Questions still surround the prescribing requirements from SB221 that became effective June 14.

There are still questions about these requirements. For more information click [here](#) & look on the right side of the page for more information.

Local Caduceus recovery group meets weekly.

Health care professionals in recovery meet on Wednesday evenings from 7:00 to 8:00 PM at the Immanuel Presbyterian Church. Click [here](#) for more information.

Is the Doctor of Philosophy or Doctor of Nursing Practice right for me?

A recent article in the Journal of the American Association of Nurse Practitioners discusses the issues surrounding the decision whether to pursue a PhD or DNP. For more information, go to the journal website.

President’s Message

Supply & Demand

Lynda Ann Green
PhD, FNP-BC, GNP-BC

While my husband does research and collects data for his upcoming book about four Apache chieftains, I’ve had the unique privilege of being able to travel with him around the state and visit many of the remote areas. As we chatted with people in very small communities such as Chloride, Hatch and Monticello, we saw many small groups of homes tucked in mountains and valleys. I could only wonder where these people received their health care. Even though many of these communities are within driving distance to some type of health care, many of these residents don’t have transportation or the resources to get to outlying destinations. Having spent over 20 years providing primary care to rural populations, I’m always concerned about health care availability in these areas.

NPs in rural areas

While realizing that practicing in these rural communities is not for the novice family nurse practitioner (FNP), they’re an exciting and rewarding experience for one with some primary care experience. Unfortunately, many practitioners locate in urban or suburban areas because of the availability of other health resources such as emergency departments, hospitals and specialty services, for example. Telemedicine has certainly helped with the lack of care in many communities, but many individuals in the rural populations don’t have computers or internet and can’t get to a location where these are available.

The quirks of rural practice

I recently attended a conference in Chicago and had a conversation with a gentleman in our mutual hotel. He told me his daughter was an FNP in a remote mountain area who had collaborated with a veterinarian to learn more about animal care because her predecessor had assured her that often her patients would bring along their pets to her

Supply & Demand — continued on page 4
**Myths Versus Facts**

Sarah Erb, MSN, FNP-BC & Michael Lewiecki, MD

**Myth**

Osteoporosis only affects women.

**Fact**

Osteoporosis affects primarily women: approximately 1 in 2 women over 50 years old will have a fracture related to osteoporosis. However, osteoporosis affects men as well, with approximately 1 in 4 men over 50 years old having a fracture due to osteoporosis. Men have a higher rate of morbidity and mortality than women the same age having a fracture. (https://www.nof.org/patients/what-is-osteoporosis/)

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**Myth**

Screening should only follow the United States Preventive Services Task Force (USPSTF) guidelines starting at 65 years old for women. Currently, USPSTF does not recommend screening for men unless risk factors are present. (JAMA. 2018;319(24):2521-2531. doi:10.1001/jama.2018.7498)

**Fact**

The National Osteoporosis Foundation and many professional societies recommend bone density testing for all women age 65 years and older, younger postmenopausal women with risk factors for fracture, all men age 70 years and older and men age 50-70 with risk factors for fracture. Adults over 50 years old who experience a low-trauma fracture (fall from standing height) should have bone density testing. This does not include fractures of hands, feet or skull. There are many risk factors that contribute to bone loss and increasing fracture risk. Some of these include history of high-dose glucocorticoid use for longer than three months, aromatase inhibitors for women with breast cancer, androgen deprivation therapy for men with prostate cancer, low testosterone, hyperthyroidism, rheumatoid arthritis and diabetes. (Cozman F, deBour SJ, Leboff MS, et al. Clinician’s Guide to Prevention and Treatment of Osteoporosis. Osteoporos Int. 2014;25:2359-81)

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**Myth**

Treatments for osteoporosis should stop after five years.

