

Same As It Ever Was

By Joan Joyce Carl, CRNA, President



I would like to extend a warm New Year's greeting to all the CRNAs in the Commonwealth of Pennsylvania. I also would like to take the time to introduce myself as your new/old president-Joan Joyce Carl. I recently changed my name and figured I might fool the bad actors in Harrisburg into not knowing I was back again. But seriously, I wish I was not back, and not because I don't love serving as president for the PANA. It is because I know that there are many very qualified individuals who would make great PANA officers and trustees if they would only serve.

First, the AANA has recently requested to please block off the week of the National AANA meeting so that your colleagues low on the vacation list may be able to attend. The National AANA meeting will be held in Seattle, Washington on August 6-11, 2004; please try to attend the annual AANA meeting. It is extremely important to support the AANA, because in turn the AANA supports your own state through dues share and provides you with a superb service. I am very disappointed to say for many years where I worked, this week was blocked off, but recently there was a vote against block off time. I lobbied the group to return to this one week block time just as our physician colleagues do in the same department. I really thought we had the votes for block off time, but to my surprise, I was told later that the CRNAs in our department decided they did not want to go backwards. Well, I was not present for the first or second vote, so I really have no way of knowing who changed their minds; it is just like a Committee vote. I personally would like to take the time to thank the following colleague CRNAs who always help get me when I need to go in such a short notice: Bonnie, Don, Karen A., Karen H. and Janet. These five CRNAs, rearrange their schedules to help our organization at a split second notice. I could not do it without you and your efforts.

Finally, I would like to focus your attention on several legislative issues.

The PANA Board is working against SB 910, which defines surgery in the Medical Practice Act. The problem is this bill basically will harm every non-physician group out there by using wording such as instruments used. An example of one instrument they have in the wording is "needles", and it includes tissue being "manipulated" or "altered." So think how the chiropractors will work? You guessed it; someone (an MD?) will perhaps have to "Delegate" to them.

Secondly, the government is trying to squeeze money in and out of the budget to pay for other very important projects, by using alternative sources of revenue like slots. A provision that has been discussed would not allow you to renew your nursing license if your state taxes were not paid. I would never acknowledge or condone any nurse shirking their taxes, but look at how many well-meaning pieces of legislation hurt nurses. Perhaps you will be the one who the mistake was made and now not only can you not work, you can't afford to get legal help to straighten out the bureaucratic paper chase. From my own recent personal experience, having had an error keypunched in by a government employee, it took months to straighten out a problem never belonging to me.

Completely entrusting someone else with your practice rights would be foolhardy. There are also times when advice given should not be taken at face value. An example of this is what happened recently with medical delegation issue in Harrisburg.

continued on page 6

National Nurse Anesthetists Week – January 25-31, 2004

The National Nurse Anesthetists Week will be celebrated on January 25-31, 2004. All CRNAs are encouraged to promote our profession during this recognized week. Promoting CRNAs can be accomplished by displaying promotional materials in both hospitals and in your communities. The promotional packets can be obtained from the AANA Bookstore via fax at (847) 692-2051, or email@ shorton@aana.com.

Also, this year the PANA is offering a few following suggestions to help celebrate CRNA week: blood pressure screening in the lobby of the hospital during the CRNAs' lunch hour, purchasing an item for hospital utilization such as a little red wagon to transport children to the operating room or a television in the preoperative waiting room with an engraved gold plate stated "Donated by the hospital CRNAs" provides great PR, and treating the Operating Room staff with ice cream, donuts or cookies goes a long way to sweeten everyone's day. These are a few ideas, but we would love to hear from you what you have planned for your hospital.

The PANA hopes that every CRNA in the Commonwealth of Pennsylvania will help us celebrate National Nurse Anesthetists Week.



Know Your Legislator

State Representative Thomas P. Gannon Republican – 161 Legislative District

On October 4, 2003, at the Fall Symposium in Atlantic City, N.J., the PANA had the honor of Representative Gannon making a presentation. Representative Gannon has been a member of the House of Representatives since 1979. He is a member of the Supreme Court of Pennsylvania and the Supreme Court of the United States. In addition, he is a member of the Federal District Court and the Delaware County Bar Association.



