

## ***IN THIS ISSUE . . .***

### **TOP STORY**

- **123 DEATHS A DAY**

### **HEADQUARTER NEWS**

- **2018 NACNS ELECTIONS – COMING SOON!**
- **NOW OPEN: BIENNIAL CENSUS OF CNSs TRACKING EDUCATION, PRACTICE, DEMOGRAPHICS**
- **MAKE CNS WEEK 2018 A TIME TO REMEMBER!**
- **NEW TASK FORCES APPOINTED BY THE NACNS BOARD OF DIRECTORS**
- **APPLY TO JOIN THE FIRST CLASS OF CNS FELLOWS**
- **2018 NACNS EDUCATOR’S FORUM AND CNS SUMMIT A GREAT SUCCESS!**
- **CNSI TO LAUNCH VIDEO COMPETITION IN OCTOBER**
- **DEVELOP YOUR CNS PRECEPTORS TO IMPROVE STUDENT EXPERIENCES**
- **NACNS WEBINAR SERIES**

### **AFFILIATE NEWS**

- **VIRGINIA**

### **ASSOCIATION NEWS**

- **AAN ANNOUNCES FIVE NEW RECOMMENDATIONS FOR THE CHOOSING WISELY® CAMPAIGN**

### **CLINICAL NEWS**

- **850 MILLION PEOPLE WORLDWIDE HAVE KIDNEY DISEASE**
- **BANDAGE SPEEDS UP HEALING OF DIABETIC WOUNDS**
- **OPIOID OVERDOSE DEATHS CONTINUE TO CLIMB**
- **HERPES VIRUSES LINKED TO ALZHEIMER’S DISEASE**

### **FEDERAL/STATE ISSUES**

- **TITLE VIII REAUTHORIZATION UPDATE**
- **HEALTH PLANS MAY NOT BE IN COMPLIANCE WITH MENTAL HEALTH PARITY LAWS**
- **RESCISSION PACKAGE AND CHIP**
- **HHS TASKS NEW OFFICE TO BATTLE DISEASE THREATS WITH TECHNOLOGY**
- **HOW STATES CAN USE MEDICAID FUNDS TO FIGHT OPIOID PROBLEM**
- **\$930M TO HELP STATES FIGHT OPIOID MISUSE**
- **AMA AND BARRIERS TO FULL PRACTICE AUTHORITY**

