

Taking action at the Membership Assembly, June 25, 2016

Before the Membership Assembly came to a close, representatives took action on measures aimed at improving care to sexual minority and gender-diverse populations, partnering to develop model programs for nurses with substance use disorders, and addressing gun violence. Eligible Assembly representatives also re-elected Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, as ANA president, as well as elected nurses into other ANA board and committee positions.

ANA Chief Executive Officer Marla J. Weston, PhD, RN, FAAN, began her presentation by answering a question she often gets: What makes a successful leader?

"I say it's standing first in a really long line of people," Weston said. "It takes courage, because you don't entirely know what's around the corner."

She then shared a favorite quote from philosopher Eric Hoffer who said, "In times of change, [it's] learners who inherit the earth." Weston said that quote prompted her to think about how ANA has learned and changed. "We've gotten really good at learning what brings in new members," Weston said, citing ANA's 27 percent cumulative increase in joint members over the past three years.

She further noted that ANA has been widely recognized as a leader in the non-profit sector – winning awards and accolades for its membership, marketing, publications and social media campaigns, to name a few.

Weston provided highlights of ANA activities, from supporting health care transformation and the Affordable Care Act to quality measures to ethics. She also spoke about ANA's work around staffing, including upcoming new resources.

"I always say that withholding staffing is the same as withholding life-saving medica-



Marla Weston

tion," said Weston, who emphasized ANA's commitment to ensuring safe staffing.

In the wake of the Orlando, FL, shootings, Assembly representatives adopted a declaration calling for sensible gun control measures, including one that lifts a ban on the Centers for Disease Control and Prevention from studying gun violence.

In her closing remarks, Cipriano provided a recap of the events of the past three days.

"Thank you for your preparation, your thoughtful, respectful deliberation, and for coming together to make decisions," Cipriano told Assembly participants. "This has been a great experience for so many of us, and I appreciate the privilege of leading this meeting with great cooperation and collaboration."

For additional coverage, go to www.TheAmericanNurse.org.



The ANA Reference Committee presented recommendations from dialog forums



Membership Assembly Representatives from Iowa: from L to R, Lisa Caffery, INA Resolutions Chair; Sue Whitty, INA Public Policy Chair; Maggie Rice, INA State Coordinator.

You, Too, Can Navigate a New Domain

BY SUE WHITTY, INA'S CHAIR FOR THE PUBLIC POLICY

Never in a million years. That is what I would have told you if you a few short years ago. Trekking to the Iowa Capitol in Des Moines or the United States Capital in Washington DC was NOT on my radar screen. The young girl who grew up in a small rural town in northern Iowa would never have dreamed that her voice would have been heard. What I learned from my small town roots was to leave the world a better place than how you found it and don't take more than you give. My grandmother was a champion for the underdog which unwittingly influenced my destiny.

Five years ago, I took a phone call from Judy Collins who, at the time, was the Chair of the Public Policy Committee for INA. She said, "Sue, I could use some help sorting through the mental health redesign legislation." Most bills are written in a few short pages. This one was nearly 200 pages long. I agreed and we set out to look things over. How could we help legislators understand language that simply did not make sense? The answer was a five page matrix outlining specific places in the bill that needed to be change and offering new language and ratio-

nale. Little did I know most of this document would be inserted into the original bill. That is all it took to hook me. Five (very short) years later, it is time to step down as chair of the Public Policy but I am passing the baton to another who will champion the cause and bring a fresh approach. There is still a lot of work to be done. Health care legislation is both abundant and complicated. Change is coming at such a fast rate. Legislators need help making sense of what is coming their way. Nursing input is critical and when nurses talk, legislators DO listen. I know this for a fact.

It has been quite a ride. Each new experience brought with it a new lesson and increased confidence. I was taught by a very knowledgeable professor, Meridean Maas, "Those who say the least influence the world the most." She explained--ever so patiently--to all of us in the classroom that viewpoints that are not heard cannot influence the future. This is ever so true in the political world. Nurses tend to shy away from politics and do not understand their innate power. Nursing skills and nursing process apply perfectly to the legislative process. In fact, it is more systematic and logical than the political world and—believe it or not—is accepted and

embraced. I would not trade the experiences of the past years--not even the late nights creating responses, solutions, and emails.

My sincere appreciation to those who trekked before me and agreed to serve as my mentor. Words cannot properly thank Judy Collins and Betty Lord-Dinan for the long conversations clarifying policy or Lynn Boes for many late night phone calls attempting to fine-tune exact words and phrases to create the impact we desired. Thank you, as well, to Linda Goeldner for summarizing information and helping with reports and INA lobbyists Bob Mulqueen, Jim Obradovich and Joe Kelly for teaching me the ropes. I have had the privilege of working with a wonderful committee who never complained, even if they were irritated by my prolific emails and pleas for help. Together, we got the job done and had many successes.

In conclusion, don't shy away from getting involved with health care legislation and creating health policy--even if it feels like a foreign language. Take hold and give it a try. You too can make a difference and shape the destiny of health care. As Betty Lord Dinan says, "Legislators are people, too." They want understand legislation and nurses are their best navigators.



Don't wait! Update your MyANA profile today!

Thank you for being a member of Iowa Nurses Association and the American Nurses Association! We value you and want to continue creating opportunities that meet your needs. In order to do so, we need to understand your nursing role, interests, and experience.

Please update your member profile today! Log into your MyANA profile and select 'Update Professional Info' to complete each section.

As a thank you for your time, we have a gift for you: Stepping into Your Spotlight: Building Your Professional Brand. This webinar shows you how to advance your nursing career by creating, developing, and promoting your professional brand.

We hope you will take advantage of this opportunity so we can continue to deliver relevant and tailored experiences.

Update from Iowa Nurses Association President

By Judith "Judy" Collins, MA, BSN, RN

One of the things that I have learned from many years of standing back looking at health care is the realization of the need for more concern about health care access for all people in our State. Many populations do not receive appropriate health care due to their marginalized situations. Sometimes this is due to poverty, or it could be a person's personal living situation that is unstable. It may be due to lack of education or a person's race or even their rural setting. There is too little focus on what will help people in all settings and all locations receive health care. This is a role for nurses. We are particularly equipped to advocate for those who cannot advocate for themselves. Yet, this potential is often not fully realized. I am



JUDY COLLINS

asking for more nurses to get involved and help plan for better health care. If policymakers listened to nurses, things would be better. Since my early years as a nurse, so much has changed yet, so much looms ahead of us. That is the most wonderful part of being a nurse. Things won't stay the way we have known it to be. Sometimes we would like to keep things the same but change makes life more interesting and gives us more hope. Please enjoy your career and how it evolves. There is much more to come.

As a longtime member of the Iowa Nurses Association and their current President, I am privileged to sit on many committees that are looking at these issues. We are attempting to make healthcare better in Iowa by identifying which areas needing improvement. The Patient Centered Advisory Counsel from the Iowa Department of Public Health in Des Moines is one of these committees. One thing I have learned is that even those who are providing care are sometimes not assigned to

serve some of the marginalized populations. These people are not getting good health care and thus are not available for the doing the listening. For example, many are not being seen until there is a crisis. Prevention or early intervention may not even be on the list of things that are considered important. People often forget about the mental health component of things until someone is in crisis or in jail. Nurses are particularly in tune with patients and their families and know what is important. If you're the nurse, they can communicate these needs to you.

The Medical Assistance Advisory Council (MAAC) was created in the 1970's for the public and providers to give input. It is now required to give input to the Medicaid Expansion process. The Iowa legislature through the Department of Human Services (DHS) is to help Iowans navigate the new Managed Care Organization (MCOs) network. A representative from the Iowa Nurses Association is one member of this commit-

tee. I am currently this representative. The committee's charge is great. We are looking at how the new Managed Care Organizations intended to hand the appointment to provide strong health care to Iowans. This is a significant job that is not easily accomplished. If you want to provide information and feedback, please send your information to us. We want to hear from you. You can contact the Executive Committee of the MAC by sending information to Lindsay Buechel who is the account member services representative at Iowa Medicaid Services. Her telephone number is 515-974-3009 and email is lbueche@dhs.state.ia.us MAAC reports can be found at: https://dhs.iowa.gov/ime/about/advisory_groups/maac It is important to make this new system of care one that is able to be navigated by consumers, families and health care providers. I hope these ideas help you find ways that give you methods so you advocate for those you encounter and make a difference in their health care.



