and seek your support to continue my work I have started with membership efforts. My successes are a direct result of your commitment to the profession, and I feel compelled to honor your dedication to the association with a second term of increased efficiency for our association. I appreciate your vote.

Organizational Experience:
American Nurses Association California (ANA/C) – Membership Director 2013-current; ANA – Legislative Committee Member – 2012 - current; ANA Representative to ANA Membership Assembly 2nd Chair; 2014; Betty Irene Moore Graduate Nursing Association Chair

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University of Phoenix AIN (1999)
University of Phoenix University of Arizona - Phoenix BSN (2008)
University of Phoenix MSN (2012)
Employment:
I have been an employee of the Veteran's Healthcare Administration of San Diego for 11 years. I am currently a supervisi
Elizabeth O. Dietz, EdD, RN, CS-NP

Candidate Statement:
I am asking for your vote and support to continue my position as Legislative Director. I have assisted throughout the last 2 years as your Legislative Director. I am involved in the issues and work with our lobbyists and others to make sure that the ANA has the information to make good decisions on supporting appropriate legislation for the association.

Nationally I am on the Leadership council for the ANA PAC. I continue to work with the issues both locally, state, and nationally. This is some exciting and sometimes frustrating times for legislation within our association. In my work with American Red Cross and my academic positions I am able to stay on top of the issues for our association.

Please support my candidacy as your Legislative Director.

Organizational Experience:
Past President, ANAC; Past Vice President, ANAC; Present Legislative Director, ANAC; Board of Directors for American Nurses Association.

Education:
Cornell University ADN (1969)
Boston University BSN (1974)
University of San Francisco EdD (1985)

Employment:
Lead for Service to Armed Forces Silicon Valley Chapter American Red Cross
Regional State Nurse Lead Silicon Valley Chapter American Red Cross
Lead Area Faculty University of Phoenix
Substitute District School Nurse San Jose Unified School District

Lindsay Sandberg, RN, BS-N, MS

Candidate Statement:
I have participated on the ANAC Legislative Committee. I meet with the ANAC Lobbyist and have been participating in a membership in public policy with the ANAC office and Candy Campbell. I am excited to be an active member of the Board, encouraging nurses to be involved in the legislative process.

Organizational Experience:
San Francisco Representative – UCLA School of Nursing Alumni Board – 2012-Present

Education:
UCLA School of Nursing BS in Nursing (2010)
UCSF School of Nursing MS in Health Policy (2014)

Employment:
Staff Nurse III 07/10-present John Muir Medical Center, Concord Campus
Clinical Faculty 01/14-present Cal State University, East Bay Campus
Utilization Management Nurse 10/14-present San Francisco Health Plan

Director of Nursing Practice

Eric J. Williams, DNP, RN, CNE

Candidate Statement:
We face enormous challenges which impacts healthcare today. My experience will allow me to lead ANAC with passion, purpose, and high professional standards. As a member of ANA for many years, I have heard the concerns of members and value each person’s experiences. My leadership skills will strengthen our infrastructure, and create new programs that will assist our communities to thrive. I have worked diligently to promote and accomplish the organization’s mission, philosophy, and goals. I have volunteered countless hours to eliminate health care disparities in New Orleans and Los Angeles. This is an important role that we lobby and work to eliminate these disparities. My ability to mentor students in unwavering, I am responsible for the mentoring program with the Council of Black Nurses, Los Angeles. The recruitment of nurses under the age of forty to ANAC is needed to facilitate change. We will mentor them to become the next generation of nurses leaders. Growing ANAC for the next generation will be a priority.

Organizational Experience:
Current - National Black Nurses Association – First Vice President; Current - American Assembly for Men in Nursing, Board Member; Current - Xi theta Chapter of Sigma theta Tau, Board Member

Education:
Williams Corey University (1986)
University of South Alabama (1991)
Case Western Reserve University (2007)

Employment:
Professor of Nursing 2001-to present Santa Monica College

Elisabeth Vega, DNP, RN, (certified nurse educator) CNE

Candidate Statement:
I am asking for your vote and support to continue my position as Legislative Director. I have assisted throughout the last 2 years as your Legislative Director. I am involved in the issues and work with our lobbyists and others to make sure that the ANA has the information to make good decisions on supporting appropriate legislation for the association.

I have served 2 terms as your President and then Vice President of ANAC.

Nationally I am on the Leadership council for the ANA PAC. I continue to work with the issues both locally, state, and nationally. This is some exciting and sometimes frustrating times for legislation within our association. In my work with American Red Cross and my academic positions I am able to stay on top of the issues for our association.

Please support my candidacy as your Legislative Director.

Organizational Experience:
Past President, ANAC; Past Vice President, ANAC; Present Legislative Director, ANAC; Board of Directors for American Nurses Association, 2 terms; Disaster Leadership Council Silicon Valley Chapter American Red Cross; President, Villages Hadassah Organization

Education:
Cornell University ADN (1969)
Boston University BSN (1974)
University of San Francisco EdD (1985)

Employment:
Lead for Service to Armed Forces Silicon Valley Chapter American Red Cross
Regional State Nurse Lead Silicon Valley Chapter American Red Cross
Lead Area Faculty University of Phoenix
Substitute District School Nurse San Jose Unified School District

Tamar A-Yassin, RN, BSN, PHN

Candidate Statement:
My name is Tamar A-Yassin and I am asking for your vote in the position of ANAC’s Director of Nursing Education. I believe I have the qualifications and skills necessary to fulfill the role of Director of Nursing Education for ANAC.

As a student, I had firsthand experience of the relationship between ANAC and the California Nursing Student Association (CNSA) as one of two interns selected for the Nursing Student in Sacramento Internship (NSSI). NSSI is a practical at the state capital designed to educate nurses on policy and legislation in nursing. During the internship, I developed valuable skills in leadership, policy and public speaking. I gained a deeper understanding of how nursing education via legislative legislation needs for policy and practice.

