The Missouri Nurse
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POSTMASTER SEND ADDRESS CHANGES TO: THE MISSOURI NURSE, P.O. BOX 105228, JEFFERSON CITY, MO 65110

The Missouri Nurse attempts to select authors who are knowledgeable in their fields. However, it does not warrant the expertise of any author, nor is it responsible for any statements made by any author. This publication is peer reviewed; however, Special Column sections are written by editorial invitation only and are not peer reviewed.

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POSTMASTER SEND ADDRESS CHANGES TO: THE MISSOURI NURSE, P.O. BOX 105228, JEFFERSON CITY, MO 65110
As another year comes to a close, I would like to say thank you for your support of the Missouri Nurses Association and the Missouri Nurses Foundation. The holiday season is always a wonderful time for reflection on the year that has passed. As I look back, I am so excited with the progress of nursing in Missouri and so appreciate all that you have done to be involved in moving nursing forward in Missouri.

I believe 2011 has been one of the most exciting times in the history of the nursing profession. The IOM report on The Future of Nursing: Leading Change and Advancing Health that explored how nurses’ roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America’s increasingly complex health system. Since its release in October 2010, The Future of Nursing has remained the top visited report on the IOM’s website. As of June 2011, the IOM has sold over 4,670 copies of the final version since its release in early 2011. Additionally, nurse faculty have ordered over 1,000 “free” exam copies of the IOM report, a record of exam copy requests.

Although there may be challenges to navigate in the coming year as we continue to work for implementation of The Future of Nursing recommendations, remember the Missouri Nurses Association will continue to provide unparalleled advocacy for our nursing profession. As nurses we are in a position to make change let us not take it for granted. Your advocacy and generosity have and will continue to allow us to meet our goals. Missouri is fortunate to have highly qualified and caring nurses who serve with passion for the profession and a strong commitment to patient care.

As we prepare for this busy and joyous holiday season, it is a time to reflect on the cherished and important things in life. When I think about those things that create meaning, those things that enrich our lives, those things that are hard to live without; they would have to be family, close friends, colleagues, and knowing you as a nurse have made a difference in the lives of patients and their families.

Thank you for your continued commitment to patients and their families as well as to the nursing profession. We have accomplished much and have come so far through hard work and dedication in 2011. We look forward to an exciting and productive 2012!
PLATINUM LEVEL:
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Cox College is a single purpose specialized private college and affiliate of CoxHealth. The college offers Associate, Bachelors, and Masters degrees in nursing.

For more information on the MONA Corporate Partnership Program please visit the MONA website at www.missourinurses.org or call the MONA office at 573-636-4623, x226.

MONA CALENDAR

JANUARY
  2nd  Holiday (Office Closed)
  16th  Holiday (Office Closed)
  18th  APRN-SIG/MOCAP Meeting, Jefferson City (11:30 a.m.-3 p.m.)
  23rd  MoActionCoalition - Advanced Practice (Red) Team Call (12 p.m.)
  24th  MoActionCoalition - Education (Yellow) Team Call (12 p.m.)
  25th  MoActionCoalition - Practice (Red) Team Call (12 p.m.)
  26th  MoActionCoalition - Leadership (Green) Team Call (12 p.m.)
  27th  MoActionCoalition - Workplace/Workforce (Blue) Team Call (12 p.m.)

FEBRUARY
  13th  Holiday (Office Closed)
  20th  Holiday (Office Closed)
  22nd  Nurse Advocacy Day, Capitol Plaza Hotel, Jefferson City

MARCH
  1st  MoActionCoalition - Strategic Advisory Committee Meeting, Jefferson City (10 a.m.-4 p.m.)
  6th  CE Approver Unit Call (11 a.m.)
  12th  MoActionCoalition - Advanced Practice (Red) Team Webinar (12 p.m.)
  13th  MoActionCoalition - Education (Yellow) Team Webinar (12 p.m.)
  14th  MoActionCoalition - Practice (Red) Team Webinar (12 p.m.)
  15th  Cord Blood Banking Conference, St. Louis Airport Marriott, St. Louis (9:30 a.m.-4 p.m.)
  15th  MoActionCoalition - Leadership (Green) Team Webinar (12 p.m.)
  16th  MoActionCoalition - Workplace/Workforce (Blue) Team Webinar (12 p.m.)
  22nd  Finance Committee Meeting, Jefferson City (9 a.m.-12 p.m.)
  22nd  MONA Board Orientation, Jefferson City (1-4 p.m.)
  22nd  Executive Committee Meeting, Jefferson City (4-5 p.m.)
  23rd  MONA Board Meeting, Jefferson City (9-4 p.m.)

APRIL
  11th  APRN-SIG/MOCAP Meeting, Jefferson City (11:30 a.m.-3 p.m.)
  12th  APRN Conference, Holiday Inn Select, Columbia
  13th  APRN Conference, Holiday Inn Select, Columbia
  23rd  MoActionCoalition - Advanced Practice (Red) Team Call (12 p.m.)
  24th  MoActionCoalition - Education (Yellow) Team Call (12 p.m.)
  25th  MoActionCoalition - Practice (Red) Team Call (12 p.m.)
  26th  MoActionCoalition - Leadership (Green) Team Call (12 p.m.)
  27th  MoActionCoalition - Workplace/Workforce (Blue) Team Call (12 p.m.)

AMENDED BYLAWS
The amended MONA Bylaws are available on the MONA website, www.missourinurses.org. If you do not have access to the internet, printed copies are available by contacting the MONA office at 573-636-4623.
FROM THE PRESIDENT
Rebecca McClanahan, MSN, RN

Foundations from the past...
Building toward the future

Thank you for the opportunity
to serve as your MONA President for the next biennium! 2011 is my 36th year as a Registered Nurse, and my 36th year as a member of the Missouri Nurses Association. I am so thankful for the wonderful heritage of leadership and advocacy we have as a professional association – the professional association for registered nurses in Missouri. As I review the list of MONA President’s since I have been a member, I can identify significant accomplishments during each person’s tenure. Now, we have an opportunity to work together and to discover where we can make a difference during this next biennium! Please join me in that effort!

We had an excellent convention, Missouri Nurses: Promoting a Healthy Tomorrow! I thoroughly enjoyed every session and every speaker. I heard so many positive comments from others who were in attendance. We were inspired by the discussions of nursing’s impact on federal health care policy by ANA President, Karen Daley, and ANA Vice President for Government Affairs, Rose Gonzalez. We are accepting your feedback and we are already working hard to make the next convention the best event yet. If you were unable to attend convention, we especially need to hear from you regarding what would attract you to the next convention.

I had the wonderful opportunity to represent MONA, along with CEO Jill Kliethermes, at the ANA Constituent Assembly attended by presidents and executive staff from each of the state nurses associations. We heard many updates about actions being taken by ANA to be a more responsive and agile association. I believe we have begun many of those steps here in Missouri, but we can enhance our services even more to help nurses better meet the health care needs of our state and to assure the inclusion of the newest generation of nurses. We must continue to provide guidance in the areas of practice, education, leadership development and the nursing workforce.


Foundations from the past is what we have been given. now we must build toward the future - toward our shared vision of a preferred future. Let’s work together to make this the best year yet for Missouri Nurses Association! 😊

NEW BOOK OFFERED FREE TO RNs:
Real Nurses Unreal Success

A newly published book, Real Nurses Unreal Success, is offered free to all RNs for a limited time. Edited by Vickie L. Milazzo, RN, MSN, JD, the pioneer of legal nurse consulting, this 280-page paperback offers an inside look at the dramatic journey to freedom and financial independence achieved by RNs who have created new careers for themselves as Certified Legal Nurse Consultants™.

In this new, fifth edition of CLNC® Success Stories: Real Nurses Unreal Success, RNs reveal their personal stories of success consulting with attorneys on medical-related cases. In the book RNs discover countless tips and strategies for creating a full-time or part-time legal nurse consulting businesses outside the traditional hospital setting. Some of the entries include:

• 12 Things Nursing Taught You About Owning a Business
• Take the Fast Track to Financial Freedom
• Triumph Over Any Personal Challenge
• Make More Than a Living, Make a Difference
• Take 5 Simple Steps to Launch Your CLNC® Career

“This book is very special to me as it’s a collection of favorite success stories from my graduates,” Milazzo said. “Because of my admiration for our nursing community, I’m offering my new book as a free gift exclusively to RNs.” The book retails for $17.95.

To receive your FREE copy of Real Nurses Unreal Success, please call Vickie Milazzo Institute at 800.880.0944. Shipping is also free. 🎈
Missouri Action Coalition has been selected as an Action Coalition by the Future of Nursing: Campaign for Action, coordinated through the Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation (RWJF), to ensure all Americans have access to high-quality care, with nurses contributing to the full extent of their capabilities.

Missouri Action Coalition will work with the campaign to implement the recommendations of the 2010 landmark Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. The Missouri Action Coalition application was initiated by the Missouri Nurses Association, Missouri League for Nursing, and Missouri Health Advocacy Alliance.

“We are thrilled to add the Missouri Action Coalition to the Action Coalition network,” said Susan B. Hassmiller, PhD, RN, FAAN, senior adviser for nursing at RWJF and director of Future of Nursing: Campaign for Action. “The Campaign for Action must work at every level to build and sustain the changes necessary to improve health care for all Americans, and we know the contributions of the Missouri Action Coalition will be invaluable as we move forward.”

