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# CNS Communiqué

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The CNS Communiqué is an electronic publication of the National Association of Clinical Nurse Specialists. The purpose of this publication is to keep our members updated on the NACNS headquarters news; connect our members with fast-breaking clinical news; and update clinical nurse specialists on state and federal legislative actions.



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## Featured Articles

### 1. Gallop Poll – Registered Nurse Most Trusted Profession

According to this year's [Gallop Poll](#) that ranks professions based on their honesty and ethical standards registered nurses (RNs) are the most trusted profession. "This poll consistently shows that people connect with nurses and trust them to do the right thing," said ANA [President Karen A. Daley](#), PhD, MPH, RN, FAAN

There were 22 professions tested in this poll. According to the results, Americans' views of the 22 professions tested vary widely - extending from the 85% who rate nurses' ethics and honesty as very high or high to a low of 8% rating car salespeople the same. It is significant to note that Members of Congress received a 10% rating, right above car salespeople.



### 2. Wall Street Journal Reports Efforts to Decrease Maternal Mortality and Morbidity

The [Wall Street Journal on December 10](#) reported that hospitals and public health officials are working to improve safety for mothers in the delivery room following sharp increases in the rate of severe complications from childbirth. There has been a 75% increase between 1999 and 2009 in complications during delivery, such as cardiac arrest, respiratory distress and kidney failure. According to a new study published by the CDC, the days immediately following delivery, severe complications for women more than doubled over the same time period. Generally, some form of complication occurs in more than four million births each year in the U.S. But, the focus of new efforts is to address the severe complications that impact about 52,000 women a year.

The report identifies the reason for the increase is the number of pregnant women who are older, obese, or have chronic conditions such as diabetes and kidney disease. But healthy women, too, can experience major complications such as severe bleeding, or hemorrhage, which is the most common cause of death after childbirth. In addition, the 60% increase in the rate of Caesarean-section delivery since 1996 is associated with complications. One complication related to Caesarean-section delivery, placenta accreta, can cause severe hemorrhage after delivery. With placenta accreta, the placenta grows into the uterine wall through a surgical scar, and can cause severe hemorrhage after delivery. Many of the most common causes of death such as hemorrhage and pulmonary embolism can also take place in the first few days after delivery to seemingly low-risk patients.

With an emphasis on both maternal and infant morbidity and mortality, the CDC is funding programs in a number of states to establish guidelines and protocols for improving safety and preventing injury. These programs have

allowed obstetric teams to hold drills to train the staff team of physicians and nurses to rapidly respond to maternal emergencies. The drills include role playing scenarios that may include props to make the drill more realistic. Some facilities who have implemented this strategy have noted a significant decrease in obstetric-related medical malpractice and smoother working healthcare teams that address obstetric medical emergencies with efficient expertise.

## Headquarters News

### 3. NACNS Election Closes January 25, 2013

NACNS is supported by the efforts of our volunteers. One of the most important activities you will do all year is to vote for your next portfolio of NACNS volunteer leaders. The NACNS Election is held on-line. We need your vote!

Login to cast your vote here: <http://www.nacns.org/members/vote/> . You will need to enter your first and last name and the email address at which this message was received to vote. If you do not have an email address, your NACNS member number is also acceptable. Candidate statements are available for review once you are logged into the voting module. The 2013 Ballot will be open until 8:00pm Eastern/5:00pm Pacific on, **Friday, January 25**.

If you experience issues with the voting module, please contact [info@nacns.org](mailto:info@nacns.org) .

### 4. NACNS Co-Sponsor's Inaugural Event

The 57th Presidential Inauguration will be held on January 21, 2013. NACNS is one of a collection of nursing associations that is co-sponsoring this important inauguration event. NACNS leadership will have the opportunity to interact with members of congress and association leaders. The ticketed "watch event" will be held from 9:00 am until 3:00 pm and will include rooftop views of the Inaugural Parade. This event will be followed by a salon dinner with congressional guests. NACNS is pleased to be a sponsor. NACNS' President, President-elect as well as some Board members will represent the association at this event.

