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President's Address

by Kara McMachen CRNA, MS, APRN

The SDANA Board of Directors met for a board meeting in Pierre on February 7th. During the meeting Midwest Solutions submitted a 30-day written notice of their intent to terminate the contract as our management company effective March 8. This was the result of a perceived conflict of interest. It was a friendly contract termination. Initially the contracts with Midwest Solutions included certain management and lobbying services. The lobbyist contract was terminated within the first year due to the conflict of interest that arose when the Board of Dentistry, a client of Midwest Solutions, began the process to promulgate administrative rules that the SDANA was going to oppose. At that time, we hired Jim Hood as our lobbyist.

We continued the management contract with Midwest Solutions for a second year. During this year Board of Dentistry rules change did pass through the Rules Committee in November permitting dental assistants and dental hygienists to push IV medication for the intent of deep sedation and general anesthesia under direct visual supervision of the supervising dentist. Given the work Midwest Solutions does with the Board of Dentistry, Midwest Solutions felt it would be best for both organizations if they terminated the current contact so as to eliminate any potential or perceived conflict of interest.

Midwest Solutions has reiterated that their priority will be an organized and successful transition for the SDANA. They are working hard to put all of the pieces in place to make the process very smooth and for our projects to go uninterrupted. The SDANA Board of Directors is actively involved in addressing details and seeking a permanent solution for future management service needs.

The current priorities of the SDANA BOD are:

1) Ensure all finances of the association are managed appropriately.
2) Ensure the Spring Education Meeting continues on as planned in Deadwood, SD May 13-15.
3) Creating a RFP and getting bids on a new management company.
4) Examining options and obtaining bids for a more interactive and user friendly SDANA website.
5) Continuing with SDANA membership communication via Constant Contact email. If you are not receiving SDANA emails from me, please let me know.

Politically, we have had Board of Directors and SDANA membership involvement at local "Coffee with Senator Rounds" in Rapid City, Republican Kick Off for the Legislature in Rapid City, a Democratic gathering in Chamberlain, and attendance at local legislative Cracker barrel sessions.

Nurses Day at the Legislature proved to be an excellent opportunity for making contacts with the South Dakota Nurses Association, Certified Nurse Practitioners of South Dakota, and visiting with our State Legislators. We were able to sit in on Committee meetings which proved to be where the action really takes place!

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Federal Political Director's Report

by Don Roesler CRNA, MS

Hello friends and colleagues of SDANA. January is the start of a busy season for SDANA and as the FPD. To begin, the Board of Directors prepare for the Pierre meeting and "Nurses Day at the Legislature", February 7-9. Monday evening being the main event for our Board as we attend and sponsor the South Dakota Nurses Association's chili feed for the legislators. For 1 1/2 hours we mingle and chat with state legislators and lobbyists from across the state, networking at its best! This is a fantastic event for our students and new Board members to attend to introduce themselves and start the grass-roots process for future legislative issues we may face (and the chili is really pretty good!).

January is also the beginning of the AANA Mid-Year Assembly process. It is this time we work details to meet with our US legislators in their DC offices to discuss issues that affect all CRNAs and the future of our profession. I personally believe this to be our most critical and important meeting every year. April 2-6, 2016, the SDANA Board of Directors as well as many students (the future of our profession) will meet with fellow CRNAs and SRNAs across the nation in Washington, DC, to network and discuss ideas to get our message out to legislators, and to discuss the issues most important to our profession.

This year's issues discuss the Nurse Anesthesia Care that is critical to your community. More than 49,000 members of the AANA represent over 90 percent of all Certified Registered Nurse Anesthetists and safely administer approximately 40 million anesthetics to patients each year in the United States. Nurse anesthesia care ensures patient access to surgical, labor and delivery, trauma stabilization, and interventional diagnostic services, and pain care. CRNAs predominate in rural and medically under-served America and in our Veterans and military health systems. Evidence shows CRNAs help make healthcare MORE accessible, work better, and cost less (the Cochrane Review 2014).