Currently, as a nurse in the Emergency Department, I take every opportunity to not only educate myself but those around me. I am the representative for my department in monthly hospital wide in-house meetings. My role is to ensure my department receives pertinent and new information on a monthly basis via e-mail. I believe that collaborative nursing knowledge is essential to the advancement of our profession.

As the Director of Nursing Education, I will identify priority issues affecting nursing education in California, facilitate new position statements for ANAC, and maintain working relationships between CNSA, ANAC and the Board of Directors. I am passionate and driven, seeking to solve problems critically and eliminate barriers in education among nurses in California.

If elected, I will seek out members with similar passions for nursing education to continue to build on the foundation of lifelong learning along with relevant and timely continuing education opportunities as key components towards advancing professional nursing.

Thank you for your consideration in my campaign for the position of Director of Nursing Education.

Organizational Experience:
California Memorial Hospital Emergency Department Liaison to in house hospital meetings; Previous - California Nursing Student Association, San Francisco State University, delegate and member of legislative committee (2011-2012); Invited speaker for professional internship at ANAC; Nursing research committee president (2012); Member in good standing ANAC and Emergency Nursing Association ENA

Education:
San Francisco State University, School of Nursing (BSN) (2012)

Employment:
RN II, Emergency Department 01/12-present St. Francis Memorial Hospital, San Francisco, CA
Nursing Student in Sacramento Internship 04/12 ANA/CNSA, Sacramento CA
Antimy Engineering Intern 06/09-11/09 Genentech, San Francisco, CA

Director of Nursing Practice

Annie Tat, BSN, RN, PHN

Candidate Statement:
My name is Annie Tat, and I am running for the Director of Nursing Practice. Being a registered nurse means we are in a profession that is dedicated to serving individuals, families, and populations. As professionals who heal physically, mentally, and emotionally, we need the ability to practice to the full extent of our education and training as stated in the Institute of Medicine’s Future of Nursing Report. The RN is the glue that holds a hospital together, and we must be supported by practice and policy.

From the beginning of my nursing career, nursing practice has been paramount. I was President of San Francisco State University’s Nursing Students’ Association where I represented the student voice in curriculum restructuring meetings. Collaborating with faculty, we transformed courses to highlight critical thinking skills over content and technical skills in the nursing process. I worked at University of California, Davis Hospital where I was relief charge and a preceptor of new graduates, nursing students, and experienced nurses. I implemented a quality improvement project to improve accuracy and output documentation, and was a shi champion participating in NDNQI surveys and disseminating information within the hospital.

Organizational Experience:
Colorado Action Coalition – active participant in meeting about RN to BSN by 2020; Together Colorado – Community leader in grassroots organization; active in the health care committee going towards equal to Care - volunteer gathering data for a program based on the hot spotting model; HealthNet - RN volunteer educating seniors in low income housing about medications, vital signs, fall prevention, etc.; San Francisco State University Nursing Students’ Association – President, organized meetings, bridged students and faculty

Education:
San Francisco State University (2012)
UC Davis Betty Irene Moore Masters of Health Sciences and Nursing Leadership (Es⃰ 2016)

Employment:
RN on transplant/metabolic med/surg tele UC Davis Medical Center
RN on medicine specialists med/surg tele (roles included relief charge, preceptor, and NDNQI shih champion committee member) University of Colorado Hospital
Mary Ellen Dellefield, PhD, RN

Candidate Statement: I am interested in participating in ANA as the Nursing Practice Director because I firmly believe that nursing research is most helpful when it is directly related to nursing practice issues, whether they are of a clinical, public policy, or organizational nature. My education, academic and professional experiences, and the impact of the nursing profession as an applied science provide evidence of my qualifications for this position. I have also taught at the University of Phoenix San Diego campus since 1994-2014. Therefore, I think that I am in a position to be aware of and advocate for issues that affect professional nursing in the clinical, educational, service and public policy arenas.

On a personal note, I am direct, but friendly communicator and very much enjoy working with people as individuals or members of a group. Our lives are best spent in knowing ourselves as a means to be of service to others. Each of us brings a unique and valuable perspective to nursing practice. The level of our education in nursing is simply not an issue for me when it comes to being a requirement for being in a position to make valuable contributions to nursing.

Elissa Brown, MSN, RN, PMHCNS-BC

Candidate Statement: Being an ANA member since 1965, I believe in the power of nurses joining ANA to bring one strong voice for nursing. We are faced with many issues and opportunities, including educating colleagues about health care changes; improving access to quality care; clinical and role practice issues; removing barriers to practice, advancing nursing education and practice, workplace issues, safety, assisting with nursing’s response to disasters, California Action Coalition activities, and rolling out the upcoming new Code of Ethics for nurses. I strive to stay knowledgeable on the issues, teach and mentor others. Nursing practice is my passion. I bring over 30 years of nursing care a clinic for 30 years. Through ANA and other activities, I have consistently championed advancing nursing practice. As a coalition builder, I believe we accomplish more by working together. I will do my part with the ANA Council and members to strengthen ANA and I. I have served on the Board and in other positions and worked on standards of practice, ethics, legislation and policy. I bring local, state and national organizational experience and commitment, and am the current ANA Director for Practice. I try to see the bigger picture and promote a positive strong vision for ANA. We all share responsibility for open communication, promoting involvement, increasing membership, and doing the right -the ethical- thing. As an association, we need to keep our colleagues and the public informed and up to date; and lead others in advocacy, improving the delivery of patient care, advancing nursing practice and supporting the nursing profession.

Elisa T. Stanley, RN, BSN, MBA

Candidate Statement: I am interested in servicing on the ANA as a Board Committee Rep. as this appears a great place to inject myself into becoming more involved in the ANA.