### 5. NACNS 2013 Annual Conference - *The CNS: Leading Innovations for Health Care Change*

The NACNS 2013 Annual Conference, March 7-9, 2013, is just around the corner! We hope you plan to join us in San Antonio, Texas for a conference full of education, networking and fun. We have received a record number of abstracts for this conference; the Annual Conference Planning committee has filled every slot with excellent presentations!

Preconference sessions are another excellent opportunity. Please consider registering for:

- Specialty Certification: Current Trends in the Next Step of the Consensus Model
- Update on the Status of the APRN Consensus Model
- Nuts & Bolts of Nursing Research
- Pharmacology for Advanced Practice

All preconference sessions require an additional registration fee of \$90 each.

San Antonio is one of the top conference cities in the United States. The NACNS conference hotel is located right on the [San Antonio River Walk](#) . NACNS Conference participants will be able to combine shopping, dining and exploration with their pursuit of cutting-edge clinical and professional information. [Conference registration is open](#). For more information on the conference as well as exhibit and sponsorship opportunities, visit the [NACNS website](#) .

### 6. NACNS On Facebook

Connect with NACNS on Facebook! Join other NACNS members and volunteer leaders that have joined the NACNS Facebook group. It's easy to join, there's a link right from the NACNS homepage. Join the community of CNS's and help make the NACNS group the go-to resource for information, healthy debate, and gateway to membership and participation in NACNS. The NACNS Facebook group is one more way NACNS is fulfilling its mission to enhance and promote the value of the CNS profession.

### 7. NACNS Board Begins to Plan 2013 NACNS Summit

The NACNS Board has appointed a Task Force to begin planning of the 2013 NACNS Summit. The 2014 Summit will be held July 23 in Washington, DC. Historically, the NACNS Summit has been an invitational conference focused on a high priority issue for the association. The NACNS Summit will still attempt to retain the smaller more intimate environment of previous meetings, but the task force will work to grow the meeting and open the attendance to a mix of association colleagues, NACNS state and national leadership and members. Please watch the CNS Communiqué and the NACNS Web site for additional information on the 2014 NACNS Summit.

## CNS Foundation

### 8. Silent Auction at the NACNS Annual Conference

The CNS Foundation will hold another Silent Auction at the upcoming NACNS Convention in San Antonio in March. We hope you will donate an item for this worthwhile event. Instead of gift baskets, we are asking individuals or groups to donate items that will be more easily transportable when winners travel home. We will be approaching affiliates again to donate, but are also planning to take individual and other group donations. Please contact Debbie Danner ([Deb@pronursingresources.com](mailto:Deb@pronursingresources.com)) or Kathy Baldwin ([k.baldwiin@tcu.edu](mailto:k.baldwiin@tcu.edu)) if you have an item to donate to this auction that will benefit CNS student scholarships.

### 9. Planned Giving Campaign

The CNS Foundation will kick off a planned giving campaign at the 2013 NACNS Conference. Although we will accept any amount you choose to give, we will be asking our CNS colleagues to donate \$5 per week (\$20 per month) to the CNS Foundation. That amount is about the cost a latte or cappuccino at Starbucks. Remember with the exception of minor management fees, all of your donations go toward scholarships for CNS students. The CNS Foundation members donate their time and travel requirements to the Foundation. Please help us preserve the future of our role by supporting future CNSs!

## Clinical Headlines



### 10. Ban for Tanning Beds for Those Under 18

Many countries, concerned about the long term impact of [tanning beds](#), are banning their use for those younger than 18. This is intended protect children and young adults from skin cancer. Growing evidence shows indoor tanning is a direct risk for melanoma skin cancer cases and deaths, with a higher risk for people who use tanning beds under the age of 25. California, Vermont and 22 European countries prohibit teens from using tanning beds. Countries such as Brazil and Australia have enacted or plan to pass legislation that will ban cosmetic tanning

completely.

