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AANP Region I Invitational Leadership Meeting

Evelyn Kieltyka, MNPA President

Dear MNPA Members:

Pam Cahill, MNPA Executive Director, Rhonda Selvin, MNPA Immediate Past President, Valerie Fuller, AANP Maine Representative, and I had the pleasure of attending the AANP Region I Invitational Leadership Meeting on October 31, 2015. It was wonderful being with other NP leaders from around New England!

The day-long meeting was an opportunity to hear from AANP leadership regarding Federal, State and Regional policy trends.

Here are some highlights on the Federal side:

- Certifying Patients' Need for Home Health Care H.R. 1342/S. 578
- Support Full Practice Authority in all VA Settings H.R. 1247/S. 297
- Alignment of Medicaid to Medicare Primary Care Reimbursement Rates –S. 737/H.R. 2253
- Allowing NPs' Patients to be assigned to ACOs –S. 1456

Selected 2015 NP State Policy Highlights

Licensure:

- Nebraska and Maryland adopted Full Practice Authority Signature Authority:
- Wyoming authorized NP signatures for disability parking placards and POLST forms
- California POLST legislation successful
- New Mexico and Washington State adopted broad-based signature authority reform
- Multiple states updated mental health authorizations

Overcoming Opposition:

- Several states held back restrictive legislation that would have newly introduced complete or joint regulation by the Board of Medicine.

INSIDE THIS ISSUE

AANP Region 1 Invitational Leadership Meeting	1
Senator Angus King Honored at Fall Conference	2
CME Opportunities	2
Message from the MNPA Member at Large	3
2016 AANP State Awards for Excellence	4
USM DNP Final Capstone Projects	4
In Health Care, "Mid-Level" is a Derogatory Term	5
Prescription Monitoring Program	6
Life Lessons	7
Update on LD 690	9
NPs in the News	10
Membership is the Heart of MNPA	10

Lastly, there was much interest in the discussion of a legislative lever to increase preceptor slots for NP students. The first-of-its-kind in the country bill on this topic was passed in Georgia, where they've seen quite the participation. This initiative was led by the Georgia AHEC and in the initial bill only allowed physicians to be eligible for these tax credits for precepting physician, PA, or NP students. AANP has heard interest from many other states, especially in the South, in passing similar legislation in their state and expanding it to ensure NPs were also eligible for the tax credits. Stay tuned!



Senator Angus King Honored at MNPA Fall Conference

Tom Bartol

Celebrating the last day of National Nurse Practitioner week, Senator Angus King and his wife, Mary Herman were recognized November 14th at the MNPA Fall conference. King was Governor 20 years ago when LD 948, "An Act to Provide Greater Access to Health Care," was passed. Then, Governor King supported and signed this legislation, which removed restrictions from Nurse Practitioner practice and enabled nurse practitioners in Maine to be licensed independently. He was recognized for his support to improve health in Maine and increasing access to health care.

King and Ms. Herman were both supportive in enacting LD 948. Angus King was elected governor following the defeat, and the veto by Governor McKernan of LD 1185, the first bill attempting to remove barriers to NP practice. With his election, the coalition of advanced practice nurses was not going to leave the governor's support to chance. They wanted the Governor's support from the start. Louise Davis, a psychiatric NP, developed connections with Governor King and it is said she would go to the Governor's office to informally chat with him about this legislation. The nurses took lobbying a step further, connecting with someone who had a powerful influence on the Governor: his wife! Being both a nurse and the Governor's wife, they knew that Mary Herman was a key player. Dawna Coughlin, a Certified Nurse Midwife, who had been active in the process since it began in 1987, sought out Mary Herman and garnered her support.

Responding to this recognition, Senator King thanked NPs for being the ones who are at the front line of improving health care and increasing access to care. He referred to NPs as working the "Bunker Hill" of the battle to improve health care. King reflected that LD 948 was an accomplishment that he is proud of and "it was the right thing to do."

