NM NPC Transitioning to New Leadership

President becomes Past-President, President Elect becomes President as NM NPC transfers leadership

Amanda Conley, MSN, FNP-BC

This is my final message as your President. While turning over the gavel will be bittersweet, I’m proud and humbled to have served nurse practitioners in New Mexico.

Time flies by

The past two years have flown by for me, but even during this busy time I didn’t fail to see the rich sense of commitment in our Council. We’ve grown in membership, grieved the loss of one of our own, entered and then withdrawn from two business partnerships (accountant and marketing), orchestrated multiple successful conferences at several new and special locations and improved our professional organization overall.

Leadership

A leader is only as good as the team she leads; each of you has enhanced my leadership. I ask you to keep the momentum going as we begin a new chapter with new leadership. My new title will be past-president. That position is one of support for Ann Green as she takes on the responsibilities of leading our professional organization. I’ll continue to be an active part of our Council and I thank you for a busy and rewarding experience. See you at our Spring Conference!
Colorectal Cancer Awareness Month

*Don’t Assume* - A Public Awareness Campaign to Challenge Assumptions & Misconceptions About Colorectal Cancer (CRC)

Kathy Lopez-Bushnell, EdD, MPH, MSN, FNP-BC

March is national Colorectal Cancer (CRC) Awareness month. The Colorectal Cancer Alliance is working to raise awareness and connect people across the country to information and support with their *Don’t Assume* campaign. The message they’re promoting is *don’t assume*:

• you’re alone.
• you’re too young for colorectal cancer.
• we can’t beat colorectal cancer.

The importance of screening

Evidence exists that detection and treatment of early state CRCs with identification and removal of adenomatous polyps (the precursor of CRCs) can reduce mortality, but approximately one-third of adults eligible for CRC screening do not have any type of screening, despite multiple options. Those options include stool-based and direct visualization screening methods. The risk of colorectal cancer increases in patients with ulcerative colitis.

Delays in the presentation of colorectal cancer are attributable to both patients and providers. Encouraging population adherence to screening tests and allowing patients to select the tests they prefer may do more to reduce deaths due to CRC (as long as they choose *something*) than simply recommending whatever procedure the health care provider chooses as the preferred test.

Screening recommendations

The US Preventive Task Force recommends screening for individuals 50 to 75 years of age. The recommendation for those aged 76 to 85 is that screening should be an individual decision with consideration of individual health and prior screening history. The prognosis of colorectal cancer is largely determined by the extent of spread of the tumor at diagnosis. This highlights the importance of early diagnosis and the role screening plays in facilitating that initial diagnosis.

Other prevention recommendations

The Centers for Disease Control (CDC) recommendations for the prevention of colorectal cancer include a diet high in whole grains, fruits and vegetables and low in animal fats. They also suggest increasing physical activity, avoiding tobacco and limiting intake of alcohol.

Where do NPs come in?

NPs can increase screening rates by adhering to our holistic focus. According to the evidence, this effort would reduce the number of cancer deaths from CRC - a very worthy goal.

March reminds us not to pass up an opportunity to talk to our patients about screening for CRC.
We recently highlighted some information on our website from the Centers for Disease Control (CDC) about antibiotic use and it warrants some additional attention because of its widespread and concerning repercussions.

Antibiotic use and overuse is a topic of constant discussion among health professionals. A slightly different topic – antibiotic use in the meat industry – complicates the picture in humans. According to the CDC, antibiotic resistance “is one of the most serious public health problems in the United States and threatens to return us to the time when simple infections were often fatal.”