In the U.S. 2.3 million teens visit the tanning salon at least once a year. Experts claim there is still the perception that it's safer to tan in a salon than in the sun. According to a recent CDC report, "UVA output from indoor tanning devices is four times higher and UVB output is twice as high as noon sunlight in Washington D.C. during the summer." Health officials worldwide are fighting for tougher warnings and regulations on tanning bed machines that will inform and protect teen and young adult consumers.

### 11. CDC Campaign to Reduce Unsafe Injection Practices

More than 150,000 patients have been the sufferers of unsafe injection practices since 2001. Breakdowns in proper infection control often involve providers reusing needles, syringes or single-dose medication vials, all of which are meant for one patient and one procedure. These practices can cause irreparable damage exposing patients to bloodborne illnesses, such as hepatitis and HIV, and to life-threatening bacterial infections. Although safe injection practices represent very basic infection control measures, the Centers for Disease Control and Prevention (CDC) routinely identifies and investigates outbreaks associated with deficient practices.

- Since 2001, at least 48 outbreaks have occurred that CDC is aware of: 21 of these outbreaks involved transmission of hepatitis B or hepatitis C, and the other 27 represented outbreaks of bacterial infections, most of which involved invasive bloodstream infections. All these outbreaks were not from intrinsically contaminated products received from a pharmacy or drug company.
- CDC released a [table](#) of select recent outbreaks and patient notification events that occurred in a variety of settings, including primary care clinics, pediatric offices, ambulatory surgical centers, pain clinics, imaging facilities, oncology clinics, and even health fairs.
- The *One & Only Campaign* aims to eradicate outbreaks from unsafe medical injections by raising awareness among patients and healthcare providers about proper practices. The campaign is a public health effort produced by the Safe Injection Practices Coalition (SIPC), a collaboration of several medical societies, state health departments, private medical companies, and patient advocates led by the CDC.

Through targeted education and awareness efforts, the One & Only Campaign empowers patients and healthcare providers to insist on nothing less than safe injections – every time, for every patient. Since 2009, the campaign has developed [materials](#) for providers and patients. The CDC and SIPC have also promoted awareness of safe

injection practices at a wide variety of national and state meetings, conferences, and training activities.

## 12. Many Young People Unaware of their HIV Status

Young people between the ages of 13 and 24 represent more than a quarter of new HIV infections each year (26 percent) and most of these youth living with HIV (60 percent) are unaware they are infected, according to a [Vital Signs](#) report from the Centers for Disease Control and Prevention. The most-affected young people are young gay and bisexual men and African-Americans.

The analysis looks at the latest data on HIV infections, testing, and risk behaviors among young people. Overall, an estimated 12,200 new HIV infections occurred in 2010 among young people aged 13-24, with young gay and bisexual men and African-Americans hit harder by HIV than their peers. In 2010, 72 percent of estimated new HIV infections in young people occurred in young men who have sex with men (MSM). By race/ethnicity, 57 percent of estimated new infections in this age group were in African-Americans.

According to CDC experts, a number of factors contribute to the high levels of HIV in young people and vary by population. HIV prevalence is higher in some communities than in others, which can increase the likelihood that a person will be exposed to infection with each sexual encounter. Previous research has also found that other factors can increase risk of infection, for example higher levels of unrecognized and untreated infection, as well as social and economic factors, such as poverty, lack of access to health care, stigma, and discrimination.

Despite recommendations from CDC and the American Academy of Pediatrics that call for routine HIV testing of youth in medical settings, the analysis shows that 35 percent of 18-24 year olds have been tested for HIV, while only 13 percent of high school students (and 22 percent of sexually experienced students) have ever been tested.

Partially as a result of lower testing levels, HIV-infected people under the age of 25 are significantly less likely than those who are older to get and stay in HIV care, and to have their virus controlled at a level that helps them stay healthy and reduce their risk of transmitting HIV to partners.