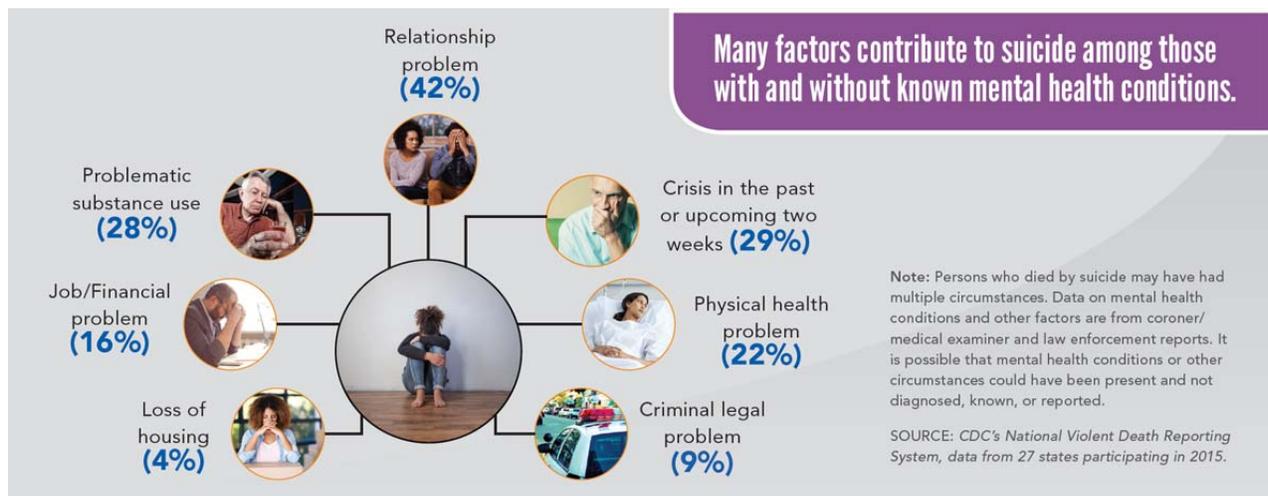
### **RESOURCES**

- **HOSPITAL INPATIENT WASTE IDENTIFICATION TOOL**

## TOP STORY

### 123 DEATHS A DAY

A recent [study](#) found that the nation's suicide rate rose by 25% over the past two decades. Published in the June 8, 2018 issue of the Centers for Disease Control and Prevention's (CDC) *Morbidity and Mortality Weekly Report*, the new [report](#) names suicide as the 10th leading cause of death in the United States.



The report found nearly 45,000 suicides, or about 123 suicides a day, occurred in the United States in 2016, which is more than twice the [number of homicides](#). Statistics demonstrate that suicide is a substantial threat and it causes an alarming loss of life. Yet, through the decades, homicides received much more attention than suicides.

Among people ages 15 to 34, suicide was the second leading cause of death. White males accounted for seven of 10 suicides in 2016. Male suicide rates were constant after the late teenage years and stayed constant into their 60s. Once males entered their 60s, 70s and 80s, the suicide rate began to climb dramatically. In contrast, women had a gradual rise in suicide rates to midlife, and then the rate began to decline.

Firearms were the most common method of suicide overall (48.5%), and decedents without known mental health conditions were more likely to die by firearm (55.3%) than those with known mental health conditions. Homes with guns had more firearm suicides than homes without. The chance of a family member dying with a gun in a suicide was much greater than the chance of an intruder getting killed with that gun.

Mental health conditions are often seen as the cause of suicide, but suicide rarely is caused by any single factor. Many people who die by suicide are not known to have a diagnosed mental health condition. The opioid crisis is a medical disaster. It contributes to suicide rates, but is not the sole driver just as the economic recession in 2008, which occurred after the suicide rate was already rising, is one potential factor but not the full explanation. Other problems often contribute to suicide, e.g., those related to relationships, substance use, physical health, and job, money, legal, or housing stress.

Suicide is highly preventable. Research shows one effective strategy for lowering the suicide rate is improving health care providers' capacity for diagnosing and treating depression – which is the psychiatric causal factor in 60% of suicides with psychiatric disorders, and 90% of all suicides occur in the context of a psychiatric disorder. About 40% of all suicidal patients see their health care provider within 30 days of dying by suicide, and about 80% see their provider within 12 months. These patients likely talk about physical symptoms, when those symptoms actually represent a depression with physical symptoms. The patient doesn't mention depression. If the provider doesn't ask, the patient doesn't tell the provider.

The report recommends that states take a comprehensive public health approach to suicide prevention. To help states, CDC released a [technical package](#) on suicide prevention that describes strategies and approaches based on the best available evidence.

## HEADQUARTER NEWS

### 2018 NACNS ELECTIONS – COMING SOON!

The 2018 Nominating Committee members are working diligently to complete their candidate



interviews and open the 2018 NACNS ballot for member voting. You will be voting on: President-Elect, Secretary/Treasurer; Board of Director, at large; and Nominating Committee members.

As a CNS, you know how important leadership is to an association. When the ballot is published, we encourage you to read each candidate's information closely and make selections that you personally think would bring diversity and leadership to NACNS. The 2018 Election will open between mid-October and November, 2018.

In the past few years, the Nominating Committee has been working to implement a system of candidate selection that is based on contemporary non-profit association best practices. Each candidate the Nominating Committee brings before the membership for a vote will have had an interview with a nominating committee member and a close review of their election submission materials. The Committee will have deemed each candidate eligible to run for office, informed them of the level of commitment that is needed to serve and given serious consideration to the skills they bring forward to help grow our association.

Please honor the candidates' commitment by taking a few minutes to vote.