ANA&C The Nursing Voice • Page 13

January, February, March 2015

I have deliberately positioned myself to grow as a nursing professional and feel now that I can make a contribution to this great profession. My clinical, and leadership acumen, coupled with my business skill are assets that can contribute to this effort in health care reform.

It is time for nursing to advance its agenda to make a positive impact on our nations laws and policies. I would like to support such advancement.

Organizational Experience:
American College of Health Care Exec., LPC Co-Chair; Boys & Girls Club of Manatee, Board Member; Indiana Black Nurses Assoc., Lifetime Member

Education:
- Purdue University ADN (1992)
- Valparaiso University BSN (2005)
- American Sentinel University MBA (2014)

Employment:
- Director of ICU, ED and Case Management 2012 to present
- CNO/Director of Nursing Acute Care 2011-2012
- Administration DON Acute Care 2009-2011
- Director of Nursing Service 2008-2009
- Volunteer Firefighter, Nursing Services, Infusion Services and Acute Room 2008-2009

Lori C. Wichman, MSN-Ed, RN, PHN, NLM, CMSRN

Candidate Statement: A major issue before the nursing profession, ANA and ballot committee relates closely with nursing education. With the advancements in healthcare there is need for nurses that are highly educated with the right skills to provide safe care (The Robert Wood Johnson Foundation 2010). Nursing education must transform to meet the needs of the ever changing healthcare environment, to ensure nurses continue to obtain advance training to meet entry level nursing requirements. Over the last decade there has been a nursing shortage, as the nursing population retires and nursing faculty retiring, nurse educators are needed to meet the demand. Without trained nurse educators, at the Master’s and Doctoral level, the nursing profession will continue to see shortages of nurses as programs can only provide education to a number of students with a limited number of nurse educators that are available. The nurses that are educated in California will also be the nurse leaders in the future, it is important that they have the proper education to represent and advocate the profession.

As a ballot committee member, it is important to ensure the integrity of the organization with the ballot election process. All officers should have an understanding or at least some knowledge of the issues that face California nurses and of course nurses across the nation. Nurses are lifelong learners, being knowledgeable on today's issues is part of the process. As a rural nurse, I have the view of nursing from a California and global perspective.


Organizational Experience:
- ANA - Nursing Scope & Standards Advisory Group; ANPDD Member; Consortium of Alaska State Health Care Educators; ANPDD Member; Alaska Federal Education Sharing Group – Board Member and Conference Organizer; Alaska Vocational Technical College – Nursing Advisor Board Member; Alaska Career College – Nurse Advisor Board Member; University of Alaska, Anchorage – Nurse Advisor Board Member and Medical Imaging Science Nurse Advisor

Education:
- California State University, Sacramento BSN, PHN (2003)
- Walden University, MSN-Ed, NLM (2013)
- Walden University Masters <30 DNP Student (projected 2016)

Employment:
- Staff Development Officer, Training Affiliation Agreement Program Manager, Student Site Coordinator 2013 to present 673 Medical Group
- Nursing Educator 2011-2013 673 MDG Family Practice Clinic
- PAFU Nurse, Infection Preventionist 2009-2010 322 EMDG

Gloria C. Lewis, EdD, MSN, MHA, RN, CCM

Candidate Statement: I believe it is important for me to actively participate and contribute to my profession. One way I can fulfill this obligation is serving the American Nurses Association/California. My experiences in volunteering for community projects, faith-based organizations, and political clubs/ activities provide a foundation for serving on the ballot committee. I have reviewed the description and responsibilities of this position, and feel I am qualified to serve. The opportunity to serve on the ballot committee would also provide the experience to contribute in the future to the American Nurses Association. I hope you will consider me as a candidate for election.

Organizational Experience:
- Chair of the Education committee for long-term care, home health and nursing consultive. Developed adult educational programs across health care settings; Developed parish nursing program; Co-developed a comfort care unit in an acute care setting; Served on agricultural committees and church organizations; Participated in political clubs and activities in the Midwest and California.

Education:

Employment:
- Campus College Chair 06/13-present
- Associate & FT Management 2010-present
- Palliative Care Nurse 12/13-06/14
- Palliative Care Nurse 03/13-10/12
- Home Health Care & Hospice Coordinator 04/05-03/08

Sutter VNA & Hospice

Alina V. Kendrick, MSN, RN, CCM

Candidate Statement: I have completed a survey 5-8 December 2013 that found nurses as the number one profession for trust and ethical practice. This to me as a professional nurse speaks volumes to the integrity and honor of our profession. It not only makes me proud to say that I am a part of that

Ballot Committee

Carla T. Stanley, RN, BSN, MBA

Candidate Statement: I am interested in servicing on the ANA as a Ballot Committee Rep. as this appears a great place to inject myself into becoming more involved in the ANA.
One of the major differences in opinion concerns whether APRN’s should be licensed separately or as part of their specialty. The NCSBN believes that the license is retained by the primary state. Discipline is filed in the state where it occurs and the process and outcome is reported to the home state. The discipline information is entered into the national database. Discipline can occur in the home state and the primary state, and the Compact is not notified.

The NCSBN has worked with stakeholders to develop the Compact including APRN organizations. The key changes made in the compact include strengthening the enforcement provisions, rulemaking authority, grandfathering; full independent practice authority; criminal background checks and eligibility of all states even if they are not in a NR Compact. This change is recommended because the committee believed there may be more consensus for the APRN Compact to recognize the opportunity to develop self regulatory adaptive structure to meet the challenges over time. A key change would be authorizing the Compact Authority to have rulemaking authority. The rules could be ratified by all states and there would not be a requirement that the rules be ratified or adopted by the individual states.

