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TOP STORY

CNSs INCLUDED IN EXPANDED TREATMENT OPTIONS FOR PATIENTS WITH OPIOID USE DISORDERS



In October 2018, NACNS [commended](#) President Trump for signing into law P.L. 115-271, also known as [H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment \(SUPPORT\) for Patients and Communities Act](#). Section 3201 of **SUPPORT** provides lasting authority for NPs and PAs to prescribe buprenorphine through medication-assisted treatment (MAT). This action permanently extends these providers' authority, granted originally in 2016, for only five years via Public Law 114-198, the [Comprehensive Addiction and Recovery Act \(CARA\)](#). NACNS advocated for **CARA** and yet, while supporting that law as a "good start," [noted](#) that it fell far short of what was really needed as it failed to include CNSs, who can prescribe MAT. NACNS argued, "[c]linical nurse specialists have the same education and training as other advance practice registered nurses. Allowing CNSs to practice to the full scope of their education and training will not only increase the pool of qualified health professionals but also improve access to care."

Through the years, NACNS has pressed its position to expand patients' access to treatment by allowing authority to CNSs who are lawful prescribers of MAT (e.g., [NACNS comments on the implementation of Section 704 of CARA, December 1, 2016](#) and NACNS's three [Opioid Position Statements](#)). NACNS's advocacy paid off as Section 3201 of the **SUPPORT** Act also gives CNSs, CRNAs and CNMs prescribing authority for five years, until October 1, 2023.

Training is required in order to apply to become [Drug Addiction Treatment Act \(DATA\)](#) waiver practitioners who prescribe or dispense buprenorphine for opioid dependency treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) already has a regulatory framework to qualify [for NP and PA DATA waivers](#).

This NP/PA framework, which may become the model for a CNS waiver, mandates no fewer than 24 hours of initial training provided by certain organizations, such as the [American Society of Addiction Medicine \(ASAM\)](#). While SAMHSA is promulgating regulations for CNS waivers, NACNS and ASAM have begun exploring possible collaboration to offer training to CNSs interested in seeking a waiver to prescribe buprenorphine.

In addition to Section 3201, other **SUPPORT** provisions may have implications for CNS practice in addressing the opioid crisis, such as:

- Providing R&D funding for new nonaddictive and nonopioid drugs and treatments.
- Authorizing Centers for Disease Control and Prevention grants for states and localities to improve their prescription drug-monitoring programs.
- Expanding the use of telehealth services for Medicaid and Medicare substance use disorder (SUD) treatment.
- Providing loan repayment for SUD-treatment providers who agree to work in mental health professional shortage areas or counties that have been hardest hit by drug overdoses.
- Developing educational materials for clinicians to use with pregnant women for shared decision-making regarding pain management during pregnancy.

HEADQUARTER NEWS

2018 CNS CENSUS

Have you completed the CNS Census yet? Don't delay! Also, help us recruit by sharing the word with your CNS colleagues.



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. This is the 3rd in a series of biannual surveys that asks 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 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.

2018 NACNS ELECTIONS, NEW LEADERS ANNOUNCEMENT



If you attend the 2019 Annual Conference in Orlando, FL on March 6 – 9, 2019, you will be able to attend the NACNS Business Meeting on March 9 and witness the formal announcement of winners of the NACNS elections.

Specifically, new members of the board and nominating committee will be introduced to the membership there. Not attending the annual conference? Check out the announcement on the NACNS web site at www.nacns.org. The winners will be posted after the announcement at the Annual Conference and will be found under the heading "News and Events."

REGISTRATION OPENS EARLY FOR THE NACNS 2019 ANNUAL CONFERENCE



NACNS was pleased to open Annual Conference registration earlier this year, on November 2, 2018. This was done to allow NACNS members who need a longer planning window to be able to come to the 2019 Annual Conference, March 6 – 9th at the Renaissance Orlando at SeaWorld. This meeting will

be a memorable experience, providing national-level networking with CNSs opportunities to hear about cutting-edge, evidence-based practice and quality projects, and a first-hand chance to see how your CNS colleagues are lowering costs through decreases in hospital days, reducing infection and increasing the skills of the nurses who consult with the CNS.