### NOW OPEN: BIENNIAL CENSUS OF CNSs TRACKING EDUCATION, PRACTICE, DEMOGRAPHICS



NACNS successfully opened its biennial CNS Census on June 1, 2018. This [online survey](#) is designed to be completed by anyone who is educated as a CNS. It asks a number of key questions: In what settings do clinical nurse specialists (CNSs) work? In what specialties do they provide care? Are most CNSs authorized to prescribe medication and/or medical equipment? What are the demographic characteristics of those in the field?

The CNS Census is the only source of workforce data specific to the CNS role.

Those who complete the survey will be automatically entered into a drawing to win an Amazon Alexa, donated by Springer Publishing Company, LLC, or one of two certificates for a free webinar from the NACNS 2018-2019 webinar series. (NACNS staff and Board members are not eligible for the drawing.) Don't miss this important opportunity to help us learn more about you and the CNS role. The survey is scheduled to close on December 31, 2018 and takes an average of less than 10 minutes to complete.

## MAKE CNS WEEK 2018 A TIME TO REMEMBER!

September 1 – 7 will be National Clinical Nurse Specialist Recognition Week – a time when hospitals and health care systems pay tribute to and celebrate the valuable role clinical nurse specialists play in health



care. This year's theme is ***Clinical Nurse Specialists: Catalysts for Change and Innovation*** and people across the country will be drawing attention to the ways CNSs improve patient safety, patient outcomes and quality of care.

CNSs are engaging at the local and state levels to draw attention to the vital role the CNS plays in health care delivery, using materials NACNS created for them. These materials can be used to educate people throughout the year, so consider [purchasing](#) or downloading them to use in early September and over time. On the NACNS website, you will find:

- A package of public relations materials to use to reach out to local media, legislators or other community leaders.
- Reasonably priced [logo items](#), from pens and CNS Week pins to ice packs and notecards to display or purchase as gifts for colleagues.
- The new ["CNS" pin](#), which spells out CNS in rhinestones and makes a terrific piece of jewelry that is a real conversation starter!
- Don't forget our print resources as well:
  - ✓ [CNS brochure](#)
  - ✓ [CNS – Myths and Facts](#)
  - ✓ [CNS – Agents of Change](#)
  - ✓ [2016 CNS Census Infographic](#)

If you have a particularly innovative or successful celebration or project for CNS Week, tell us about it! Please email a description and photos to [info@nacns.org](mailto:info@nacns.org) or post on our Facebook page.

## NEW TASK FORCES APPOINTED BY THE NACNS BOARD OF DIRECTORS

The NACNS Board of Directors voted at their May and June 2018 meetings to institute three new task forces for NACNS.

The first would be engaged to revise the NACNS document – [Core Practice Doctorate CNS Competencies](#). This task force will begin when the revision of the 3<sup>rd</sup> Revised CNS Statement for Clinical Nurse Specialists Practice and Education is close to completion.

The other two new task forces will address important topic areas:

- The CNS and population health, and
- How the CNS bridges the growing nurse expertise gap.

The board will finalize the charges for these important task forces in August 2018. All task forces have been or will be selected through a “call for volunteer” process; each call is specific to the charge of the task force. Unlike committees where NACNS volunteers are appointed for two-year terms, task force work and length of service is related to each task force’s scope of work.

### APPLY TO JOIN THE FIRST CLASS OF CNS FELLOWS



The CNS Institute created the inaugural CNS Fellowship to showcase CNSs who have made outstanding contributions to the CNS role, been devoted mentors to future generations of CNS leaders and directly influenced the CNS role in their communities.

Application requirements include:

- Providing a letter of endorsement by one colleague, preferably a supervisor, who can verify contributions to CNS practice and leadership.
- Being a current NACNS member and having maintained membership for the past two years.
- Having worked as a CNS for at least five years.
- Being credentialed as a CNS or educated as a CNS, plus having significant past contributions as a CNS.

Applications for the inaugural CNS Fellowship opened on June 1 and will close on October 1, 2018.