We can help by making our aware of the issues, including raising their awareness of the problems caused by misuse of antibiotics in animals. You can download the poster shown here by clicking on the image (it’s also available from the CDC). For more information about antibiotic use in various settings and how to improve practice, download the CDC report, *Antibiotic Use in the United States, 2017: Progress and Opportunities.*

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**ANTIBIOTIC RESISTANCE**

**How NPs Can Help**

**Use, Misuse & Overuse of Antibiotics**

Kate Goldblum, MSN, FNP-BC

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**RESISTANCE** Animals can carry harmful *bacteria* in their intestines

- When antibiotics are given to animals...
- Antibiotics kill most bacteria
- But resistant bacteria can survive and multiply

**SPREAD** Resistant bacteria can spread to...

- Animal products
- Produce through contaminated water or soil
- Prepared food through contaminated surfaces
- The environment when animals poop

**EXPOSURE** People can get sick with resistant infections from...

- Contaminated food
- Contaminated environment

Learn 4 steps to prevent food poisoning at [www.foodsafety.gov](http://www.foodsafety.gov)

**IMPACT** Some resistant infections cause...

- Mild illness
- Severe illness and may lead to death

About 1 in 5 resistant infections are caused by germs from food and animals. Source: *Antibiotic Resistant Threats in the United States, 2013*

Learn more about antibiotic resistance and food safety at [www.cdc.gov/foodsafety/antibiotic-resistance.html](http://www.cdc.gov/foodsafety/antibiotic-resistance.html)

Learn more about protecting you and your family from resistant infections at [www.cdc.gov/drugresistance/protecting_yourself_family.html](http://www.cdc.gov/drugresistance/protecting_yourself_family.html)
March Member Spotlight

Barbara began her nursing career as a certified nursing assistant shortly after high school. She completed an associate degree at Belleville Area College in Illinois in 1985 and baccalaureate degrees in nursing and education/psychology in 1987 at Southern Illinois University at Edwardsville. After nearly 20 years of experience as a registered nurse, she completed her MSN in 2004 at University of Missouri-Columbia. She’s board certified in family practice by the American Nurses Credentialing Center. Barbara has worked in rural, urban and federally-qualified health centers as well as in employee work site, urgent and convenient care settings. She currently works at the state employee clinic in Santa Fe.

Other health care roles
In addition to her nursing career, Barbara has more than 25 years’ experience as a licensed massage therapist, Healing Touch Practitioner, aromatherapist and yoga instructor. She has taught American Heart Association CPR classes since 1991 and offers healthcare provider and community classes in Santa Fe.

Transition to New Mexico
After more than a decade as an FNP in Illinois and Missouri, Barbara re-located to New Mexico in 2016. In addition to the raw beauty of the landscape, sunny days, blue skies and lower humidity, she wanted the independent practice enjoyed by NPs in New Mexico. Having practiced in one of the most restrictive states in the US, she appreciates and enjoys both the responsibilities and freedoms of independent practice.

Outside interests
Barbara likes to bike, hike, practice yoga, sew, cook, crochet and dance. In addition, she serves on the board of the Labyrinth Resource Group of Santa Fe. The calming, meditative experience of walking labyrinths, as well as helping to plan, build and maintain them, has been a long-term interest to Barbara. She also enjoys hand drumming and regularly attends drum gatherings in Santa Fe.
NP Spotlight
January & February
Sonda Boulware & Clare Ironside recognized by their colleagues

Sonda Boulware
January

Clare Ironside
February

NMNPC features a member on our website every month. Find out more about your colleagues honored in January & February following publication of the December newsletter issue. Click on the names above to link to these members’ spotlight pages.
Important Information I Wish Someone Had Told Me Before & During My Journey as a Nurse Practitioner

20 tips on becoming & staying an APRN

Ann Green, PhD, FNP-BC, GNP-BC, NMNPC President-Elect

I learned some lessons about the process of becoming (and staying) an APRN the hard way. I hope I can help other NPs and students avoid some of those hard lessons. Although I’m sure I’m not including everything, my tips cover some common potential pitfalls.

1 Start the state advanced practice registered nurse (APRN) licensing process as soon as possible. Everything else is contingent on having this! The licensing process requires:
   • a current New Mexico RN license
   • documentation from an accepted program preparing NPs verifying graduation
   • documentation from a national certifying board verifying certification.