New this year, we are implementing advanced skills-building workshops that will allow CNSs to leave the meeting with new skills that can be used immediately. These include suturing, advanced neuro

assessment and enteral feeding – new technology tube placement and more. This year we are featuring a workshop designed by Cardinal Health with input from CNSs and dieticians on the placement and care of feeding tubes. This advanced workshop will help CNSs learn about the new types of feeding tubes, determine when to place and remove feeding tubes and key nutritional assessment factors. Don't miss this important featured workshop.

Clinically-oriented pharmacology sessions will help CNSs reach their pharmacology CE requirements and help them refine their patient care. While pharmacology sessions are included in the body of the conference, NACNS also is offering a preconference with three excellent pharmacy sessions.

Other changes have been implemented in 2019! The exhibits and poster sessions will open on Wednesday evening and close on Friday afternoon. The opening reception will be held on Wednesday, March 6th for all attendees to allow everyone an early look at the exhibits.

Don't forget to consider buying a ticket for the CNS Institute's first annual CNS Fellow Induction Dinner. This dinner will be held Friday evening, March 8th. You don't want to miss seeing the first group of fellows inducted!

The NACNS 2019 Annual Conference, filled with top-notch presenters and papers, will be "The" meeting to attend next year.

NACNS 2019 ANNUAL CONFERENCE TO FEATURE UNIQUE WORKSHOPS



Don't miss the opportunity for hands-on learning at the NACNS 2019 Annual Conference. NACNS is unveiling a total of five workshops that will allow you to learn and/or refine your skills. Three of these workshops are designed to give you enhanced direct care sphere skills. The other two will engage the learner in case studies and discussion

that will build skills to enhance organizations/system sphere skills. Don't forget to register for these workshops. A lab fee will be applied to certain workshops to enable all participants to be provided with the tools they need.

All direct care workshops will have a limit on the number of registrants.

Workshops – Direct Care

Wednesday, March 6 – Suturing Skills for the CNS*

Thursday, March 7 – Enteral Feeding Tubes – Placement and Management

Thursday, March 7 – Advanced Neuro Assessment Skills for the CNS *

Workshops – Organizational/System Sphere

Wednesday, March 6 - CNS Systems Leadership: Root Cause Analysis and Action to Prevent Patient Harm

Friday, March 8 - CNS Practice: "Setting up Shop" and "So, You Want to Develop Your Innovative Idea into a Business Proposal"

*Lab fees apply. Each participant will receive the materials needed to participate in this course.

WELCOME THE FIRST CLASS OF CNS FELLOWS DURING 2019 NACNS ANNUAL CONFERENCE IN ORLANDO



Join your friends and colleagues for a celebration of the inaugural class of CNS Fellows, to be held at the NACNS Annual Conference in Orlando, FL on March 6 – 9, 2019. More than 50 CNSs from around the country applied to be considered for this honor. These applicants will undergo a critical review by the CNS Institute Trustees and some be selected for induction at the Annual Conference.

Be part of history! Plan now to come to Orlando and cheer on the first class of CNS fellows. The event that welcomes the CNS Fellows will be a special ticketed event. These individuals, upon their induction at this event, will be eligible to use a new credential – the FCNS following their name, degree and licensure. Please plan to join this important celebration!

Also, begin now to plan to apply to the 2020 class of CNS Fellows. The Fellowship has been established 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:

- ◆ 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.

Application for the next class of the CNS Fellowship is expected to be open June 1 to October 1, 2019.

CNS INSTITUTE VIDEO COMPETITION



On October 1, 2018, the CNS Institute (CNSI) launched 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.

NACNS 2018-2019 WEBINAR SERIES – WE BRING THE EXPERTS TO YOU!