Rep. Gannon's committee assignments include the following: Chairman of the House of Professional Licensure Committee, Chairman of the Republican Policy Committee Task Force on Health Insurance and former chairman of the House Judiciary Committee Task Force. Gannon is a member of the Special Joint Finance and Judiciary Committee Task Force, House Insurance Committee and Pennsylvania Tobacco Use Prevention and Cessation Advisory Committee. Also, Gannon serves on the House Computer Service Committee and the Policy and Rules Committee of the House of Representatives.

Rep. Gannon addressed several healthcare related issues he is currently addressing in the state legislature. His lecture focused on medical care and how legislation currently being considered in the Pennsylvania General Assembly affects CRNAs as professionals. In his address, he primarily discussed Senate Bill 580, House Bill 1023 and House Bill 264. He stated that SB580 is currently in the Senate Consumer Protection and Professional Licensure Committee. This legislation changes the definition of the "practice of professional nursing" and allows nurses to administer such services as case findings, health teaching, health counseling and provision of care supportive to restorative of life and well-being. They are also allowed to execute medical regimens as prescribed by a licensed physician or dentist. Under the legislation, nurses can administer conscious sedation.

However, the legislation specifically states that only CRNAs are permitted to administer anesthesia. Furthermore, a CRNA's performance will be under the overall direction of the chief or director of anesthesia services, provided, however, that, in situations or health care delivery facilities where anesthesia services are not mandatory the CRNA's performance shall be under the overall direction of the physician, dentist or podiatrist responsible for the patient's care. When the operating/anesthesia team consists entirely of nonphysicians, the CRNA shall have available to him or her, by physical presence or electronic communication, an anesthesiologist or consulting physician of the CRNA's choice. Also, Rep. Gannon pointed out that nothing in this act would prohibit the continued practice of the CRNAs who were authorized to practice in Pennsylvania. If and when this bill passes the Senate, it will most likely be assigned to Rep. Gannon's committee for study and consideration.

Furthermore, Rep. Gannon mentioned House Bill 1023; he is sponsoring this legislation to help ease the medical care crisis that Pennsylvania is presently suffering. House Bill 1023 would provide fair reimbursements to certain high-risk specialty physicians and health care facilities. The House Insurance Committee is currently reviewing this bill.

Lastly, Rep. Gannon is working currently on House Bill 264, which would create a Pennsylvania Center for Nursing. The Center would be responsible in providing plans for the better recruitment and retention of nurses. The Pennsylvania Center for Nursing's primary mission will be to assist nursing schools, nursing service organizations, health care organizations and other workforce development groups and agencies to initiate concerted efforts around the creation of long-term strategies to increase the number of registered nurses working in Pennsylvania. Rep.

continued on page 6

Advertise in Tidings

With a circulation of over 2,500, advertising in *Tidings* is your best way of reaching nurse anesthetists, associate student anesthetists, health committees and health care organizations.

	<u>1 Time</u>	<u>2 Times</u>	<u>4 Times</u>
Half Page	\$305	\$550	\$1,040
Quarter Page	\$185	\$340	\$640
Business Card	N/A	\$100	\$160

Classified Ads \$7 per line

For more information, contact PANA at the address below

Publishing Schedule and Deadlines

Tidings is published quarterly in the following months: January, April, July and October.

Deadlines for submission of articles or advertising is the first business day of the following months: December, March, June and September.

Chemical Dependency? Need to talk to someone?

PANA Chemical Dependency Contact Person

Art Zwerling, CRNA, MS

Home: 215-635-0183

Work: 215-829-5691

Pager: 215-998-1241



TIDINGS

Is the official publication of the Pennsylvania Association of Nurse Anesthetists, 908 North Second Street, Harrisburg, PA 17102. Telephone: 800-495-PANA; FAX: 717-236-2046; e-mail: info@pana.org; World Wide Web: www.pana.org.

PANA Publications Susan Clark, CRNA

PANA, the Editor or any person working on behalf of *Tidings* assumes no responsibility or liability for the content of the articles with regard to the source or any errors of publication.