There was a reception following the presentation and Senator King, Ms. Herman, and Edie Smith, King's State Director, had an opportunity to meet with many of the NPs in attendance. State Senators Jill Goldthwait and Dale McCormick, sponsors and supporters of the legislation, were also in attendance.



CME OPPORTUNITIES

- AANP 2016 Health Policy Conference March 19-22, 2016, Hyatt Regency Washington on Capitol Hill, Washington, D.C.
- AANP 2016 National Conference June 21-26, 2016, Henry B. Gonzalez Convention Center. San Antonio. TX

Message from the MNPA Member at Large

Terri Taylor

As one of the newest members of the MNPA Board, elected at the Spring Conference last year, I wanted to share some of the things I have learned about MNPA so far. I have never served MNPA in any way so I thought I might start seeing how I could “give back.” I have always found the conferences to be excellent, the networking fun, and the legislative advocacy essential to my practice as an NP. The practice environment “in the olden days” is something I have a hard time imagining and is one of the reasons I didn’t become an NP until I moved to Maine.

As Member At-Large my job is to be another voice for the membership on the Board and to manage the auction fundraising for the Spring Conference. For both these “jobs” I need your help. I want to hear from you if the MNPA Board can help you in your practice in some way or you have an opinion or concern you want brought forward to the Board for consideration. I welcome your input into how MNPA can add value to your professional life.

I am also compiling a list of all MNPA members who are representing NPs on boards and committees, locally, in Maine, and nationally. I am amazed at how courageous NPs are, networking their way onto healthcare policy, regulatory, and patient advocacy task forces, boards and committees where the NP voice has historically not been heard. So far, I know that elected members of the MNPA Board are representing us in the following formal ways:

- Bangor Community Opioid Group: Eva Quirion
- Maine Quality Counts Chronic Pain Collaborative: Eva Quirion
- APRN Coalition: Evelyn Kieltyka, Rhonda Selvin
- PMP Advisory Board: Meneah Haworth
- PMP provider alternate: Rhonda Selvin
- SIM steering: Rhonda Selvin * 3 years, through 2016
- SIM Delivery system reform: Rhonda Selvin * 3 years 2016
- Maine Care Provider Advisory Committee: Rhonda Selvin * 3 years, 2016
- PCMH Advisory Committee: Rhonda Selvin
- CCT Advisory Committee: Rhonda Selvin
- MHMC PTE provider rep: Rhonda Selvin
- Speaker of the House Aging in Maine Roundtable, Health+ Wellness Committee: Rhonda Selvin
- Diversion Alert, provider alternate: Rhonda Selvin

Please email me if you are representing NPs in any organizations. Together we are making a difference for our patients and our profession!

For my second “job,” I need auction items! If you can put together a basket of goodies, offer a vacation camp, knit a scarf or hat, or cook a meal for the highest bidder, I want to hear from you! In addition, if you know of a retailer who might be willing to donate an item to benefit our scholarship fund, please ask them or contact me and I will ask. Each year we are able to offer free conference registration to a large number of NP students. Not only do they benefit from the excellent conference but they also get to network with the membership and learn about our organization. This encourages students with “fresh faces” and new enthusiasm to join the MNPA when they graduate and start their practices.

Hoping to hear from you soon!

Terri Taylor, Member at Large

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2016 AANP State Awards for Excellence

Valerie Fuller, Maine State AANP Representative

Dear Maine NPs,

Please join me in congratulating our 2016 AANP State Awards for Excellence recipients!

The NP State Award for Excellence is given annually to an individual NP in each state who has demonstrated excellence in NP clinical practice. Our 2016 recipient is Deborah Hoch, DNP, ACNP-BC. Deb works in the Division of Transplant Medicine at Maine Medical Center in Portland, ME. Deb was recognized for her astute clinical skills, boundless enthusiasm and engagement in in NP practice, policy and research.