“The expertise of our coalition members and our proven capacity were key factors in being selected,” said Jill Kliethermes, Chief Executive Officer, Missouri Nurses Association. “As a participant in the movement to maximize the contributions of the nurses who deliver health care in our state and nation, Missouri Action Coalition is excited to bring its energy and ideas to the groundbreaking effort.”

Jill Kliethermes noted that Missouri Action Coalition plans to focus on the areas of education, practice, leadership, and workplace/workforce to implement key recommendations of the IOM report. Action Coalitions are the driving force of the campaign at the local and state levels.

The campaign seeks active participation from states, national organizations and individuals from health care, business, education, government and philanthropic sectors to ensure that the recommendations are translated into actions that result in improved patient-centered care. Specifically, the Campaign for Action is working to implement the recommendations of the IOM report with an emphasis on:

- Strengthening nurse education and training;
- Enabling nurses to practice to the full extent of their education and training;
- Advancing interprofessional collaboration among health care professionals to ensure coordinated and improved patient care;
- Expanding leadership ranks to ensure nurses have a voice on management teams, in boardrooms and during policy debates; and
- Improving health care workforce data collection to better assess and project workforce requirements.

For more information about the Missouri Action Coalition, visit the Missouri Nurses Association website at www.missourinurses.org. The website contains information on upcoming conference call/webinars/meetings, commitment forms to become more involved, notes from past meeting and calls, and a list of organizations that have pledged their support.
REducinG BarriERS TO APRN PRACTiCE:
A TEMPLATE FOR CHANGE IN MISSouri
A PLAN ON POLiCY

Kathleen Haycraft, DNP, APRN, FNP, PNP, DCNP

ABSTRACT:

PURPOSE: The state of Missouri has significant barriers to APRN practice. This article reviews why barriers are created and gives examples of barriers. The template for change outlines a plan to eliminate barriers to APRN practice and expand access to health care to Missouri’s nearly six million citizens.

DATA SOURCES: The review of literature and the statutes of Missouri are contrasted to states with barrier free practice. The personal experiences of the writer were also drawn upon. The article reflects a planned journey to achieve barrier free practice in the state of Missouri.

CONCLUSION: The barriers to practice are significant in Missouri. Many key organizations have developed reports and position statement that will open policy windows and assist in the transformation to barrier free practice.

IMPLICATIONS FOR PRACTICE: The discussion of the barriers and the association with unnecessary regulations are linked with increased health care costs. The template can be utilized in other states to assist them in barrier reduction.

KEYWORDS: Advance Practice Registered Nurses (APRN), barriers, barrier free, legislators, regulations, statutory, scope of practice, collaborative, supervisory, agenda setting, policy stream, plenary, template, change agent.

INTRODUCTION:

The window of opportunity to reduce barriers to APRN practice in Missouri is open. The Patient Protection and Affordable Care Act (PPACA) (HR 3590, 2010), Institute of Medicine (IOM) Future of Nursing Report (Institute of Medicine, 2010), Center to Champion Nursing (CCNA) (CCNA, 2011), Macy Report (Cronenwatt & Dzau, 2010), National Council of State Boards of Nursing (NCSBN) APRN Consensus Paper (LACE) (National Council of State Boards of Nursing, 2008) and the administrative rules that are generated from a wide variety of administrative bodies including Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), and the Veteran’s Administration (VA) have merged to create an opportunity to create change in Missouri. These policy streams are influenced by the current political climate. The desire to control spiraling costs in health care supports the role that APRNs can play in the movement to contain costs, while increasing access to quality health care. Each state has the opportunity to contrast their current with their desired state and develop a template for needed change. This is a plan for Missouri to reduce barriers for APRN practice and improve access to Missouri’s citizens.

APRNs (advance practice registered nurses) are highly qualified practitioners who deliver health care in a wide variety of settings and roles. APRNs are educated at the graduate level and studies show they deliver cost effective, high quality, and safe health care (AANP, 2010). A systematic review of advance practice nursing outcomes reinforces these findings (Newhouse et al., 2011). No studies have indicated inferior levels of care and many studies show the care APRNs deliver results in high levels of patient satisfaction (Horrocks, Anderson, & Salisbury, 2002; Robin, Becker, Adams, Howard, & Roberts, 2004). APRNs are able to provide this care at much lower litigation rates and resultant malpractice rates than their physician counterparts (Hooker, Nicholson, & Li, 2009).

APRNs have been in existence for nearly one half century (Office of Technology Assessment, 1981). Rules and regulations that govern the scope of practice for advance practice registered nurses vary dramatically from state to state. The statutory regulation of the APRN is determined by state rather than federal legislation (Wilken, 1993). The variance is compounded by the state regulatory bodies that influence policies. This promotes inconsistencies in scope of practice from state to state. This is in marked contrast to the physician scope of practice which is consistent across the United States. As a result of both legislative and administrative rule making, many barriers are implemented by state legislatures which limit the availability of care to citizens.

These barriers have widespread influence on cost, access, and time associated with the health care delivery system. Barrier free practice is defined by this writer as practices without impediments imposed with the intent of inhibiting the performance of another profession. Barriers to APRN practice have their roots in the history of physician involvement in statutory and regulatory bodies. When physicians developed their scope of practice in the early 1900s, they carved out the entire health care practice and have “doled out” acceptable scope of practice for other health care professionals. This resulted in a near century of “turf” battles that do not promote accessibility.
of patients to quality affordable health care. This is not consistent with the team approach where the best ideas are explored to create a health care system that works for the consumer. Complex health problems necessitate a team approach with all members of the team contributing to the process. The dominance of one profession over all others does not lead to a collaborative network of care.

Legislators have an important role in developing laws to protect society. When regulations protect society they have great importance. Excessive regulations are harmful to society and may restrict free trade and consumer rights. In the sentinel IOM report on the Future of Nursing, legislators are encouraged to examine their statutes and to reduce barriers to APRN practice. In states where there are excessive barriers to practice, the report recommends that the Federal Trade Commission (FTC) engage in the process (Institute of Medicine, 2010). The FTC advised Florida and Texas to reduce anticompetitive practices (Florida and Texas) in 2011 (Farrell & Feinstein, 2011; Ford, 2011).

While sixteen states have independent APRN practice, some states remain in a supervisory and or collaborative relationship with activities being selectively delegated by physicians (American Academy of Nurse Practitioners, 2011). Depending on the state, APRNs could be credentialed, licensed and disciplined by the board of nursing (BON), an APRN board, a joint board, or report to the board of medicine (BOM). In the licensure, accreditation, certification, education (LACE) model developed by the National Council of State Boards of Nursing (NCSBN), states would have the autonomous APRN report to the BON (with a mandated APRN position on that board).

Seventeen states have joint rule promulgation with the Board of Medicine and the Board of Nursing (some including other boards e.g. the Board of Pharmacy). Missouri was not listed as one of the states with joint rule making ("Scope of Practice Laws in Healthcare: Rethinking the Role of Nurse Practitioners," 2008). Missouri indicates the three boards (Board of Healing Arts, Nursing, and Pharmacy) “may promulgate” rules. This “may” language quickly becomes “shall” language in actual practice. States that have effectively achieved barrier free practice did not have joint promulgation of rules. The development of excessive rules and regulations (barriers) by legislators frequently occur due to lack of information about the APRN scope of practice and the high quality, cost effective, and safe care that they deliver. The rapid explosion of health care costs coupled with reduced health care outcomes further indicates the need for change in the system (Organization for Economic Cooperation and Development, 2010).

Agenda setting in the political process of barrier reduction for the APRN is a priority for many organizations. There is both a state and federal legislative policy stream to enter. The American Academy of Nurse Practitioners recommends barrier reduction on a state by state approach (AANP, 2010). The American Nurses Association recommends reduction in barriers for advance practice nurses on both a state and federal level (ANA, 2010). Center to Champion Nursing in America (CCNA) developed through a cooperative effort of the American Association of Retired Persons (AARP) and the Robert Woods Johnson foundation recommends reduction of barriers as urgent needs for primary care exist throughout the United States (CCNA, 2011). These reports coupled with the Institute of Medicine report on the Future of Nursing provide a window to create an opportunity to set an agenda for change (Table 3 for links to key organizations).

Identifying barriers to care in each state can be cumbersome. As legislators continue to pass legislation affecting APRN practice, barriers can increase or decrease. Keeping track of these barriers is an ongoing challenge. When regulations are unnecessary they are barriers. These barriers are costly and can impede access to high quality and safe care for APRN patients.

Legislators need to be educated about APRNs. They need to recognize the significant costs associated with unnecessary regulations. They need to be aware of the direction of the policy setting agencies. Legislators make health care decisions with serious ramifications. Legislators are influenced when the association is made between unnecessary regulations (barriers) and increased healthcare costs.

The policy stream is influenced by many stakeholders and shareholders. The policy making stream has opportunities to enter that represent windows for agenda setting (Sharp, 2008). Creating change and a new agenda for APRN scope of practice by legislators would positively affect Missouri’s nearly six million residents (US Census Bureau, 2010). It is anticipated that the Health Care Exchanges to be created from PPACA will add an additional 600,000 citizens in Missouri that will need access to health care (Blouin, 2009).