The proposed APRN Compact defines grandfathering as any currently practicing APRN in a current state. Once the Compact is implemented, all new graduates must meet the new requirements. The Compact would grand full practice authority including prescriptive authority. The compact would be limited to legend drugs. Controlled substance authority would remain with the state. Prescriptive authority would not apply to licensees who previously did not have it. The APRN Compact was shared by the committee for input. The delegates voted to support an APRN Compact as a solution to the issues raised concerning Telehealth. The Compact will be reviewed at the March 2015 mid-year meeting for adoption by the delegates.

Seven major bills have been introduced and passed by six states implementing components of the APRN Consensus Model: Alaska, Idaho, Kentucky, Oregon, South Dakota and Utah. Alaska recognized the Certified Clinical Specialist; Kentucky grants legend prescriptive authority to APRN’s who have been in collaborative practice for four or more years, as well as establishes a Collaborative Prescribing Agreement Joint Advisory Committee; and South Dakota gives APRN title to all four roles and license designation to Certified Registered Nurse Anesthetists. An additional 15 states have pending bills that could add key points and an additional 17 states have bills that could add to clarity of function to APRN roles.
ANA/C takes positions on legislation based on Resolutions passed by the General Assembly or recommendations of the Legislative Committee. The Legislative Committee takes positions by consensus. Unless a member objects to the recommendation position staff sends out, we move forward on the recommendation. ANA/C is always looking for content experts for the legislative committee. The bills discussed below were some of the major issues we dealt with this year. ANA/C took positions on bills that dealt with the environment, budget, access to health care, nursing education, scope of practice to just indicate a few areas. ANA/C was actively involved with 144 bills. We monitored many more!

California

**CA AB 548**

*Author:* Sales (D)

*Title:* Community College Registered Nursing Programs

*Introduced:* 02/20/2013

*Opposers:* Enacted

*Localizing:* Chaptered

*Summary:* Extends the operation of provisions of existing law that require a community college registered nursing program that elects to use a multicultural screening process to evaluate applicants for admission to the program to include specified criteria, and which authorizes a program using such a process to use an approved diagnostic assessment tool before, during and after the screening process. Requires the Chancellor of the California Community Colleges to report on the students admitted through the process.

*Status:* 08/15/2014 Signed by GOVERNOR.

**CA AB 1955**

*Author:* Pan (D)

*Title:* Pupil Health: Healthy Kids, Healthy Minds Demonstration

*Introduced:* 02/19/2014

*Opposers:* Pending

*Localizing:* Assembly Appropriations Committee

*Summary:* Requires the Superintendent of Public Instruction to implement the Healthy Kids, Healthy Minds Demonstration, for participating schoolists to employ a school nurse and a mental health professional and extend library hours. Authorizes funding. Relates to unduplicated pupils. Requires collection and aggregation of pupil data regarding absenteeism, incidence of violence, intervention against suicide attempts and pupil bullying, changes in health status among low income, English learners and foster youth.

*Status:* 05/23/2014 in ASSEMBLY Committee on APPROPRIATIONS: Held in committee.

**CA AB 2144**

*Author:* Yamada (D)

*Title:* Staff-to-Patient Ratios

*Introduced:* 02/20/2013

*Opposers:* Enacted

*Localizing:* Assembly Appropriations Committee

*Summary:* Requires the State Department of Public Health to adopt regulations that establish minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensing classification and minimum, specific and numerical ancillary staff-to-patient ratios for health facilities that are operated by the State Department of State Hospitals.

*Status:* 05/23/2014 in ASSEMBLY Committee on APPROPRIATIONS: Held in committee.

**CA SB 455**

*Author:* Hernandez E (D)

*Title:* General Acute Care Hospitals: Nurse to Patient Ratios

*Introduced:* 02/21/2013

*Opposers:* Vetoed

*Localizing:* Vetoed

*Summary:* Requires, with respect to a patient classification system, that a committee for each general acute care hospital review the reliability of the system for validating staffing requirements to determine whether the system accurately measures patient care needs. Requires the committee to make a report to the hospital, the responsible licensing board, the legislature and the public.

*Status:* 09/29/2014 Vetoed by GOVERNOR.

**CA SB 850**

*Author:* Block (D)

*Title:* Community College Districts: BA Degree Pilot Program

*Introduced:* 01/09/2014

*Opposers:* Enacted

*Localizing:* Senate Appropriations Committee

*Summary:* Authorizes the Board of Governors of the California Community Colleges to establish a statewide baccalaureate degree program at a maximum number of community college districts to achieve each district to offer one baccalaureate degree program within a district. Requires a participating district to meet specified requirements in providing such program. Requires each district to submit certain program-related items for review. Requires to program funding.

*Status:* 09/28/2014 Chaptered by Secretary of State. Chapter No. 747

**CA SB 1239**

*Author:* Huff (R)

*Title:* Pupil Health: Epinephrine Auto-injectors

*Introduced:* 02/21/2014

*Opposers:* Enacted

*Localizing:* Chaptered

*Summary:* Requires school districts, county offices of education and charter schools to provide emergency epinephrine auto-injectors to school nurses and trained volunteer personnel. Requires the distribution of a notice requesting volunteers. Requires certain individuals to obtain a related prescription. Requires a maintenance of such devices. Requires to minimum training requirements for use of such device, and training review. Requires such devices to be furnished by a pharmacy. Requires to stocking requirements.

*Status:* 09/15/2014 Signed by GOVERNOR.

**CA SB 1262**

*Author:* Padilla (D)

*Title:* Workplace Violence Prevention Plans: Hospitals

*Introduced:* 02/21/2014

*Opposers:* Senate Appropriations Committee

*Summary:* Requires the Occupational Safety and Health Standards Board to adopt standards developed by the Division of Occupational Safety and Health that require specified types of hospitals to adopt a workplace violence prevention plan as part of the hospital's injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. Requires the Division to post a report on violent incidents at hospitals on its Internet Web site. Exempts certain hospitals.