CDC also examined risk behaviors among high school students in 12 states and nine large urban school districts, and found that young MSM reported engaging in substantially higher levels of risk behavior than their heterosexual male peers:

- Young MSM were more likely to report having had sex with four or more partners or ever injecting illegal drugs.
- Among students who were currently sexually active, young MSM were more likely to have used alcohol or drugs before their last sexual experience, and were less likely to have used a condom.
- Young MSM were also less likely to report having been taught about HIV or AIDS in school.

"We can and must achieve a generation that is free from HIV and AIDS," said Kevin Fenton, M.D., director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC. "It will take a concerted effort at all levels across our nation to empower all young people, especially young gay and bisexual youth, with the tools and resources they need to protect themselves from HIV infection." These efforts are underway as part of the National HIV/AIDS Strategy.

CDC works with partners across the country to help prevent HIV and other STDs among young people. These efforts include encouraging HIV education and testing, funding the delivery of targeted testing and prevention services for youth at greatest risk, and working to address the social and environmental factors that can place some youth at increased risk. [CDC](#) also provides data and support to help communities develop effective school- and community-based HIV and STD prevention efforts.

## 13. Success with Mouse Models May Bring New Treatments for Multiple Sclerosis

[Researchers](#) devised a way to successfully treat symptoms resembling multiple sclerosis in a mouse model. With further development, the technique might be used to treat multiple sclerosis and other autoimmune disorders.

Multiple sclerosis is an autoimmune disease. In multiple sclerosis, immune system T cells attack myelin, the insulating material that encases nerve fibers. Resulting nerve damage in the brain and spinal cord can cause muscle weakness, loss of vision, numbness or tingling, and difficulty with coordination and balance. It can also lead to paralysis.

Current treatments for autoimmune disorders involve the use of immunosuppressant drugs. These work by tamping down immune system activity. However, they can also leave patients susceptible to infections and increase their risk of cancer. Drs. Stephen Miller and Lonnie Shea at Northwestern University teamed up with researchers at the University of Sydney and the Myelin Repair Foundation in California to come up with a more targeted approach. They aimed to repress only the part of the immune system that causes autoimmune disorders while leaving the rest of the system intact.

Their new approach takes advantage of a natural safeguard used by the body to deactivate T cells that have the potential to attack the body's healthy tissues. Apoptotic, or dying, cells release chemicals that attract immune

system cells called macrophages. Macrophages gobble up the dying cells and deliver them to the spleen, where they present self-antigens—tiny portions of proteins from the dying cells—to a pool of T cells. To ensure that T cells don't attack the body's own tissues, the macrophages initiate the repression of any T cells that bind to the self-antigens.

In previous work, Miller's group was able to couple specific self-antigens such as myelin to apoptotic cells to tap into this natural mechanism and suppress T cells that would normally attack the body's own tissue. However, using apoptotic cells as a vehicle proved to be a costly, difficult and time-consuming procedure.

In the new study, the team linked myelin antigens to microscopic, biodegradable particles in the hope that these would be similarly taken up by circulating macrophages. Their work was partly supported by NIH's National Institute of Biomedical Imaging and Bioengineering (NIBIB) and National Institute of Neurological Disorders and Stroke (NINDS). The study appeared online on November 18, 2012, in *Nature Biotechnology*.

The myelin-bound particles proved to be just as good as apoptotic cells, if not better, at inducing T-cell tolerance in a mouse model of multiple sclerosis. The particles both prevented symptoms and slowed their progression when injected at first detection of disease symptoms.

The team is hoping to begin phase I clinical trials in the near future. The material that makes up the particles has already been approved by the U.S. Food and Drug Administration for other uses. The researchers are also exploring the approach to treat other autoimmune diseases such as type 1 diabetes and food allergies.

#### **14. Human Genes Associated with Inflammatory Bowel Disease Identified**

Researchers found 71 new human genes associated with Crohn's disease and ulcerative colitis—forms of chronic inflammatory bowel disease (IBD) that affect nearly 2.5 million people worldwide. The study brings the total number of genes linked with IBD to 163.