This year, CRNAs and SRNAs will attend meetings on Capitol Hill on Tuesday and Wednesday, April 5 and 6, to discuss with their legislators or their Heath aids on issues including:

- Ensure Veterans Access to high quality care. The Veterans Health Administration (VHA) is working to authorize CRNAs and other Advanced Practice Registered Nurses (APRNs) with Full Practice Authority.
- Restore rural access to Nurse Anesthesia Services. Nurse anesthesia services are crucial to rural healthcare, with CRNAs being the sole anesthesia providers in the vast majority of rural hospitals.
- Support patient access to quality care through Nurse Workforce Development funding. Though the rising number of retiring baby boomers increases patient demand for healthcare, patient access to care is put at risk when there is not a sufficient supply of nurses, APRNs and CRNAs to provide it.
- As Congress addresses the opioid crisis, support and recognize the role of CRNAs in pain care and patient safety. (Please read the 2016 Peer Assistance Advisor article.)

Our appointments are made for Tuesday, April 5. Both Senators Thune and Rounds will be meeting with us, as well as Representative Noem's Health Aide. We have a number of SRNAs attending the visit as well with hopes of those future CRNAs continuing in the same footsteps in years to come. If you have never attended the AANA Mid-Year Assembly or had a lobbying experience to promote your profession, I challenge you to be part of a fantastic experience. In my 32 years as a CRNA, I have missed only five. Not only THE meeting to attend, DC is filled with history and is a beautiful city to visit. It is a Great Day to be a CRNA!

President's Address

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We had great SDANA member participation during CRNA week Jan 24-30 with activities occurring throughout the state! Thanks you to all of you for providing high quality, safe anesthesia in a cost-effective manner. We are a big part of what keeps Critical Access Hospitals open and providing anesthesia to rural South Dakota! Some noteworthy statistics about the age of our CRNAs in South Dakota: 13% are ages 55-60, 21% are ages 60-64 and 10% are ages 65-80. So 44% of the CRNAs in South Dakota are over age 55.

As we know, progress always involves some degree of risk. Your BOD will be diligent in identifying potential risks and responding accordingly to what change brings us as we move forward.

Abraham Lincoln said, "Whatever you are, be a good one." So as your SDANA President, I am striving to do just that. Please feel free to email or call if you have any questions.

Kara McMachen, CRNA, MS, APRN
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Public Relations Committee

by Jim Barnett CRNA

As I look forward to the arrival of spring, I get excited for the annual Mid-Year Assembly in Washington D.C. Hopefully we will be lucky and our arrival will be timed with the beautiful cherry tree blossoms. The Mid-Year Assembly is one meeting that all CRNAs should attend, it is well worth your time and will make you proud of your professional career and of your dedicated AANA staff.

The Public Relations Committee for the SDANA was proud to gather 30 volunteer CRNAs, friends and family to serve at the Sioux Falls Banquet in recognition of CRNA week. It was a great evening to work together and provide meals and fellowship for 400 people that needed a place to go for nourishment and shelter. The next night another group of CRNAs and friends showed up again to pack lunches for the Kids Against Hunger program and raised $400.00 to be used for those children in need of good nutrition. I would like to thank all those volunteers who provided their time and also those people who provided monetary donations towards both of these great acts of fellowship. I also need to give a big thanks to Mark Steinborn for organizing these events. Mark joined the SDANA board in the fall of 2015 and we are very happy to have such a dedicated member on our board.

The PR committee also continues to provide CRNA advertisement in the South Dakota Nursing journal to encourage Registered Nurses and students in nursing school to consider the great profession of Nurse Anesthesia. One of the great strengths of CRNAs is the 36,000 practicing CRNAs allows anesthesia to be administered to millions of patients each year. We need the number of CRNAs to continue to grow.

Once again, I would like to encourage anyone who might have an idea of a Public Relation project to contact me and share your thoughts. Please send me an email or give me a call.