The solution lies in adoption of the NCSBN’s LACE model. This model provides an inter-state framework for consistent licensure, accreditation, certification, and education for advance practice nurses. The adoption of this model would allow APRNs to have a more consistent scope of practice across the United States.

WHY MISSOURI?

The Pearson report grades on plenary authority and Missouri has rated between F and F+ (Pearson, 2011). In addition to this report, the report on ranking state NP regulation rated Missouri 50th out of 51 (Lugo, O’Grady, Hodnicki, & Hanson, 2007). This indicates that Missouri legislators need information on the role of APRNs. The state of Missouri is composed of 114 counties (Missouri
Components of Population Change, 2009). Out of the 114 counties, 109 are defined by the federal government to be lacking in primary health care providers and thus are defined as health care provider shortage areas (“Underserved Population Living in Primary Health Professional Shortage Areas,” 2008). Shortages of primary care providers are associated with poor health care outcomes (B. Wakefield, 2010). The economically disadvantaged and minorities are particularly affected (Kirby, Taliaferro, & Zuvekas, 2006). Medical students have continued declining enrollment in primary care despite the escalating need for these services (“Healthy People 2020,” 2011).

When APRNs migrate to Missouri, they are likely to face a wide variety of barriers to scope of practice that had not been experienced before. A hospice APRN that is seeking to practice in Missouri after living in Iowa (a border state of Missouri) would find marked limitations in the ability to prescribe controlled substances, sign death certificates, and a wide variety of other restrictions. These barriers have not been shown to improve care. In a state where 5,805 APRNs (13th out of 50 states) work, it is not logical to not have APRNs fully utilized to provide care to Missouri’s citizens (Phillips, 2011).

Missouri is a predominately rural state with two metropolitan areas of Kansas City and St Louis. The number of Missouri citizens living in underserved urban and rural provider areas in Missouri is 1,097,274 or 18.6% compared to 11.8% nationally (“Underserved Population Living in Primary Health Professional Shortage Areas,” 2008). Coupled with the shortage in providers, it is interesting that Missouri has so many legislative barriers to APRN practice. With the implementation of health insurance exchanges, it is anticipated Missouri will add 374,000 in 2013 and approximately 600,000 patients by 2019 (Blouin, 2009). Many of these patients will be in already strained underserved urban and rural settings.

The process of eliminating barriers can take the path of identifying each barrier and creating legislation that is focused on those specific regulations (Table 1). Barriers prevent the healthcare system from achieving all of the potential savings associated with APRN care. Another direction is the adoption of legislation that is broad and eliminates all unreasonable regulations that are not evidence based (barriers). The time is right for the adoption of the broad scope of practice legislation. The writer’s experiences have been consistent with slow incremental change associated with Missouri’s decline from a premier state for APRN practice. The exceptional achievement of the 1993 legislation was followed by joint rule making that dismantled the broad intent of the rule and developed many barriers (30 mile rule, limitation of NP/Physician to 3:1 ratio, medication dispensing, to practice). House bill 1515 instituted the audit of the collaborative practice agreement. The controlled substances legislation allowed schedule 4 through 5 with some limited schedule 3 drugs but brought additional barriers of chart signage. Gains throughout this time included the ability to sign off on disability license plates and the ability to order physical therapy. These types of gains and losses reflect the incremental style this state has utilized to create change. The time is ripe for change and creation of a barrier free practice state.

CREATING THE CLIMATE FOR CHANGE:

Utilizing the Kingdon agenda setting model, one can identify the policy, political and problem streams that comingle to create the political process (Smart, 2008). The policy stream is the legislation for APRNs, the political process will be to stakeholders and shareholders, and the problem stream is that Missouri lags behind other states in its utilization of APRNs coupled with the high cost of health care. There is both a state and federal legislative policy stream to enter. For the purposes of this paper, the focus is on the state policy stream. The players in the process include: legislators, legislative staff, special interest groups and their lobbyists, executive branch (and the bureaucrats), constituents, and the media (M. Wakefield, 2008). Relying on the principles of change theory will solidify the likelihood of one’s success.

Creating a template for change for your state can assist in the determination of what policy streams can be utilized to create the type of change you want to create. A logic model can achieve a clear path for the road to success (Table 2). Identifying the key stakeholders and shareholders and engaging them in the process is a clear priority. One can never assume that all APRNs even desire independent practice. Unfreezing, change, and freezing behaviors can include informing, educating, listening, and moving. A careful force field analysis of the facilitators and restricting agents for change is critical for success (Lewin, 1936).

When assessing the local landscape, the presence of an APRN professional group is critical. This type of process necessitates the need to have a critical mass of supporters. The choice of how to connect this group to a national and state body is a challenge as one considers a division of the American Nurses Association (MONA in Missouri) or a chapter of the American Academy of Nurse Practitioners. The creation of the mood for change is important. Enthusiasm is contagious and must begin at the top. Engaging key change agents is imperative. The support of the MONA lobbyist and CEO of MONA was critical to the creation of an environment for change. Do not assume that all will be “on board” for barrier free practice. Remembering the principles of oppressed group behavior and lateral violence is important when dealing with members of a profession that have a long standing history of “eating it’s young” (Rowell, 2010). Avoid behaviors that eat the ideas of all ages.
The need to get engaged at a state and federal level is imperative for success. This was achieved in Missouri by MONA’s CEO making a decision to combine the special interest group for advance practice registered nurses with the AANP groups in a conglomerate group called Missouri Council for Advance Practice Nurses (MOCAP). This body allows all of the shareholders to be heard, attempts to develop consensus, creates a plan for change, and allows a sense of ownership for all parties involved. It is imperative to help all participants to find a method to assist in the process that fits their talents and unique opportunities.

The Institute of Medicine has been championed through a Teamwork Summit in Missouri. This will be an ongoing process to engage key stakeholders and shareholders. This summit has significant media involvement. All participants of MOCAP and APRN/SIG are encouraged to carry out media activities. The social media sites of Linked-in, Twitter and Facebook were utilized to spread the message to a wider audience. Expanding stakeholder roles in the state was critical to this process. A lengthy list of stakeholders and shareholders was developed by the CEO of MONA with input of a planning team. To freeze the change, ongoing meetings of this Team Summit are planned.

To engage the legislative players, three doctoral students had engaged in projects involved with analyzing the state of practice in Missouri, and educating the legislators and their assistants about APRNs and surveying them about their knowledge. Careful analysis of varying state statutes supplemented by the LACE guideline for legislation will result in a draft bill. This bill as well as a review of barriers was presented to the members of the APRN-SIG and MOCAP. All members were encouraged to find sponsors/co-sponsors for the legislation.

The Advance Practice Registered Nurse-Special Interest Group (APRN-SIG) and Missouri Council of Advance Practice (MOCAP) were developed by the Missouri Nurses Association (MONA). These groups will be the key to the success of the project. APRN-SIG also has a list serve where participants can engage in discussions regarding barrier reduction and other activities. Presentations and interactions with these groups will be facilitated with a power point presentation and review of key talking points. After review of the independent state bills and the LACE example, the groups will vote on the outcome. All participants will be given the talking points and the bill example. All legislators and their aides will be given the talking points. A significant fund raising attempt will be made to increase funds in the Political Action Committee (PAC). All participants will also be encouraged to communicate with their senator and representative regarding bill sponsorship.

The bill and the plan will be reviewed by the Governmental Affairs Committee of MONA and the MONA Board of Directors. Key champions include the Chief Executive Officer of MONA (an APRN) and the MONA lobbyist. After the legislative champions and cosponsors are on board, the bill should be ready to be presented on the house and senate side. Hopefully it will travel through these chambers and be on the Governor’s desk for signature this summer. In the words of Henry Ford: “Whether you believe you can do a thing or not, you are right”.

For more info on the “Barrier Free Care for Missouri Citizens” Initiative, contact the MONA Office 573-636-4623 or info@missourinurses.org.