IOWA NURSES ASSOCIATION

Iowa Nurses Association

Maggie Rice, State Coordinator
Linda Goeldner, Consultant

INA Board of Directors

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Margie O'Neill, Regional Chair, Region 02
Nancy James, Regional Chair, Region 03
Pam Deichmann, Regional Chair, Region 04
Darcy Koehn, Regional Chair, Region 05

INA Committee/Commission Chairs

Membership/PR: Rachel Miller & Andrea Wilhite
Finance: Elaine Boes
Public Policy: Susan Whitty

Committees of the Membership

Bylaws: Jann Ricklefs
Nominations: Julie Schilling
Resolutions: Lisa Caffery

Iowa Nurses Foundation

Lorinda Inman, Chair

2016 INA Public Policy Committee

THE INA PUBLIC POLICY COMMITTEE MEMBERS WHO REPRESENTED IOWA NURSES AND PROTECTED THE HEALTH CARE OF IOWANS DURING THE 2016 LEGISLATIVE SESSION ARE:

Public Policy Committee Members	INA Region	Area of Clinical Practice
Sue Whitty (Chair)	2 NE	Psych-Mental Health
Judy Collins (INA President)	5 SE	Psych-Mental Health
Lynn Boes	4 Central	INA Legal Counsel/Public Health
Betty Lord-Dinan (Consultant)	2 NE	Long Term Care/Past INA Lobbyist
Bob Mulqueen		Lobbyist
Jim Obradovich		Lobbyist
Linda Goeldnar		Consultant/Past INA Lobbyist
Nan Ambrosy	2NE	Psych-Mental Health
Colleen Brems	5 SE	Psych-Mental Health
Robin Carmichael	4 Central	Educator
Carol Chesterman	2 NE	Educator/Psych-Mental Health
Lisa Decker	5 SE	Cardiac/Infection Control
Pam Deichmann	4 Central	Public Health
Sharon Guthrie	5 SE	School Nursing/Education/Peds/ISNO
Lynne Himmelreich	5 SE	Women's Health/Nurse Midwife
Rosemary Holland	4 Central	Public Health
Deb Gingrich	2 NE	Operating Room
Mary Kovarna	1 NW	Educator
Jane Krogmeier	2 NE	Operating Room
Mary Moser	2 NE	Emergency room
Rhonda Price	5 SE	Operating Room
Carol Searls	1 NW	Med/Surg
Terri Schloss	ISNO	Pediatrics/School Nursing
Kristi Schroeder	5 SE	Home Health
Ginny Wangerin	4 Central	Educator

The PUBLIC POLICY PROCESS can be a little overwhelming in the beginning but the committee worked diligently to make a difference. They used using their influence and communication skills to advocate effectively for the health care of all Iowans. INA extends its deepest gratitude for their hard work and determined spirit. Please thank the members of the Public Policy for investing their time and talent to make healthcare better for all.

You, too, can connect with your legislators by accessing their contact information at: <https://www.legis.iowa.gov/Legislators/find.aspx> Email is an effective communication strategy but, even more effective, is face to face encounters with the legislators who live in your community. Tell them a story that will make a difference. When nurses form relationships with their legislators, we have the ability to change history and create legislative language that simply makes sense.



Staff Directory

Maggie Rice
State Coordinator

How to reach us:

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<http://www.iowanurses.org> • email: info@iowanurses.org
(515) 225-0495

Save the Date

February 15, 2017

2017 INA Lobby Day

Embassy Suites, Des Moines, IA

June 23, 2016: Nurses head out in full force for ANA Lobby Day

Nearly 350 nurses participating in the American Nurses Association's Lobby Day were heading to Capitol Hill today to meet with lawmakers and their staff to discuss several major issues, including staffing, workforce education funding, expanding access to home health benefits and research on gun violence. Additionally, thousands more were advocating virtually through online, phone and social media efforts throughout the day.

"It is truly an extraordinary time to be a nurse and to be advocating for health care," said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, who welcomed participants at a breakfast briefing at the Grand Hyatt Washington Hotel, also the site of the June 24-25 Membership Assembly. "This is a prime opportunity to educate our lawmakers about the issues that are important to us [such as safe staffing] We know that when there are not enough nurses, [patient] mortality goes up. We're the last line of defense, and you represent millions of people who rely on us every day.

"I'd also be remiss if I didn't mention our feelings of sadness around the recent events in Orlando," Cipriano said. She further referred to recent activity at the House of Representatives, where Democrats have been staging a sit-in to demand a vote on sensible gun control legislation.

She told nurses about the Congressionally-imposed, longstanding ban on the Centers for Disease Control and Prevention from conducting research on gun violence.

"Is that anti-science or what?" Cipriano asked. "We have to lift the ban and act on the evidence."

Also addressing the group were U.S. Sens. Joseph Manchin III (D-WV), Richard N. Burr (R-NC) and Jeff A. Merkley (D-OR) who spoke on several key issues, including staffing, opioid addiction, workplace education and gun violence, and who emphasized the importance of nurses not only in health care but also in political advocacy.

"We need to have safe staffing levels," said Merkley, one of the lawmakers who introduced the "The Registered Nurse Safe Staffing Act" (H.R. 2083/S. 1132). "It's long overdue, so let's get it passed."

Manchin shared statistics on the ongoing opioid epidemic in America, and the need to address it on several levels, including treating addiction as an illness. Burr spoke about the importance of working aggressively to fund Title VIII workforce education programs, which are key to ensuring a future supply of nurses, and the great impact technology will continue to have on health care.

Among the Lobby Day participants at the briefing were a group of students from George Washington University in Washington, DC.

"I'm experiencing Lobby Day for the first time, and I really want to get exposure to the policy side of nursing," said GWU nursing student Grace Drozda.

And Jennifer Waterbury, MHA, BSN, RN, a Kentucky Nurses Association member who's concerned about ensuring a safer environment for nursing including safe staffing, said of her involvement, "As nurses we need to make a difference, and this is one way we can do it."

To get involved, visit www.RNAction.org.

What's next

In other events, representatives from ANA's 36 specialty nursing organizational affiliates are meeting today to share information about their initiatives and ways to partner around mutual health care and nursing issues.

ANA also is celebrating the achievements of 11 exceptional nurses at its national awards program reception this evening. Among those being honored are two Hall of Fame inductees: Muriel Poulin, EdD, RN, FAAN, from ANA-Maine, and Patricia Ruth Messmer, PhD, RN-BC, FAAN, from the Florida Nurses Association.



RNs come out in full force for ANA Lobby Day on Capitol Hill to advocate for patients and the profession.



ANA Massachusetts members arrive at U.S. Senator Elizabeth Warren's office to speak up about key nursing issues.



New Jersey Nurses: chance encounter with Actor Morgan Freeman on the Hill



Oregon nurses visit U.S. Senator Ron Wyden's office.



2016 National Award recipients



ANA Public Policy Chair Sue Whitty (on the right) Lobbying in Washington DC on behalf of Iowa Nurses

Nursing Coalition and Veterans Groups Join Forces in Unprecedented Response to VA Proposed Rule to Increase Veterans' Access to Care

WASHINGTON, D.C. – At the midpoint of the public comment period, professional nursing and veterans' organizations held a press conference to demonstrate support and highlight the need for a proposed rule by the Veterans Administration (VA) to provide veterans with direct access to Advanced Practice Registered Nurses (APRNs) practicing to the top of their education and training in VA facilities.

As of June 28 at 9 a.m., more than 44,000 people had submitted comments on the proposed rule, which is by far the highest number of comments for a VA rule since online comment submission was instituted in 2006 – more than six times the total number of comments previously submitted. Over the last ten years, a combined total of 6,030 comments have been posted during more than 150 VA comment opportunities.

The news conference, which was held at the National Press Club in Washington D.C., provided in-depth analysis of the proposed rule and included first-hand accounts of how it will benefit veterans and the Veterans Healthcare Administration (VHA) by increasing veterans' access to health care provided by APRNs.

The organizations that participated in the news conference included the American Association of Nurse Anesthetists (AANA), American Association of Nurse Practitioners (AANP), American Nurses Association (ANA) and the American Association of Colleges of Nursing (AACN), along with the Air Force Sergeants Association (AFSA) and the Military Officers Association of America (MOAA).

"It's time for evidence to trump politics when it comes to the health of our veterans. And there's no evidence for the arguments of the groups opposing the rule – all baseless rhetoric," said Juan Quintana, DNP, MHS, CRNA, president, American Association of Nurse Anesthetists, who also

served in the Air Force Reserves. "Our initial review of the comments submitted thus far indicates wide-reaching support for the rule from veterans and health care providers alike - roughly two-thirds of the comments submitted - and we want to encourage others to submit comments and let their voices be heard."

"Throughout my career, I have been honored to care for this extraordinary population," said AANP President Cindy Cooke, DNP, FNP-C, FAANP, on behalf of the 222,000 nurse practitioners in the U.S. today. "Our veterans have given so much to our nation and deserve to have us stand with them. The proposed rule is zero risk. Zero delay. And a zero cost solution to ensure veterans have access to needed health care. We applaud the VA for taking this important action, which will immediately improve veterans' access to care. And we are doing everything we can to support its proposal." Dr. Cooke has provided primary care to patients for 18 years, more than 12 of those exclusively to active duty and retired military members and their families.

The Department of Defense (DoD) already provides active duty personnel direct access to APRNs. Nurse anesthetists first provided healthcare to wounded soldiers on the battlefields of the American Civil War, and have been the main providers of anesthesia care on the front lines of every U.S. military conflict since World War I.

CAPT (Ret) Kathryn Beasley, USN, PhD, FACHE, served alongside nurse practitioners, nurse anesthetists and other APRNs as a Navy Nurse for 30 years. She supports the proposed rule on behalf of the 390,000 members of the Military Officers Association of America. Said CAPT Beasley, "In the Navy we would never train a sailor ten skills, and then limit them to using only three. It makes no sense. No one

would do that. But that's what illogical and wasteful practice limitations on highly skilled advanced practice nurses do. Our veterans need all the skills Advanced Practice Registered Nurses can provide them."

"Health care is one of the things our veterans were promised when they raised their right hands to serve their country," said CMSGT Robert L. Frank, USAF (ret.), chief executive officer of the Air Force Sergeants Association. "More than 80 percent of those who served in the military were enlisted, and many rely on VA healthcare to take care of them. The waiting is unacceptable. We're excited about this rule to allow the 6,000 APRNs currently employed by the VHA to be used to their full potential. Let them serve our veterans."