NACNS has planned a phenomenal series of webinars for members in 2018-2019. Don't miss the next installments of our webinar series:

December 11, 2018, 2 – 3 pm ET

Emerging Infectious Diseases (PHARM CE)

Join Vanessa A Makarewicz, RN, MN, Infection Prevention & Control

Operations Manager, Harborview Medical Center, Seattle, WA

Speaker from the NACNS Infection Control Task Force

January 17, 2019, 2 – 3 pm ET

Caring for the Transgender Population: Considerations for Adult Care

Conducted by Marcel Fomotar, PhD, MSN, MA, RN, PHN, Nurse/ Researcher/Educator, Little Company of Mary, Torrance, CA

Organized by the NACNS Practice Committee

February 19, 2019, 2 – 3 pm ET

Identification of Sepsis

Join Joya D. Pickett, ARNP-CNS, CCNS, ACNS-BC, CCRN, Critical Care Clinical Nurse Specialist, Swedish Medical Center, Swedish Health Services System, Seattle, WA

March 19, 2019, 2 – 3 pm ET

Medications for Mechanical Ventilation: What Every Prescriber Should Know

Conducted by Andrea Sikora Newsome, PharmD, BCPS, BCCCP, Clinical Assistant Professor, Critical Care Pharmacist, The University of Georgia, College of Pharmacy

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 to order an archived webinar. Register at

<http://nacns.org/professional-resources/education/webinar-series/>

3RD EDITION REVISED CNS STATEMENT FOR CLINICAL NURSE SPECIALIST PRACTICE AND EDUCATION

NACNS' Task Force for the Revision of the CNS Statement has been working since late 2015 on this important, core CNS document. The CNS Statement completed public comment on June 11, 2018 and content validation on July 18, 2018. Content validation participants included national CNS experts and interested national nursing organizations. A group of board members and CNS Statement Task Force members have integrated recommendations into the final document that has now been submitted to a copyeditor. After copyediting, the NACNS Board of Directors will be asked to review and approve this work for publication. The current timeline anticipates publication in December 2018 or January 2019.

CNS PIN

You have asked for it, we brought it back! Several years ago, the CNS Foundation created a pin that had the CNS initials on it. NACNS members periodically asked where they could get this pin, but it had been discontinued. Now, NACNS has reintroduced a "CNS" pin, made of rhinestones. It is a prominent way to communicate your nursing role. This pin was unveiled at the NACNS Educator's Forum and CNS Summit in July 2018. It is available for sale on the NACNS website and will be available at the 2019 NACNS Annual Conference. Or go to [NACNS's store](#) and purchase it now.

DEVELOPING YOUR SKILLS AS A CLINICAL NURSE PRECEPTOR

Are you planning to be a preceptor for a CNS student this year?

Do you arrange clinical placements for CNS students?

Do you supervise CNS's who serve as preceptors?

If you answered yes to any of these questions, be sure to check out the online self-study course, **Developing Your Skills as a Clinical Nurse Preceptor**, jointly provided by the

Indiana University School of Nursing and the National Association of Clinical Nurse Specialists. Launched in 2016, this course provides four continuing nursing education contact hours specific to the role of a preceptor for clinical nurse specialist students. It is separated into three modules: Organizing the Learning Experience, Engaging the Student, and Providing Useful Feedback, and it aims to provide new and experienced preceptors with tools and tips to have a successful clinical experience for both the preceptor and the student.

This course is a great way to support your preceptors and your CNSs so they can be well prepared to guide the next generation of CNSs into practice. Past participants report that the course is filled with great resources, real-life examples, is specific to the role of the CNS and has useful downloadable tools to use with students. The online delivery and self-pace allows you to complete the course within your own time frame and schedule.

Visit the [course website](#) for course preview, more information and registration. **NACNS members can receive a discounted registration rate upon request!**

THE APRN LACE NETWORK MEETING

Since implementation of the Consensus Model for APRN Licensure, Accreditation, Certification and Education (APRN Consensus Model), the “LACE Network” was given the responsibility to communicate about the APRN Consensus Model. In a historic meeting, held at the ANA Headquarters in Silver Spring, MD on October 1 - 2, member organizations of the LACE Network met to discuss the structure of this important entity. At the conclusion of this two-day meeting, the groups in attendance voted to develop an internal operating structure and rename the LACE Network. Now known as the APRN LACE Network, this group will begin an internal re-structuring process that will allow for more clarity of purpose and communication.