SDANA State Reimbursement Specialist Report

by Curt Pudwill CRNA

As you are probably aware ICD 10 coding finally went into effect on October 1, 2015. Hopefully your facilities transition into it went smoothly. It is important for us CRNAs to be as specific as possible in describing the diagnosis in our charting. Other items to provide in your documentation would include, cause of the condition, site and laterality, bleeding, obstruction, etc. as pertains to the reason for doing the procedure. Also it is very important to get the complete procedural description and that it compares well with what the physician documents.

Questions about the need for consents for invasive lines and billing for post-op pain blocks were discussed at the last workshop for SRSs at the Fall AANA Leadership Conference in Chicago. Attendees were in strong agreement that a separate consent is needed when doing an invasive line (Arterial/Central). This is in reference to this activity for patients outside of that being done as part anesthesia care for a procedure. This activity falls under the rules for invasive procedures and would also then include the need for following established timeout guidelines.

The discussion on post-op pain blocks involved billing. The determining factor as to whether or not a pre-operatively placed block/epidural can be charged for separate to the billing for the anesthetic is based on whether or not the procedure could have been completed with the block/epidural alone. As long as your "primary" anesthetic is a general anesthetic it can be billed separately. It does help assure recognition of the charge if the physician documents a request for the post-op pain block/epidural.

Medicare will continue to cover 100% of the allowable amount for screening colonoscopies and co-payments for screening colonoscopies that include polyp removal or biopsy. While this is good news for those involved in providing this service, there is reason for some concern in the future. Issues to consider would include, increased use of non-invasive methods of screening, declining payments to gastroenterologists starting in 2016, and a pending assessment by CMS of anesthesia's value for screening colonoscopies

Finally, I find the need to beat the drum again on PQRS. Many anesthesia providers have recently discovered that they did not satisfactorily meet the 2014 requirements and now face a penalty in 2016. Tracking ones compliance has not been a simple matter either. You may want to have the person(s) handling PQRS reporting at your facility access the 2014 Physician Quality Reporting System (PQRS) Incentive Feedback report from the CMS Enterprise Portal to see how you have done. Appeals have been forwarded to CMS by some individuals/facilities.

Establishing a PQRS process for 2016 that will meet the new requirements is as much or more confusing as preceding years. It would appear that a "registry" process may be the one that will work best for most anesthesia providers. I would encourage all CRNAs to at least ask what is being done at their facility to meet the 2016 PQRS requirements for them. It will be one of a number of important things you can do to assist your facility in maximizing your billing potential in the coming years.

2016 Legislative Update

by Jim Hood, SDANA Lobbyist

Current Through February 11, 2016

Each Session seems to take on its own flavor and the 91st Session is no different. Bill introduction started slowly and bill numbers are down slightly. House bills number 247, Senate bills 171 for a total bill load of 418. In addition, 2 House Joint Resolutions and 4 Senate Joint Resolutions have been introduced. Joint resolutions typically propose and submit amendments to the State Constitution. One of the Joint Resolutions calls for a convention of the states under the U.S. Constitution.

The Session has 18 legislative days remaining including the last day – Veto Day which is reserved for the consideration of gubernatorial vetoes. Upcoming deadlines include cross-over day, February 24th which is the last day to pass bills and joint resolutions by the house of origin and March 8th which is the last day for bills and joint resolutions to pass both houses. The last three days of the main run which ends March 11th are reserved for concurrences and conference committees.

Committees have been busy hearing bills. In both the House and Senate Health and Welfare Committees, I testified on behalf of SDANA in support of the Board of Nursing's legislation, SB 29 which updates the nurse practice act and adopts the new Interstate Nurse Licensure Compact. SB 29 passed both committees and both houses without a nay vote and will be delivered to the Governor on February 9th and now awaits his signature.