FROM THE CAPITOL

TED MOWATT, CAE GOVERNMENT RELATIONS CONSULTANT

Summary of Legislation

Tomlinson Bill Defines Surgery

Senator Tommy Tomlinson has introduced a bill to define surgery in the Medical Practice Act. **SB 910** defines "surgery" as, "The diagnostic, palliative or therapeutic treatment of conditions or disease processes by using instruments including lasers, ionizing radiation, scalpels, probes and needles in which human tissue is cut, burned, vaporized, frozen, sutured, probed, manipulated by closed reduction for major dislocations and fractures, or otherwise altered by any mechanical, thermal or chemical means. This definition shall not include ministrations that are part of routine bodily hygiene such as trimming of hair or nails, or infringe on the scope of practice of those already licensed to perform similar limited procedures such as electrolysis, tattooing and piercing." It is necessarily broad, of course, to cover all surgical procedures performed by physicians and other licensees of the Board, but it is certainly going to be a problem for optometrists, chiropractors, and other health care providers, who perform such procedures, as it could be determined to be a violation of the Medical Practice Act. Although we do not believe that is the motivation for Tomlinson, it surely will be an effect.

The bill was referred to Tomlinson's Committee, the Consumer Protection and Professional Licensure Committee. PANA opposes this bill.

State Board Of Nursing Publishes Final Oral Orders Regulation

The State Board of Nursing (Board) has amended its regulations relating to administration of drugs; definitions; and functions of the LPN, allowing for LPNs to accept oral orders from RNs. The final-form rulemaking is effective upon publication in the December 20 *Pennsylvania Bulletin*.

The previous regulations of the Board prohibited a licensed practical nurse (LPN) from accepting an oral order for the administration of medication or therapeutic treatment unless the urgency of the medical circumstances requires immediate medication and therapeutic treatment. In the final-form rulemaking, the Board removes the prohibition in § 21.145 against an LPN accepting an oral order except in urgent circumstances, which the Board now regards as unnecessary and burdensome. The Board also updated and clarified § 21.14, which had appeared to limit the administration of medications to professional nurses only and limited the ability of an RN to accept orders from a practitioner other than a licensed doctor of the healing arts. Finally, the Board is amending § 21.141 to define the term "oral order."

Under the new regulations:

(a) A licensed registered nurse may administer a drug ordered for a patient in the dosage and manner prescribed.

(b) A licensed registered nurse, responsible for administering a drug, may supervise a graduate nurse or a nursing student in an approved nursing education program in the administration of the drug. In this section, "supervise" means the licensed registered nurse is physically present in the area or unit where the student or unlicensed graduate is practicing.

The final regulation can be found online at: <http://www.pabulletin.com/secure/data/vol33/33-51/2389.html>

Legislative Activity

HB 1580 RE: Corporate Influence on Medical Decisions (by Reps. George Kenney and Frank Oliver)

Amends the Health Care Facilities Act, authorizing health care practitioners to practice the healing arts as employees or independent contractors in a health care facility. Facilities may not intervene with the practitioner's professional medical or ethical judgment. The Pennsylvania Health Care Facilities Act regulates and coordinates the creation and operation of health care facilities in Pennsylvania. However, the law does not specifically permit health care facilities to contract with, or employ physicians. The law implies that physicians are frequently employed by for-profit and not-for-profit entities that provide health care services to the public, but it is not specific.

At the same time, the Pennsylvania Health Maintenance Organization Act explicitly authorizes health maintenance organizations (HMOs) to contract with physicians or physicians' groups to provide health care services to HMO enrollees. Contracts must be filed with the Department of Health. **Passed House, 6/24/2003 (197-0). Passed Senate, 11/18/2003 (48-0). Approved by the Governor, 12/16/2003. Act 42 of 2003.**

New Bills Introduced

HB 2087 RE: Continuing Nursing Education (by Rep. Patricia Vance, et al) Amends The Professional Nursing Law, providing for Continuing Nursing Education. Beginning with the license period designated by regulation, licensees shall be required to attend and complete thirty (30) hours of mandatory continuing education during each two-year license period. **Referred to House Professional Licensure Committee, 10/14/2003.**

HB 2114 RE: Whistleblower Law Application (by Rep. Mike Veon, et al) Amends the Whistleblower Law, extending the application of the act to businesses. Defines "business" as, "any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, organization, holding company, joint-stock company, receivership, trust or any legal entity organized for profit or as a not-for-profit corporation or organization, that is not under the control of any public body, including a medical facility or private organization." **Referred to House Labor Relations Committee, 10/21/2003.**

Copies of bills described above can be obtained through the PANA office, or on-line at: <http://www.legis.state.pa.us/WU01/LI/B1/billroom.htm>

PANA Tidings Available on PANA Website

For those of you who wish to stop receiving *Tidings* by mail, it will be available on the PANA web site: www.pana.org. To stop receiving the paper copy, please complete the form below and return it to PANA.