IN MEMORIAM: BARBARA LYNN JONAS, MSW, FAAN (1933-2018)

Barbara Lynn Jonas, MSW, FAAN, died on October 23. She was an activist in the arts, mental health and public policy. In 2006, Barbara, a respected psychiatric social worker, and Donald Jonas brought together their professional expertise and personal passions to address a growing crisis in our nation’s health care system — the nursing shortage. They established Jonas Nursing and Veterans Healthcare, a first-of-its-kind philanthropic program dedicated to advancing the nursing profession and helping returning veterans.

NACNS deeply appreciates that Nursing and Veterans Healthcare, and support for the Jonas Scholars, continue to be the signature investment of Jonas Philanthropies as it identifies and invests in high-potential doctoral nursing scholars who will address the nation’s most pressing health care needs.

ASSOCIATION NEWS

A COLLABORATIVE APPROACH TO DIABETES CARE V

The National Association of Clinical Nurse Specialists is a media partner for [A Collaborative Approach to Diabetes Care V](#), which will take place April 4 – 5, 2019 in Charleston, South Carolina. NACNS members who register by December 14 will receive a \$100 discount for the event!

Hospitals are being incentivized for achieving diabetes care metrics in the patient populations in their catchment areas. This situation has required them to develop effective health care delivery models that impact not only individual patients, but also the patient population as a whole. At the conference this spring, you will learn about:

- National guidelines related to inpatient diabetes care in congruence with advanced diabetes care certification requirements.
- Engaging interdisciplinary teams in creating solutions to barriers to caring for individuals with diabetes.
- Engaging health systems to reduce the prevalence of diabetes.
- The financial impact and implications of low health literacy on the health care delivery system.
- Addressing social determinants of health and factors leading to readmissions or unnecessary emergency department visits.
- ROI related to both financial and quality measures using a telehealth diabetic care program.
- And much more.

This two-day event will address the cross continuum of Inpatient Diabetes Care in the areas of building and maintaining inpatient diabetes programs, incorporating the Triple Aim, bridging health literacy gaps, designing workflows with social determinants of health to reduce readmissions and comorbidities, and more. [See some of the topics that will be covered and presenters](#). And register today to receive your \$100 discount!

For more information or to register, contact gbosch@currentadvantage.com or call 414-877-0740.

NURSES OVERLOOKED IN THE NEWS MEDIA

A replication study of the 1997 [Woodhull Study on Nursing and the Media](#) finds journalists routinely overlook nurses as sources in health news stories. The original study analyzed 20,000 articles published in 16 U.S. newspapers, magazines and health trade publications in September 1997. Researchers found that less than 1% of the articles in *U.S. News & World Report*, *Time*, *Newsweek* and *Business Week* referenced a nurse. Nurses were referenced in less than 4% of the 2,101 newspaper health articles from seven newspapers across the country.



The replication research, published in the [Journal of Nursing Scholarship](#) and in the [American Journal of Nursing](#), found nurses continue to be grossly underrepresented as sources in health news stories. In the recent study, researchers found that nurses were identified as sources in 2% of health news coverage and only mentioned in 13% health news coverage overall.

The interviews revealed biases among journalists, editors, public relations staff and health care organizations. Participants said preconceptions exist in health news about positions of authority, placing physicians at the top of source lists.

NANN SMARTBRIEF HIGHLIGHTS SPECIAL REPORT ON BREASTFEEDING



In October, via the online news service [SmartBrief](#), the National Association of Neonatal Nurses published a two-part special report about breastfeeding. The special report summarized recent news and studies about the topic. For example, Part II included these titles:

- [Paid Family Leave Improves Breastfeeding Rates Among High Income Women](#)
- [All Major Airports Required to Have Lactation Rooms Now](#)
- [Study Suggests Breastfeeding Can Stifle Drug-Resistant Bacteria in Babies](#)
- [Does Breastfeeding Hormone Protect Against Type 2 Diabetes?](#)
- [NIH Task Force: More Research Needed on How Drugs Affect Pregnancy and Lactating Women](#)

The breastfeeding articles included in Part I of this special report are accessible through the [archives](#) of the NANN *SmartBrief*.