2 Obtaining prescriptive authority requires verification of 400 hours experience in prescribing dangerous drugs. Prescribing controlled substances further requires registration with the federal Drug Enforcement Agency (DEA) and a controlled substance (CS) license from the NM Board of Pharmacy.

3 Once licensed as an APRN, obtain a NM controlled substance license first because the DEA requires a valid and current CS license number for their registration application.

4 Complete the Practitioner’s Controlled Substance Registration Application available on the NM Board of Pharmacy website and mail it to them. Processing time is 5 to 10 days after receipt.

5 When the CS license number from the NM Board of Pharmacy is available, complete the application for DEA registration. The DEA website makes online application simple, but there’s a paper option as well.

6 If you have problems with either the CS license or DEA registration, call the number provided at the sites and talk to a person. Most institutions or practices won’t hire an APRN without a valid CS license and DEA registration.

7 What schedule drugs do you request? APRNs in New Mexico may request all schedules except Schedule I drugs. Prescribing some scheduled medications requires additional education or training in order to get the “X” before your DEA number—such as for buprenorphine/naloxone (Suboxone).

8 Renew RN and APRN licenses as early as 60 days before the expiration date. Don’t wait until the last minute to renew them.

9 Keep up with the continuing education (CE) requirements for New Mexico licensure and national re-certification. Most national re-certification requirements include a certain minimum of CE hours that must be directly related to the full scope of the certification role and specialty. In addition, a certain minimum must be formally approved CE hours.

10 Practice must be within the national certification scope of practice. Broadening a scope of practice requires documentation of appropriate education relevant to the increased scope of practice. For example:
   • Certification as an adult/geriatric practitioner does not permit assessing or treating children.
   • Working in a specialty area such as an intensive care unit as an RN prior to obtaining certification as an FNP does not permit practicing in an acute care setting.

In these examples, the education and training for the APRNs’ current certifications don’t include education or practice related to the expanded scope of practice. To expand their scopes of practice, the APRNs in these examples would need to obtain pediatric or acute care credentials.

continued on page 7
Keep electronic versions of all of CE verifications because license renewal requires uploading the verifications.

Make several copies of your DEA registration, CS license and national certification so they’re available when needed. Be sure they’re current!

Don’t rely on an employing institution or practice to renew licenses, DEA registration, CS license or national certification. They’re eager to get this information with a new employee but don’t necessarily continue to monitor ongoing validity of those credentials.

Changes in practice location or name require informing the DEA and state pharmacy board. The address on these certificates must match the practice site. Note: I found the DEA will not make changes to their records until the state makes them. I tried to do this online but finally had to contact the NM Board of Pharmacy by phone to get the matter resolved.

When applying for privileges in a hospital or institution, don’t ask for procedure privileges without the necessary experience. Some privileges require a certificate of completion in order to prove competency.

Become familiar with the rules and regulations that govern NP practice. Pay attention to news and announcements about those practice rules and regulations to be aware of any changes. Language changes happen periodically and may impact practice. Remember – ignorance is no excuse.

There are pricey fines for practicing with an expired license or failing to meet CE requirements. These and many other offenses can result in Board of Nursing action and show up in the records of NPs who commit those offenses. These may also include such offenses as DUI infractions or failure to pay child support.

Know the continuing education required every two years to renew an APRN license. APRNs need a total of 50 contact hours of CE:
- 30 contact hours for RN license
- 20 additional contact hours for APRN license
  - 10 hours of CE in pharmacology
  - 5 hours of CE related to the APRN’s practice
  - 5 hours of CE on non-cancer pain management (NCPM)*

*The rules only require NCPM CE for APRNs with DEA registration and CS licensure. APRNs without these credentials obtain an additional 5 hours of CE related to the APRN’s practice.

Specifically, the NCPM CE hours must include “a review of these rules 16.12.9. NMAC for management of non-cancer pain, an understanding of the pharmacology and risks of controlled substances, a basic awareness of the problems of abuse, addiction and diversion, and awareness of state and federal regulations for the prescription of controlled substances. (16.12.9.11 NMAC – N, 11/20/12; A, 9/12/17; A, 5/3/2018)”

As with everything in the regulatory world, the pain management guidelines and recommendations can change. A large percentage of opioid-related overdose deaths involve benzodiazepines. Consequently, new guidelines and recommendations suggest adding a requirement for education on benzodiazepine prescribing to the required five hours for NCPM CE. Stay tuned!