The most common signs of IBD are diarrhea and abdominal pain. Its exact causes are unclear. Researchers believe an unknown factor or agent triggers an abnormal reaction by the body's immune system. Genes play some role, as the disease tends to run in families. People of Jewish heritage, particularly Ashkenazi Jews of Eastern European descent, have an increased risk of developing IBD.

A consortium of researchers from the United States, Canada and Europe set out to find common genetic variants that influence the risk for IBD. They did a meta-analysis of 15 previous genome-wide association studies. Led by Dr. Judy H. Cho of Yale School of Medicine, their analysis included data from more than 6,000 people with Crohn's disease, 7,000 with ulcerative colitis and 35,000 unaffected people.

The scientists also analyzed DNA samples using a custom chip called the Immunochip. This chip includes almost 200,000 small genetic variations selected from past studies of autoimmune and inflammatory diseases. The team examined more than 60,000 samples from over 20,000 people with Crohn's disease, 15,000 people with ulcerative colitis, and 25,000 people with neither disease. The study was partly funded by several NIH institutes, led by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Results appeared in the November 1, 2012, issue of *Nature*.

The scientists found 71 new genes associated with IBD. Of the 163 genes now linked to IBD, 110 are associated with Crohn's disease and ulcerative colitis, 30 are specific to Crohn's and 23 are specific to ulcerative colitis. For 134 of the genes, the variants associated with disease aren't predicted to cause changes in protein structure. These variants may affect when and to what extent the genes are turned on and off, known as gene expression.

The team found that many of the genes tied to IBD were previously linked with other inflammatory diseases, such as ankylosing spondylitis (spine inflammation) and the skin disorder psoriasis. "Performing the meta-analysis on these large datasets provides the statistical power and integrity to confirm the associations of these genes to IBD and identifies gene variants that until now, were only suspected to overlap with other inflammatory diseases," Cho says.

The researchers also found considerable overlap between the genes linked to IBD and those responsible for resisting infections by mycobacteria, which can cause diseases such as tuberculosis and leprosy. "The marked extent to which the findings make clear the overlap between IBD and mycobacterial infections was rather unexpected," Cho says.

These findings will help investigators further explore the pathways that lead to IBD and other inflammatory diseases. This knowledge may help lead to better, more targeted treatments. Nevertheless, even this large number of genes explains only a fraction of the risk for IBD. Further study will be needed to reveal other factors involved, both genetic and environmental.

#### **15. FDA Approves Cell Culture-Based Seasonal Influenza Vaccine**

The U.S. Food and Drug Administration (FDA) announced today the approval of Flucelvax, the first seasonal influenza vaccine licensed in the United States produced using cultured animal cells, instead of fertilized chicken

eggs. Flucelvax is approved to prevent seasonal influenza in people ages 18 years and older.

The manufacturing process for Flucelvax is similar to the egg-based production method, but a significant difference is that the virus strains included in the vaccine are grown in animal cells of mammalian origin instead of in eggs. Cell culture technology has already been in use for several decades to produce other U.S. licensed vaccines.

Cell culture technology is another manufacturing alternative to conventional egg-based influenza vaccine production. Advantages of cell culture technology include the ability to maintain an adequate supply of readily available, previously tested and characterized cells for use in vaccine production and the potential for a faster start-up of the vaccine manufacturing process in the event of a pandemic.

Flucelvax was evaluated in a randomized controlled clinical study conducted in the United States and Europe that involved about 7,700 people ages 18 to 49 years who received either Flucelvax or a placebo. The study showed that Flucelvax was 83.8 percent effective in preventing influenza when compared to placebo. The use of Flucelvax in people older than 49 is supported by antibody responses in about 1,700 adults which showed it to be comparable to Agriflu, an egg-based seasonal influenza vaccine approved by FDA for use in people 18 years and older.