CLINICAL NEWS

CDC CONFIRMS CASES OF ACUTE FLACCID MYELITIS

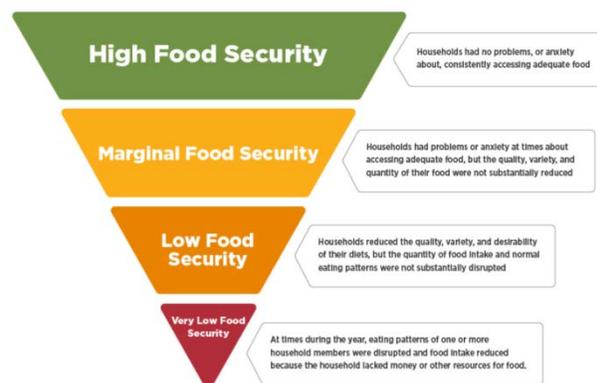


According to a [report](#) and [updated count](#) released November 13, the Centers for Disease Control and Prevention confirmed 90 cases of acute flaccid myelitis in 27 states so far this year, triple the number in 2017. Most of the cases have affected children. The rare but serious condition affects the nervous system, causing the muscles and reflexes in the body to become weak. Cases also surged in 2014 and 2016, to 120 and 149 respectively. About half of the 2018 cases have tested positive for enterovirus or rhinovirus, but more research is needed to better understand the condition and what is triggering the increase.

FOOD INSECURITY IS A SOCIAL DETERMINANT OF HEALTH

Food insecurity describes a household's inability to provide enough food for every person to live an active, healthy life. Hunger and health are deeply connected. In the United States, one in eight people struggle with hunger.

A [study](#) from the U.S. Department of Agriculture shows that people who are food insecure are disproportionately affected by diet-sensitive chronic diseases, e.g., hypertension, coronary heart disease, hepatitis, stroke, cancer, diabetes, arthritis,



Source: Adapted from the USDA Economic Research Service.

chronic obstructive pulmonary disease, kidney disease. According to another [study](#), family members in food-insecure households are more likely to struggle with psychological and behavioral health issues. Science investigations also show that, for young children, there is clinical importance including a link between food insecurity and delayed development, chronic illnesses (e.g., asthma, anemia) and behavioral problems (i.e., hyperactivity, anxiety and aggression in school-age children).

9.7% OF U.S. ADULT POPULATION HAD DIABETES IN 2016, 2017



An estimated 8.5% U.S. adults had a type 2 diabetes diagnosis and 0.5% had a type 1 diagnosis in 2016 and 2017, according to a new study published in [BMJ](#). Researchers analyzed data from the 2016 and 2017 editions of the National Health Interview Survey involving 58,186 adults ages 20 or older and found those with type 1 diabetes had lower body mass index and higher levels of education, and were generally younger than those diagnosed with type 2 diabetes.

HOSPITALS CAN PREVENT ICU DEMENTIA



Each year, 5.7 million Americans develop long-term mental effects like dementia and confusion as a result of being in the ICU. These mental problems can be as pronounced as those experienced by people with Alzheimer's disease or a traumatic brain injury; many patients never fully recover. However, [research](#) shows patients are less likely to suffer those effects if their doctors and nurses follow a procedure that is gaining ground in ICUs nationwide. The steps are part of a bundle of actions aimed at reducing [delirium](#) in ICU patients. Following this checklist of actions can reduce the risk of mental impairment following an ICU stay by 25% to 30%.

SURVEY FINDS DECLINE IN HOSPITAL-ACQUIRED INFECTIONS



Based on a [survey](#) of 199 hospitals across the United States, researchers found a 16% decline in the risk of hospital-acquired infections between 2011 and 2015, with the largest decreases seen with urinary tract and surgical site infections. The prevalence of health care-related pneumonia and *Clostridium difficile* (*C. difficile*) did not decline significantly during the period studied. Pneumonia was the most common health-care associated infection, followed by gastrointestinal infections. *C. difficile* was the most common gastrointestinal infection reported.