Prior to becoming the CEO of the American Nurses Association, Marla J. Weston, PhD, RN, FAAN, worked at the VHA as deputy chief officer. "I personally know the value and contribution that APRNs can make to serve our country's veterans," said Weston. "Our veterans deserve the best care that this country can provide and that requires having APRNs practicing to the full extent of their education and training. We know that when there are not enough nurses, patient mortality goes up."

The proposed rule impacts future care of our veterans as well. Many APRNs complete clinical rotations in the VA, gaining additional exposure to the unique needs of the veteran population. "When the more than 70,000 APRN students enrolled in AACN member nursing schools enter the workforce, allowing them to practice to the full extent of their education and training will serve as a strong incentive for these highly skilled providers to seek employment at VA facilities," said Jane M. Kirschling, PhD, RN, FAAN, dean and professor, University of Maryland School of Nursing, and director of interprofessional education, University of Maryland.

More than 60 organizations support this policy change, including veterans' groups such as the Military Officers Association of America and the Air Force Sergeants Association. The policy is also supported by AARP (whose membership includes 3.7 million veteran households), and 80 Democratic and Republican members of Congress.

The public comment period on the proposed rule is ended July 25. Comments were submitted to www.regulations.gov/document?D=VA-2016-VHA-0011-0001.

About the Veterans Access to Quality Healthcare Alliance

The Veterans Access to Quality Healthcare Alliance is an initiative of advanced practice registered nurse (APRN) organizations and others dedicated to providing and promoting the access to care Veterans need and deserve. These groups are joined in their goal of ensuring Veterans' access to APRN services by other nursing groups, veterans' organizations, individual veterans, patient advocacy groups, congressional leaders, and others that together represent millions of individuals and healthcare providers across the country.

For more information, visit the Veterans Access to Quality Healthcare Alliance at www.veteransaccessstocare.com.

About the American Nurses Association

The American Nurses Association (ANA) is the premier organization representing the interests of the nation's 3.6 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all. For more information, visit www.nursingworld.org.

INF/INA 2016 Annual Meeting: Culture of Safety

Monday, October 10, 2016

6:30 PM to 8:00 PM Pre-Annual Board Meeting

Wednesday, October 12, 2016

5:00 PM to 7:00 PM Conference Registration Begins
6:00 PM to 7:00 PM INA Board Meeting if Needed
INF Board Meeting

Thursday, October 13, 2016

7:30 AM to 8:30 AM Continental Breakfast
8:30 AM to 9:30 AM Fiduciary Duty to Your Organization – 1.2 Contact Hour
Lynn Boes, RN, BSN, JD, Davis Brown Law Firm
9:30 AM to 9:45 AM Break
9:45 AM to 1:00 PM INA Committees Hold Face-to-Face Meeting for 2017 Planning
1:30 PM to 5:00 PM INA Business Meeting
Welcome from Region 4, Bylaws & Resolutions Hearing
6:00 PM to 8:00 PM Region Dine Arounds (held off-site, determined by region)

Friday, October 14, 2016

7:00 AM to 8:00 AM Continental Breakfast
8:00 AM to 9:45 AM 2016 Legal Update – 2.1 Contact Hour
Lynn Boes, RN, BSN, JD, Davis Brown Law Firm
9:45 to 10:00 AM Break
10:00 AM to 12:00 PM Culture of Safety – Caring for the Mental Health Patient in the ER – 2.4 Contact Hour
Darcy Koehn, Moderator; Edmund Piasecki III, ARNP; Amanda Jilover, RN, BSN; Vicky Gehris, BSN, RN
12:00 PM to 1:30 PM Exhibits Luncheon
1:40 PM to 2:40 PM Nurse Work Hours – 1.2 Contact Hour
Angela Shalla, DNP, RN
2:45 PM to 3:45 PM Continuing Education Opportunity - TBA
3:45 PM to 4:00 PM Transition to Awards Program
4:00 PM to 5:00 PM INF Awards Program
5:00 PM Adjourn & Finalize Silent Auction Items

All CEU's and meetings held in Salon 1 & 2 - All Meals held in Salon 3 & 4

MMU nursing students meet with legislators to discuss impact of laws

Mount Mercy University students, faculty and alumni spent Wednesday afternoon at the Iowa state capitol building in Des Moines, meeting with legislators to discuss recent health care legislation and its impact on nurses.

The 2016 Iowa Nurses Association (INA) Legislative Day event attracted 260 attendees from the INA and Iowa nursing colleges including 52 attendees from Mount Mercy University. Attendees spent the morning preparing for the meeting, learning the importance of harnessing nursing's political power and how to approach legislators with a simple, clear message.

"Health policies and laws are made every day, and they affect the whole health care system, including nurses," said Dr. Sharon Guthrie, assistant professor of nursing at Mount Mercy and yearly organizer of the trip. "Some laws are specific to nursing, but some are in the general sense of the health care system and some laws — such as the tobacco, tanning bed and fireworks laws — affect the public, but indirectly come back to health care because of injuries."

Attendees learned basic lobbying skills from Janet Haebler, senior associate director for State Government Affairs with the American Nurses Association, and Bob Mulqueen, INA Lobbyist from the Capitol Group, among others with lobbying experience. They were also given the opportunity to work on elevator speeches, a short message that communicates who you are, what you're looking to accomplish and how your opinions can benefit the public.

While at the capitol, students were encouraged to request a meeting with legislator and interact with lobbyists. Mount Mercy University students, faculty and alumni met with several legislators including Senator Liz Mathis (D-Robins), Senator Bob Dvorsky (D-Coralville), Representative Brian Best (R-Glidden), Senators Brian

Schoenjahn (D-Fayette), and Dan Zumbach (R-Delaware).

"We want students to understand the political process of how policy is developed and made, and that it can take years to finish," Guthrie said. "We also want students to feel comfortable interacting with legislators. I think often the public is intimidated because they're not legislators, but what I consistently tell students is 'You're a nurse. You know what you know, and they don't know what you know.'"

"I had such a great learning experience," nursing student Angie Wardenburg said in addition to being thankful for Guthrie's work on the trip. "I hope to return again next year."

Guthrie has taken similar trips with students for several years with 2016 trip being the largest group. Guthrie would like to see alumni become more involved in the crucial legislative process.

"Nurses make up a significant percent of health care professionals and it is essential that nurses speak up and share concerns with legislators. Nurses are the voice of nursing. There are 55,958 nurses (RNs and LPNs) in Iowa and the 2017 INA Legislative Day needs the voice of all nurses," Guthrie said.

For more information, contact Sharon Guthrie at sguthrie@mtmercy.edu or 319-363-1323 ext.1538.

Located in Cedar Rapids, Iowa, Mount Mercy University is the regional Catholic, Mercy University that promises students of diverse backgrounds, ages and faiths a challenging, practical education that inspires them to discover knowledge, build community and lead courageous lives. Mount Mercy offers baccalaureate and graduate education to nearly 1,900 enrolled students and uniquely blends our outstanding liberal arts education with equally outstanding professional preparation.

ANA and APIC Tackle Infection Control with New Website

ANA and the Association for Professionals in Infection Control and Epidemiology (APIC) recently launched the ANA/APIC Resource Center, (<http://www.nursingworld.org/ANA-APIC>) a website that aims to close the information gaps among health care professionals in emergency preparedness. The site consolidates resources, allowing health care professionals quick and ready access to infection prevention strategies and evidence-based practices. Gaps in training, education and information-sharing are barriers in effectively decreasing health care-associated infections, which according to the Centers for Disease Control and Prevention (CDC), claim up to 75,000 lives annually.

Welcome to Annual Meeting 2016!

Iowa Nurses Association/Iowa Nurses Foundation Annual Meeting, October 13-14, 2016

On behalf of the INA/ INF Planning committee, we would like to extend a warm welcome to all Registered Nurses attending the 111th Annual INA/INF Meeting at the Courtyard Marriott in Ankeny, IA. The meeting theme is "2016 Culture of Safety."

INA Regional meetings/dine-around will be held on Thursday evening, Oct.13th, with our business meetings and our Orientation Day for new committee members held earlier in the day on Thursday. Continuing Education Programs along with our Awards Program will be held on Friday, October 14h. Lynn Boes will provide a legal update in the morning. A Panel discussing caring for the mental health patient in the Emergency Room featuring Amanda Jilevec, RN, BSN; Ed Piasecki, FNP, PMHNP; and Vicky Gehris, BSN, RN.

The INF will be hosting a raffle with a chance to win one of 2 Apple Watches from the regions that you are sure to enjoy, to benefit the scholarships offered each year for nursing students and graduate students in nursing. Good luck in the drawing!! On both Thursday & Friday the INF will also be hosting a silent auction to raise even more funds for scholarships. Let INF know if you have anything that you want to donate.

Thursday, October 13th, will include a CEU offering, "Fiduciary Duty to your Organization". This will be followed by orientation/first meeting for the standing INA committees, and a post-convention INA Board meeting.

Thank you,
2016 INA /INF Annual Meeting Planning Committee

PREVENT BUG BITES

What To Know *before* You Go!
Bugs can spread diseases!

Travelers to tropical and other destinations should take steps to prevent bug bites.