**NURSING FACTS**

- There are approximately 90,000 Registered Nurses in the state of Missouri.
- There are over 6,000 Advanced Practice Registered Nurses.
- These include almost:
  - 4,000 Nurse Practitioners
  - 1,600 Certified Registered Nurse Anesthetists
  - 400 Clinical Nurse Specialists
  - 100 Certified Nurse Midwives
### TABLE 1: EXAMPLES OF BARRIERS AND THEIR CONSEQUENCES

<table>
<thead>
<tr>
<th>Barrier Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative Practice*</td>
<td>Restricted access to needy populations&lt;br&gt;APRN pays fees to physician to practice&lt;br&gt;Cost savings of APRN is not actualized as savings transferred to profit by physician&lt;br&gt;Costly fee in time and money for signature</td>
</tr>
<tr>
<td>Supervisory Practice</td>
<td>As with collaborative</td>
</tr>
<tr>
<td>Prescriptive Authority*</td>
<td>Patients have limited access to needed mediation&lt;br&gt;Costly fee in time and money for communication and signature</td>
</tr>
<tr>
<td>Controlled Substances*</td>
<td>Patients have limited access to pain relief&lt;br&gt;Costly fee in time and money for communication and signature</td>
</tr>
<tr>
<td>Nursing Home Billing*</td>
<td>Patients in provider shortage areas have limited access to care&lt;br&gt;APRN or organization pays additional fees to physician</td>
</tr>
<tr>
<td>Restriction of Ability to Order Home Health Care*</td>
<td>Patients in provider shortage areas have limited access to home health</td>
</tr>
<tr>
<td>Inability to Sign Death Certificates*</td>
<td>Patients bereavement delayed in cases where collaborative physician not available</td>
</tr>
<tr>
<td>Barriers to Determine Disability</td>
<td>Patients with disabilities have to see two providers and have costs and time associated with two visits</td>
</tr>
<tr>
<td>Barriers to Sign Handicapped Parking Permits</td>
<td>Costly time and money for a signature</td>
</tr>
<tr>
<td>Barriers of Geography/Distance*</td>
<td>Inhibit access to patient care by APRN in provider shortage areas&lt;br&gt;Costly fee in time and money for communication and signature</td>
</tr>
<tr>
<td>Barrier of Billing (85%/incident to)*</td>
<td>Reduce fiscal viability of APRN</td>
</tr>
<tr>
<td>Signing All or a Representative Number of Charts*</td>
<td>Costly time and money for signature</td>
</tr>
<tr>
<td>Auditing of the Collaborative Practice Agreement*</td>
<td>Unnecessary bureaucratic involvement and costs associated with bureaucracy</td>
</tr>
<tr>
<td>Joint Rule Promulgation*</td>
<td>Allows the more dominant body to enforce their agenda beyond the intent of the statute by the creation of burdensome rules (barriers)</td>
</tr>
<tr>
<td>Inability to Order Physical/Occupational Therapy</td>
<td>Patients have reduced access to care&lt;br&gt;Cost and time associated with signature</td>
</tr>
</tbody>
</table>

*Missouri Barrier to Practice

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**MONA APRN LISTSERV**

JOIN THE CONVERSATION!! The MONA APRN Listserv is a member benefit that provides a means to communicate legislative activity concerning nursing issues relative to APRNs, share clinical information and educational program information, and communicate on practice issues related to APRNs.

If you are an APRN MONA member, consider joining the APRN Listserv. Sign up via the “Listserv Sign Up”, under “Quick Links” on the right hand side of the MONA homepage at www.missourinurses.org.
TABLE 2: LOGIC MODEL

**Program:** Surveying the Missouri Legislators about the Role of Advance Practice Registered Nurses (APRN)

**Situation:** Barriers for practice in Missouri need to be removed to maximize access to the high quality, safe, low litigation, and highly satisfying care by APRNs. Barrier reduction will improve the numbers of primary care providers in the state of Missouri. Educating the legislators about the role and capabilities of the advance practice nurses will assist them to make informed health care decisions. Missouri is one of the most restrictive states in the Union with multiple barriers to the advance practice nurse’s role. These barriers have significant direct and indirect costs to the health care system.

The Investigator’s Roles in the Capstone: Appointments will be made with the senators and representatives will be invited to a group meeting in a breakfast or luncheon setting or in individual settings. The legislators will be educated about the role and scope of APRNs. A goal of 50% of the legislators will be met. All of the state legislators will be given informational handouts developed by the researchers. A survey monkey assessing knowledge about APRNs will be given after all of the face to face encounters are completed. Contrasts will be made between the groups that were given the education in a formal setting along with handouts and those that were only given the handouts.

<table>
<thead>
<tr>
<th>SHAREHOLDERS:</th>
<th>• Citizens of the State of Missouri</th>
<th>• Legislators</th>
<th>• Advance Practice Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAKEHOLDERS:</td>
<td>• Citizens of the State of Missouri</td>
<td>• Members of the Three Branches of the Missouri Government</td>
<td>• Advance Practice Nurses</td>
</tr>
<tr>
<td></td>
<td>• Members of the Three Branches of the Missouri Government</td>
<td>• Third Party Payers</td>
<td>• Hospitals, Clinics, Public Health Departments, Federal Health Clinics, Rural Health Clinics</td>
</tr>
<tr>
<td></td>
<td>• Other Health Care Providers including but not Limited to:</td>
<td>• APRNs, Nurses, Physicians, Physical Therapists, Social Workers, Psychologists, Optometrists, Chiropractors, et al</td>
<td>• The Professional Organizations and Schools that Represent the Above Providers and Organizations</td>
</tr>
<tr>
<td></td>
<td>• Time</td>
<td>• Money</td>
<td></td>
</tr>
</tbody>
</table>

| ACTIVITIES: | Develop the educational tool. |
|            | Develop the survey tool. |
|            | Schedule and educate the legislators in a group setting in each senatorial district of Missouri. |
|            | Develop and deliver informational handouts on the role of the APRN to each legislator. |
|            | Compare the results of the legislators who were educated with the ones who were not. |

| PARTICIPATION: | Legislative Branch of Senators and Representatives APRN Investigators |
|               | Legislators and APRNs meet and complete educational process. |
|               | Informational handouts are received by legislators. |
|               | Legislators complete survey monkey. |

| SHORT: | A minimum of 50% of the legislative branch will be educated in the informal setting. |
|        | 100% of all legislators will be given informal handouts on APRNs. |
|        | A minimum of 50% of the legislators will complete the survey monkey. |
|        | The group that received education in the meeting settings will exhibit statistically higher levels of knowledge about APRNs than those that were given the informational handouts alone. |

| MEDIUM: | Legislation will be introduced to reduce the barriers for APRN practice in the state of Missouri. |
|         | Two key legislators will become champions for advance practice nurses. |
|         | Patients have improved access to care. |

| LONG: | APRNs will be fully utilized practitioners without barriers to practice. |
|       | Primary healthcare shortage will be reduced. |
|       | Health care costs will be reduced. |

**EXTERNAL FACTORS**

- Health care will remain in a state of flux.
- Budgetary issues will not dominate the agenda.
- The professional organizations of opposing stakeholders will not dominate the agenda.
- The legislators have time in their schedule for the process.
TABLE 3: KEY REPORTS AND WEB SITES FOR INFORMATION THAT INFLUENCES APRN PRACTICE


Center to Champion Nursing in America: http://championnursing.org/

NCSBN Consensus Model (LACE): https://www.ncsbn.org/7_23_08_Consensus_APRN_Final.pdf

Patient Protection and Affordable Care Act (PPACA): https://www.cms.gov/LegislativeUpdate/downloads/PPACA.pdf


Missouri General Assembly: http://www.moga.mo.gov/

American Nurses Association: http://www.nursingworld.org/

Missouri Nurses Association: http://www.missourinurses.org

American Academy of Nurse Practitioners: http://www.aanp.org/AANPCMS2

American College of Nurse Practitioners: http://www.acnpweb.org/i4a/pages/index.cfm?pageid=1

REFERENCES:

AANP. (2010). Scope of Practice for Nurse Practitioners. Dallas, TX.


NIDO.

Lewin%20&lr&pg=PR16#v=onepage&q&f=false


Wakefield, B. (2010). Primary Care at Crossroads. [Commentary], Family Practice News, 40, No. 11(June 13, 2010), 7.


Educational Objectives
• Recognize the current benefits of umbilical cord stem cells and their role in emerging regenerative medicine clinical trials and programs
• Describe how umbilical cord stem cells may improve patient outcomes
• Identify tools available for health care providers and families to educate about cord blood banking options

Speakers
David T. Harris, PhD
Professor of Immunology, Department of Microbiology & Immunology, University of Arizona, Tucson, AZ

Heather Brown, MS, CGC
VP Scientific & Medical Affairs, Cord Blood Registry, San Bruno, CA

Kathy Mueckl, RN, BSN
Nurse Coordinator, St. Louis Cord Blood Bank at SSM Cardinal Glennon Children’s Medical Center, St. Louis, MO

William S. Ferguson, MD
Director, Division of Hematology/Oncology Department of Pediatrics SSM Cardinal Glennon Children’s Medical Center/St. Louis University, St. Louis, MO

Purpose
The purpose of this activity is to educate health care professionals on the benefits of umbilical cord stem cells, describe their emerging role with regenerative medicine and cellular therapies, and present the cord blood banking options available to health care providers and families.

Date & Location
March 15, 2012 • 9:30 a.m. - 4:00 p.m.
St. Louis Airport Marriott
10700 Pear Tree Lane • St. Louis, MO 63134

Register Online:
www.missourinurses.org

Registration Fee (includes lunch):
$79 MONA Members
$129 Non-Members
$59 Student - verification of full time enrollment in a masters level or higher program is required

Register Today!!
www.missourinurses.org

Target Audience
This activity is designed for registered nurses in a variety of settings including Advanced Practice Registered Nurses, Nurse Educators, Nurse Administrators/Managers, and Registered Nurses involved in women’s services including neonatal and labor and delivery.

Accreditation
The Missouri Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Accreditation as a provider refers only to the recognition of continuing education activities and does not imply Missouri Nurses Association or ANCC Commission on Accreditation approval or endorsement of any commercial product.
In 2008 certified professional midwives (CPMs) gained the legal right to practice in the state of Missouri after being threatened with felony charges if caught practicing for the preceding 50 years. The change in legal status for CPM’s was welcome news for many people, though not the Missouri Medical Association, who continues to impede the legal practice of midwifery in this state. Nurses should understand the education and training of certified professional midwives, as well as their scope of practice, for these professionals can be allies as we work to expand the public’s access to health care by advanced practice nurses. This article describes the scope of practice of CPM’s and compares that scope of practice to certified nurse midwives.