*Status:* 09/29/2014 Chaptered by Secretary of State. Chapter No. 842

**CA SB 1392**

*Author:* Coolbaugh (D)

*Title:* Health Care Coverage: Prescription Drugs: Refills

*Introduced:* 02/21/2014

*Opposers:* Vetoed

*Localizing:* Vetoed

*Summary:* Amends the Knox-Keene Health Care Service Plan Act and regulation of health care service plans by the Department of Managed Health Care. Requires a health care service plan contract or health insurance policy that provides prescription drug benefits to permit and apply a prorated daily cost-sharing rate to prescription refills that are dispensed by a participating pharmacy for less than the standard refill amount under specified conditions. Authorizes early refill of covered topical ophthalmic products.
California’s Initial General Election Results Are In!

WOMEN IN THE CALIFORNIA 2014 GENERAL ELECTION

QUICK RESULTS ANALYSIS

California Women Lead is excited to share with you our initial analysis of how women fared in the General Election. These are raw numbers and some races are still too close to call. In that case, we sided in hopes that the female candidate will prevail. We will update this report regularly and will release our complete analysis when election results are certified.

TOTAL NUMBER OF WOMEN CURRENTLY SERVING:

STATEWIDE: 5
STATE SENATE: 12

(7 members were not on the ballot)

STATE ASSEMBLY: 20
TOTAL: 37

PROJECTIONS ON HOW MANY WILL SERVE POST ELECTION:

STATEWIDE: 5 (no change)
STATE SENATE: 5 (no change)
NON-INCUMBENTS: 7
STATE ASSEMBLY: 17; 1 seat still a toss-up (loss of at least 2, possibly 3)

**includes State Board of Equalization

As of 7 am on November 5, 2014 it looks like the total number of women serving in the State Legislature will be 29 (24%), a DECREASE of 3 seats. With one seat still a toss-up, there is a possibility that the Women’s Caucus will increase by one to 30 (25%).

1998 was the last year women held less than 30 seats in the State Legislature with the high of 37 being in 2005/2006.

“California Women Lead is very proud of all the women candidates who took the risk and ran for elected office. These women are paving the way for the next generation of women leaders in California” said Fiona Ma, President of California Women Lead. The State Board of Directors of California Women Lead Look forward to working with women from across party lines, from all levels of government, to ENGAGE EMPower more women to elected and appointed office in the state.”

“California Women Lead is working one woman at a time by bringing campaign training and women empowerment events throughout the state so women know there is a support system behind them. The number of women leaders in this state must increase at all levels for our government to be truly representative,” said Rachel Michelin, Executive Director/CEO.

In addition to this election analysis, CA Women Lead will be updating the earlier report released in September with the League of California Cities Women’s Caucus providing a snapshot of the total number of women serving in City Councils across the state. The numbers will also be included in a much larger, more encompassing state of women leaders report being released in March that will detail the number of women serving in not only City Councils, but on Boards of Supervisors, Board of Equalization and Executive offices.

In case you missed it, click here to listen to CA Women Lead CEO Rachel Michelin discuss the important of this year’s General Election and the need for women to continue to “break through the political glass ceiling.”

Not a member of California Women Lead? Your financial support helps us ENGAGE EMPower more women throughout the state. We hope you will consider supporting us today!

California Women Lead is proud of the number of women members whose names appeared on the ballot. On behalf of the State Board of Directors we applaud you for taking the risk of running. Win or lose, you are a role model for other women who aspire to become politically engaged. Thank you for making the decision to run!

California Women Lead is a nonpartisan 501(c)3 organization. As such we do not endorse or contribute to political candidates. Our goal is to empower women to seek their full leadership potential through education, training and network development.

California Women Lead is a 501(c)3 issue neutral association of women holding - or interested in holding - elected or appointed office. Our mission is to give California's women the tools they need to be successful in both their political and professional lives.

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California State University Domeníquez Hills

CSU Dominguez Hills offers an education that works with your career or personal life while providing one-on-one attention from world-renowned faculty.

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California Department of Public Health (CDPH)

The Licensing & Certification (L&C) Program is recruiting for Registered Nurses to fill Health Facilities Evaluator Nurse (HFEN) Positions.

Offering Comprehensive Benefits As Follows:

- Paid Holidays
- 2 Professional Development Days
- Grant Retirement Options
- Medical/Dental/Vision
- Salary ranges from $5015-$6586
- Paid Sick & Vacation/Annual Leave
- 457/401K Savings Plan Program
- Disability Insurance
- Flex Medical & Dependent Care Account
- Travel

In 14 District Office Locations:

- Bakersfield
- Fresno
- Chico
- San Bernardino
- Santa Rosa
- San Francisco
- East Bay (Richmond)
- San Diego North
- San Diego South
- Sacramento
- San Jose

State employment requires passing an eligibility examination and a hiring interview.

TAKING THE ON-LINE EXAMINATION NOW AT THE CDPH WEBSITE:

http://www.cdph.ca.gov/services/jobs/Pages/HFENJobs.aspx

If interested or have questions regarding available positions, please email the L&C Personnel Liaison Unit at CDHPLURrecruitment@cdph.ca.gov

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January, February, March 2015

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Workplace Violence Advisory Hearing

Oakland, Ca
CalOSHA Advisory Meeting September 10, 2014

CalOSHA formally accepted the petitions to develop regulations related to workplace violence in health care settings. ANAIC joined SEIU and UNAC in petitioning CalOSHA to develop regulations to establish procedures for protecting health care workers in all settings. The petition was accepted in May and the advisory committee is the first step in working with stakeholders to begin developing definitions and regulations.