Protect yourself!
Wearing insect repellent with at least **20% DEET** protects against mosquito and tick bites*.
Use insect repellents according to package directions, and reapply as directed. Higher percentages of the active ingredient provide longer duration of protection.

Apply protection!
When applying both sunscreen and insect repellent, apply sunscreen first, let it dry, then apply insect repellent.

Other ways to prevent bug bites

- As much as possible, wear long pants and sleeves. Tuck shirts in and tuck pant legs into socks.
- Use permethrin-treated gear (such as tents and sleeping bags) and clothing.
- Sleep in places that are air conditioned or screened against bugs.
- Sleep under a bed net if sleeping area is exposed to the outdoors.

See a doctor!
If you get sick after traveling, see a doctor. Tell the doctor where you traveled.

Examples of diseases spread by bugs:

- Mosquitoes:** dengue, chikungunya, malaria, Zika, yellow fever, Japanese encephalitis
- Ticks:** African tick-bite fever, Mediterranean spotted fever, tickborne encephalitis
- Other:** scrub typhus (chiggers), plague (fleas), sleeping sickness (tsetse flies)

* Other insect repellents are approved to prevent mosquito bites: picaridin, oil of lemon eucalyptus, and IR3535. See <http://www.cdc.gov/travel/page/avoid-bug-bites> for more information.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

<http://www.cdc.gov/travel>
www.facebook.com/CDCTravelersHealth
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Diabetes, infections, and you

What is diabetes?

Diabetes is a chronic disease in which blood glucose (a type of sugar) levels are above normal levels. In people who have diabetes, the pancreas either doesn't make enough insulin (a hormone that helps glucose get the cells of our bodies), or it doesn't use insulin as well as it should. This can cause sugar to build up in the blood and lead to serious health complications like blindness, heart disease, kidney failure, and lower-extremity amputations.

Most cases of diabetes fall into two broad categories:

Type 1 diabetes

In type 1 diabetes, the body does not produce insulin. The body breaks down the sugars and

starches you eat into a simple sugar called glucose, which it uses for energy. Insulin is a hormone that the body needs to get glucose from the bloodstream into the cells of the body.

Type 2 diabetes

Type 2 diabetes is the most common form of diabetes. If you have type 2 diabetes, your body does not use insulin properly. This is called insulin resistance. At first, your pancreas makes extra insulin to make up for it. But, over time it isn't able to keep up and can't make enough insulin to keep your blood glucose at normal levels.

Why are people with diabetes more prone to infections?

High blood sugar levels can weaken a person's immune system defenses. People who have had diabetes for a long time may have peripheral nerve damage and reduced blood flow to their extremities, which increases the chance for infection. The high sugar levels in your blood and tissues allow bacteria to grow and allow infections to develop more quickly.

What are common infections for people with diabetes?

The most common infections in people with diabetes include:

Ear, nose, and throat infections: Fungal infections of the nose and throat are seen almost exclusively in patients with diabetes. Symptoms include severe ear pain and ear

discharge.

Urinary tract infections (UTIs): Uncontrolled diabetes is one of the major causes for UTIs. These UTIs are commonly caused by germs such as Escherichia coli, Klebsiella, Enterococcus, and Candida. Kidney infections and inflammation of the bladder are also common.

Skin and soft tissue infections: People with diabetes are at risk for infections and wounds in the leg (also called diabetic foot). Repeated trauma and poor footwear can lead to these infections. If these infections aren't treated promptly and properly, it can result in the need to amputate.

Convention CEU Outline

PENDING APPROVAL:

IOWA NURSES FOUNDATION IS IBON CONTINUING EDUCATION PROVIDER #25 APPROVED BY THE IOWA BOARD OF NURSING

COURSE TITLE: Iowa Nursing Law: Legal Update 2016
DATE & TIME: Friday, October 14, 2016
8:00 AM – 9:45AM
LOCATION: Courtyard Marriott, Ankeny, IA
COURSE CREDIT: 2.1 contact hours (.21 CEUs) IBON
FEES: \$50 for CE only/ Conference Attendees included in registration
COURSE PURPOSE: The presentation is designed to provide attendees with information on changes in the law that impact nursing and health care practice in the last year.
FACULTY: J.R. "Lynn" Böes, RN, BSN, JD
COURSE OBJECTIVES:
Upon completion of this presentation the nurse should be able to:
1. Identify three sources of the law which affect liability for practitioners in Iowa.
2. Identify at least one legislative change in the law impacting nursing practice in the last year.
3. Identify at least one regulatory change in the law impacting nursing practice in the last year.
4. Identify at least one judicial precedent impacting nursing practice in the last year.
5. Discuss legal implications of changes in nursing practice related to changes in the law.

COURSE TITLE: Culture of Safety – Caring for the mental health patient in the Emergency Room
DATE & TIME: Friday, October 14th, 2016
10:00 AM to 12:00 PM
LOCATION: Courtyard Marriott, Ankeny, IA
COURSE CREDIT: 2.4 contact hours (.24 CEUs) IBON
FEES: \$50 for CE only/ Conference Attendees included in registration
COURSE PURPOSE: Preventing hospitalization and managing the disruptive patient effectively.
FACULTY: Darcy Koehn, Moderator; Amanda Jilevec, RN, BSN; Ed Piasecki, FNP, PMHNP; Vicky Gehrls, BSN, RN
COURSE OBJECTIVES:
Upon completion of this presentation the nurse should be able to:
1. Identify resources in the community for the mentally ill patient in crisis.
2. Learn about a model of care to provide for the mentally ill patient in the ER
3. Identify consequences of the lack of mental health beds in Iowa.
4. Explore ways to advocate for resources to serve the mental health needs of our patients.

COURSE TITLE: Nurse Work Hours
DATE & TIME: Friday, October 14, 2016
1:40 PM to 2:40 PM
LOCATION: Courtyard Marriott, Ankeny, IA
COURSE CREDIT: 1.2 contact hours (.10 CEUs) IBON
FEES: \$50 for CE only/ Conference Attendees included in registration
COURSE PURPOSE: Define long work hours and impact of fatigue-related outcomes on the employee, the patient, and health care organizations.
FACULTY: Angie Shalla, DNP, RN
COURSE OBJECTIVES:
Upon completion of this presentation the nurse should be able to:
1. Define long work hours including evidence related to 8 versus 12-hour shifts.
2. Describe adverse effects of long work hours on the employee.
3. Outline impact of long work hours on patient outcomes.
4. Review data from Capstone project
5. Discuss recommendations from literature
6. Identify next steps

COURSE TITLE: Serving INA: Maximizing Nursing's Influence and Limiting Legal Liability
DATE & TIME: Thursday, October 13, 2016; 8:30 AM – 9:30 AM
LOCATION: Courtyard Marriott, Ankeny, IA
COURSE CREDIT: 1.2 contact hours (.10 CEUs) IBON
FEES: \$50 for CE only/ Conference Attendees included in registration
COURSE PURPOSE: The presentation is designed to provide attendees with information on the role of the nurse, as a member of the Iowa Nurses Association, in articulating nursing values, maintaining the integrity of the profession and its practice, and shaping social policy. It will discuss legal protections that are afforded under Iowa Law that members can take advantage of, to limit liability when serving on committees/boards of the organization.
FACULTY: J.R. "Lynn" Böes, RN, BSN, JD
COURSE OBJECTIVES:
Upon completion of this presentation the nurse should be able to:
5. Identify how the Code of Ethics for Nurses calls nurses to action through their Nurses Association.
6. Identify at least three aspects of a properly conducted meeting.
7. Identify the significance of a conflict of interest and how to deal with a conflict of interest.
8. Identify what is meant by a fiduciary duty.
9. Identify the need to exercise a duty of loyalty, duty of care and duty of good faith in serving the Nurses Association in the conduct of its business.
10. Identify at least two ways in which association activities can lead to improved patient care
CERTIFICATE OF EVALUATION:
Please complete the evaluation form and return it to: Iowa Nurses Foundation, 2400 86th Street, #32, Urbandale, IA 50322. Course evaluations may be sent directly to the Iowa Board of Nursing at RiverPoint Business Park 400 SW 8th Street Suite B Des Moines, IA 50309
CERTIFICATE OF ATTENDANCE:
Please complete the certificate of attendance. Keep the pink copy for your file for 4 years and return the white and yellow copies to the course coordinator, along with your completed course evaluation at the completion of the program. Copies of the certificate of attendance are kept by the Iowa Nurses Foundation office for 4 years.

Iowa Nurses Association Proposed Resolutions 2016

2016 INA Resolution (1)
Nurse Fatigue

Lisa Caffery, MS, BSN, RN-BC, CIC

WHEREAS, patient care is affected by fatigue. Fatigue has been associated with several; types of performance deficits, including a risk of errors, a decline in short term and working memory, a reduced ability to learn; a negative impact on divergent thinking, innovation and insight; increased risk-taking behavior; and impaired mood and communication skills The health and safety of the nurse are also affected. There is also substantial amount of evidence that links shift work and working long hours to health and safety issues such as, sleep disturbance, injuries, including drowsy driving crashes, cancer and obesity.

WHEREAS, the ANA has published a position paper in September 2014 titled "Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risk " to address the risk of nurse fatigue and sleepiness associated with shift work and long work hours;

WHEREAS, the purpose of the position statement is to provide both nurses and employers with guidance on methods to reduce nurse fatigue and sleepiness;

BE IT RESOLVED, that the Iowa Nurses Association support the 2016 ANA Position Statement: Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks.