Certified professional midwifery practice is legal in 26 states, including Arkansas, Oklahoma, Kansas, Nebraska, Kentucky and Tennessee. A certified professional midwife is a practitioner who has completed the education and training requirements of the North American Registry of Midwives (NARM), passed clinical skills demonstration exams, and completed a written examination. The credential of CPM was developed in 1994. The educational programs for CPM’s are designed to ensure safety in home and birth center births, where the majority of CPM’s practice. While many aspiring CPM’s follow an apprenticeship model of education that includes a standardized self study program, there are nine accredited educational programs in the US, primarily in western and northeastern states. As of 2010, over 1800 women had acquired the CPM credential, and NARM reports that over 500 women are currently enrolled. The educational process and CPM credential, issued by the North American Registry of Midwives is accredited by the National Commission for Certifying Agencies, which is the same organization that certifies the educational and examination process for all advanced practice nurses, including nurse midwives.

Certified professional midwives offer expert care, guidance, and support to women and their families during pregnancy, childbirth, and in the postpartum period. Additionally, CPM’s are trained to provide care for healthy newborns, up to 6 weeks of age. CPM’s are educated to recognize complications outside their scope of practice and refer women to health care providers with expertise in complications of pregnancy. CPM’s can safely manage emergency situations until other health care practitioners arrive, including postpartum hemorrhage and newborn resuscitation. CPM’s do not prescribe medications, but may administer emergency medications like oxytocin in the case of a hemorrhage. CPM’s also administer prophylactic newborn medications after informing parents of the risks and benefits of these medications.

Currently, in Missouri, CPM’s are not required to have a collaborative practice agreement with a physician, in order to practice. Currently, CPM’s are in the process of proposing the state regulations for midwifery in Missouri, in order to protect and reassure the public of the accountability of this independent profession. Regulations will likely include continuing education requirements and evidence of participation in peer review.

The American Public Health Association and the World Health Organization both affirm the value and safety of midwifery care for the majority of women. The Millbank Report: Evidence Based Maternity Care (2008) notes that US women pay more for maternity care than all other developed nations and have worse outcomes. Childbirth Connection, a non-profit advocacy and policy organization founded in 1918, notes that among low risk women there is no evidence of a difference in health outcomes for the mother and the baby, depending on whether they receive care from CPM’s, certified nurse midwives, or physicians. However, women who receive midwifery care are more likely to report increased satisfaction with the relationship they have with their caregiver during childbirth.

A certified nurse midwife (CNM) is an advanced practice nurse, who provides primary health care to women throughout the entire lifespan, with a special emphasis on reproductive health. CNM’s also provide care for newborns and men with sexually transmitted infections. In addition to performing physical exams, and providing counseling and education on health problems, CNM’s prescribe medications, in accordance with state laws. The CNM credential was first used in the 1920’s and currently CNM’s are legal practitioners in every state in the US, in-
The American College of Nurse Midwives asserts that graduate education is the minimum level of education needed for successful midwifery practice because only graduate education fully develops the necessary critical thinking and analytical skills. The Midwives Alliance of North America (MANA), the professional organization for CPM’s, disagrees, noting that a variety of educational pathways can assure competent midwifery practice. Further, MANA suggests that alternative educational pathways to midwifery certification ensure that a more diverse group of women can access that education, which ultimately provides society increased access to midwifery care. While the disagreement over appropriate entry level education persists, the two professional organizations collaborate frequently on continuing education for CPM’s and CNM’s. Additionally MANA and ACNM offer a “bridge club” that fosters communication between members of the two organizations with the mission of promoting unity among all midwives. Here in Missouri, unity among all midwives is especially important since we are all practicing in a politically difficult environment and because we share the same values: excellent care for childbearing women and their families.

Advanced practice nurses in Missouri can benefit women and childbearing families by actively supporting midwifery care in their communities. We can also become political allies with certified professional midwives as we promote access to safe and satisfying health care offered by all advanced practice nurses.

REFERENCES:

COLLECTIVE BARGAINING PROGRAM ENDING

The Missouri Nurses Association is officially announcing that we will be ending our collective bargaining program on December 31, 2011. As union membership across the state and across the nation has been in decline, we have also experienced a decrease in nurse participation in our program. The MONA Board of Directors have made the decision to focus our energies and our resources on programs and issues of greater interest to our members.

MONA has been and always will be a professional association dedicated to all those who have chosen nursing as their career. As such, we will continue our mission and tradition of professional advocacy through enhanced focus on quality continuing education, development of clear standards of practice, provision of sound practice advice, expanded networking opportunities and focused lobbying for legislative and regulatory changes to enhance nursing’s ability to provide quality care for Missourians. This shift in emphasis will allow us to focus on enhancing our organizational affiliate program to increase collaboration and cohesion among associations and groups with whom we share common interest.
Recently I was invited to present the keynote address at a Sigma Theta Tau International (STTI) Honor Society of Nursing induction ceremony. Such events are attended by nurses who are members of the local chapter, as well as nursing student inductees accompanied by their families and friends. The atmosphere at such events is always delightful to witness, chiefly because the air is charged with the vitality of mind, body and spirit which emanates from the young men and women who are the very future of our profession.

As I began my talk, I mentioned that, in spite of any efforts seasoned nurses make to cover our grey hair and smooth away our wrinkles, aging is an immense privilege; an honor that is not bestowed upon every nurse. As removed as any of us may be at any moment from the fact that we are mere mortals, no nurse is immune from becoming yet another statistic included among the accidental deaths from drug overdose collected by the Center for Disease Control (CDC) each year.

Unbeknownst to me, while addressing this happy group of over one hundred attendees, a man halfway across the country was drafting a poignant email to me, titled, “Why Can’t This Just Be A Dream?” Like over a dozen similar emails that have made their way to my in-box over the past few years, the most striking feature was that another nurse in the prime of life had died of an overdose in the work setting. In each of these emails, the exquisite grief of the writer was readily apparent, yet there was the total absence of self-pity. Remarkably, there was no hint of entitlement on the part of the writer to any emotional support from me, nor any indirect request for condolences, or even the expectation of a response.

The motive of each email was purely and simply directed at saving the rest of us; opening channels for honest dialogue about the risk to nurses who self-administer pharmaceuticals in order to prevent further loss of life in the profession. The intent was clear and straightforward: to save other relatives, friends and lovers from the tremendous loss and suffering that each of these writers continue to live with intimately on a daily basis.

This latest email offered a poignant and genuine account of the true-to-life experience of one man who was left behind in the scenario I had just presented to the STTI induction attendees: a nurse dying in the workplace of a self-administered drug overdose. The message was another unmistakable piece of mounting evidence that nurses do, still to this very day, die in staff lounges in the U.S.

A real-life portrait was fleshed out by the latest writer of a young woman, soon to be thirty-six, at the height of her personal and professional journey, who was about to become his wife. Far from a rebel rouser or renegade, she was shy and introverted. I imagine that she cared immensely for patients in the hospital where she worked and that she was a great asset to the profession, although she is now lost to us all.

With the genuine wisdom of life experience that none of us would voluntarily choose, the writer is among countless other men and women, sons and daughters, mothers, fathers, fiancées and spouses who live through such sentinel events in the healthcare setting. He, as well as the others, underscores the stigma surrounding such situations, the lack of open dialogue after such catastrophic losses, and the ongoing lack of vigorous education, prevention and debriefing measures that could help ensure the present and future of nursing: nurses.

Surely it strikes me as the ultimate contradiction that workers who are not customarily afforded the status of being called “professionals,” such as electricians and police officers, are nonetheless treated to highly sophisticated education and training to secure their occupational safety when handling potentially lethal electrical current and firearms. Fortunately, thousands of them are not relinquishing their ability to practice their trade each year for several months at a time to be treated for having come into closer than normal contact with their tool-of-the-trade. Yet tens of thousands of nurses surrender their license to practice each year as a direct result of addiction to a substance they handle repeatedly in the workplace.

Between 1996 and 2006, there were 60,010 violations by nurses in the U.S. specifically related to alcohol and other drugs reported to the National Council of State Boards of Nursing (NCSBN), with 16,268 categorized as drug diversion by the nurse for their own use (NCSBN, 2009). Since only 44 of the 60 NCSBN member boards which license nurses were included in these statistics, there is strong evidence to support that an overdose in the healthcare setting can occur and has the potential to put others, including patients, at-risk.

Higher expectations and standards related to nurse narcotic safety seem to be necessary if we are to achieve par levels of occupational health and safety which is granted to other workers and ensure that the public is safeguarded. Tangible support and a steadfast commitment to preserve and foster the optimal health and wellbeing of nurses is a debt we owe to ourselves as well as all who have sustained the horrific loss of the beloved nurse in their life. While those left behind will undoubtedly continue to suffer unspeakable grief, we must ensure that their loss is not
met with a concrete veil that one writer described to me as “the Code of Silence” within the nursing profession.