### 2018 NACNS EDUCATOR’S FORUM AND CNS SUMMIT A GREAT SUCCESS!



CNS leaders from across the country came together in the Washington, DC area in July for a pair of cutting-edge meetings designed to stimulate national-level policy discussions on CNS education, practice and regulation.

**The CNS Educator’s Forum (July 16)** brought together CNS faculty from around the country to discuss, in a collegial atmosphere, issues critical to CNS education. Representatives from diverse education programs discussed effective recruitment strategies for CNS programs and brainstormed about ways NACNS and CNS programs could consider collaborating to enhance CNS enrollment. Critical discussions were held about the ways the new components of the third edition draft revised **CNS Statement for Practice and Education** could affect CNS education!

**The CNS Summit (July 17)** provided a more interactive format that allowed participants to learn and practice key skills needed to advocate for the CNS role with managers, employers, legislators, the media and other decision-makers. Also, national leaders discussed specific projects that NACNS has supported that showcase the CNS as expert, including malnutrition assessment and management of the hospitalized adult, key concerns with implementation of new technologies in clinical settings and the CNS role on a systems and patient care level in treating patients needing opioids and other pain management therapies.

CNS participants described these days as “inspiring” and “motivating.”

**WATCH YOUR EMAIL FOR INFORMATION ON NEXT YEAR’S NACNS EDUCATOR’S FORUM AND CNS SUMMIT.**

### **CNSI TO LAUNCH VIDEO COMPETITION IN OCTOBER**



On October 1, 2018, the CNS Institute (CNSI) will launch a **video competition** designed to highlight how CNSs bring incredible value to patients, organizations and communities. With this project, the CNS Institute aims to highlight innovative CNS roles, projects, outcomes and NACNS initiatives (e.g., the opioid task force). Details are available on the [NACNS/CNSI website](#). Submissions are due by **December 1, 2018**. Winners will be announced at the 2019 annual conference at the Renaissance Orlando at SeaWorld in Florida on March 6 – 9, 2019. Representatives of the winning submission do not need to be present to win.

### **DEVELOP YOUR CNS PRECEPTORS TO IMPROVE STUDENT EXPERIENCES**

As the 2018-19 academic year approaches, be sure that your CNS preceptors are prepared and ready to support students in the clinical setting in the most effective way possible.

The Indiana University School of Nursing and NACNS jointly provide a four-hour online self-study course, ***Developing Your Skills as a CNS Preceptor***, that gives preceptors the guidance and tools they need to succeed. Incorporating CNS competencies and arranged into three sections – Organizing the Learning Experience, Engaging the Student, and Providing Useful Feedback – the course gives the preceptor guidance from the initial contact with a student or faculty member through the end of the clinical experience, to ensure that he or she provides a well-planned and effective clinical experience for the student and also one that is realistic and appropriate for his/her own setting and practice.

Recent participants have shared their plans to use the content in practice in a wide variety of ways, including improvement of feedback strategies and tools, considering learner characteristics in their approach, setting and regularly referring to goals and expectations, collaborating with learners, utilizing improved communication skills, and applying many concepts to other areas of practice.

Other comments about the course indicate that it is engaging, thorough, useful and easy to follow. One learner recently commented, *“I wish this would have been created sooner!”* Learners are able to download tools that can be adapted to their practice setting for students and colleagues, and will receive 4.0 accredited nursing continuing education contact hours at completion. Though the course

currently focuses on student preceptors, a few participants have utilized its content for orienting new CNS hires as well.

Visit the [course website](#) for a video course preview and information about fees and online registration.

NACNS member and group rates are available upon request.

## **NACNS WEBINAR SERIES**

### **Don't Miss These Critical Topics that Support CNS Practice!**



NACNS offers low-cost, monthly webinars for clinical nurse specialists so they can stay on top of innovative practices and policies. Webinars are \$25 for NACNS members, \$60 for non-members and \$30 for CNS students. All webinars are archived. Listen at your leisure and apply for continuing education certificates. Email [info@nacns.org](mailto:info@nacns.org) to order an archived webinar. Register at <http://nacns.org/professional-resources/education/webinar-series/>

#### **July 30, 2018, 3-4 pm (ET)**

##### **Caring for the Transgender Population: Considerations for Pediatric Care**

May Lau, MD, MPH

Assistant Professor of Pediatrics, University of Texas Southwestern Medical Director  
Adolescent and Young Adult Clinic, Children's Medical Center, Dallas, TX

Laura Kuper, Ph.D.