IMPLEMENTATION STEPS:

- 1) Presentation at the INA annual Meeting.
- 2) Link to position statement on INA website.
- 3) Monitor legislative activities for proposed safe staffing legislation and other efforts to reduce long work hours leading to nurse fatigue.

Cost: Zero

2016 INA Resolution (2)

American Nurses Association (ANA) Revised Position Statement on Immunizations

Lisa Caffery, MS, BSN, RN-BC, CIC

WHEREAS, the ANA has strongly supported immunizations to protect the public from highly communicable and deadly diseases such as measles, mumps, pertussis and influenza. The ANA has supported mandatory vaccination policies for registered nurses and healthcare workers in certain circumstance.

WHEREAS, recent outbreaks of vaccine preventable diseases, such as measles and mumps in the United States has demonstrated the importance of immunizations. ANA reviewed past position statements and issued the revised documents in July 2015.

WHEREAS, the Centers for Disease Control and Prevention (CDC) and the Association for Professionals in Infection Control and Epidemiology (APIC) recommend that all health care personnel, including nurses, be vaccinated according to current recommendations for immunization of HCP.

BE IT RESOLVED, that the Iowa Nurses Association support the July 2015 ANA Revised Position Statement on Immunizations.

IMPLEMENTATION STEPS:

- 1) Provide a link to the position statement on the INA website.
- 2) Support public health efforts to improve vaccination rates for children and adults.
- 3) Provide link on the INA web page to current recommendation from the CDC web page.

Cost: Zero

2016 INA Resolution (3)

Alternative Tobacco Products, Vapor Products & Nicotine Addiction

By: Rosemary Holland

WHEREAS, The State of Iowa Defines Alternative Nicotine Products as a product not consisting of or containing tobacco, that provides for the ingestion into the body of nicotine, whether by chewing, absorbing, dissolving, inhaling, snorting or sniffing, or by any other mean, and

WHEREAS, Vapor products are defined as any noncombustible product which may or may not contain nicotine that employs a heating element, power source, electronic circuit or other electronic chemical, or mechanical means that can be used to produce vapor from a solution or other substance. Vapor product includes an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe or similar product or device and any cartridge or other container of a solution or other substance which may or may not contain nicotine that is intended to be used in an electronic cigarettes, etc., and

WHEREAS, Vapor products and Alternative Nicotine products are not covered by the Smoke Free Clean Air Act of the United States Food and Drug Administration, do not require the listing of substances that the liquid in the cartridge contains leaving the consumer to guess what the contents are, and

WHEREAS, Vapor cigarettes are not taxes as a tobacco product, and

WHEREAS, the current research of the effects of the vapor on air quality is not conclusive, and

WHEREAS, There is no agreement on the toxic and/or carcinogenic nature of the chemicals, such as glycerol, propylene glycol, in the liquid or in the vapor that permeates the environment, and

WHEREAS, Exposure to nicotine is a known cause of stillborn and low birth weight infants. Children of nicotine users are at risk for developing conduct disorders, and increases the likelihood that the child will smoke, and

WHEREAS, 3.9% of middle school children have used vapor cigarettes and 1.6% have used smokeless tobacco. 13.4% of high school students use vapor cigarettes is not verified and often the two are used together, and

WHEREAS, The suggestion that vapor cigarettes replace tobacco cigarettes is not verified and often the two are used together, and

WHEREAS, Vapor/e-cigarettes are designed to simulate tobacco cigarettes by producing an appealing flavored aerosol that looks and feels like tobacco smoke and the user has the pleasure of ritual smoking behaviors such as obtaining, handling, and smoking, and

WHEREAS, Nicotine the addictive chemical and the appealing flavorings lead to increased use, thus the incentive for the increase in the availability and kinds of Vapor products and Alternative Nicotine Products that are marketed to youth as well as adult smokers and nonsmokers, and

THEREFORE BE IT RESOLVED that the Iowa Nurses Association will:

1. Encourage members that are parents and others to be role models as non-smoking citizens and promote programs that enable others to avoid or to quit smoking; and
2. Continue its leadership role in promoting legislation and programs that will make Iowa a smoke, tobacco, and nicotine free state
 - a. Encourage the use of CDC funds allocated to Iowa for Tobacco Control Programs.
 - b. Continue to monitor reliable information sources regarding the issues of alternative tobacco and vapor products

Implementation Steps:

1. Encourage nurse parents and all other nurses to be role models for all children.
2. Continue to follow and support legislation at the state and federal level that will control tobacco and nicotine use.
3. Article in the Iowa Nurse Reporter to update nurses on the impact of the new forms of tobacco and smoking products

Cost: \$100

Sources: www.drugabuse.gov, CDC, NIH, ALA, IDPH

**2016 INA Resolution (4)
Proposed INA Resolution: Words Matter!
By J.R. "Lynn" Böes, R.N., B.S.N., J.D.**

WHEREAS, professional licensure, historically, began with physicians, and this licensure both established and protected their practice authority, and Medicine was defined in broad and undifferentiated terms to include all aspects of health care rendered to an individual (Barbara Safriet Affidavit in [IMS v. IBON and IDPH 07/2011](#)); and

WHEREAS, when other new or evolving professions sought legislative approval of their practice domains based on increased education and abilities, they were seen as seeking the authority to do some tasks which were included in the existing universal, and implicitly exclusive, legal domain of medicine. (Barbara Safriet Affidavit in [IMS v. IBON and IDPH 07/2011](#));

WHEREAS, this approach – everything is medicine and therefore cannot be included in the legally-defined authority of any other health profession -- limits justifiable innovation in health-care delivery by erecting unnecessary barriers to access to competent health care providers (Barbara Safriet Affidavit in [IMS v. IBON and IDPH 07/2011](#)); and

Whereas, a variety of health care services associated with physical assessment, diagnosis and treatment can, at the same time, be the practice of medicine, and the practice of nursing, and/or the practice of other health care professions (Barbara Safriet Affidavit in [IMS v. IBON and IDPH 07/2011](#)); and

WHEREAS, Iowa Courts, in construing and interpreting Iowa law try to give force and effect to every word contained in a legislative provision ([State v. Bowers](#), 162 N.W.2d 484 (Iowa 1968)) and;

WHEREAS, in a recent Iowa Court of Appeals decision, the Justices expressly stated, "Words matter." ([Michael Taylor v. Iowa Department of Human Services](#) (Iowa Court of Appeals 2015));

WHEREAS, many laws in Iowa use the word medicine or medical to refer to issues involving health care which involves matters that are being addressed by nursing and other health care professionals, not just medicine (Iowa Code 2015); and

WHEREAS, Courts are at risk of interpreting the words "medicine" or "medical" in a statute as referring to the practice of medicine, limiting nursing and other health care professionals scope of practice (See [Auen v. Alcoholic Beverages Div.](#), 679 N.W.2d at 589 (Iowa 2004) ("We determine legislative intent from the words chosen by the legislature, not what it should or might have said."));

THEREFORE BE IT RESOLVED THAT INA

1. Monitor current provisions of law, as well as proposed amendments to laws (statutes and regulations), and seek to incorporate the words "health care" in place of "medicine" or "medical" where appropriate; and
2. Encourage it members and all nurses in their communication, to use the broader term, "health care" instead of "medicine" or "medical."

Implementation Steps:

Cost: Zero

**Iowa Nurses Association
2016 LEGISLATIVE SESSION
SUMMARY OF LEGISLATION
IMPACTING NURSING AND HEALTH
CARE IN IOWA**

The Iowa Nurses Association devotes substantial resources to public policy and legislative advocacy which is a priority focus of our organization. Proactive policy development is essential. Many INA members contribute nursing input while serving on local and state committees and boards. Additionally, our Public Policy Committee is highly engaged in the legislative session. The Public Policy Committee responded and reacted to over 50 bills during 2016 this session. The following is a description of legislation organized under each of INA's public policy priorities.

INA PRIORITY #1: Participate in the redesign of the Iowa healthcare system to insure a patient centered approach.

- A. Bills that promoted health care affordability while ensuring accessibility and promoted and funds a full range of services across health care settings.

SF 2260 MEDICAID MANAGED CARE. (Human Resources; Successor to SF 2091) House Committee: Forristall (C), Best, Heddens. Requires the DHS to contract with a 3rd-party CPA to verify various information submitted by Medicaid managed care organizations. Does not require such verification of ownership and control of a non-profit if the organization is certified under the Medicaid program.

INA advocated for patient access to health care by educating legislators about the risks association with the implementation of Medicaid Privatization and the introduction of Managed Care Organizations. INA emphasized the need for oversight to protect consumers. SF 2260 was created by legislators who listened to the information provided by various advocacy groups:

- Included a Legislative Health Policy Oversight Committee that meets twice during the interim; hears concerns and makes recommendations.

- Clarified the authority and duties of the Long Term Care Ombudsman to advocate for Medicaid members.
- Expanded and clarified the duties and authority of MAAC consumers to have a stronger vote on the MAAC. A consumer will co-chair with the Director of the Dept. of Public Health and there will be more public input sessions across the state.
- Required data reporting and public posting of data including provider network access and key gaps.
- Stated that MCO's cannot change practice parameters as defined by state law.

- A. Bills that supported the need for stable mental health services.

HF 2456 MH LEVY. Extends current provisions on how counties calculate the MH property tax levy for only a year. The bill essentially extends the 1996 cap on counties another year having the effect of restricting the taxing capacity of prosperous growing counties to increase funding to meet increased population needs for mental health services and reducing the MH per capita levy for 73 counties that are losing population.