Name _____

Address _____

Please return to: 908 N. Second Street
Harrisburg, PA 17102
or fax to: (717) 236-2046

STUDENT VOICE

New Student Representative Introduction

By: Greig M. Williams, SRNA

I would like to take this time and introduce myself. I am Greig Williams, and I am a second year SRNA student at the University of Pittsburgh. I first entered the nursing field while serving in the Army for 10 years and then joined the National Guard. I was gainfully employed in a Level One Trauma Center Emergency Room at Allegheny General Hospital and UPMC-Presbyterian. I further pursued additional experiences as a per diem RN in the MICU/CCU/TICU of the local hospitals. I completed my Bachelor's Degree in Nursing from the University of Pittsburgh, December 1999. In July 2001, I transferred to Life Flight at AGH and

worked part-time in the Emergency Area of the Veteran Affairs Medical Center.

I wish to extend to my fellow SRNAs that I am here to help the students and address any concerns that you may have. I believe in an open door policy, and I am available via telephone, email, cell, or pager. Please feel free to contact me anytime. My home telephone is 412-761-5229; Cell is 412-401-1281; Pager 412-689-4998; and my email is grw3@pitt.edu. I look forward to this coming year, to serve as your student representative, and to assist in the improvement of our profession.

Practice Committee Update

by Sue Humes, CRNA

Comprehensive Error Rate Testing (CERT)

The following information is provided courtesy of Amy Ascher, CPC, Communications Analyst, Medicare Professional Services.

How are physician and non-physician providers of Medicare services impacted?

Physician and non-physician providers of the sampled claims will be asked during the course of the AdvanceMed review to provide additional information for AdvanceMed staff to verify services billed were medically necessary and delivered.

When claims are selected, physician and non-physician providers will be sent a development letter from AdvanceMed requesting medical records/documentation to support the services billed to Medicare. The development letter will give the details regarding the needed information and the name of a contact person at AdvanceMed (in case of questions).

Physician and non-physician providers will only be contacted if their claim is selected and AdvanceMed requires additional information. When requests for additional information are received, it is imperative that responses are received in a timely manner. Supporting documentation will then be reviewed to determine if the contractor decisions regarding the claims were accurate. Failure to respond to the development letter in a timely manner will count as an error against the Medicare Program. A refund will be initiated for the services previously paid.

The outcomes the Centers for Medicare and Medicaid (CMS) anticipates from this project are a paid claims error rate, a claims processing error rate, and a provider compliance rate. Error rates will be calculated as follows:

Paid Claims Error Rate = $\frac{\text{Dollars paid incorrectly}}{\text{Total dollars paid}}$

Claims Processing Error Rate = $\frac{\text{Claims paid incorrectly plus claims denied incorrectly}}{\text{Total claims processed}}$

Prov. Compliance Error Rate = $\frac{\text{Dollar value of claims submitted correctly}}{\text{Dollar value of total claims submitted}}$

Currently error rates are not releasable, however, a significant portion of the errors identified to date are due to a lack of physician and non-physician providers returning supporting documentation for the services billed when requested by AdvanceMed. HGSA Administrators (HGSA) will request a refund for these services if the documentation is not received as requested.

What outcomes are expected from the program?

AdvanceMed will use the results of the sampled claims reviews to produce national, contractor specific, and benefit category specific paid claim error rates. These error rates, although not releasable yet, will enhance CMS's and HGSA's ability to identify areas of concern so that physicians/non-physicians can obtain education on proper coding, documentation requirements, and/or indications and limitations of coverage for items or services with high error rates. Provider education should lead to lowering the error rate and a higher percentage of claims paid correctly on the first submission.