Licensed Psychologist, Gender Education and Care Interdisciplinary Support (GENECIS) Program  
Children's Medical Center, Dallas, TX

***Organized by the NACNS Practice Committee***

#### **August 7, 2018, 2-3 pm (ET)**

##### **Organizing a CNS Team, From the Local to System Level**

Carrie Doyle, DNP, APRN, ACNS-BC

Director of Clinical Practice, Research and Staff Development Providence Hospital, Anchorage, AK

#### **September 27, 2018, 2-3 pm (ET)**

##### **Neonatal Abstinence Syndrome – PHARM CE**

Phyllis Whitehead, PhD, APRN, ACHPN, RN-BC

CNC, Palliative Medicine/Pain Management, Carilion Roanoke Memorial Hospital  
Assistant Professor, Virginia Tech Carilion School of Medicine, Roanoke, VA

***Speaker from the NACNS Opioid/Pain Management Task Force***

## **AFFILIATE NEWS**

### **VIRGINIA**

The summer heat is not slowing down the Virginia Association of Clinical Nurse Specialists' efforts to improve scope of practice and to implement the Consensus Model in Virginia.

The **Legislative Committee** is further defining who CNSs are and their contributions to improving patient outcomes. Current work includes modifications to the definition of a CNS with the Virginia Board of Nursing. This activity is building on passage of HB 330 - Clinical Nurse Specialists, which took effect in July 2016, adding updated language that states that CNSs are APRNs. The **Program Planning Committee** is busy developing a spring 2019 conference with a focus on pharmacology and evidence-based practice.

The affiliate is redesigning its [website](#) to enhance communication and better serve members and the community. Please visit the website to learn more about its member's accomplishments in spreading the work of CNSs through presentations and publications worldwide.

## ASSOCIATION NEWS

### AAN Announces Five New Recommendations for the Choosing Wisely® Campaign

On June 22, 2018, the American Academy of Nursing (AAN) announced five new [Choosing Wisely®](#) recommendations concerning routine treatment approaches that may not always be necessary or even in the best interest of patients.



The Choosing Wisely campaign is an initiative of the ABIM Foundation to encourage conversations between patients and their health care professionals about what care is genuinely necessary. The AAN joined Choosing Wisely in 2014, and has worked since then to engage in conversations with a broad coalition of stakeholder groups and individuals to identify nursing practices that the evidence demonstrates are unnecessary, are done frequently and/or are costly, and may be harmful.

[Download the Academy's full list of recommendations here.](#)

## CLINICAL NEWS

### 850 MILLION PEOPLE WORLDWIDE HAVE KIDNEY DISEASE



Kidney disease is a "hidden epidemic" affecting more than 850 million people worldwide. That's twice the number of diabetics (422 million) and more than 20 times the number of people with cancer (42 million) or HIV/AIDS (36.7 million). But most people do not realize that kidney disease is a major health issue.

[Renal experts note](#) that kidney diseases often cause no early symptoms. Many people aren't aware that they increase risk for heart problems, infections, hospitalization and kidney failure.

### BANDAGE SPEEDS UP HEALING OF DIABETIC WOUNDS

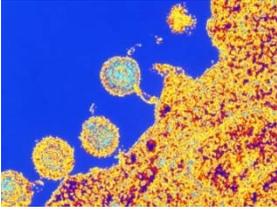
A [bandage device](#) that could hasten the healing process of diabetic wounds was created by researchers at Northwestern University in Illinois. Researchers tested the efficacy of the bandage, which uses the body's own healing ability without the aid of drugs or other pharmaceutical products, and found that it healed diabetic wounds 33% faster than regular bandages.