SF 2259 MH TREATMENT. Requires the provider of outpatient services for someone under a court order to get MH services to notify the judge if the patient fails to undergo treatment and as a result, is dangerous. Requires the judge who orders the original committal to order the patient into protective custody. Requires the patient to be given the choice of treatment or being hospitalized. Requires MH/DS regions to contract with outpatient treatment providers for appropriate treatment in these cases. Includes notice requirements.

SF 2144 MH DISCLOSURES. Establishes exceptions to MH disclosure prohibitions for care coordination. Establishes a non-profit for the governance of the Iowa Health Information Network. Requires DPH to pick the entity through a competitive process. Includes transition provisions and other conditional provisions. Establishes exceptions to MH disclosure prohibitions for care coordination. Establishes a non-profit for the governance of the Iowa Health Information Network. Requires DPH to pick the entity through a competitive process. Includes transition provisions and other conditional provisions.

SF 2188 PSYCHOLOGIST PRESCRIPTIONS. (Successor to SF 2075). Grants certain psychologists prescriptive authority. Establishes requirements for collaborative agreements. Allows a psychologist with a certificate to write prescriptions for psychotropic drugs under the supervision of a doctor. Makes such a certificate good for four years. Requires two years of training, and additional requirements if the psychologist deals with certain populations. Allows a psychologist with a conditional certificate to write prescriptions under the supervision of a licensed physician. L Miller introduced an amendment H 8283 that requires the BOM & the BOP to adopt joint rules on education, training, certification, collaboration agreements and related matters. Includes the UI School of Medicine in training, and adds to the training requirements. Excludes narcotics from the definition of psychotropic drugs. Adds a definition of physician. Makes corrections.

HF 2264 BULLYING TRANSFER. Allows a student who transfers schools due to bullying to immediately compete in high school sports and extracurricular activities.

- C. Bills that continued efforts to assure health care access in rural settings.

There were no bills specific to rural health but there was language within some bills that promoted access to health care in rural settings.

- D. Bills that addressed older adult and long term health care needs

No bills impacting older adults were passed this year. Several bills pending from last year's session did not advance.

- E. Bills that assured the reimbursement of ARNP's in all redesign efforts.

MCO policy manuals listed Stated that MCO's cannot change practice parameters as defined by state law.

INA PRIORITY #2: Promote a culture of patient safety in all practice settings.

SF 2218 OPIOID ANTAGONISTS. Authorizes EMS programs, law enforcement agencies and fire departments to have a supply of opioid antagonists for responses in overdose situations. Allows a licensed health care professional to write a prescription for such an agency. Includes other persons who are able to assist in an emergency. Makes definitions and requires DPH to adopt rules on protocols for use and other matters. Makes the bill contingent on an appropriation.

SF 2219 CARBON MONOXIDE DETECTORS. Requires the installation of carbon monoxide detectors in apartments and homes that have a fuel-fired heater, a fireplace or an attached garage. Requires the alarms to be installed by bedrooms, or as determined by the Fire Marshal by rule. Makes the owner of a single-family home responsible for installing the alarm and certifying that the alarm has been installed when filing for a homestead credit. Requires the use of alarms with a light in rentals used by deaf tenants. Makes CO subject to similar rules for smoke detectors. Gives the State Fire Marshal enforcement duties and sets penalties. See HF 2310.

SF 2102 PRESCRIPTION MONITORING. Directs the BOP to take steps to improve secure electronic access to the prescription-monitoring program and to work with an institutional user on secure access for pharmacies. Allows the release of prescription monitoring information for statistical, educational and research purposes, if identifying information is removed. Makes changes to improve readability.

SF 2116 CONTROLLED SUBSTANCES. Makes changes to the controlled drugs schedules, including adding 10 synthetic cathinones, eight synthetic cannabinoids and acetyl fentanyl to Schedule I.

SF 2191 HUMAN TRAFFICKING OFFICE. Establishes an office to coordinate efforts on stopping human trafficking in the DPS. Makes the office the point of contact for human trafficking prevention in activity in Iowa and requires the office to work with other agencies and organizations with expertise in the area. Requires the office to develop strategies to collect criminal history data, to share inform, to assist other agencies and victims and to take other steps to fight human trafficking. Adds annual reporting requirements.

INA PRIORITY # 3: Support efforts to expand nursing workforce development, increase the proportion of nurses with higher education and address nursing faculty shortages.

INA educated legislators about the need for a strong health care workforce and advocated for nursing workforce development while educating legislators about future health care needs. INA gained support to maintain language that continues the Iowa needs nurses now and nurse residency programs. note: funding was not obtained.

HF 2377 NURSE LOAN REPAYMENTS. Limits the amount of repayment available to ARNP and Physicians Assistants to \$4,000 annually and \$40,000 in the aggregate. Strikes the limit on the College Student Aid Commission from entering into more than 15 ARNP or PA loan repayment programs annually.

continued next page

APPROPRIATIONS BILL OF INTEREST:

SF 2323 EDUCATION APPROPRIATIONS

This bill funds the Department of Blind, College Student Aid Commission, Department of Education and the Board of Regents at \$1,009.8 million.

- The Rural Nurse and Physician Assistant Loan Repayment Program is decreased by \$200,000 to reflect lower than anticipated demand for the Program.
- The Health Care Professional program established in Iowa Code 261.115 is appropriated \$400,973 which is administered for Des Moines University for a "Health care professional" defined to mean a physician, physician assistant, podiatrist, or physical therapist.
- The Registered Nurse and Nurse Educator Loan Forgiveness program established by Iowa Code 261.116 is appropriated \$80,852.

INA Priority # 4: Support Public Health programs, functions and infrastructure to:

- Conduct public health surveillance of infectious diseases including efforts to reduce antibiotic resistance
- Develop and promote evidenced-based preventive health care strategies
- Provide chronic care management
- Promote healthy communities

SF 2359 PUBLIC HEALTH FLEXIBILITY. (Formerly HF 2159 & HSB 591). Makes changes to make it easier for local boards of health to voluntarily merge. Adds members to the Government Public Health Advisory Council with expertise in specific areas and makes changes to the duties of the council. Strikes outdated language and updates language and references.

APPROPRIATIONS BILL OF INTEREST:

HF 2460 HEALTH & HUMAN SERVICES APPROPRIATIONS. Makes FY 2017 appropriations for HHS to the DVA, the IDA, the office of the Long-Term Care Ombudsman, the DPH, the IFA, the DHR, and the DHS. The bill appropriates a status quo budget of \$1,836,364,265 which is \$4 million over the FY 16 estimated budget and a 0.2% increase.

Key Features:

- Medicaid receives just over \$1.3 billion.
- Fully funds "First Five" (healthy mental development for children) in 13 additional counties.
- Funds efforts to determine the best programs and initiatives to address healthcare workforce shortages and develop a strategic plan \$100,000.
- Funds children's mental health grants for crisis service development \$300,000.
- Funds \$3 million for county mental health regions (Polk and Scott) which could be avoided with a mental health levy bill fix. (SF 2236 which did not pass).
- Funds Department of Public Health in amount of \$215,263 for reform-related activities, including but not limited to facilitation of communication to stakeholders at the state and local level, administering the patient-centered health advisory council pursuant to section 135.159, and involvement in health care system innovation activities occurring across the state.
- Removed the sunset for Iowa Needs Nurses Now (INNN) (261.129) and Nurse Residency matching grant (135.78) programs so they continue, but are not funded.
- Provides Medicaid Privatization Oversight.
 1. Legislative Health Policy Oversight Committee to meet twice during the interim; hear concerns, make recommendations
 2. Clarifies the authority and duties of the Long Term Care Ombudsman to advocate for Medicaid members
 3. Expands and clarifies the duties and authority of MAAC consumers to have a stronger vote on the MAAC. A consumer will co-chair with the Director of the Dept. of Public Health and there will be more public input sessions across the state
 4. Requires data reporting and public posting of data including provider network access and key gaps.
 5. Governor stated in message: "I was proud to sign every Medicaid Modernization oversight item into law....because our Medicaid patients deserve an outcome-focused accountable Medicaid program. We now have nearly 1000 measureable results tracking the health outcomes of Medicaid patients; something the old Medicaid program never did."
- Included Children's Mental Health (SF 2297) for planning grants to compile system solutions for a children's mental health system.
- Amended Opioid Antagonist Act (SF 2218) to clarify that a licensed health professional may prescribe an opioid antagonist and a pharmacist may provide under a standing order.
- Included meningitis vaccine (SF 2136) requiring students enrolling in 7th and 12th grades to be immunized against meningococcal disease in accordance with the U.S. Public Health Services. Medical and religious exemptions apply. Governor's message: "I have met with families who lost loved ones and medical experts and I am convinced this will save lives in Iowa. This immunization is covered by insurance. Also, there is an exception for individuals to opt out of the immunization for medical reasons or religious beliefs."
- Funds Behavioral Analysts program (135.181) with \$250,000.
- Funds youth suicide prevention with \$50,000
- Funds Direct Care Worker activities with \$213,400.
- Funds medical residencies with \$2 million
- Funds College Aid Commission with \$105,823 for Rural Primary Care (261.113-osteopathic physicians and surgeons in rural Iowa)
- Funds the Medical Cannabidiol Act (124D) with \$25,000
- Funds mental health workforce and treatment at University of Iowa \$110,656 and Cherokee Mental Health Institute \$99,904
- Study the use of a new multi-purpose tablet medication to replace multiple pills.
- VETOED: Prohibits recommendations by Governor on cost containment strategies that would have reduced payments to physicians, hospitals and nursing homes.
- VETOED: Strikes prohibition for Department of Public Health to decrease a Level II certification.