**Fact**

Not all the osteoporosis medications have the same mechanism of action. The concept of “drug holiday” applies only to bisphosphonates (alendronate, risedronate, ibandronate, zoledronic acid) for some patients under some circumstances. The rationale is that there may be persistence of anti-fracture benefit due to the long skeletal half-life of these medication, while risk of rare possible adverse effects (e.g., atypical femur fracture [AFF]) may be reduced. However, these patients must be monitored, and treatment resumed, usually within a few years. The anti-fracture benefits of all other medications rapidly disappear when patients stop the medication. If a patient is on denosumab (a fully human monoclonal antibody to receptor activator of nuclear factor kappa-B [RANKL]), the risk of fracture, specifically vertebral fractures, rises soon after discontinuation of this medication if no further treatment is administered. (Lewiecki EM. New and emerging concepts in the use of denosumab for the treatment of osteoporosis. Ther Adv Musculoskelet Dis. 2018;10(11):209-23)

Of concern are the 2017 American College of Physicians Osteoporosis Guidelines that suggests stopping treatment for osteoporosis at five years, without mentioning specific pharmacologic therapeutic agents. Treatment should be continued beyond five years for a high-risk patient treated with non-bisphosphonate medication. (Lagari V, Qasevoich T, Levi S. The good and the bad about the 2017 American College of Physicians Osteoporosis guidelines. Clin Ther. 2018;40(1):68-76)

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**Osteoporosis — continued on page 3**
Myth
Osteoporosis medications cause more harm than good.

Fact
The incidence of feared side effects, specifically osteonecrosis of the jaw (ONJ) is extremely low when compared to the cost of a life-altering, preventable fracture and decline in quality of life. The incidence of ONJ is very low, approximately 0.10%, as found in an article from the American Dental Association. The article states that the “considerable morbidity and mortality” associated with osteoporotic fractures outweighs the risk of developing ONJ. (Hellestein JW, Adler RA, Edwards B, et al. Managing the care of patients receiving antiresorptive therapy for prevention and treatment of osteoporosis. JADA. 2011;142(11):1243-1250).

It is important to remember that ONJ is a delay in healing, not a complete loss of teeth or bone, and usually related to a tooth extraction, often in patients with poor oral hygiene. About 95% of cases of ONJ are in cancer patients receiving much higher doses of medication than used for osteoporosis.

The risk of atypical femur fracture (AFF), a type of stress fracture, also very low, according to the second American Society for Bone and Mineral Research (ASBMR) Task Force Report. The report states that the incidence of AFF in patients taking bisphosphonate treatment is approximately 3.2 to 50 cases out of 100,000 patient years. However, the report also states that the risk of AFF increases with long-term bisphosphonate therapy. (Shane E, Burr D, Abrahamsen B, et al. Atypical subtrochanteric and diaphyseal femoral fractures: Second report of a task force of the American Society for Bone and Mineral Research. J Bone Miner Res. 2014;29(1):1-23).

Myth
Over-the-counter (OTC) strontium works just as well as the pharmacologic treatments.

Fact
There are no data regarding the efficacy and safety of OTC strontium products, which are considered to be nutritional supplements. Strontium ranelate, which is not available in the US, was approved for use in Europe but has since been removed from the market due to an increased risk of cardiovascular events. (Retrieved 8/1/19 from https://www.ema.europa.eu/en/documents/press-release/recommendation-restrict-use-protelos-osseor-strontium-ranelate_en.pdf).

Myth
When a T-score changes from ≤-2.5 to -2.4 or better, diagnosis changes from osteoporosis to osteopenia.

Fact
Osteoporosis is a lifelong condition that requires lifelong attention. When a diagnosis is made of osteoporosis, it never changes to osteopenia. The T-score may improve, but just like diabetes and high-blood pressure, the disease has responded to treatment and is not cured. As stated by Dr. Lewiecki, “as with hypertension, hyperlipidemia, and diabetes, there is no current ‘cure’ for osteoporosis.” Changing the diagnosis from osteoporosis to osteopenia may be harmful, giving the patient false reassurance that the disease is cured, sometimes resulting in needed treatment being stopped or insurance coverage of treatment being denied. (Lewiecki EM, Binkley N, Bilezikian JP. Treated Osteoporosis is Still Osteoporosis. J Bone Miner Res. 2019;34(4):605-606).
President’s Message: Supply & Demand — continued from page 1

In my twenty years of practice in rural health, I don’t remember taking care of a pet, but I do remember gifts of squash, potatoes, eggs, home canned fruits, jellies and other vegetables which I accepted graciously. I soon realized that I had a large extended family and became more than just the health care provider in the community, making house calls when necessary.