If a position requires taking call, find out about policies for sharing call and compensation.

These are just a few tips that might be useful going forward in your practice. Practice issues change and it’s your responsibility to stay current. Thanks to our lobbyist, Linda Siegle, we have someone constantly “watching our back” and keeping us informed.
A Hot Mess

A warming climate increases health risks during the hot, dry months coming to NM

Tam Saimons, MSN, FNP-BC

It’s mid-June in Albuquerque. A man in his twenties, morbidly obese and visibly uncomfortable, walks into your clinic at 4:45 pm. His shirt patch indicates that he works for the city’s Open Space division. The medical assistant has concerns because the patient seems confused and isn’t speaking clearly and she thinks he might be intoxicated or high. When you see him, his chief complaints are severe muscle cramping and diarrhea since earlier in the day. You notice his skin is flushed red and dry. His blood pressure is 100/48, heart rate is 126 and tympanic temperature is 39.4°C. What’s on your differential diagnosis? Substance use? Sepsis? Late season flu? Don’t take too long because this patient’s presentation indicates a medical emergency and he needs immediate cooling interventions in the clinic and rapid hospitalization for exertional heat stroke (EHS).

Heat-related illnesses

As we move into the hottest months of the year, it’s crucial to keep heat-related illnesses on our diagnostic radar. Climate change projections include the occurrence of more frequent extreme heat events (EHE). Heat stroke is the deadliest of these illnesses with a mortality of 10% and potential permanent cardiovascular and neurological sequela. While EHE can affect individuals of any age, those more likely to have problems include:

- outdoor workers
- school athletes
- younger and older individuals
- individuals with pre-existing medical conditions like obesity, diabetes and heart disease.

Fatal heat stroke occurs 3.5 times more frequently in adults with overweight or obesity and some evidence suggests that these conditions may alter both heat-sensing and heat-dissipating capacities in this population. People who are diabetic are also less able to dissipate heat – especially during exercise – due to changes in vasculature, decreased skin blood flow response and altered capacity to sweat.

Symptoms of heat stroke include a core body temperature 41°C or higher, hot, red, dry or damp skin, headache, dizziness, confusion and tachycardia. Heat stroke can be either exertional (EHS) or non-exertional (NEHS) with accompanying acute kidney injury, hyponatremia and central nervous system impairment.

Heat exhaustion is the forerunner to heat stroke and while milder, it can progress if treatment does not include steps to cool the person quickly. Symptoms of heat exhaustion include heavy sweating, rapid pulse, nausea or vomiting, muscle cramps and/or dizziness with core temperatures between 37°C and 40°C. Heat cramps and heat rash are other early minor indicators of heat stress.

Pathophysiology of heat stress

When heat extremely stresses the body, it releases a mix of cytokines, interleukins and heat shock proteins (HSPs). HSPs function as molecular chaperones for denatured proteins and modulate cytokine production in response to stress. Researchers have consistently shown that HSPs confer protection in heat stroke and the interplay among HSPs, cytokines and endotoxins occurs in a complex pathway of interactions in the acute phase response to heat injury. Data suggest that many of the pathophysiologic changes observed with heat stroke are not a consequence of heat exposure, per se, but are representative of interactions among these three (and probably more) components of the innate immune response.

A warming planet

In 1896, the Swedish scientist Svante Arrhenius calculated that burning fossil fuels would trap carbon dioxide gas and result in planet warming. Over a century later, anthropogenic warming is irreversibly changing planet Earth’s physiology. The scientific community and many others have spoken on the urgent need for action. Frequent and longer lasting wildfires, record setting heat waves, drastic reductions of pollinators and animal populations as well as other extreme weather events are happening now.