ANAIC members Lindsay Sandberg RN, BS-N, MS and Ala Garza, RN, MSN, UCSD Health Systems attended the advisory meeting with Tricia Hunter, RN, MN, Executive Director of ANAIC. After a general orientation presentation by CalOSHA, Jane Lipcomb, RN, PhD from the University of Maryland did a presentation on the issue of Workplace Violence at the national level.

Workplace Violence Definitions include: violent acts (including assaults and threats of violence) of patient, or patient’s family member, to patient, or patient’s family member, directed towards person at work or on duty (NIOSH, 1996); workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site (OSHA, 2014). Workplace Violence typology (CalOSHA, 1993) defined four types of violence: Type I – unknown perpetrator, criminal motive; Type II – patient, client, customer as perpetrator; Type III – coworker, supervisor as perpetrator; Type IV – intimate partner perpetrator.

Dr Lipcomb described the magnitude of the problem: 34 of 62 fatalities in HCSA in 2010 were workplace violence and violent acts (BLS, 2013), 572,000 non-fatal assaults per year among all public and private sector workers (DOJ, 2011); between 2003-2010, 59-67% of non-fatal assaults occur in healthcare and social services (BLS, 2013); 13% and 39% of RN’s experience physical and non-physical violence per year (Gerberich, 2004). The evidence from the filed showed that a strong Workplace Violence Policy and Procedures can reduce staff assaults; background information on patient history of violence could make a difference; staff working alone or in remote locations must have a means to summon assistance; and visits involving involuntary admission are very high risk and a worker should never go alone.

Many places believe they have good safety procedures but when reviewed they are not current/updated and not health care worker supportive. Prevention strategies must be across all settings: recognition of the link between patient and staff safety as reflected in culture of safety for both; implementation of a comprehensive violence prevention program that includes risk assessment and a system for identifying high risk patients and encounters; enforce strict code of behavior and have consequences for violation of code including pressing criminal charges.

After the presentation there was an open discussion on definitions and needs. The definition put on the table to begin the discussion was:

violent acts (including physical assaults and threats of assault), directed towards person at work or on duty (NIOSH, 1996).

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site (OSHA, 2014).

Type I – unknown perpetrator, criminal motive; Type II – patient, customer as perpetrator; Type III – coworker, supervisor as perpetrator; Type IV – intimate partner perpetrator.

The discussion concerned the issues of intent, is the workplace inclusive of the parking lot and stalked home, does how intent work especially with mental ill patients. It was clarified that it did not matter what the intent was the employee was still injured.

ANA has established a steering committee and advisory committee on Workplace Violence. The following California members have been appointed.

Steering Committee: Purpora Christina RN, PhD

Advisory Committee: 37 California appointees

Nicole Ainworth BSN
Nancy Blake PhD, RN, CCRN, NEA-BC, FAAN
Darlene Bradley PhD, RN, MSN, CNS, FAEN
Eliisa Brown MSN, RN, PMHCNS-CS
Candace Cellello-Buchanan RN-BSN
Susan Condie MSN, RN, ACNS-BC, CNE
Todd D Braustein RN
Kimiko Desvignes RN, BSN, BS
Darlene Dezelan RN-BC, MSN
Mary Pat Dowd RN, APRN, MSN, MPA, SANE
Darlene Dezelan RN-BC, MSN
Karrin Dunbar RN, BSN, Car
Maye Eriksson MSN/ED, RN-BC
Kathi Gardiner MSN, FNP-C
Ala Garza MSN, RN
Peggy Gnehm MS, BSN, RN
Jessica Grunender RN-BC, MSN, CNOR
Cheryl Hagaman CNS
Denise Henry MSN
Cynthia Johannsen RN, MSN, Ed-PHN
Alina Kendrick MSN, RN, CCN
Suheh Dev Singh Khalsa MSN, MBA, RN, PMHNP-PMHNP
Ayasha Khan MNA
Nicky Lampone RN, MSN
Patricia Liu-Lijeshna RN, MBA, DHRScic
Cynthia Mansen RN, BC
Toby Marsh RN, FNP, NEA-BC
Karen McDonald RN, BSN
Laura Mesuda RN, MSN, CARN, PhD (c)
Vivien Mudgett RN, MSN, CA
Ginger Pierson RN, MSN, CCRN, CNS
Michelle Pinckney RN, MSN
Lindsay Sandberg RN, BSN, MS
Angela Schmidt BSN, RN, BC
Carla Stanley RN, BSN, MBA
December Stroble RN, BSN, RNC-MNN, PHN
Joni Van Buskirk RN, BC

On a beautiful Sunday afternoon on Oct 5th, 2014, I arrived in the Liaison Hotel in Washington D.C. situated only a couple of blocks from the U.S. Capitol. I was excited to attend the 6th Annual American Nurses Advocacy Institute (ANA-I). a prestigious one-year-long mentored program helping nurses develop in to political leaders. In anticipation of this unique professional opportunity, I studied ANA policy papers, researched relevant issues and did not forget to bring comfortable shoes to make the pilgrimage to the Capitol Hill and back without blisters.

My American Nurses Advocacy Institute (ANA-I) experience started with a casual Sunday dinner where a group of 23 nurse leaders from 18 states, nurses interested in honing their political leadership skills, were talking about the most pressing issues in their states such as safe staffing, removing regulatory barriers for APRNs, nurses, and Community Paramedics.

California sent 2 delegates. I was lucky enough to attend with Mary Ellen Delfield, PhD, RN, a dedicated nurse who championed issues of healthcare needs in nursing homes catering for our most fragile population. California also had the privilege of having The Honorable Tricia Hunter, RN, MN, ANAIC Executive Director, as ANA-I panelist and a speaker. Tricia’s years of experience in California legislature, healthcare policy and nursing advocacy enriched the group’s experience.