Healthcare delivery options
In looking at these remote areas in New Mexico, I’ve wondered why there isn’t some mobile unit sponsored by one of the larger hospital complexes. In my search, I found that non-profit entity did have a mobile unit at one time, but I was unable to find out more about this. What an opportunity for service nurse practitioners (NPs) could have if we were able to ally with a mobile clinic to provide health care services to these outlying areas.

Strategic planning
While I was pondering the above situation, I also came to realize that the need (demand) was directly related to the supply including the lack of NPs in rural areas. Location of NPs in this state also has much to do with participation in NMNPC.

To address some of the issues surrounding this impediment, the NMNPC Board of Directors (the Board) met on August 24 to discuss and formulate a strategic plan encompassing the next three years. The two main foci were outreach and member engagement. With a six-hour planning session, the ideas, suggestions and implementation strategies were phenomenal.

The Board wants every member of NMNPC to feel valued and energized to become more involved as we continue forward to make our independent practice in New Mexico safe, secure and on the cutting edge in practice and legislation.

Fall & spring conferences
I hope you’ve already made plans to attend our fall conference in Santa Fe on November 15. Our fall conference has a limited attendance and is already full, but we do get some cancellations so if you still want to attend, let us know and we’ll see what we can do! We also make the conference available via webinar so that’s another option. Our fall conference is unique but if you’re not able to attend, plan to attend our spring conference April 23-25.
Committee Reports

**Scholarship Committee**
The Scholarship Committee began accepting applications for conference subsidies for the 2019 Fall Conference in May. The deadline to apply is October 16. The two available subsidies provide financial assistance to NMNPC members who might not otherwise be able to attend the conference. Click [here](#) for the application & instructions. NMNPC also offers two subsidies for the spring conference. The application process for the 2020 spring conference will begin in October so those interested in applying for a subsidy should mark their calendars.

In addition to the conference subsidies, NMNPC also offers five $500 student scholarships each year. The Scholarship Committee will accept begin accepting applications September 1, 2019. Click [here](#) for more information about these scholarships.
Hlengiwe Sibanda is a clinician and leader in her local community and international health. She graduated in 1986 with a BSN from Hunter College at the City University of New York (CUNY) and worked for 23 years in oncology/bone marrow transplant before transitioning to the role of FNP in 2009. That year, she received her MSN from the University of San Diego, California and began her career as an FNP.

Hlengiwe's passion

Her staunch belief that everybody deserves decent health care regardless of their social status or race led her to the Federal Bureau of Prisons. After 6 years in corrections health, Hlengiwe made her way to rural health. It was one of her biggest dreams to serve Native Americans, the indigenous people of the United States. Her dream came true in 2015 when the Indian Health Service hired her to work at the Crownpoint Healthcare Facility in Crownpoint, New Mexico. One of her greatest joys was watching the elderly who didn’t speak a word of English, but who smiled when they saw her because they enjoyed hearing her do her best to speak broken Navajo in her Zimbabwean accent.

Other professional activities

In addition to her clinic work, Hlengiwe precepts students including those from FNP, medical and pharmacy programs. She is also very active in international health care and started a non-profit organization in her mother country of Zimbabwe that focuses on the medically underserved population. In 2018, Hlengiwe received a nomination for a ZIWA (Zimbabwe International Women’s Association) award for her work in Zimbabwe. She is also an active member of the Rotary Club and Toast Masters club.

Personal life

Hlengiwe is a happy mother of three independent hard-working women. Two are nurses - one of whom is a Doctor of Nurse Anesthesia Practice (DNAP) - and her other daughter is a scientist working in the bio tech field.

Click here to read more about Hlengiwe.
Tamaki Harrold
August

Region 5 Representative Reflects on the Future of NMNPC
Michelle Peacock, MSN, FNP-BC
Region 5 Representative

As noted in my regular Region 1 report, the NMNPC Board of Directors had a recent planning session. I think every organization should take a moment and reflect on positive growth. NMNPC has accomplished so much in the past two years. We’ve grown our members and made considerable strides in legislation, built relationships with other professional boards, and improved our internal structure, transitions and leadership.