What should I do if I receive a request for additional information?

Respond to all requests for additional information from AdvanceMed within the timeframe outlined in the development request. Include any records or documentation that you believe supports the service(s) billed to the Medicare Program. This documentation will then be reviewed to determine if the service is supported in the medical record.

If you fail to respond to these requests and the service(s) was previously paid, a letter requesting an overpayment will be initiated by HGSA to refund the monies previously paid for the service(s) in question. You will be instructed to return these monies to Medicare within the timeframes noted in the letter.

Please be advised that Medicare does not issue separate reimbursement for the cost of copying records. This is considered an administrative fee that has already been built into the amount paid for services allowed by the Program.

Am I violating HIPAA privacy provisions if I submit information to CERT?

No. CERT is a CMS Program Safeguard Contractor (PSC) and, therefore, part of the Medicare claims payment system. Medicare beneficiaries consent to release of medical information necessary to process claims. This includes documentation

continued on page 5

30th Annual Pittsburgh Symposium for Nurse Anesthetists Conference Center at Magee-Womens Hospital Pittsburgh, Pennsylvania

Saturday, February 21, 2004

The Symposium is an all-day event with 10-12 CEU credits anticipated from the American Association of Nurse Anesthetists for members. **Sign In & Breakfast: 6:30-7:45 a.m.; Lectures start at 8 a.m.**

Parking: complimentary parking available across the boulevard from the Hospital at the corner of Halket St. & the Blvd. of the Allies. Handicap parking is available on site.

Registration Fee: \$100 CRNA; \$40 SNA (Checks payable to: Pittsburgh Symposium for Nurse Anesthetists). **We cannot accept on-site registration. Seating is limited to 125 people.**

If you require confirmation, please include a stamped, self-addressed envelope with your registration request. Mail the registration form (below) and check to:

Joyce Cottrell, CRNA, 1327 Orvis Avenue, Pittsburgh, PA, 15223

Hotels within walking distance: Hampton Inn (412-681-1000); BestWestern (412-683-6100)

Questions?? Call 412-641-4228 (Surg & Anesth Services, Magee-Womens Hospital, 8:30am-4pm).

THIS IS THE ONLY REGISTRATION FORM YOU WILL RECEIVE. REGISTRATION MUST BE RECEIVED BY FEBRUARY 13, 2004.

*****REGISTRATION FORM*****

Name: _____

Phone: () _____

Address: _____

City _____ State _____ Zip Code _____

AANA #: _____

Hospital Affiliation: _____

Hospital Phone: _____

Please mail registration and check to the address on the left.

Practice Committee Update...continued from page 4

requests on medical review, whether the review is conducted by the claims processing contractor or a PSC. You do not need to obtain additional beneficiary authorization to release information.

Will the CERT Medical Review staff use the same guidelines to review my claim as the Medicare Contractor who paid or denied my claim?

The CERT Medical Review staff have all existing Local Medical Review Policies (LMRPs) relating to Part B, Home Health, SNF, DME, and RHHI services that Medicare Carriers have adopted; specifically HGSA's LMRPs. In addition, all Medicare Contractors provide CERT with their processing guidelines and automated edits. For claims not affected by a Medicare Contractor's automated edits or LMRPs, CERT will review the documentation submitted based on prevailing clinical standards.

Can claims denied by CERT be appealed by the billing physician or non-physician provider or the beneficiary claim was submitted for?

Yes, all claims denied by CERT can be appealed by the billing provider or the beneficiary. Appeals should be made with the Medicare Contractor with whom the claim was filed. Do not send appeal requests to the CERT PSC. Appeals for CERT denied claims follow the same course of appeals as all other claims denied by your Medicare Contractor.

How do I learn more about the CERT program?

You can learn more about the CERT program by reading the recently published articles in the June 2001, December 2002, and June 2003 Medicare Reports. In addition, you can also learn more about the CERT program by visiting HGSA's website at www.hgsa.com, the Centers for Medicare and Medicaid website at http://cms.hhs.gov/physician_and_non-physician_providers/psc/cert/certover.asp or the AdvanceMed website at www.pscert.org.

Thanks!

by Elsie Murray, CRNA, MPM, President-Elect, PANA

I want to take this opportunity to thank all of the PANA Members who supported me in my election as President-Elect, PANA.