The evening continued with a key note speaker Erin Murphy. The Honorable Erin Murphy, RN, MA, is the Majority Leader of the Minnesota House of Representatives. Erin is an engaging speaker, nurse’s champion and a strong advocate of nursing and healthcare issues. She spoke candidly about her journey to the top seat of politics in her state. Her stories of courage, determination and dedication to nursing advocacy and policy captivated and motivated the room.

Monday, October 6th, 2014, I attended with an early breakfast that was followed by a full day of professional advancement, learning to navigate the legislative process, the importance of conducting a political environment scan, and a particularly helpful presentation by Communication and Public Relations Specialists. Later, we adjourned into small working groups discussing the most pressing issues of safe staffing ration, durable medical equipment and preparing our talking points.

For Tuesday’s advocacy visit on the Capitol Hill, we were grouped by geography; CA was in a group with AZ and WA. We received a list of scheduled visits on Capitol Hill and were armed with our advocacy talking points on 2 top ANA issues: Safe Staffing and Durable Medical Equipment. We met with several legislative staff, presented our talking points, answered questions and left ANA material behind. Our Capitol Hill experience was very positive and truly empowering; as nurses, we were welcomed and as experts in our field, we were listened to. We left Washington ready to continue in our year-long program armed with deeper understanding of the intricacies of legislative process and with the necessary tools to navigate changing political landscape.

Sources:
H.R. 3833 (Rep. McDermott, Jim D-WA) – To amend title XVIII of the Social Security Act to modify the Medical durable medical equipment face-to-face encounter documentation requirement
K. 2352 (Sen. Merkley, Jeff D-OR) – Registered Nurse Safe Staffing Act of 2014

LVN Clinical Instructor

Career Care Institute is accepting applications for full-time & part time LVN Clinical Instructor positions.

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Report from the American Nurses Advocacy Institute (ANA-I) 2014

Marketa Houskova, RN MAIA BA
Nov 6, 2014
For nomination. Many of you nominated your nursing peers and we were very pleased with the response that we received. Thank you to those who participated.

We were honored to present the ANA\C Awards to such a prestigious group of individuals. For more complete information about the recipients please visit the ANA\C website.

The following awards were presented at the ANA\C General Assembly on September 6th in Pasadena.

Ray Cox Award - This award recognizes the lifelong commitment of an individual Registered Nurse in the field of nursing and their impact and dedication to the advancement of Nursing as a profession in the state of California.

Mary Dee Hacker MBA, RN, NEA-BC, FAAN
Mary Dee is an active member of the nursing community and is passionate about nursing. She was the driving force behind the Versant RN Residency as she was concerned that nurses coming out of school were not adequately prepared to care for pediatric patients and then moving the agenda forward for all new graduates as entry into practice. This change in how new graduates are on-boarded successfully decreased turnover from over 30% to 5% for new graduates in the first two years. This has not only decreased costs in healthcare, but decreased anxiety in new graduates and improved the preparation of nurses at the bedside which had improved patient outcomes. At Children’s Hospital Los Angeles (CHLA), she has help trainees for nurses to further education and frequently can be heard saying that we need a “better educated workforce” and “nurses must be smart.” At CHLA, this has driven the BSN prepared nurses to almost 80% which can be heard saying that we need a “better educated workforce” and “nurses must be smart.”

Susan L. Adams RN, NP, PhD
Susan has been a stellar advocate for this community and for healthcare policy and access to services. In her role as Marin County Board of Supervisor her work spanned widely for the benefit of all residents of Marin. Her successes include: making funds available for the construction of a much needed new HHS Health & Wellness campus to increase accessible services to vulnerable populations; creating greater access to smoking cessation programs; Implementation of the Children’s Health Initiative with 99% of the youth in our community having access to healthcare; setting policy for Marin County Housing Authority, Marin County Transit District – all to increase housing options and non-motorized transportation opportunities in Marin. These are a brief sample of all of the important initiatives and changes she has brought about for our community. Susan has developed ordinances, set policy, chaired disaster related councils and many other things throughout her time as supervisor. Our community is a healthier place because of Susan Adams hard work and dedication to the health & wellbeing of Marin County. (Nomination excerpt from Kathy Koblick, Public Health Program Manager, Marin Health & Human Services).

JoAnne Powell Award - This award recognizes a person who demonstrates outstanding leadership, research, or contributions to the body of knowledge affecting nursing.

Vince Salyers RN, MSN, EdD
Dr. Salyers began his research in 1993 and continues to investigate teaching and learning approaches in traditional and e-learning environments to improve the student, faculty, and client experience. Recently he directed a national multi-institutional research study evaluating student and faculty perspectives of e-learning. Results from the Meaningful E-Learning (MEL) study now inform nursing education practice, policy, and improve learning outcomes across institutional disciplines nationally and internationally. In 2012 Dr. Salyers received an NLN Research Grant which required him to demonstrate how his research would meet NLN priorities for advancing the science of nursing education and promote evidence-based teaching. (Nomination excerpt from Shannon E. Perry, RN, PhD, FAAN).

President’s Award - This award is granted to a Registered Nurse whom the ANA\C President believes makes an outstanding contribution to nursing.

Jean Harlow MSN, RN
Jean is a gentle and wonderful woman, nurse, and mentor with a fierce heart of a lioness. A public health nurse, a nurse education consultant with the BRN and now a faith based community nurse. She has advocated on behalf of nursing and health care in the BRN regulatory board as well as her public policy arenas throughout the state of California. Jean’s community health/public health career continues as she is now a faith based community nurse in Parish Nursing. Jean knew Betty Curtis and has always believed in the integration of legislation, regulation, and public policy. (Nomination excerpt from Monica Weisbrich ANA\C President and Elizabeth Dietz ANA\C Director of Legislation).