The safety evaluation included about 6,700 individuals who received Flucelvax in controlled clinical studies. Injection site and general reactions to Flucelvax were typical of those seen with current influenza vaccines. Pain, redness and soreness at the injection site and headache and fatigue were the most common reactions.

## Association News

### 16. AACN Survey Identifies Nursing Education Trends

On December 4, 2012, the American Association of Colleges of Nursing (AACN) released [preliminary survey data](#) showing that enrollment in all types of professional nursing programs increased from 2011 to 2012, including a 3.5% increase in entry-level Bachelor of Science in Nursing (BSN) programs. AACN's annual survey findings are based on data reported from 664 of the 856 nursing schools in the U.S. (77.6% response rate) with baccalaureate and/or graduate programs. In a separate survey, AACN found a strong hiring preference for new nurses prepared at the baccalaureate level as well as a comparatively high job-placement rate for new BSN graduates.

Among the most stunning findings, results from the AACN survey show that the number of students enrolled in baccalaureate degree completion programs – called RN to BSN programs – increased by 22.2% from 2011 to 2012 (471 schools reporting). This year marks the 10th year of enrollment increases in these programs, which signals a growing interest among nurses and employers for baccalaureate-prepared nurse. Preliminary data from AACN's 2012 survey show that enrollment in master's and doctoral degree nursing programs increased significantly this year. Nursing schools with master's programs reported an 8.2% jump in enrollments with 432 institutions reporting data. In doctoral nursing programs, the greatest growth was seen in Doctor of Nursing Practice programs where enrollment increased by 19.6% (166 schools reporting) from 2011 to 2012. During this same time period, enrollment in research-focused doctoral programs (PhD, DNS) edged up slightly by 1.3% (96 schools reporting), even though 195 qualified applicants were turned away from these programs, based on preliminary findings.

Though interest in nursing careers remains strong, many individuals seeking to enter the profession cannot be accommodated in nursing programs, despite meeting all program entrance requirements. Preliminary AACN data show that 52,212 qualified applications were turned away from 566 entry-level baccalaureate nursing programs in 2012. AACN expects this number to increase when final data on qualified applications turned away in fall 2012 are available next March. The primary barriers to accepting all qualified students at nursing colleges and universities continue to be a shortage of clinical placement sites, funding and faculty.

### 17. American Nurses Association to Conduct Nursing Workforce Survey

On January 1, 2013, *NurseZone.com*, announced that the American Nurses Association (ANA), will be conducting a [nursing workforce study](#). ANA encourages all nurses to look for and respond to a national survey of nurses to be received between January 7-14. According to the ANA, the survey results will help review and bridge information voids in the nursing workforce. Input will also assist in the implementation of the Patient Protection and Affordable Care Act for the more than 30 million U.S. residents who will seek health care in the years ahead. Obtaining and maintaining accurate, up-to-date data on the nurse workforce has been a significant challenge. It is hoped that the ANA's efforts will improve the accessibility to workforce data. This data is a crucial tool in advocating for nursing's future.

### 18. Nurse in Washington Internship – March 17-19, 2013

The Nursing Organizations Alliance (NOA) sponsors the Nurse in Washington Internship each year. This year, the program will be held March 17-19 at The Hyatt Regency Washington on Capitol Hill, Washington, DC. NIWI is

designed to provide nurses the opportunity to learn how to influence health care through the legislative and regulatory processes. The program is designed so that participants learn from health policy experts and government officials, network with other nurses, and visit members of Congress. [View the schedule at a glance](#). You can [register online](#) as well. NACNS is a member of NOA, therefore if you register for this program you will receive the member discount. The member fee is \$ 725 (until February 15, 2013). The fee rises to \$775 after February 15. This is \$100 less than the non-member rate of \$825 and \$875. If you are a student, you may qualify for the student registration rate. There is a room block reserved for NIWI participants at the Hyatt Regency on Capitol Hill. If you plan to attend this program, you should make your hotel reservations prior to February 9, 2013 in order to take advantage of the room block and special pricing.