## OPIOID OVERDOSE DEATHS CONTINUE TO CLIMB



According to [provisional data](#) released by the Centers for Disease Control and Prevention, an estimated 46,041 Americans died from opioid overdoses between October 2016 and October 2017, a 15% increase from the prior 12-month period. Total overdose deaths from opioids, cocaine and psychostimulants rose an estimated 12% to 68,400. The data include national and state-level estimates by drug category.

## HERPES VIRUSES LINKED TO ALZHEIMER'S DISEASE



respond to an infection.

A team of scientists [reports](#) that two common herpes viruses appear to play a role in Alzheimer's disease. The team also found evidence that the viruses can interact with brain cells in ways that could accelerate the disease. The finding adds credence to a decades-old idea that an infection can cause Alzheimer's disease. It also suggests that it may be possible to prevent or [slow Alzheimer's using antiviral drugs](#), or drugs that modulate how immune cells in the brain

According to Dr. Richard Hodes, director of the National Institute on Aging, which helped fund the research, the study does not prove that herpes viruses are involved in Alzheimer's. Hodes stated that "The data are very provocative, but fall short of showing a direct causal role." Even so, the study offers strong evidence that viral infections can influence the course of Alzheimer's.

## FEDERAL/STATE ISSUES

### TITLE VIII REAUTHORIZATION UPDATE

Since the start of the second session of the 115th Congress, NACNS has been [urging Congress](#) to make the **Title VIII Nursing Workforce Reauthorization Act of 2017** ([H.R. 959](#)) a priority. H.R. 959 seeks to reauthorize the Nursing Workforce Development programs (authorized under Title VIII of the **Public Health Service Act**) through fiscal year 2022. The Title VIII programs support the recruitment, retention and advanced education of skilled nursing professionals. The bill also extends advanced education nursing grants to support CNSs and clinical nurse leaders, defines nurse-managed health clinics, adds CNSs to the National Advisory Council on Nurse Education and Practice and reauthorizes loan repayments, scholarships and grants for education, practice, quality and retention.

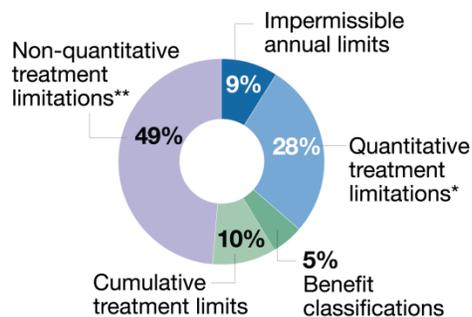


On June 29, the House Energy and Commerce passed H.R. 959. The bill now awaits a vote on the House floor. [S.1109](#) is the companion bill, which was introduced and referred to the Senate Committee on Health, Education, Labor and Pensions. NACNS will continue to push for passage of H.R. 959/S. 1109 in the 115th Congress.

## HEALTH PLANS MAY NOT BE IN COMPLIANCE WITH MENTAL HEALTH PARITY LAWS

### Mental Health Parity and Addiction Equity Act enforcement action

Fiscal 2017 violations by type



\*Includes higher co-payments or lower visit limit than medical/surgical care

\*\*Includes restrictive fail-first policies, prior authorization requirements, and written treatment plan requirements

Source: U.S. Labor Department

Mental health parity describes the equal treatment of mental health (MH) conditions and substance use disorders (SUD) in insurance plans. When a plan has parity, it means that if patients are provided unlimited health care provider visits for a physical chronic condition (e.g., hypertension), they must also be provided unlimited visits for an MH condition (e.g., depression). The [Mental Health Parity and Addiction Equity Act of 2008](#) (MHPAEA) is a federal law that prevents group health plans and health insurance issuers that provide MH/SUD benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.

**Modern Healthcare** [undertook an examination](#) of five types of MHPAEA violations for Fiscal Year 2017. Twenty-eight percent were quantitative treatment limitations, e.g., higher copays or lower visit limits than for medical/surgical care; cumulative treatment limits; impermissible annual limits; and

benefit classifications. Forty-nine percent were non-quantitative treatment limitations, e.g., restrictive fail-first policies, prior authorization requirements and written treatment plan requirements.