Organizational purpose
Part of our reflection included looking at who we are as an organization and what our purpose is. Our bylaws state:

The purposes of the Council shall be to:
- Unite nurse practitioners in the state of New Mexico for the purpose of maintaining a Council dedicated to promoting excellence in practice to improve quality and safety of patient care.
- Represent nurse practitioners in New Mexico in advocating for issues related to the profession and the quality of patient care.
- Exchange knowledge, experience, and ideas for the purpose of continuing education.
- Hold meetings for the advancement of the purposes of the Council.
- Lawfully cooperate with other professional associations, health care facilities, universities, industries, technical societies, research organizations, and governmental agencies in matters affecting the purposes of the Council.
- Collaborate with other advanced practice regis-

Feeling inspired? Write an opinion piece about your work as an NP. We’ll edit and guide you as you submit it for publication.
**June 2019**

The Board discussed the APRN Consensus & APRN Compact considering Ann Green’s upcoming attendance at the National Council of State Boards of Nursing meeting. Salary increase and one-time bonus for the Executive Director passed after open & closed discussion. Education Committee is actively planning the fall conference & registration will open later this month. Our AANP representative is working with AANP to resolve the issue of billing to order LARC and Medicaid billing restriction to 85%. Planning for a planning retreat for the BOD is ongoing; the retreat will be in August.

**July 2019**

Region Representatives reported on current activities, as did the Education, Newsletter & Website Committees. Development of proposed bylaws amendments is ongoing. Policy & Procedures Ad Hoc Committee continues work on needed policies, including for all standing committees. The Board discussed concerns raised by members regarding responsiveness of the NM Board of Nursing; Ann Green reported there is consideration of hiring another employee to assist with incoming calls. Planning for the Board planning retreat is final; the retreat will be August 24. Nominations needed for the NM Center for Nurse Excellence awards & for the AANP State Excellence Awards. Planning for a poster representing NP practice discussed. When final, the poster will be available for purchase for NPs to display in their practice sites. Discussion of new requirements of SB221 regarding opioid prescribing discussed. The Board of Nursing has not distributed information on these requirements to NPs in contrast to the Medical Board which sent letters to practitioners under their jurisdiction.

**August 2019**

Ann Green will attend National Council of State Boards of Nursing meeting in Chicago August 21-23. She will raise concerns identified by the NMNPC BOD. The Board discussed possibility of investing some funds currently in the checking account. Rachel Bevan will discuss this with the accountants again to see if their recommendation has changed. The Education Committee reported that they’ve begun planning for the 2020 spring conference. The Board discussed possible registration waivers for members of the Education Committee and referred the matter to the Policy & Procedure Committee. Planning for a meeting with the NM Board of Nursing to discuss concerns is underway. The Board discussed the request to endorse the NM Health Security Act which NMNPC did originally in 2010. Discussion tabled until next meeting of the Health Security group in September.
Excellence Awards Nominations Due Soon & NP Week Coming Up!

Melissa Rietz, MSN, FNP-BC

I want to highlight two initiatives from AANP this month – the AANP State Excellence Awards and NP Week. I also want to let you know that I’ll be at the AANP exhibit table during the NMNPC fall conference if you have any questions or concerns. If you’re not already a member of AANP, please reach out to me and I can provide a discount code and information on the many benefits associated with this organization.

AANP State Excellence Awards

In June, I had the opportunity to recognize the 2019 AANP State Awards for Excellence recipients in Indianapolis, Indiana. We honored the recipients at an awards ceremony and reception held during the AANP 2019 National Conference June 18–June 23, 2019, in Indianapolis, Indiana. Annette Randlemon of Farmington, New Mexico and Anita Ralstin of Albuquerque, New Mexico were among the honored recipients. The State Award for Nurse Practitioner Excellence, founded in 1991, recognizes a nurse practitioner (NP) in a state who demonstrates excellence in practice. In 1993, AANP added the State Award for Nurse Practitioner Advocate to recognize the efforts of individuals who have made a significant contribution toward increasing awareness and acceptance of NPs.