Many expect these types of destructive mega events to worsen and the medical community should anticipate a different paradigm of health care that can integrate the effects of a significantly hotter, smokier and more arid New Mexico. It’s likely that longer wildfire seasons will result in more respiratory disease and extreme heat events will increase morbidity and mortality, with a greater impact on select populations based on age, morbidity and exposure to heat stress.

The bottom line

The professional medical community, political leaders and the public need education about the health...
Monthly Meeting Highlights

January 2019

- Anita Ralstin reported on the NM Board of Nursing Meeting (BON) she attended in December:
  » The BON has contracted with CE Broker to review continuing education entered in the nurse portal for re-licensure. NMNA’s Deborah Walker raised concern and questions regarding who will do the review, with whom they’re associated, and what is the mission of the review. The Board reported later in the meeting that the contract is in place and will be online in March with the first report in July.
  » The PMP compliance officer reported that 300 to 400 APRNs are checking the PMP less than 50% of the time. The BON will send letters and work to educate APRN’s on the need to check the PMP and if using a delegate to have the delegate log in as delegate for the individual provider.
  » Anita provided the Advanced Practice Advisory Committee (APAC) report to the BON. This included the recommendation not to move forward with the APRN compact. The National Council of State Boards of Nursing is reviewing the consensus language and will likely make changes to the compact. The BON’s general tone not to move forward with the compact. The APAC will continue to monitor.
  » The BON discussed medical cannabis certification. There has been concern about providers completing multiple certifications in a short period of time raising the question whether they’re adequately evaluating patients. The Department of Health cannabis medical director will continue to contact providers when they see this pattern. They report this to the respective boards.
  » The APAC met January 4, 2019. They expect imminent publication of rules for reviewing the PMP for prescribing benzodiazepines. This will add additional PMP review for prescribers.
  » In discussing opioid education, a professional organization indicated a desire to carve out the education regarding review of NM rule 16.12.9 NMAC and offer CE indicating the education covered this topic. Anita offered to address this with NMNPC.

February 2019

- The Scholarship Committee reported that they had 7 applications for the Candelario Garcia Scholarship & 7 for the Myrna Wood Scholarship. We eliminate one applicant who wasn’t an NMNPC member & one who failed to submit a narrative. The Committee encouraged the remaining applicants to re-apply next year. They’re currently soliciting applications for 2 subsidies covering Spring Conference registration.
  » The Nominating Committee reported that the close of call for nominations is Friday, February 15, noting that there’s still a possibility someone will submit their name for one of the available positions. Currently there are at least 2 candidates for each position with the exception of Region 3 & 4 representatives.
  » Sam Conley reported that she attended the NP State Summit in Austin on January 26. The Texas NP Council sponsored this valuable conference, held in their state capital. Representatives from over 30 states discussed many topics including how to enrich state organizations by fostering student membership while creating win-win relationships with other nursing organizations.
  » Joyce Powers & Sam Conley attended the AANP Health Policy Confer. Joyce & Sam visited with legislative assistants in the offices of New Mexico’s Senators & Representatives. The visits were open discussions about concerns & our NM delegation reassured congressional staff that NPs in New Mexico are willing resources.
Recent AANP Regional Meeting
a Reminder of the Good Practice Environment in NM

Melissa Rietz, MSN, FNP-BC

We’re currently in the middle of the New Mexico legislative session. There are several proposed bills that would directly impact our work as nurse practitioners. I highlighted a few at the recent AANP Regional Meeting in Phoenix, AZ including:

• HB90 – End of Life Options Act that would affect those with an underlying terminal illness.
• HB280 – Nurse Professionals and Physician Parity Act that would establish parity between nursing professionals and physicians to admit and discharge patients to and from healthcare facilities.
• SB296 – Health Care Preceptor Income Tax Credit that would allow for an income tax credit up to $1000 per preceptorship for preceptors employed by a state educational institution.