Elizabeh “Buffy” Curtis Award - This award recognizes a Registered Nurse who is an advocate on behalf of nursing and health care in the legislature, regulatory boards, or other public policy arenas.

Mary Dee Hacker MBA, RN, NEA-BC, FAAN
Mary Dee is an active member of the nursing community and is passionate about nursing. She was the driving force behind the Versant RN Residency as she was concerned that nurses coming out of school were not adequately prepared to care for pediatric patients and then moving the agenda forward for all new graduates as entry into practice. This change in how new graduates are on-boarded successfully decreased turnover from over 30% to 5% for new graduates in the first two years. This has not only decreased costs in healthcare, but decreased anxiety in new graduates and improved the preparation of nurses at the bedside which had improved patient outcomes. At Children’s Hospital Los Angeles (CHLA), she has help trainees for nurses to further education and frequently can be heard saying that we need a “better educated workforce” and “nurses must be smart.” At CHLA, this has driven the BSN prepared nurses to almost 80% which can be heard saying that we need a “better educated workforce” and “nurses must be smart.”

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For graduation rates, median debt of graduates completing these programs and other important information, visit westcoastuniversity.edu/degrees.
The Healthy Nurse Initiative Resolution was amended and passed at the ANA General Assembly this past September. Passing this resolution demonstrates ANA’s commitment to support California nurses and ANA’s Healthy Nurse Initiatives. For more information and to participate in the Healthy Nurse Initiative please visit ANA’s website at nursingworld.org.

WHEREAS, a healthy nurse is one who actively focuses on creating and maintaining self-care practices for nurses; and be it further

RESOLVED to encourage nurses to become involved in efforts to promote daily self-care practices such as improved nutrition, exercise, healthy sleep, effective time management, self-reflection, relaxation, and nonsmoking; and be it further

RESOLVED to encourage nurses to participate in the ANA Health Risk Appraisal, Healthy Nurse Survey, and be it further

RESOLVED to publish articles regarding the ANA Healthy Nurse initiatives and self-care awareness for nurses in The Nursing Voice and other social and electronic media.

Durable Medical Equipment
H.R. 3833
ANA urges support of H.R. 3833
As a condition for payment, Section 1007 of the Affordable Care Act (ACA) requires a physician to document that a physician, nurse practitioner or clinical nurse specialist (APRNs) or physician assistant (PA) has had a face-to-face encounter with a beneficiary within 6 months prior to the written order for certain items of Durable Medical Equipment (DME) (listed below). APRNs are the majority of patients requiring home health care and for many patients, home health care is determined by Medicaid as having the authority (as permitted by state law) to order DME without a co-signature.

As a result of the ACA, The Centers for Medicare and Medicaid Services (CMS) stated that at an unspecified date in 2014, advanced practice registered nurses (APRNs) would be unable to order: oxygen, home blood glucose monitors, wheelchairs, hospital beds, and numerous other items for patients without a physician’s co-signature. CMS has delayed this requirement twice.

H.R. 3833 would remedy this unnecessary barrier. Introduced by Congressman Jim McDermott (D-WA), the bill eliminates the physician co-signature, allowing nurses practitioners (NPs) and clinical nurse specialists (CNs) to order appropriate DME and document their own face-to-face encounter. It is illegal for a physician to attempt to switch the face-to-face encounter by another health care practitioner and favors timely care.

Please support of H.R. 3833
Additionally, the House Ways & Means Committee included H.R. 3833 in their draft legislation, Protecting Access to Medicare Act of 2014 (PAMA). ANA encourages The Ways & Means Committee members and the full House of Representatives to pass PAMA.

DME Items Requiring a Physician’s Co-Signature
- Blood glucose monitors
- Oxygen – home and portable versions
- Nebulizers and controlled dose inhalation drug delivery system
- Wheelchairs – all types including standard, pedicabs, extra wide, lightweight
- Wheelchair accessories including commode seat, anti-ripping device
- Hospital beds – internal and electric
- Equipment needed to safely transfer patients
  - Air mattresses and mattress pads that prevent pressure ulcers including
  - Sheepskin
  - Gel pads
  - Water pressure pads

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CNSA’s Convention and new Board of Directors
The California Nursing Students Association held its annual convention in Pomona October 17 – 19, 2014. There were over 600 individuals registered from across the state. Students attended the keynote address by Dr. Judith Karshmer and other plenary sessions by Judith Berg and Patricia McFarland. There were 12 breakout sessions providing a variety of topics and two well-attended pre-conference programs. More than 300 students signed up to have a personal resume review with a current nurse leader. There were many exhibitors, generous friends and sponsors (including ANA) contributing to the success of this year’s convention.

There was an atmosphere of excitement, networking, and fun while students were learning new things and meeting new people. The theme was “To Infinity and Beyond (Limitless Opportunities in Nursing)” and students attended the party on Friday night dressed in the costumes of their favorite space/futuristic characters.

Delegates from constituent chapters participated in a very successful House of Delegates business meeting where bylaw proposals were adopted and 4 Resolutions were debated and adopted. Following the close of the House of Delegates the convention ended with the presentation of awards and scholarships. ANA/C was represented by presenting a $1000.00 scholarship to Simerjit Kaur Dhanjan from Fresno State and presenting each of the outgoing members of the Board of Directors with certificates for complementary membership in ANA and ANA/C for the first year following their graduation.

Elections are an important part of the convention and this year’s candidates for Board positions and elected committee chair positions were all impressive. The new board for the 2014-2015 term of office represents schools from across the state. The newly elected president is Thomas Ward from Saddleback College. The new CNSA website at www.cnsa.org. The 2013-2014 Board of Directors launched their newly designed website two days prior to the convention. Read the Annual Report on the website to learn about all of the amazing accomplishments of the outgoing board. The newly elected board members will be introducing themselves on the website following the new board orientation retreat in November.

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