Nominations for the 2020 AANP State Awards for Excellence opened August 6. AANP will consider nominations submitted electronically on the official 2020 State Award Nomination Form for the 2020 awards up to October 14, 2019 as the deadline for submissions. Nominators must be current individual AANP members to nominate a candidate for a state award; however, the nominee does not have to be an AANP member.

Who is eligible and what do they receive? AANP gives the NP State Award for Excellence annually to an NP who has demonstrated excellence in NP clinical practice and the Advocate State Award for Excellence annually to an individual who has made a significant contribution toward increasing awareness and recognition of NPs. Examples of past recipients of the advocate award have been physicians, legislators, educators, etc. NPs are also eligible for the advocate award for non-clinical practice initiatives related to leadership, policy, politics, research, education or community affairs.

• All recipients receive a waiver of their registration fee for the 2020 AANP National Conference.
• Current AANP member recipients receive a one-year extension of their membership beginning at the current renewal date.
• AANP gives a one-year complimentary membership to non-AANP members who are recipients of state awards.
• At the discretion of the state representative, states should recognize their award recipients throughout the year with individual awards or honors.
• AANP will recognize recipients during the 2020 AANP National Conference in June.

Thank you in advance for taking the time to nominate deserving nurse practitioners (NPs) and advocates. If you’re not a current member of AANP, please reach out to me because I’m happy to submit the nomination for you! We have an extraordinary group of NPs in New Mexico and they deserve to be recognized!

2019 National Nurse Practitioner Week Proclamation

NP Week is November 10–16 this year and you can visit the AANP website for a list of ideas for NP Week activities. In 2018, AANP set a record of 46 NP Week Proclamations signed by governors and as the proclamations come in this year, we’ll be active on social media with the #NPWeek hashtag!

If you have any questions about working with your local government to obtain a proclamation, please reach out to me and I’ll be happy to work with you.

AANP events and services

Other AANP events and services to highlight:

• If you haven’t already registered at NP Finder on the AANP website, please consider doing that now – click here to register. This is a free service from AANP and an excellent way for patients to find NPs in their area!
• Have you seen We Choose NPs, the new ad campaign from AANP? If not please take a minute and watch it here.
Do you have ideas about how NMNPC can more effectively involve NPs throughout the state in important issues? If you do, contact your Regional Representative.
Region 3
Catron • Dona Ana • Grant • Hildago • Luna • Sierra • Socorro

Michelle Peacock, FNP-BC

The last Region 3 monthly meeting was September 12 at DH Lescombes Winery & Bistro in Las Cruces. Our next meeting will be November 14 at 6:30 pm, location TBD. If you have questions or suggestions, contact me at Region3@NMNPC.org.

Region 4
Lincoln • De Baca • Roosevelt • Otero • Chavez • Eddy • Lea

Lisa Meyer, ANP-BC

Region 4 held its quarterly meeting July 15 in Alamogordo. Gilead hosted a dinner presentation by Julia Green, MS, NP-C on HIV Prevention Basics & Implementing Truvada for PrEP. This was a great presentation & our audience included local physicians & medical assistants, whom we were happy to have attend. The next Region 4 quarterly meeting will be at 6:00 pm on October 17 at Johnny Carino’s restaurant in Alamogordo. Gilead is hosting dinner & Dr. Jean-Pierre Reinhold from Las Cruces will present Building Bridges: Connecting HCV Care & Addiction Medicine. If you have questions or suggestions, please contact me at Region4@NMNPC.org.

Region 5
Bernalillo

Michelle Peacock, FNP-BC

I look forward to seeing as many members as possible on October 17th at 5:30 pm for our Region 5 meeting at the Savoy Bar & Grill. We’ll start our session with a social hour then have dinner & a presentation hosted by Merck at 6:30 pm. NM NPC members get priority reservations so click here to register today.

The Board of Directors recently took one day out of our already busy schedules for a planning session to give ourselves some concentrated time to think. What next for NM NPC? How do we grow, what kind of growth we want? What strengths do we have to build upon & what are our barriers? See page 7 to read the rest of my thoughts about our strategic planning day.

As always, if you have suggestions or topics you would like to know about &/or have suggestions for speakers, please email me at Region5@NMNPC.org.
NMNPC
Spring Conference

Save the Date

Click here to book your room now!

April 23-25
2020