Full practice authority in NM

Attending the Regional Meeting was also another reminder of how far ahead New Mexico is in respect to full practice authority. We need to continue to maintain our momentum to ensure that we don’t lose any ground and continue to be at the forefront of nurse practitioner policy. If you have any policy issue you think is impacting your ability to practice, please reach out to me.

AANP events and services

Below are a few other important AANP events and services to highlight:

• The AANP National Conference will take place in Indianapolis, Indiana, June 18-23, 2019. Join us for an opportunity to network and earn continuing education credits. Click here for more information and to register.
• 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.
Region 4 Will Have New Representation Beginning in April

Shawnna Read (left) & Lisa Meyer (right) at the Region 4 meeting January 21 at Pacific Rim in Hobbs.

Shawnna will complete her term of office as Region 4 Representative this month. Lisa has placed her name on the NMNPC ballot to represent Region 4 beginning April 1. NMNPC welcomes Lisa we’re happy to report that Shawnna is committed to remaining as an active and involved member. Our organization is only as productive as the members willing to help us.

References

- https://www.cdc.gov/disasters/extremeheat/warning.html, Retrieved 2-12-19

The dangers of heat stress and encouragement to advocate for a regional heat plan as anthropogenic climate change pressures us to physiologically adapt to a hotter, drier state and region.

The profound economic, ecological and health implications soon to come will affect everyone, but especially those with chronic medical conditions, multiple co-morbidities and socioeconomic vulnerabilities.
Committee Reports

Education Committee

The NMNPC Spring Conference, Changing Lives: Knowledge, Skills & Simple Acts of Kindness will feature Linda Cohen as our keynote speaker to open the conference. Her presentation, The Economy of Kindness: How Kindness Transforms Your Bottom Line, epitomizes our conference theme. Ms. Cohen is known for her presentations and books that guide associations and organizations in implementing a culture of kindness. Following Ms. Cohen’s presentation on Sunday, conference attendees can choose morning and afternoon breakout sessions on mental health, stroke, women’s health or inpatient topics. Monday is all pharmacology, covering a broad range of important topics from anticoagulation, birth control and thyroid disorders to medical cannabis, diabetes and osteoporosis, among others. Tuesday features 5 hours of non-cancer pain management (NCPM) continuing education required for re-licensure as well as an update on NMNPC from incoming President Ann Green. The Conference Committee is excited that this year for the first time the NCPM content can include important non-pharmacologic topics – thanks to NMNPC’s efforts working with the Board of Nursing to remove the stipulation that the CE had to be strictly pharmacologic topics.

The conference also includes three presentations from the highly-acclaimed AANP Lecture Series featuring some of the best presenters in the country. On Sunday, Susan Tottes, FNP-C will present Peeling Back the Layers: A Best-Practice Approach to Managing Atopic Dermatitis and Jane Seley, GNP will speak on Advances in Diabetes Management: Titratable Fixed-Ratio Combination Therapy & Its Role in T2DM Treatment. On Monday, Mary Ellen Roberts, APN-C will bring attendees up-to-date on the latest guidelines with Managing Heart Failure: Implications of Guideline Changes for Clinical Practice.

In addition to 22.5 contact hours of approved CE, the conference has industry-sponsored non-CE presentations during all breakfasts and lunches as well as during dinners on Sunday and Monday. But wait . . . that’s not all! Don’t miss the opening reception Saturday evening hosted by Suresh Neelagaru, MD or the special meditation and yoga opportunities facilitated and led by Melissa Rietz, FNP-BC on Sunday evening and Monday morning.

If you haven’t already registered for the conference, it’s not too late – you don’t want to miss this opportunity to get high-quality CE, network with your peers and even do a little socializing or sightseeing. Click here to register.

Scholarship Committee

NMNPC is honored to introduce the Lacy Houdek Spring Conference Subsidy Award for the 2019 NMNPC Spring Conference. Lacy L. Houdek, FNP-BC, 48, died tragically on March 22, 2018 while out jogging. Her colleagues remember Lacy as a smart, devoted professional woman and healthcare provider. She enjoyed mentoring NP students and sharing her passion for health and medicine. Lacy started her career at the Las Vegas Youth Clinic in 2001. Shortly after that she opened her practice, Meadow City Family Clinic in Las Vegas. She worked there to improve the health of Las Vegas, one patient at a time, bringing a personal touch to healthcare.