INA Priority # 5: Support efforts that allow nurses to practice to the highest extent of their education and license.

INA responded to bill language that referenced nurses or language that omitted nursing or directly impacted nurses or nursing practice and asked legislators to modify language that was inconsistent and inaccurate.

FISCAL UPDATE News Article

Fiscal Services Division

May 27, 2016

Patient-Centered Health Advisory Council May Meeting

Meeting. The Patient-Centered Health Advisory Council met on May 10, 2016, in Des Moines. The following topics were covered and presented on.

State Innovation Model (SIM) Panel. Several topics related to the SIM implementation were presented to the Council including: Value Based Purchasing, Population Health and Community Care Coordination (C3), Statewide Alert Notification (SWAN) System, and Community-Based Performance Improvement. Iowa is now in the first of three model test years for SIM implementation.

The SIM goals for 2018 are to:

- Increase the percentage of adult smokers who have made a quit attempt by 5.1%.
- Decrease the adult obesity prevalence rates by 2.9%.
- Increase the percent of adults with diabetes having two or more A1c tests by 4.1%.
- Reduce preventable Emergency Department (ED) visits by 20.0%.
- Reduce preventable readmissions by 20.0%.
- Increase amount of healthcare payments linked to value to 50.0%.

Health Insurance Marketplace. The presentation highlighted that the number of people enrolling in the Marketplace is continuing to grow, consumers are becoming more engaged in selecting plans and not taking the default assignment, and information and statistics related to Open Enrollments 3 and 4 were shown including United Healthcare leaving the marketplace, and Wellmark joining.

Other Business. Also at the meeting the following information was provided.

- Iowa Medicaid Enterprise gave an update on the Medicaid Managed Care Transition. General information was presented and some discussion followed involving recent experiences and best practices for handling issues.
- The Department of Public Health provided an overview on the recent legislative session for issues pertinent to the Council.
- Council recommendations from the last meeting were reviewed and voted on. Most of the items covered in the document were covered by recent legislation, but topics for the next session were discussed as well.

Next Meeting. The next meeting of the committee will be August 8, 2016, in Des Moines. Additional information including handouts can be obtained from the LSA and on the Council's Webpage.

STAFF CONTACT: Kent Ohms (kenneth.ohms@legis.iowa.gov) 515-725-2200



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- Nurse managers/leaders

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<http://www.nursecredentialing.org/MagnetConference-Registration>

Welcome INA New Members

Name	Org City	INA District
Alexandra Adam	Gowrie	IA01
Laura Anderson	Fort Dodge	IA01
Barbara Bucher	Sheldon	IA01
Rebecca Burns	Correctionville	IA01
Susan Copple	Moville	IA01
Melissa Fisher	Eagle Grove	IA01
Rikki Goshorn	Fort Dodge	IA01
Michelle Kellen	Sioux City	IA01
Mary Kilzer	Sioux City	IA01
Megan Monsen	Buffalo Center	IA01
Lori Popkes	Rock Rapids	IA01
Linda Rosenbaum	Clarion	IA01
Amanda Snell	Webster City	IA01
Priscilla Stokes	Sioux City	IA01
Angella Van Gorp	George	IA01
Tina Vosberg	Pocahontas	IA01
Kathy Bell-Mahler	Allison	IA02
Shirley Bunte	Hubbard	IA02
Colleen Byrnes	Osage	IA02
Dana Clasen	Waterloo	IA02
Kelsie Graham	Waterloo	IA02
Karen Heetland	Cedar Falls	IA02
Brooke Ibeling	Ackley	IA02
Kerry Koopmann	Peosta	IA02
Lara Kyhl	New Hartford	IA02
Darci Michel-Conlan	Dubuque	IA02
Sherry Mohling	Cedar Falls	IA02
Mary Peters	Dubuque	IA02
Allison Stone	Jesup	IA02
Robert Wethal	Dubuque	IA02
Ruth Gordon	Jamaica	IA03
Debra Hilton	Glenwood	IA03
Jessica Kane	Clarinda	IA03
Jonathan Knedler	Council Bluffs	IA03
Jessica Larson	Emerson	IA03
Jean Stamp	Woodbine	IA03
Melissa Walker	Stuart	IA03
Jenny Fazio-Wilson	Urbandale	IA04
Bridgette Fitzsimmons	Ankeny	IA04
Monica Goodlett	Johnston	IA04
Melissa Heintz	Adel	IA04
Kailey Ingram	West Des Moines	IA04
Debora Jamison	Perry	IA04
Andrea Jimmerson	Indianola	IA04
Angela Maksutoski	Centerville	IA04
Lauren Mancuso	Des Moines	IA04
Nichole Martin	Nevada	IA04
Tricia Maston	Ankeny	IA04
Rachel McPeak	Huxley	IA04

Name	Org City	INA District
Signe Newman	Des Moines	IA04
Rachel Seltz-Falk	Des Moines	IA04
Keesha Simington	Clive	IA04
Jenny Toot	Nevada	IA04
Veriti Turner	Redfield	IA04
Tricia Venzke	Ames	IA04
Terri Warren	Altoona	IA04
Kathleen Wheeler	Oskaloosa	IA04
Julia Wilson	West Des Moines	IA04
Michelle Alexander	Washington	IA05
Jennifer Anderson	Iowa City	IA05
Amy Bader Takes	Solon	IA05
William Barnhill	Hiawatha	IA05
Stefanie Berg	North Liberty	IA05
Amy Bowman	North Liberty	IA05
Danielle Buhr	Muscatine	IA05
Jessica Caine	Maquoketa	IA05
Victoria Carroll	Iowa City	IA05
Caley Conry	Cedar Rapids	IA05
Jordan Edmundson	Keswick	IA05
Lindsay Gaskell	Cedar Rapids	IA05
Julie Gerard	Cedar Rapids	IA05
Kelly Gillespie	Muscatine	IA05
Lindsey Heckes	Iowa City	IA05
Jerry Horak	Riverside	IA05
Gina James	Luzerne	IA05
Molly Jamieson	Iowa City	IA05
Stephanie Lucas	Eldridge	IA05
Teresa Meierotto	Mount Pleasant	IA05
Kate Merck	Wellman	IA05
Michele Moritz	Maquoketa	IA05
Kayla Morrison	West Liberty	IA05
Amanda Muhs	Clarence	IA05
Julie Nellis	Bettendorf	IA05
Staci Nielsen	Davenport	IA05
Kelly Petrulevich	North Liberty	IA05
Emily Sargent	Solon	IA05
Jacinta Selzer	Fairfax	IA05
Melissa Servey	Marion	IA05
Nicole Stein	Iowa City	IA05
Ann Sterenchuk	Cedar Rapids	IA05
Alexandra Stuessy	North Liberty	IA05
Samantha Thompson	Iowa City	IA05
Fatoumata Traore	Coralville	IA05
Darla Warner	Kalona	IA05
LAUREN WENZEL	Iowa City	IA05
Laura Young	North Liberty	IA05
Valerie Harms	Coralville	IA05
Abbie Kelley	Cedar Rapids	IA05

INF Raffle

We are writing you today on behalf of the Iowa Nurses Foundation (INF). The INF supports charitable, educational, literary and scientific activities related to health and nursing in Iowa. The INF awards scholarships, provides continuing education and seeks opportunities to address issues affecting the nursing profession. Funds to support the work of the INF are generated from gifts received from individuals and the fund-raising activities conducted at Convention. Please help us make the raffle a success to ensure we can offer scholarships again this year.

Here's how you can help: Raffle ticket flyers will be mailed to all members of INA. If you are a non-member please contact Iowa Nurses Foundation - Maggie Rice at either 515.225.0495 or mrice@iowanurses.org to obtain tickets. Ticket prices are as follows: one for \$10 or three for \$25. The tickets represent a chance to win one of two Apple Watches valued at \$300. In addition you do not need to be present to win. Please help us reach our goal of raising \$5,000 for INF. If you need ad-



ditional tickets they can be obtained through your Region President or the INA/INF Office.

Fill out the ticket and return the ticket(s) and the money to the INA office @ **2400 86th Street, #32, Urbandale, IA 50322**. The tickets and the money need to be returned and postmarked by October 1, 2016. Please make checks payable to the **Iowa Nurses Foundation (INF)**. Envelopes need to be postmarked in Iowa and check or cash only. For additional information about the INA/INF Annual Meeting, please check our website.