There is indeed a raging river of tears cried by those left behind. The energy behind such torrents can serve as a force to bolster our efforts to reduce the occupational hazard we face in the workplace related to prescription pharmaceuticals. In the candid words of one bereft daughter, we can unify and strengthen our profession by enacting initiatives which “Save our lives.”

REFERENCES

MISSOURI NURSES ARE IMPORTANT TEAM MEMBERS IN DENTAL CARE

Missouri nurses were among more than 1,000 volunteers who provided care to nearly 2,000 underserved children and adults at the Missouri Mission of Mercy (MOMOM) at the Ozark Empire Fairgrounds in Springfield on September 23 and 24. The two-day free clinic was a project of the Missouri Dental Association Foundation that has the mission to create better oral health for Missourians through educational programs, access-to-care initiatives, and community collaborations.

The 25 RNs assisted in medical triage before care was provided by dentists and hygienists. The nurses took health histories, reviewed medication use that could affect receiving dental care, and assessed overall health.

Each night before the clinic, patients began lining up to spend the night camped out to receive the free dental care. Unfortunately, patients were turned away each day when the facilities reached capacity. The high volume of patients participating in charitable clinics like MOMOM highlights a significant problem: many people simply cannot afford dental care. Many stories told over the weekend were similar in nature—individuals going without dental care for years; parents who are hesitant to take pictures with their children because they are afraid to smile; men and women who are convinced they can’t get their next job because of their broken teeth. These stories go on and on.

MOMOM emphasizes that more needs to be done to address oral health problems and provide people in need with the opportunity to receive routine dental checkups. And, the public must learn and understand the critical role prevention plays in protecting their oral and total health.
Chamberlain College of Nursing and the Missouri Nurses Association (MONA), the only professional organization for all registered nurses (RNs) in Missouri, announced a program that provides RNs with a special tuition rate to advance their education. The program, which is new for MONA, expands access to Chamberlain’s post licensure online educational programs for association members throughout the state.

Responding to the Institute of Medicine’s call for an increase in the proportion of nurses with a baccalaureate degree, Chamberlain’s program with MONA encourages members to take advantage of this opportunity and provides greater access to bachelor’s or master’s degree programs. The Bureau of Labor Statistics indicates that nurses who hold a bachelor’s degree or higher generally have better job prospects and work within a broader scope of nursing practice.

"As healthcare evolves and becomes available for millions of new patients nationwide, the role of nurses is expanding, making our mission to promote and enhance registered professional nursing practice more important than ever," said Jill Kliethermes, chief executive officer of the Missouri Nurses Association. "Our program with Chamberlain College of Nursing furthers our ability to support the advancement of registered nurses by giving them greater access to a quality nursing education."

Through this education program, members of MONA who meet Chamberlain’s admission requirements can now receive a special tuition rate for Chamberlain’s RN to Bachelor of Science in Nursing (BSN) online degree completion option, RN-BSN to Master of Science in Nursing (MSN) online option and MSN degree program. Benefits also include a waived application fee and a designated Chamberlain admissions representative who provides enrollment assistance specifically for MONA members.

"Founded in St. Louis more than 120 years ago, Chamberlain has a deep history in Missouri, and we look forward to continuing our tradition in the state by educating knowledgeable, compassionate and proficient nurse leaders," said Dr. Richard Cowling, vice president of academic affairs for Chamberlain College of Nursing. "The Missouri Nurses Association shares our commitment to improving healthcare worldwide by raising the standards of the nursing profession through life-long learning, professional development and leadership."

For more information about Chamberlain College of Nursing, visit chamberlain.edu. For more information about the Missouri Nurses Association, visit missourinurses.org.

ABOUT CHAMBERLAIN COLLEGE OF NURSING
Chamberlain College of Nursing offers bachelor’s and master’s degree programs in nursing. Chamberlain is currently located in Phoenix, Arizona; Jacksonville and Miramar, Florida; Addison and Chicago, Illinois; St. Louis, Missouri; Columbus, Ohio; Houston, Texas; and Arlington, Virginia.

Chamberlain College of Nursing is accredited by The Higher Learning Commission (HLC) and is a member of the North Central Association of Colleges and Schools, ncahlc.org. HLC is one of the six regional agencies that accredit U.S. colleges and universities at the institutional level. The Bachelor of Science in Nursing degree program at the Addison, Arlington, Chicago, Columbus, Houston, Jacksonville, Phoenix and St. Louis locations and the Master of Science in Nursing degree program are accredited by the National League for Nursing Accrediting Commission (NLNAC). The Bachelor of Science in Nursing degree programs at the Phoenix and the Addison locations are candidates for accreditation by NLNAC. Candidacy is the first step toward NLNAC accreditation (NLNAC, 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326, 404.975.5000). Accreditation provides assurance to the public and to prospective students that standards of quality have been met.

Program availability varies by location. Chamberlain reserves the right to update information as it becomes available. Information is current at the time of posting. For the most updated accreditation information, visit chamberlain.edu/accreditation. Comprehensive consumer information is available at chamberlain.edu/studentconsumerinfo.

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The votes are tallied!! Election results were announced at the 85th Biennial Convention and the newly elected officials have already been hard at work. The Nominations Committee would like to thank all candidates. The official results were as follows:

**PRESIDENT**
Rebecca McClanahan, MSN, RN - Kirksville (NE)

**Vice President**
Terry Reese, MSN, APRN-BC - Poplar Bluff (SE)

**Secretary**
Nelda Godfrey, PhD, RN, ACNS-BC - Liberty (NW)

**Treasurer**
Susan Kenslow, MSN, RN, FNP-BC, AOCNP - West Plains (SW)

**ANA Delegate**
Nancy Barr, MSN, RN - Kansas City (WC)
Maryann Coletti, BS, RN - St. Louis (EC)
Desma Reno, MSN, APRN, GCNS-BC - Jackson (SE)
Dianne Schmidt, RN, CPNP - Lake St. Louis (EC)

**Nominations Committee**
Northwest  
Christina Gutierrez, RN - Smithville

Northeast  
Laura Miller, RN, MSN, MBA, CNML - Hannibal

West Central  
Nancy Barr, MSN, RN - Kansas City
Mary Berhorst, RN, BSN - Linn

Central  
Carol Levins, RN - Bridgeton

East Central  
Susan Hinck, PhD, RN - Springfield

Southwest  
Stacey Morgan, RN-MSN - Gobler

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The Nominations Committee would like to extend an invitation to all MONA members to submit your name as a candidate for the office of regional chair. The regional chair position includes a seat on the MONA Board, which means you will be the liaison between the regional members and the Board. The regional chair has the opportunity to promote nursing in the regions at the grass roots level.

All interested candidates must complete the Consent to Serve form by March 16, 2012. This form can be found on the MONA website at www.missourinurses.org or contact the MONA office for a copy at 573-636-4623.

There is one regional chair position for each of the seven regions. The regional chair will serve a term of two years or until their successors are elected. All candidates must be a current MONA member in the region which they wish to serve.

On behalf of the MONA Staff, Board, and Members, thank you to those outgoing Board members whose term of office on the Missouri Nurses Association Board of Directors has ended.

Jennifer Gwin, President
Beth Lonberger, Vice President
Mary Chaston, Treasurer
Mary Berhorst, State Director
Lynne Ott, State Director
Jan Polizzi, State Director
C. Jo Riggs, State Director

Karen Daley, ANA President &
Jennifer Gwin, MONA President
CONGRATULATIONS!

THE AWARDS AND RECOGNITION CEREMONY WAS HELD ON OCTOBER 8, 2011, AT TAN-TAR-A RESORT IN OSAGE BEACH, MISSOURI. AWARD WINNERS WERE AS FOLLOWS:

ACHIEVEMENT IN CLINICAL NURSING PRACTICE AWARD
Kathleen Haycraft

NURSING LEADERSHIP AWARD
Nelda Godfrey

CATALYST FOR CHANGE AWARD
Patti Waddell

CONTRIBUTION TO MEMBERSHIP AWARD
M. Scott Sullivan

HALL OF FAME AWARD
Mary Ann Lavin
Irma Lou Hirsch
Marcia Flesner

Thank You!

Thank you to everyone that helped make the 85th Biennial Convention a success.

We couldn’t have done it without you! Your time, efforts, donations, and enthusiasm are all greatly appreciated.

MNF SCHOLARSHIP RECIPIENTS
Shelby Peek, Bailey Wolfe, Mackenzie Riggs, Alyssa Hanlon, Alysa Cairer
FURTHERING NURSING. ADVANCING CAREERS.

Find the best jobs and qualified nurse leaders Missouri has to offer.

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Complete Care with Experienced Staff
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We are located in a CONVENIENT, HISTORIC, and CHARMING area of St. Louis that has village-like shops, restaurants, parks, and small businesses all in walking distance. Our facilities provide easy access to local attractions, colleges, and universities. Surroundings offer freedom and privacy not typically found in a treatment setting.

For more information call 800.828.8158 or visit www.mccallumplace.com

your strength is within
Registered Professional Nurses (RNs) from Crawford, Dent, Laclede, Phelps, and Pulaski counties have met in Rolla and surrounding areas since the 1950's, or earlier, as the Missouri Nurses Association District 17 (MONA District 17). For the past ten years Rolla has served as the central meeting location. However, as more RNs became nurse practitioners, the need for a local advanced nurse practice group was identified. RANAP (Rolla Area Nurses in Advanced Practice) was organized in 1996 with Donna Bond, RN, APRN, serving as the first president.