VARIATION IN USE BY NICU TYPES



A recently published [study](#) of the variation in NICU admissions indicates a need for further research on the characteristics of those admissions to help generate evidence-based guidelines for appropriate NICU use. The study also recommends a campaign to focus neonatal care teams on using the NICU wisely by addressing the appropriate use of intensive care for newborn infants and accounting for local context and the needs of families.

Increased admissions of higher birth weight and less acutely ill infants to NICUs suggests that intensive care may be used inappropriately in these populations. Among many potential complications, overuse of NICU admissions carries the risk of iatrogenic infection, acute familial stress and disruption of breastfeeding.

NEW RECOMMENDATIONS: MOST HOSPITAL PATIENTS NEED LESS O₂



According to new recommendations [published](#) October 24 in the *BMJ*, supplemental oxygen is not always indicated for acutely ill patients and may contribute to mortality. As part of the "Rapid Recommendations" initiative of the *BMJ*, a panel of experts — including specialists, a nurse, a surgeon, a respiratory therapist and patients — evaluated a recent [systematic review](#) and meta-analysis and developed recommendations regarding supplemental oxygen therapy. The recommendations are aimed at treating critically ill patients, surgical patients with sepsis, hospitalized patients or those *en route* to hospital in an ambulance.

FEDERAL/STATE ISSUES

2018 MIDTERM ELECTIONS: FACTS & FIGURES



As we go to press, several congressional races are still in contention. However, what is definitive is that the Democrats have taken back the House and the Senate still has a Republican majority. Divided control of Congress ensures that any attempts to repeal and/or replace additional elements of the *Affordable Care Act* will be dead on arrival, particularly given the prominence of protecting patients with pre-existing conditions in Democratic campaign messaging.

- 114 million voters cast their ballots – the most it has ever been for a midterm election.
- There will be 85 new members of Congress in 2019 – meaning more than 15% of Congress will be freshmen on January 3.
- In the Illinois 14th congressional district, Lauren Underwood, MSN, MPH, BSN successfully unseated her incumbent opponent. She focused her campaign messaging on the need to improve health policy.
- Medicaid expansion was passed in Idaho, Nebraska and Utah. The measure failed in Montana.
- Kansas and Maine elected governors who have shown support for Medicaid expansion.
- Establishing mandatory nurse-patient ratios in hospitals failed in Massachusetts.

THE PUSH FOR TITLE VIII REAUTHORIZATION



Since its introduction, 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 Nursing Workforce Development programs (authorized under Title VIII of the *Public Health Service Act*) through fiscal year 2022. 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 July 23, 2018, the House passed H.R. 959 which now awaits Senate consideration. There also is a companion bill – [S.1109](#) – that will come into play. NACNS continues to push for passage of H.R. 959/S. 1109 and has reached out to members to support efforts to get congressional passage by the end of the year.

NOTICE OF FUNDING OPPORTUNITY: ADVANCED NURSING EDUCATION WORKFORCE



The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year 2019 Advanced Nursing Education Workforce Program. The purpose of this program is to support innovative academic-practice to educate CNSs, primary care NPs and CNMs prepare for the unique challenges associated with practicing in rural and underserved communities. HRSA expects approximately \$37,250,000 to fund approximately 53 recipients. You may [apply](#) for up to \$700,000 per year, of which \$350,000 may be used for student traineeships. In order to be eligible for an award, applicants must request both traineeships and academic-practice program infrastructure funds. The deadline to apply is January 8, 2019.

CIVIL RIGHTS AND THE OPIOID CRISIS



The Department of Health and Human Services (HHS) Office for Civil Rights (OCR) is [launching a new campaign](#) to inform the public about civil rights protections regarding evidence-based opioid use disorder (OUD) treatment and recovery services, including Medication Assisted Treatment.