This is also an opportunity for me to give you an update of what I see as the challenges that face the PANA in the two years and beyond. First, it is a time for each and every PANA member to get involved. As residents of the Commonwealth of Pennsylvania all of us are facing political changes that can directly affect our practices.

As I outlined in my election statement there are three very important ongoing issues facing our profession in the next decade:

- **1. Political Action-** We need to be an active participant in advancing the ongoing political activities that directly affects our ability to be self-governing and to practice our profession.
- **2. Education-** It is fundamental to our future that we advance both the training and mentoring of future graduate CRNAs and the ongoing education of the practicing professional CRNA.
- **3. Strategic Position-** The PANA Board must continue with membership support to provide the strategic positioning for the direction of our profession as it faces the challenges of the 21st century.

These issues continue to be my vision for the PANA. As President-Elect and next year as your President, I want each of you to keep these issues in mind and to serve as a committee of "one" sharing your thought and ideas with me. My e-address is elmurray@prodigy.net. Please feel free to contact me at our meetings or by e-mail any time you have suggestions and/or questions.

President's Message...continued from page 1

We were led to believe that the proposed regulation was sitting at the office of General Counsel to Osteopathic Board to consider joint promulgation of regulations. On October 8, at the last hour, the State Board of Medicine put the regulation out, giving us a very limited opportunity to challenge or even discuss its contents. Unfortunately, the proposed regulation was accepted by the legislature. On the face of it we are protected by a clause stating that nothing in the regulation will interfere with other professionals practicing within the scope of their licenses. Do not allow that to provide you with a false sense of security. It is still a bad regulation that may provide an opening for future attempts by PSA to dominate our practice. Although the regulations are supposedly directed toward all physicians, most non-anesthesiologists are unaware of it and the issues around it.

I do want to wholeheartedly thank Mark Singel, Peg Moyer (and Crystal) at Public Affairs Management for the countless hours they put in, making phone calls and going to meetings with and without me as they fought to defeat the regulation. At many times during the last few days we did have the votes to defeat it. What it finally came down to was the will of the Chairman, Rep. Tom Gannon, who we all met in Atlantic City in October. I won't discuss in this forum his reasons for promoting the regulation, but you may call me personally and I will. It shows we have some work to do to move SB 580 forward.

We should also publicly thank the representatives on the Professional Licensure Committee who didn't go along with the majority for their courage and insight.

Know Your Legislator...continued from page 2

Gannon's committee is currently reviewing this legislation.

Finally, Representative Gannon was impressed by the fact that Pennsylvania has the tradition of providing more training, education and utilization of more CRNAs

Their purpose was to question, propose alternatives and seek truth, not votes. Those legislators were: Reps. Steve Barrar, Mary Ann Dailey, Mark Gergely, Jim Wansacz, Patricia Vance, Tom Yewcic, Mark Mustio, and Susan Laughlin.

SB 580 will use the Nursing Regulations as a template to guide the development of a scope of practice for CRNAs. After all, nurses *should* regulate nurses. We should be recognized and defined by the Nurse Practice Act at the level of the State Board of Nursing. Why the State Board of Medicine has over the years continually been allowed to overstep its bounds is beyond me, but it underscores the need for us to accomplish our goals. The hallmark of any profession is self-regulation. As my good friend Tom Thomas reminds me, "If we do not define ourselves, someone else is always ready to step up to the plate."

We must shake the idea right now that the PANA board and lobbyists can safely protect our practice rights. It is up to each of us to be aware of efforts by competing boards and professions or legislators, which may have a negative effect on our practice, and what we each in our own ways do to promote CRNA practice.

You will be called upon to write, call, even testify in the cause of SB 580. The right to practice involves not only continuing education, it involves service to our profession. Let us not risk losing our inheritance through inactivity. With 2487 CRNAs and students, I am confident we will succeed.

than any other state. He also remarked on the fact that there are more than 25,000 CRNAs nationwide and over 2,000 CRNAs practicing in the state of Pennsylvania.

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE PAID
HARRISBURG, PA
PERMIT NO. 339

Tidings
908 North Second Street
Harrisburg, PA 17102