Lacy’s education and drive for knowledge never ceased and NMNPC is privileged to establish the Lacy Houdek Spring Conference Subsidy Award to honor the memory of that drive. NMNPC will award the subsidy to an NP providing care in a rural area to honor Lacy’s commitment to practicing in an area with fewer healthcare options for its residents. Click here for the application and instructions for this special conference subsidy.

continued on page 16
2019 Ballot Announced March 7

Don’t forget to Vote

Don’t miss your chance to vote for the new NMNPC elected officials who will serve for the next two years. Voting closes March 25. Click here for information on the candidates running for the following positions:

• Treasurer
• Member at Large
• Region 3 Representative
• Region 4 Representative
• Region 5 Representative
• Nominating Committee

Our bylaws provide details about these positions. If you have questions, please contact any member of the Nominating Committee.

Nominating Committee
Aisha Jones
Cheryl Brubaker
Kate Goldblum
Do you have ideas for how NMNPC can more effectively involve NPs throughout the state in important issues? If you do, contact your Regional Representative.
March 2019

Region 5
Bernalillo
Michelle Peacock, FNP-BC

Hello, Region 5 members! I hope 2019 has been as exciting for you so far as it has been for our New Mexico legislative session! Our Region 5 meeting in January was a huge success – 38 nurse practitioners attended & expressed a lot of enthusiasm for volunteering on committees. We networked, discussed what our lobbyist, Linda Siegle, was working on or had already accomplished for NPs. We ended our evening with an engaging presentation by fellow NP Julia Green. She discussed HIV prevention & pre-exposure prophylaxis. We’ve been busy at NMNPC, planning events, advocating at the local & national level & looking at proposed legislation that affects all of us as NPs. Our next meeting will be April 18 at Savoy Bar & Grill. My goal as your Region 5 Representative is to be your advocate & your voice. Our meetings provide an opportunity to build our NP community & maintain our professionalism & growth. If you have questions or suggestions, please email me at Region5@NMNPC.org.

Region 4
Lincoln • De Baca • Roosevelt • Otero • Chavez • Eddy • Lea
Shawnna Read, ACNP-BC, FNP-BC

Greetings from southeast New Mexico. It’s time for NMNPC’s annual elections & the proverbial changing of the guard. I’d like to introduce & warmly welcome Lisa Meyer to active involvement as she places her name on the 2019 ballot for Region 4 Representative. I know she’ll represent our region well when I complete my term of office. Lisa lives in Alamogordo & works at Gerald Champion Regional Medical Center in gastroenterology. She’ll be a great asset to Region 4 & I look forward to her increased recruitment & additional regional participation. Please help me congratulate Lisa & wish her well in this new endeavor when she begins her term of office on April 1. (See photo on page 12.) Lisa is planning ahead & has scheduled the 2nd quarter Region 4 meeting on Monday, April 15 at 6:00 pm. Vinaychandra Patel, MD will present Extrahepatic Manifestations & the Hidden Face of the Hepatitis C Virus at Johnny Carinos in Alamogordo (hosted by Gilead).

Region 3
Catron • Dona Ana • Grant • Hildago • Luna • Sierra • Socorro
Elicia Currier, ACNP-BC

AstraZeneca will host our March Region 3 meeting at Double Eagle Restaurant on March 14 at 6:30 pm. Interventional Cardiologist John George, MD will present Management of Myocardial Infarction (MI): 2016 ACC/AHA Guideline Focused Update on Duration of Dual Antiplatelet Therapy. Our following meeting will be on April 11th – topic & location TBA. If you have questions or suggestions, contact me at Region3@NMNPC.org.
NMNPC Spring Conference

March 31 to April 2 2019

It’s Not Too Late!
Click here to Register Now

Changing Lives
Knowledge, Skills & Simple Acts of Caring