The campaign clarifies civil rights protections that may apply to persons with OUD by making covered entities aware of their obligations under federal nondiscrimination laws, including laws prohibiting discrimination on the basis of disability or limited English proficiency. Covered entities are those receiving federal assistance from HHS, such as hospitals and health clinics, nursing homes, substance use disorder treatment programs, TANF and child welfare programs. In addition, the campaign seeks to educate the public about disability rights protections that may apply to persons in recovery from an opioid addiction. OCR also released important [guidance](#) explaining when HIPAA permits health care providers and other covered entities to share a patient's health information with loved ones and others involved in a patient's care.

CMS ADVANCES PAYMENT MODEL TO LOWER DRUG COSTS FOR PATIENTS



The Centers for Medicare and Medicaid Services (CMS) seek input on a new International Pricing Index (IPI) payment model to reduce what Americans pay for prescription drugs. Under the IPI model, described in an [Advance Notice of Proposed Rulemaking](#) (ANPRM), Medicare payments for select provider-administered drugs – not medicines purchased at pharmacies – would shift to a level more closely aligned with prices in other countries.

The move from current payment levels to payment levels based on international prices would be phased in over a five-year period, would apply to 50% of the country, and would cover selected Part B Medicare drugs. Currently, the government pays for drugs in Part B according to a formula based on each drug's average sales price, plus a 6% markup for the provider. The proposed rule also sets up a first-time system inside Medicare through which drugs would be sold to vendors instead of directly to providers and hospitals. It would remove incentives for providers to prescribe more-expensive drugs by paying them a flat fee for storing the medications instead of a fee based on a percentage of the drug's price.

CMS will review comments and consider issuing a proposed rule for the IPI in the spring of 2019, with a potential model start in spring 2020. Comments will be received on the ANPRM until December 31, 2018.

RESOURCES

CLINICAL PRACTICE GUIDELINES FOR QUALITY PALLIATIVE CARE



The NACNS is an [endorsing organization](#) for the National Consensus Project's (NCP) ***Clinical Practice Guidelines for Quality Palliative Care, 4th edition***. The NCP Guidelines, a product of the National Coalition for Hospice and Palliative Care, are available to [download](#) or purchase. The guidelines create a blueprint for excellence by establishing a comprehensive foundation for gold-standard palliative care for all people living with serious illness, regardless of their diagnosis, prognosis, age or setting. They expand on the eight domains of palliative care contained in the 3rd edition and include clinical and organizational strategies, screening and assessment elements, practice examples, tools and resources.

The NCP Guidelines encourage and guide health care organizations and clinicians (including non-palliative care specialists) across the care continuum to integrate palliative care principles and best practices into their routine assessment and care of all seriously ill patients. The guidelines formalize and delineate available evidence-based processes and practices, as well as consensus recommendations, for the provision of safe and reliable high-quality palliative care for adults, children and families with serious illness.

MEDPAC RELEASES 2018 PAYMENT BASICS SERIES



MedPAC announced the release of its updated **2018 Medicare Payment Basics** series. **Payment Basics** is a series of brief overviews of how Medicare's payment systems function. The Commission produces **Payment Basics** as a resource for policymakers and others to better understand how Medicare pays for health care services. You may view the documents in the series, which provide an overview of 20 payment systems, by going to <http://medpac.gov/-documents/-payment-basics>.

PRODIGY Trial to Develop Novel Respiratory Compromise Risk Prediction Tool



The *Journal of Critical Care* recently published a manuscript about [PRODIGY](#) (PRediction of Opioid- induced respiratory Depression In patients monitored by capnoGraphY), a clinical trial designed to create and validate a novel respiratory compromise (RC) risk prediction tool to identify medical and surgical patients at increased RC danger while receiving opioids on the general care floor (GCF). Primary findings from the trial have an anticipated release in early 2019, with secondary findings to follow.

RC is common, with an incidence of nearly one in every five patients recovering from major surgery. Despite its prevalence, it can go undetected and is largely unpredictable, adding to poor outcomes, activation of rapid response teams, unnecessary admissions to intensive care units, and a drain on staff and resources. The researchers conclude that the PRODIGY trial will aid clinicians by developing a novel validated RC-risk prediction scoring tool for patients receiving opioids on the GCF. The tool has the potential to change clinical practice as the nursing profession strives for the safer recovery of surgical and medical patients.