This program is an excellent way to learn more about policy and politics as well as to gain continuing education contact hours. NIWI 2012 was approved for 5.75 contact hours by the Tennessee Nurses Association. Tennessee Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The Alliance will seek approval for contact hours for the 2013 NIWI.

Scholarship applications for the 2013 NIWI program are now being accepted. Applications are due by Friday, January 18, 2013.

Several scholarships are being offered this year including a full scholarship, a registration scholarship, and a student registration scholarship. [Click here](#) to access the application information for the full and registration scholarship. [Click here](#) to access the application information for the student registration scholarship. For More Information - please contact Alliance Headquarters Offices at 859-514-9157 or [szach@amrms.com](mailto:szach@amrms.com).

## Federal and State Policy

### 19. Adolescents and Health Care Reform

A recent [issue brief](#) summarized the current health insurance status of adolescents and young adults, discusses implementation of key elements of the Patient Protection and Affordable Care Act of 2010 and what that will mean for these two age groups, and highlights implementation choices still to be made by the federal government and states that will affect adolescents' and young adults' access to health insurance and health care services. [The Supreme Court Affordable Care Act \(ACA\) Decision: What Happens Now for Adolescents and Young Adults](#) is one in a series produced by the [Center for Adolescent Health and the Law, National Adolescent and Young Adult Health Information Center, University of California, San Francisco](#), with support from the Health Resources and Services Administration's Maternal and Child Health Bureau. Topics include provisions related to the individual mandate, private health insurance, public health insurance (Medicaid and the Children's Health Insurance Program), and preventive health services. Future policy options are also discussed.

### 20. National Defense Authorization Act for FY 2013 Includes Language for Psychiatric APRNS

The National Defense Authorization Act (NDAA) For Fiscal Year 2013 will now include "psychiatric advance practice registered nurse" in conference committee language. Originally, the language proposed was nurse practitioners. Senator Tom Udall (D-CO), Chairman Joe Wilson (R-SC) and committee staff from both the House and the Senate assisted in getting the language inserted. The NDAA has been passed by the House and the Senate and is awaiting the President's signature. In addition, the NDAA shows a trend of using provider neutral language to provide mental health services to military personnel- thanks in large part to Senator Murray (D-WA). The provider neutral language can be read as granting flexibility to both Departments (Defense and Veterans Affairs) to recognize the services of any category of health care professional with appropriate education and clinical training. Below is a list of a few provisions that facilitate APRNs and other providers to serve the needs of military personnel

### 21. National Campaign to Prevent Heart Attacks in Women

The US Department of Health and Human Services' Office on Women's Health has launched a public awareness campaign designed to educate, engage and empower women and their families to learn the seven most common symptoms of a heart attack. [Make the Call. Don't Miss a Beat](#) also encourages women and their families to call 9-1-1 as soon as those symptoms arise. Although a woman suffers a heart attack every 90 seconds in the US, few are aware of the most common heart attack symptoms. The campaign's Web site includes myths and facts about heart attacks, including tips on how to survive a heart attack. [Click here](#) for more from **Make the Call. Don't Miss a Beat**.

### 22. Congress Passes a Bill to Avoid the Fiscal Cliff

In the early morning of January 1st, the Senate passed the American Taxpayer Relief Act of 2012 with a vote of 89-8. The House passed it later that day with a vote of 257 to 167. The bill delays the date of the FY 2013 sequester 1/4/2017

by two months to March 1, 2013 and reduces the total amount of the sequester by \$24 billion over 9 years. It reduces the discretionary spending caps by \$12 billion and raises revenues from a provision concerning Roth IRAs by \$12 billion.

Half of the \$12 billion in discretionary cuts comes from defense and the other half comes from non-defense discretionary (NDD). The bill reduces the current discretionary cap over two years for both defense and NDD. The caps are cut by \$2 billion each in FY 2013 and by \$4 billion each in FY 2014.

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