HB 1067 which would gut Initiated Measure 17, "any willing provider," and was passed overwhelmingly by the voters was killed in the House Commerce Committee by a vote of 10 – 3. This bill was lobbied very heavily by both camps and SB 128 is vehicle bill entitled an act to guarantee consumer choice. It is anticipated that the HB 1067 language will be hog-housed onto SB 128 so the issue isn't dead.

Medicaid expansion is still lingering, awaiting word from the Federal Government regarding Governor Daugaard's proposal that Indian Health Services reimburse the state for Native Americans health care costs incurred at non-IHS healthcare facilities.

Legislation implementing the recommendations found in the report of the Governor's Blue Ribbon Task Force on Education has been introduced. HB 1182 is the funding bill which raises the state sales tax a half cent to 4.5 cents. The Governor's other Blue Ribbon education bills are SBs 131, 132 and 133. These all deal with the rest of the recommendations found in the report from the task force. HB 1182 passed out of the House Appropriations Committee unanimously and was to have been debated on the House floor on February 10th. However, an amendment was offered and Rule 5-17 was invoked which holds the bill over one intervening legislative day. Thus HB 1182 will be up for debate on Tuesday, February 16th. It is anticipated another amendment will be offered and Rule 5-17 will be invoked one last time (5–17 can only be invoked twice on one bill) thus HB 1182 will most likely be up for debate on Thursday, February 18th.

Most likely these two big issues – Medicaid expansion and Education will not be decided until the very end of the Session.

SDANA GRC Chair Report

by Karen Bordewyk

I will defer to Mr. Hoods assessment of the current bills etc. that may affect the members of the SDANA. I want you to know that in my attempt to keep abreast of the current issues which affect us as CRNAs, I monitor a few other sites. I have put myself on the South Dakota Association of Healthcare Organizations list, so I can monitor bills that affect health but may not necessarily be a threat currently to us. In the past, a bill was brought forward to license any person not currently licensed in the state of South Dakota. That was defeated, but I worry about that being a back door for groups who might affect our practice to get in to the state. I also monitor such things as the Noridian website, the administrator for Medicare in our region; the district 21 legislators reports (they do a really good job of summarizing current bills, and the climate on the hill); Politico, and a lobbyist website. I also like to keep in touch with other CRNAs throughout the nation to see what situations are currently affecting their practice. The AANA does a really good job of catching which bills might affect us, and of course I check out their mailings. I also like to try to have a good working relationship with the SDBON, and attempt to help with issues (i.e., ER doctors pushing the ER nurses to give propofol for cardioversions, etc.) Thank you for allowing me to report to you, and if you have concerns, please give me a call.

FDA Unveils Sweeping Changes to Opioid Policies

by Megan Brooks, February 4, 2016, www.medscape.com

In response to the ongoing opioid abuse epidemic, top officials at the US Food and Drug Administration (FDA) today announced plans to reassess the agency's approach to opioid medications.

"We are determined to help defeat this epidemic through a science-based and continuously evolving approach," Robert Califf, MD, the FDA's Deputy Commissioner for Medical Products and Tobacco, said in a news release. "This plan contains real measures this agency can take to make a difference in the lives of so many people who are struggling under the weight of this terrible crisis."

The plan is further outlined in an article published online today in the New England Journal of Medicine.

"Nationally, the annual number of deaths from opioid overdoses now exceeds the number of deaths caused by motor vehicle accidents," write Dr Califf and coauthors Janet Woodcock, MD, and Stephen Ostroff, MD, also from the FDA. "Regardless of whether we view these issues from the perspective of patients, physicians, or regulators, the status quo is clearly not acceptable. As the public health agency responsible for over-sight of pharmaceutical safety and effectiveness, we recognize that this crisis demands solutions. We are committed to action, and we urge others to join us."