Thank you,

Iowa Nurses Foundation Committee

Lorinda Inman, Pam Hill, Christine Kessel, Darcy Koehn, Christina Peterson, Linda Schluter, and JoAnn Wedig

Candidate Statement - Public Policy Chair

My name is Carol Chesterman and I am a strong proponent of the purpose and mission of the Iowa Nurses Association. I have been a Registered Nurse for 40 years and have spent 25 years in nursing education. The past two years as a member of the Public Policy committee I have witnessed nurse's ability to affect access and quality of health care in Iowa by advising on legislative and regulatory issues. As well as the committee's role to advocate for the nursing



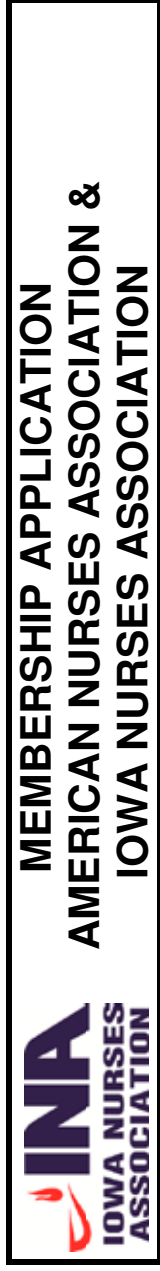
Carol Chesterman

profession to assure that Iowa nurses are able to practice to the full extent of their education and experience. I teach a health policy course in which students are immersed in the process of public policy. Students gain the knowledge of how the process works and understand their role and responsibility in that process as a RN.

Candidate Statement - Finance Chair Anne Cook

I am happy to accept the nomination for INA treasurer. I have served as treasurer for the Northeast Region and have been a member of the Finance Committee for the past 2 years. INA is a dedicated group of the professionals of which I am proud to be a part of. As INA treasurer I will work to ensure the best use for

our financial resources to promote and support the nursing profession in Iowa. I have over 30 years of health care experience in a variety of settings and roles that give me a broad perspective on the current state of our health care delivery system and its impact on nurses. Thank you for your support.



MEMBERSHIP APPLICATION

MEMBER INFORMATION

Last Name/First Name/Middle Initial		Nursing Credentials	
Street or P.O. Box Address		Home Phone	
City and State		Zip Code	
Employer		Employer City Location	
School (s) of Nursing Attended			
RN License Number		E-Mail Address	
County		Region (please circle one)	
Membership in Other Nursing Organizations		Northwest Northeast Southwest Central Southeast	
Office Fax		Graduation (M/D/YYYY)	

MEMBERSHIP CATEGORY

Full Membership - \$325/year
 \$27.58 monthly (includes monthly deduction service fee)
 • Employed full or part time

Reduced Membership - \$162.50/year
 \$14.05 monthly (includes monthly deduction service fee)
 • Not employed
 • Full-time student
 • New graduate from basic nursing education program. (Must join within 18 months of graduation.)
 • 62 years of age or over and not working.

Iowa Only Membership-\$212/year
 \$18.16/month (includes monthly deduction service fee EFT)
 Only services from Iowa provided

CONTRIBUTIONS

INF Mission: "Our purpose is to promote the profession of Nursing through charitable and educational activities."

I would like to also support:

Iowa Nurses Foundation (INF)
 Donation enclosed \$ _____

Please write a separate check for each donation. Some donations may be tax deductible. Please contact your financial advisor.

ADDRESS

Mail your completed membership application and payment to:
 Iowa Nurses Association
 2400 86th Street, Suite 32
 Urbandale, IA 50322
www.iowanurses.org

**QUESTIONS? info@iowanurses.org
 or call 515-225-0495**

INF is proud to announce **online donation!** No cutting, clipping, or mailing. Just go to www.iowanurses.org and click on the Foundation tab. Go to donate now and it's as easy as that. It will generate an automatic receipt that you may use on your taxes as well. Don't wait and give it a try today! Support the INF.



INVESTING IN NURSES
 Through the Iowa Nurses Foundation
 The INF is dedicated to the support of charitable, educational, literacy and scientific activities related to health or nursing in Iowa.

I want to designate a gift in honor of _____
 I want to contribute in memory of _____
 Please send information about making a bequest to INF.
 Please send information on including INF in my will.

_____ \$25 _____ \$50 _____ \$100 _____ Other _____

Donor:
 Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Daytime phone number: _____

Honoree:
 Name: _____
 Address: _____
 City: _____ State _____ Zip _____

For more information, please call (515) 225-0495 Email: info@iowanurses.org
 Website: www.iowanurses.org select tab "Foundation" Mail form with check payable to: **Iowa Nurses Foundation, 2400 86th Street, Ste. 32, Urbandale, IA 50322**

PAYMENT PLAN

Full Annual Payment enclosed.
 Enclosed personal or cashier's check for one year's dues.

Bank or Credit Card (Chose one below)
 (Amounts subject to additional financial institution fees.)
 Annual payment (1st day of renewal month)
 Monthly payments (On or after 1st day of each month)

Visa/MC account number: _____
 Expiration Date: _____

Signature _____

Electronic Funds Transfer
Read and sign the following authorization
 Enclose a check for 1/12 of the annual dues for the first month's payment.
 EFT monthly rate-Full membership-\$27.58/month
 Reduced membership-\$14.05/month
 Iowa-only - \$18.16/month
 (Amounts subject to additional financial institution fees.)

Authorization to provide for convenient monthly payment to the American Nurses Association, Inc., (ANA)

(1) this is to authorize ANA to withdraw 1/12 of my annual dues from my checking account monthly on or after the 15th day of each month;
 (2) which is designated and maintained as shown by the enclosed check for the first month's payment.
 (3) ANA is authorized to change the amount by giving the undersigned 30 days written notice;
 (4) the undersigned may cancel this authorization upon receipt by ANA of written notification of termination 20 days prior to deduction date as designated above.

Signature _____



2016 Ballot

Must be paying dues to the Iowa Nurses Association

INA/INF ANNUAL MEETING, October 13th & 14th, 2016, Courtyard Marriott, Ankeny, IA

For nominations from the floor, CONSENT TO SERVE forms, must be given to the Chief Teller. For WRITE-IN CANDIDATES, member must write in the name AND place a check mark in front of the name for the selection to be count as being elected.

Name _____ Credentials: _____

Address _____

City _____ State _____ Zip _____

Email: _____ Nursing License # & State _____

Daytime Phone: (____) _____ Fax: (____) _____ Evening Phone (____) _____

First Time Attendee? (Circle) **yes** **no** **INA Region (circle one)** **NW** **NE** **SW** **Central** **SE**

*** Affiliates Include, ANA Only, ISNO, IONL, AORN, or APIC

Full Registration includes:	Full Registration	Early Bird	After September 17th
Attendance for 2 days, Exhibits	INA, ANA or Affiliate	\$120.00	\$150.00
CE Programs, Breaks, Thurs Lunch,	Non-member	\$180.00	\$210.00
All Thursday & Friday Events	RN to BSN/MSN/PhD	\$ 90.00	\$115.00
Orientation Day, Awards Program	Retired & over 62	\$ 90.00	\$115.00

Thursday Registration includes:	Thursday Registration	Early Bird	After September 17th
Thursday Events	INA, ANA or Affiliate	\$100.00	\$130.00
Orientation Day & Business Mtg	Non-member	\$150.00	\$180.00
Breakfast & Lunch	RN to BSN/MSN/PhD	\$ 75.00	\$ 90.00
(Region dine arounds on your own)	Retired & over 62	\$ 75.00	\$ 90.00

Friday Registration includes:	Friday Registration	Early Bird	After September 17th
All Friday Events	INA, ANA or Affiliate	\$100.00	\$130.00
All CE Programs, Exhibits	Non-member	\$150.00	\$180.00
Awards Program	RN to BSN/MSN/PhD	\$ 75.00	\$ 90.00
Breakfast & Lunch	Retired & over 62	\$ 75.00	\$ 90.00

Food Allergies: _____

Special Accommodations: _____

TOTAL DUE \$ _____

Payment Enclosed – Check payable to Iowa Nurses Foundation- Iowa Nurses Foundation EIN# is Tax ID # 23-7198389. Credit card (MC/Visa Only)

Credit Card # _____ Expiration Date: _____

Signature: **X** _____

REFUND AND CANCELLATION POLICY/ ADDITIONAL INFORMATION

- A full refund, less \$50.00 processing fee, will be made, if notice of cancellation is received in writing by September 17, 2016.
- No refund or credit will be made if cancellation notice is received after September 17, 2016.
- A substitute may attend in place of the registrant.
- Special requirements or dietary needs: _____
- Please advise us at least two weeks before the conference if you have a disability and desire special accommodations.

Mail to Iowa Nurses Foundation, c/o Maggie Rice, 1708 S. Gary Drive, Sioux Falls, SD 57103
For Additional Information call Maggie Rice (515) 225-0495 or e-mail mrice@iowanurses.org

<p>Secretary (will vote for one for 2 years)</p> <p>_____ Kimberly Hermie – Iowa City; Region 5 _____ Region _____</p> <p>Treasurer (will vote for one for 2 years)</p> <p>_____ Anne Cook – Waterloo; Region 2 _____ Region _____</p>	<p>Nomination (will vote for 3 for 2 years)</p> <p>_____ Brian Cooley – Council Bluffs; Region 3 _____ Terri DeClerck - Davenport; Region 5 _____ Brenda McAllister – Palo; Region 5 _____ Region _____ _____ Region _____</p>
<p>Board Member at Large-Resolutions (will vote for 1 for 2 years)</p> <p>_____ Virginia Wangerin – Clive, Region 4 _____ Region _____</p> <p>Board Member at Large-Public Policy (will vote for 1 for 2 years)</p> <p>_____ Carol Chesterman – Peosta; Region 2 _____ Region _____</p>	<p>Iowa Nurses Foundation (will vote for 1 for 3 years)</p> <p>_____ Christina Peterson - Dows; Region 1</p>