According to **Modern Healthcare's** report, not only are insurers "increasingly . . . using undocumented utilization review rules and procedures, known as non-quantitative treatment limitations, to deny claims," but the Department of Health and Human Services "has been sluggish in enforcing parity in its areas of responsibility, including Medicaid and the Children's Health Insurance Program."

Noncompliance with MHPAEA is a major problem at this time when the United States is experiencing a crisis of drug misuse and overdose deaths. [Kaiser Health News](#) summarizes that "many families report similar battles with insurers in getting coverage for needed mental healthcare and/or addiction treatment. This includes situations when patients at high risk of relapse were discharged from residential care over clinicians' objections because their insurer stopped paying, or when patients in acute withdrawal had to wait for their insurer to approve payment for medication-assisted treatment. Some patients reportedly have died due to delays in getting needed coverage and care. Insurers blame access problems on the national shortage of behavioral health professionals and a lack of reliable quality measures for behavioral health facilities."

Advocates are seeking to strengthen parity enforcement. They are pushing for regulators to certify that health plans are in compliance with parity rules before the plans are offered on the market.

## RESCISSION PACKAGE AND CHIP

In March, President Trump signed a [\\$1.3 trillion spending bill for FY2018](#). Owing to concerns about how the spending will explode the national debt, the president asked Congress to rescind funds previously allocated. In June, the House passed [H.R.5442 - A Fast-Tracked Executive Rescission Review \(AFTERR\) of Appropriations Act of 2018](#), which seeks to revoke \$15 billion in appropriated funds from federal agencies, the first such rescission package since the Clinton administration.



Most of the cuts would not affect agencies directly, because these “clawbacks” deal with monies that Congress appropriated but were unspent, such as the \$7 billion from the [Children’s Health Insurance Program](#) (CHIP), \$5 billion of which has expired and cannot be spent, and \$2 billion from a Child Enrollment Contingency Fund. The contingency fund is a “rainy day” account to help prevent states from running out of money. Before the contingency fund was established, if a state experienced higher enrollment than expected, federal funding would be insufficient to cover the costs. Nonetheless, the Trump administration says the contingency fund will be unnecessary.

CHIP covers nearly 9.4 million children, and is a key contributor to record-low levels of uninsurance among children. In January of this year, after a series of short-term patches that left states with a great deal of uncertainty, Congress passed a six-year extension of CHIP. Three weeks later, Congress extended the program for another four years, reauthorizing the program through FY 2027.

A Congressional Budget Office (CBO) [letter](#) estimated that the impact of the rescission on CHIP “would not affect outlays, or the number of individuals with insurance coverage.” CHIP advocates are particularly concerned that while the contingency fund dollars being rescinded may not be tapped in Fiscal Year 2018, there was no way for CBO to predict a contingency. CBO cannot assume recessions or natural disasters. Advocates contend it is critical that sufficient funding for CHIP remains available in the contingency fund in order to continue coverage if an unforeseen disaster happens.

Also, a CBO [report](#) on the proposed rescission found that while the package cuts \$15 billion, it essentially will save only about \$1 billion. The bill has moved to the Senate for consideration.

## HHS TASKS NEW OFFICE TO BATTLE DISEASE THREATS WITH TECHNOLOGY



The Department of Health and Human Services launched a new initiative that it hopes will track and end infectious disease threats before they become full-fledged epidemics. The [new office](#), known as the Division for Research, Innovation and Ventures (DRIVE), creates a network of private partners known as accelerators. These organizations will seek out startups and other businesses and help them develop their technologies and treatments to detect and battle infectious diseases.

Another key focus of DRIVE projects is to create an effective treatment for sepsis. Sepsis, a top cause of hospitalization in America, leads to 250,000 deaths annually and costs approximately \$24 billion a year to treat.