The multicomponent plan will focus on policies aimed at reversing the epidemic, while still providing pain patients access to effective medication. Specifically, the FDA plans to:

- Re-examine the risk-benefit paradigm for opioids and ensure that the agency considers their wider public-health effects;
- Convene an expert advisory committee before approving any new drug application for an opioid that does not have abuse-deterrent properties;
- Assemble and consult with the Pediatric Advisory Committee regarding a framework for pediatric opioid labeling before any new labeling is approved;
- Develop changes to immediate-release opioid labeling, including additional warnings and safety information that incorporate elements similar to those of the extended-release/long-acting (ER/LA) opioid analgesics labeling that is currently required;
- Update Risk Evaluation and Mitigation Strategy requirements for opioids after considering advisory committee recommendations and review of existing requirements;
- Expand access to, and encourage the development of, abuse-deterrent formulations of opioid products;
- Improve access to naloxone and medication-assisted treatment options for patients with opioid-use disorders; and
- Support better pain-management options, including alternative treatments.

The FDA says they will seek guidance from outside experts in the fields of pain management and drug abuse. The agency has already asked the National Academy of Medicine to assist in developing a framework for opioid review, approval, and monitoring that balances an individual's need for pain control with considerations of the broader public-health consequences of opioid misuse and abuse.

The FDA says it will convene independent advisory committees made up of physicians and other experts when considering approval of any new opioid drug that does not contain abuse-deterrent properties. The agency will also convene a meeting of its standing Pediatric Advisory Committee to provide advice on a framework for pediatric opioid labeling and use of opioid pain medications in children.

The FDA also plans to tighten requirements for drug companies to generate postmarket data on the long-term impact of using ER/LA opioids, an action, they say, that will generate the "most comprehensive data ever collected in the field of pain medicine and treatments for opioid use disorder. The data will further the understanding of the known serious risks of opioid misuse, abuse, overdose and death."

Drug overdose deaths, driven largely by overdose from prescription opioids and illicit drugs like heroin and illegally-made fentanyl, are now the leading cause of injury death in the United States.

"Things are getting worse, not better, with the epidemic of opioid misuse, abuse and dependence," Dr Califf said in the FDA statement. "It's time we all took a step back to look at what is working and what we need to change to impact this crisis."

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Student News

by Mitchell Kuper, SRNA, SDANA Student Representative

The Mount Marty Nurse Anesthesia class of 2017 is nearing the end of the didactic phase of the program. They will be starting clinical in mid-August after a two-week break. The main clinical sites stretch across South Dakota from Aberdeen in the north, to Rapid City in the west, to Sioux Falls in the south. There are also sites in Sioux City and Omaha. Here is a little bit of information about the class that you might not know.

The class of 2017 has 32 members. The majority of the students have roots here in the Midwest. Ten students hail from South Dakota, the next closest states are North Dakota with three and Idaho with three. Students also come from Arizona, Colorado, Iowa, Kansas, Minnesota, Michigan, Montana, Texas, and Wyoming. We have two students that were born outside of the U.S. and moved here afterwards. One is from Calgary, Alberta and the other from Zimbabwe. The average age of the class is 29.8 years old, with the eldest being 40 and youngest 26. As you can imagine the diversity in age comes with diversity in interests. Many of the students are married with children and the majority of time they are not in school is spent with family. Other interests of the class include, camping, shopping, going to concerts, hiking, fishing, hunting, cooking and smoking food. The class is excited to transition into the clinical phase and learn more about this great profession!

Changes to Opioid Policies

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"Agencies from across the Department of Health and Human Services and throughout the federal government are united in aggressively addressing this public health crisis," US Health and Human Services (HHS) Secretary Sylvia M. Burwell, said in the news release. "The FDA is a vital component to combating this epidemic, and the innovation and modernization they have committed to undertaking is an important part of the overall efforts at HHS."

Last spring, HHS announced a major initiative to address the opioid abuse epidemic in the US. The initiative focuses on informing opioid prescribing practices, increasing the use of naloxone, and using medication-assisted treatment to move people out of opioid addiction.

The FDA says it will provide updates on progress with the goal of sharing timely, transparent information on a regular basis.

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