In 2009, the Missouri Nurses Association underwent statewide restructuring whereby districts were dissolved to become regions and chapters. District 17 opted to retain chapter status as Ozarks Chapter of Central Region Nurse Association.

RANAP and Ozarks Chapter of Central Region Missouri Nurses Association meet monthly, over dinner in Rolla, MO, from 6:00 P.M.-8:00 P.M. Agendas include educational programs, updates on legislative issues affecting nursing practice, and networking with colleagues. Two fundraisers, a spring quilt raffle and a White Elephant auction in December, support an annual scholarship for a nursing student.

For more information on RANAP contact:
Susan Hooper              hoopbsc@centurylink.net
or Susan.J.Hooper@us.army.mil
Mary Cunningham           mmcunni31@juno.com
Lynn Clugston             clugston@fidnet.com

APRN-SIG/MOCAP
DAY AT THE CAPITOL
WEDNESDAY, JANUARY 18, 2012

The Advanced Practice Registered Nurse - Special Interest Group (APRN-SIG) and the Missouri Council on Advanced Practice (MOCAP) will be meeting on Wednesday, January 18 for their annual “Day at the Capitol”.

9:00 a.m.  Meet at the Capitol
(trird floor rotunda)

12:00 p.m. Meeting - Madison’s Cafe
216 Madison
Jefferson City, MO 65101

The group will meet with Kyna Iman and Phil Wright, MONA Lobbyists at the Capitol. Assignments will be made that day and talking points will be provided. Feel free to contact your Senator and Representative ahead of time to tell them you are coming and would like to meet with them. A private server will be available in the meeting room at Madison’s Cafe to take lunch orders.

RSVP BY JANUARY 13
INFO@MISSOURINURSES.ORG.
MNF - CENTER FOR ADVANCING HEALTH IN MISSOURI

Missouri Nurses Foundation (MNF) relies on contributions to be “the philanthropic resource of Missouri Nurses Association with the mission to promote and advance the nursing profession and to enhance the health and well-being of Missourians.” It is only through the generous support and contributions of MONA members and friends of the Foundation that MNF can be successful and grow. When you support MNF, your dollars go to support activities of the Foundation including scholarships, disaster relief, educational opportunities, and the Institutes within the Center for Advancing Health in Missouri (Leadership, Education, Workplace/Workforce Advocacy, Practice, and Consumer Advocacy). MNF is a nonprofit, 501(c)(3) organization. Contributions are tax-deductible to the fullest extent allowed by law.

HOW CAN YOU HELP?

FOUNDERS CIRCLE
MNF would like to extend an invitation to all MONA members to join the Founders Circle. With an annual donation or pledge amount beginning at $60, you will automatically join the MNF Founders Circle.

**LEVELS OF GIVING:**
- Contributing Founder $60-$99
- Supporting Founder $100-$249
- Sustaining Founder $250-$999
- Pacesetting Founder $1000 and Above

FRIENDS OF THE FOUNDATION
MNF’s mission includes all Missourians, if you are not a MONA member but would still like to promote and advance the nursing profession through the MNF Center for Advancing Health you are invited to join Friends of the Foundation. MNF reaches out to other nursing and health care organizations as well as other groups, organizations, and individuals interested in promoting the health needs of Missourians and ensuring that adequate health resources are available to meet those needs in the future.

**LEVELS OF GIVING:**
- Associate $60-$99
- Benefactor $100-$249
- Patron $250-$999
- Pillar $1000 and above

LEGACY SOCIETY
MNF honors the philanthropic vision of members who provide for the future of the Foundation through estate planning. This type of planned giving can be accomplished in a variety of gifts including wills and bequests, life insurance, real estate, charitable trusts, annuities to name a few. Anyone wishing to obtain more information about becoming a member of the Legacy Society is asked to talk with someone from the Foundation by contacting the Missouri Nurses Association Office at 573-636-4623. If you have already provided for the Foundation through estate planning please contact the office also.

Please note: Donations in any amount are accepted by Missouri Nurses Foundation; however, the above mentioned levels of giving begin at $60 annually. Any membership or donation may be pledged on a monthly basis and paid electronically or by credit card. Donations may also be made in as a one-time annual gift.

Wishing You Peace & Joy Throughout the Year!
- The MONA Staff & Board
Our health care attorneys represent nurses, hospitals, nursing homes, long-term care facilities, physicians, and other health care providers. Our team has a long history of success through alternative dispute resolution and trial. We cut through the regulatory red tape so that our clients can do what they do best - provide health care services for their patients.

Our Health Care Attorneys

Judith C. Brostron | Kenneth C. Brostron | Sarah K. Cahill | Matthew J. Eddy | Mark R. Feldhaus
Stuart J. Vogelsmeier | Wendy J. Wolf | Richard D. Watters

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The choice of a lawyer is an important decision and should not be based solely upon advertisements.
Thursday, April 12
7:30 – 8:15 a.m.
Breakfast, Registration, & Exhibits

8:15 a.m.
Welcome & Announcements
Helen Feldker, RN, FNP-BC & Beth Lonberger, RN, FNP-BC, CUNP

8:30 – 9:30 a.m.
GENERAL SESSION
The Future of the NP Profession: Where Do We Go From Here?
Wendy Wright, MS, RN, ARNP, FNP, FAANP

9:30 – 10:00 a.m.
Exhibits & Networking Break

10:00 – 11:00 a.m.
GENERAL SESSION
Rx
New Drug & Vaccine Update: What’s New in 2012?
Wendy Wright, MS, RN, ARNP, FNP, FAANP

11:00 a.m. – 12:00 p.m.
GENERAL SESSION
Depression & Anxiety: Treatment of Mood Disorders
Wendy Wright, MS, RN, ARNP, FNP, FAANP

12:00 – 1:00 p.m.
Exhibits & Luncheon

1:15 – 2:15 p.m.
LUNCHEON ADDRESS
Rx
Safe Prescribing for the Advanced Practice Nurse: Avoiding Malpractice & Litigation
Wendy Wright, MS, RN, ARNP, FNP, FAANP

2:15 – 2:30 p.m.
Exhibits & Networking Break

2:30 p.m.
Exhibits Close

2:30 – 4:00 p.m.
CONCURRENT SESSIONS
1. Abuse? Not in My Practice!
   Kathryn Blevins, RN, APRN, WHNP-C, SANE-A, SANE-P

2. Treatment Modalities for Obesity “What do we really have to offer?”
   Kevin Suttmoeller, DO, FACOI

3. Is My Patient Ready for Palliative Care?
   Denise Sanders, MSN, APRN, BC, ACNP

4:00 – 4:15 p.m.
Networking Break

4:15 – 5:45 p.m.
GENERAL SESSION
Rx
Creating a Climate for Change through Legislative Efforts and Education
Jill Kliethermes, MSN, RN, FNP-BC & Kyna Iman, MONA Lobbyist
Panel: Kathy Haycraft, DNP, APRN, FNP, PNP, DCNP; Shanna DeWater, DNP, APRN, FNP-BC; & Susan Voss, DNP, APRN, FNP

Friday, April 13
7:00 – 8:00 a.m.
Breakfast & Registration

8:00 – 9:30 a.m.
CONCURRENT SESSIONS
4. Venous Disease: From Life Threatening to Life Limiting to Just Plain Ugly
   Rumi Fazier, MD, RPVI, FRCS

5. Common Pediatric Urology Complaints: Lower Urinary Tract Dysfunction
   Mary Campigotto, RN, MSN, FNP-BC

6. STD Update
   Will Roland, MD

9:30 – 9:45 a.m.
Break & Networking

9:45 – 11:15 a.m.
CONCURRENT SESSIONS
7. Non-Surgical Management of Pelvic Floor Dysfunction in Women
   Beth Lonberger, RN, FNP-BC, CUNP & Julie Starr, APRN, FNP-BC

8. Providing Care to Latino Populations
   Maite Enriquez, PhD, RN, ANP

22nd Annual Conference • April 12 & 13, 2012 • Holiday Inn Select Executive Center • Columbia, Missouri

Coming Together in Advanced Practice
Location & Lodging
The conference will be held at the Holiday Inn Select Executive Center, 2200 I-70 Drive SW, Columbia, MO. A block of rooms has been reserved at $94.95. Reservations must be made no later than March 12, 2012; by calling 1.800.HOLIDAY (1.800.465.4329) and identifying yourself with the Missouri Nurses Association under group block NA2.

Continuing Education Accreditation
Participants can receive a maximum of 14 contact hours for attending this activity. Four (4) of the 14 contact hours provided are in the area of pharmacology. Pharmacology sessions are marked with the □ symbol.

The Missouri Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Registration Form
Name
Please print name and credentials as you would like them to appear on your name badge.
Address ________________________________________________________
City __________________________ State ________________
Zip __________ MONA membership # (if applicable) __________
Phone/Cell __________________________
Email ________________________________________________________
Email address required for confirmation of registration and receipt of payment.