## HOW STATES CAN USE MEDICAID FUNDS TO FIGHT OPIOID PROBLEM



The Centers for Medicare and Medicaid Services (CMS) released a State Medicaid Director letter (SMD) aimed at helping states take advantage of federal funding opportunities to support health information technology efforts to address the opioid public health emergency. The SMD, [Leveraging Medicaid Technology to Address the Opioid Crisis](#), provides guidance to the states about various telemedicine and prescription monitoring tools used to enhance efforts by state agencies, providers and partners to combat the opioid crisis.

CMS also issued an informational bulletin to the states titled [Neonatal Abstinence Syndrome: A Critical Role for Medicaid in the Care of Infants](#). The bulletin provides states with options, including Medicaid coverage options and limitations, for designing approaches to treatment of infants with Neonatal Abstinence Syndrome (NAS). It contains a summary of studies on such treatment, which suggest possible strategies that states may consider to build effective coverage programs. It further discusses ways in which Medicaid can support parents and caregivers to improve health outcomes for infants with NAS.

## **\$930M TO HELP STATES FIGHT OPIOID MISUSE**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year 2018 [State Opioid Response Grants](#) (Short Title: SOR). The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD, including prescription opioids, heroin and illicit fentanyl and fentanyl analogs.



State allocations for the Opioid SOR grants are calculated by a formula. Each state, as well as the District of Columbia, will receive not less than \$4,000,000. Each territory will receive not less than \$250,000. The program also includes a 15% set-aside (\$142.5 million) for the 10 states with the highest mortality rate related to drug poisoning (overdose) deaths. The grants are part of the more than \$2 billion in funding allocated to address the opioid problem over the next two years. Congress appropriated the funds as part of the [FY 2018 spending agreement](#) passed in February and signed into law in March.

## **AMA AND BARRIERS TO FULL PRACTICE AUTHORITY**



Full practice authority (FPA) allows all APRNs to practice to the full scope of their education and certification. FPA for all APRNs is impeded in many states by various barriers and restrictions, such as state laws that mandate collaborative practice agreements requiring that APRNs deliver care with physician oversight. Sometimes these agreements are temporary, as in the case of states with transition-to-practice periods, which require APRNs to have physician oversight for a specific number of hours or years, after which they can apply to work independently. Another barrier to FPA has been opposition from professional medical associations.

Most recently, the American Medical Association (AMA) has contacted the National Council of State Boards of Nursing (NCSBN) to request that provisions of the [NCSBN APRN Model Compact](#), for APRN multistate licensure privilege, be removed or substantially revised. Specifically, AMA is seeking to alter sections of the Model Compact, which grant prescriptive authority and allow APRNs to practice independent of a supervisory or collaborative relationship with a physician, notwithstanding state law to the contrary. The AMA, and the other medical organizations that are signatories to the [letter](#), contend that the APRN Compact is the only compact that changes the health professional's scope of practice. These professional societies "object to the use of interstate licensure compacts as a mechanism through which to expand scope of practice laws."

NACNS works with the NCSBN and other APRN professional societies to track the complex policy landscape of state legislation and regulations. See the [NACNS Scope of Practice](#) webpage.

## RESOURCES

### HOSPITAL INPATIENT WASTE IDENTIFICATION TOOL



The [Institute for Healthcare Improvement](#) (IHI) is an independent nonprofit organization helping to lead the improvement of health care. To aid your improvement efforts, IHI offers free tools, change ideas, measures to guide improvement, audio and video, improvement stories and [IHI White Papers](#).

IHI's Innovation Series white papers were developed to share the problems IHI is working to address; the ideas, changes and methods IHI is developing and testing to help organizations make breakthrough improvements; and early results where they exist. One such free white paper resource is [Hospital Inpatient Waste Identification Tool](#). It provides a systematic method for hospital frontline clinical staff, members of the financial team and leaders to identify clinical and operational waste and, subsequently, prioritize and implement waste reduction initiatives that will result in cost savings for the organization.

The tool consists of five modules – Ward, Patient Care, Diagnosis, Treatment and Patient – that qualitatively identify opportunities for waste reduction. Each module includes clearly articulated waste types, worksheets and instructions. Guidance for customizing the tool is included.