Concurrent sessions: (Include preferred session by listing the session number)

Thursday, April 12
2:30 – 4:00 p.m. #_________ #_________
Friday, April 13
8:00 – 9:30 a.m. #_________ #_________
9:45 – 11:15 a.m. #_________ #_________
1:45 – 3:15 p.m. #_________ #_________

I would like:
☐ To make a contribution to MONA-PAC, $_________
☐ To make a contribution to MO Nurses Foundation, $_________
☐ More information on becoming a member of MONA

Total Amount Enclosed: $_________

☐ Check (Payable to MONA)
☐ Charge to:
☒ MasterCard ☐ VISA ☐ Am. Express ☐ Discover
Card Number __________________________
Expiration Date __________________________ Zip Code __________________________
Security Code (3 digit code on back of card) __________________________
Card Issued To: __________________________

Guest Meal: If a guest would like to attend either of our luncheons they will need to make reservations at the conference registration table. The cost is $25/plate each day.

Special Needs: If you have special needs such as dietary requirements, please notify the MONA office at 573.636.4623 no later than March 26, or specify here: __________________________

Reasonable efforts will be made to accommodate your needs.

Please Note: Out of courtesy for participants infants and children may not attend the conference educational sessions.

JOIN MONA NOW & PAY MEMBER PRICES!
(please circle your selection below)

Full Registration Fee:
$325 MONA Members
$375 Non-Members
$265 Students*

One-Day Conference Fee:
$250 MONA Members
$300 Non-Members
$200 Students*

Registration fees include conference materials, refreshments, luncheons and continuing education credit for each day registered. No refunds will be made due to inclement weather.

*Student rate applies to graduate level nurses enrolled full time. Full time status required for Spring or Summer 2012 semester. Verification of full time enrollment must be included with registration form to be processed.

For more information or to register:
Web www.missourinurses.org
Or mail or fax this form to:
MONA - APRN Conference
PO Box 105228
1904 Bubba Lane
Jefferson City, MO 65110
Fax 573.636.9576

Questions: 573.636.4623, x224
Advocacy Day Objectives

1. Summarize how Registered Nurses protect their patients and practice by educating state and federal legislators.
2. Discuss the impact MONA’s 2012 Legislative Agenda will have on nursing practice in Missouri.
3. State the significance of nursing advocacy in shaping health care and public policy.
4. Examine the use of grassroots lobbying as a means of advocating for and protecting our patients and our practice.

Agenda

7:30 a.m. Exhibits Open
8:00 – 9:00 a.m. Registration and Visit Exhibits
9:00 a.m. Greetings from ANA President, Karen Daley
9:05 – 9:50 a.m. Welcome and Introductions
Why Legislative Advocacy
MONA Legislative Update
Maryann R. Coletti, BS, RN, Chairperson,
MONA Government Affairs Committee
9:50 – 10:00 a.m. What Does the MONA Lobbyist Need From You?
Kyna Iman, MONA Lobbyist
10:00 – 10:30 a.m. What Do I Need to Accomplish at the Capitol
Maryann Coletti, BS, RN, and
Jill Kliethermes, MSN, RN, FNP-BC
MONA Chief Executive Officer
10:30 – 12:30 p.m. Visit the Capitol - Exhibits will remain open
12:30 – 1:00 p.m. Visit Exhibits
1:00 p.m. Exhibits Close
1:00 – 2:15 p.m. Networking Luncheon with Legislators
Presentation of 2012 Health Legislation Award(s)
Jill Kliethermes, MSN, RN, FNP-BC &
Rebecca McClanahan, MSN, RN
MONA President
2:15 – 3:15 p.m. From Advocacy to Policy
Rose Gonzalez, MPS, RN
Director of Government Affairs,
American Nurses Association
3:15 – 3:45 p.m. Highlights from the Capitol
Each participating school will share their experiences at the Capitol
3:45 p.m. Adjourn

The Missouri Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

NOTE: Various door prizes will be presented throughout the day. You must be present to win!
## 26th Annual Missouri Nurse Advocacy Day

### February 22, 2012

**Capitol Plaza Hotel • Jefferson City, MO**

Provided by the Missouri Nurses Association  
P.O. Box 105228 • Jefferson City, MO 65110  
Phone 573-636-4623 • Fax 573-636-9576  
www.missourinurses.org

This is an individual registration form.  
If you wish to register your school, please contact the MONA office 573-636-4623.

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<th>Name:</th>
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<td>☐ I am a first time attendee.</td>
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### REGISTRATION FEES:

The registration fee includes materials, continental breakfast, and lunch.

- ☐ MONA Member $60.00 Member #: ________________________________
- ☐ Non-Member $85.00  
- ☐ Student $35.00 School: ____________________________________
- ☐ I have invited my legislator to join me for lunch. $20.00 Legislator’s Name: ____________________________  

(No refunds will be made due to a legislator’s absence.)

**TOTAL: $______________**

If you have special dietary requirements, please notify the MONA office at 573-636-4623 no later than January 31, or specify here: ______________________________________________________ (Reasonable efforts will be made to accommodate your needs.)

### PAYMENT METHOD:

- ☐ Check enclosed (Payable to MONA)  
- ☐ Charge to [ ] MasterCard [ ] Visa [ ] American Express [ ] Discover

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<th>Card #</th>
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3 digit code on back

Cardholder Name: ____________________________________________

By registering I give my permission to distribute my name to conference attendees and vendors and to allow any photos taken during the event by the Missouri Nurses Association to be used in future web and printed publications. If I prefer not to be included, I will include written request with my registration to opt out.

---

### DEADLINE FOR REGISTRATION – January 31, 2012

**Please return completed registration forms to:**  
Missouri Nurses Association • P.O. Box 105228 • Jefferson City, Missouri 65110

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**REFUND/CANCELLATION POLICY:** We encourage you to send a qualified substitute if you cannot attend. Registration fees, less a $25 enrollment processing fee, will be refunded to participants who cannot attend and notify the MONA office in writing of the cancellation no less than ten (10) business days prior to the date of the activity. No refunds will be made after that date. There will be no refunds due to inclement weather.
What are the Chances of Needing Long Term Care? Half of Americans will need Long Term Care Insurance either at home, in an assisted living facility or in a nursing home at some point in their lifetime.¹

People of All Ages Need Long Term Care Services. Long Term Care is not just for those who are older. Younger People need these services due to illnesses, physical disabilities, and injuries from automobile and sporting accidents. In fact, more than 40% of those receiving Long Term Care services are under 65.²

Contact Us for Additional Information Today. Long Term Care insurance is an affordable protection that has brought many association members and their families peace of mind.

As a member of the Missouri Nurses Association you will be offered this protection at a very advantageous price and those discounts can be extended to your entire family.

Not a member? Call and I’ll show you how to save on your premiums by joining.

Christine Broeker  217-416-0819
AIMS Benefits Solutions - A Corporate Partner of MONA
WWW.MONALTC.COM

2012 DUES CHANGES

To ensure membership types are truly discounted in comparison with the full membership dues, as of January 1, 2012, MONA dues will be as follows:

<table>
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<tr>
<th>PAYMENT OPTIONS</th>
<th>FULL</th>
<th>REDUCED FULL</th>
<th>SPECIAL FULL</th>
<th>MONA ONLY NEW MEMBER</th>
<th>MONA ONLY RENEWAL</th>
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<tr>
<td>ANNUALLY</td>
<td>$314.00</td>
<td>$157.00</td>
<td>$78.50</td>
<td>$173.75</td>
<td>$210.25</td>
</tr>
<tr>
<td>MONTHLY</td>
<td>$26.67</td>
<td>$13.58</td>
<td>$7.05</td>
<td>$14.98</td>
<td>$18.02</td>
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Due to the special eligibility requirements, Reduced members pay 50% of the Full member price and Special members pay 25% of the full member price. MONA Only members do not pay ANA dues and that is reflected in the dues amount.

If you have questions in regards to your membership type or payment options, please contact the MONA office by phone 573-636-4623 or email info@missourinurses.org.

DUES LOBBYING PERCENTAGE

The dues lobbying percentage for 2011 is 29.4%. For tax purposes, 29.4% of your membership dues may **NOT** be deductible as they are used for lobbying purposes.
Stand up for nursing by taking a seat!! These are just a few of our members that are doing just that.

MONA member, Margaret Benz, was appointed by the Governor to the MO HealthNet Oversight Committee.

MONA member, Susan Kendig, was appointed to serve on the Missouri Task Force on Prematurity and Infant Mortality.

MONA member, Lucy Brenner, serves as a MONA representative at all meetings of the Missouri End of Life Coalition. This coalition recently elected a nurse to serve on their Board of Directors.

MONA member, Rebecca McClanahan, was recently added to the board of the Missouri Department of Insurance Health Insurance Advisory Committee.

We stand at a critical point in the history of nursing. Current social developments and pending legislation may seriously affect the course of nursing as a profession.

If you aren’t at the table, you’re on the menu!

Collaborative Practice Agreement Sample Agreement Forms

8 Sample Forms - $50

Lashly & Baer, P.C., a leading St. Louis health care law firm, has developed Collaborative Practice Agreement forms in compliance with new regulations, including prescriptive authority.

The packet contains eight forms individualized for RNs and APRNs in different practice settings for $50.00.

Call to order
Lashly & Baer 314-621-2939