The Advocate State Award for Excellence is given annually to an individual in each state who has made a significant contribution toward increasing awareness and acceptance of NPs. Our 2016 recipient is Kathy Forti- Gallant FNP-BC, RNFA. Kathy works for EMMC Orthopedic Surgical Specialists in Bangor, ME. Kathy was recognized for her long-standing active engagement on the MNPA legislative committee, her tireless advocacy work on behalf of NPs and for her expert clinical and educator abilities.

The American Association of Nurse Practitioners is the largest professional membership organization for nurse practitioners of all specialties. It represents the interests of more than 205,000 NPs, including approximately 60,000 individual members and 200 organizations, providing a unified networking platform and advocating for their role as providers of high-quality, cost-effective, comprehensive, patient-centered and personalized health care. The organization provides legislative leadership at the local, state and national levels, advancing health policy; promoting excellence in practice, education and research; and establishing standards that best serve NP patients and other health care consumers.

A well-deserved recognition for both of these nurse practitioners!

USM DNP Final Capstone Projects

Patsy Thompson Leavitt, DNP, FNP, Assistant Professor, University of Southern Maine

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The University of Southern Maine School of Nursing is pleased to announce the presentation of four DNP Capstone projects in December 2015. Four DNP students, nearing the completion of the DNP degree, completed projects in a variety of settings. Students presented their project findings to the USM SON community in December. One student, Kathleen Webster, also presented her work and a poster at the Maine Quality Counts meeting in November 2015.

- Provider Focused Process Improvement Project to Enhance Preconception Counseling to Women of Childbearing Age who are Opiate Dependent and Currently Enrolled in a Narcotic Treatment (Leona Cerkovitz)
- Implementation of the Adverse Childhood Experiences Questionnaire by a Community Care Team (Kathleen Webster)
- A Simulation to Improve the Clinical Nursing Instructor's Teaching of Ethics to Students in the Clinical Setting (Cynthia S. Randall)
- Exploration of Policy Alternatives for CRNA practice in Maine: A Practice Regulation Improvement Project (Sergei Pavlov)

In Health Care, “Mid-Level” is a Derogatory Term

Rhonda Selvin

I’m a Nurse Practitioner.

A patient said to me the other day, “You have taken better care of me than anyone else ever has. I hope you will become a doctor soon, so I won’t have to see someone else.”

Another said, “I heard the social worker call you a middle level and I was burning. I told him that you were the best thing that they had in this practice.”

Mid-level. Because this term is applied to me, patients often express some kind of concern for their continued care or feel they need to defend the care I provide.

There’s a simple way to ease patients’ fears and instill confidence in their care. Stop calling nurse practitioners “mid-level” clinicians.

Our patients and their families deserve professionalism from the healthcare system. Professionalism demonstrated by safety, access, quality and coordinated care. Professionalism expressed through clear communication, transparency, consistency and effective education.

Professionalism is good, noble, and necessary, but ultimately unachievable without solid structural support as the building blocks.

Perhaps the most powerful of these building blocks are our words. Words are our power. We can use them large (care-fully) to clarify, support or encourage. We can use them small (care-lessly) to complicate, protect turf, or pass the buck.

Patients and families depend on the words they receive from their caretakers more than any other single intervention. Sometimes they hang on every word, sometimes they need to forget them all for a while. What never changes is our obligation to choose them honestly with every patient, every time.

Nurse practitioners offer well-documented, excellent patient care as clinicians and leaders. They are especially well trained and focused on managing chronic disease, team building and care coordination – skills often required in rapidly evolving primary care practice.

Nurse practitioners aren’t on the way to anything; they are not mid-stream, mid-career or mid-level. They are licensed, independent practitioners. They have deep and dedicated relationships with their patients. It is a misuse of words and power to refer to NPs as mid-level. It reflects a lack of understanding of their training and value, or at worst, willful ignorance. It confuses patients and corrodes teams. It needs to stop.

NP. Nurse Practitioner. Advanced Practice Clinician. These terms describe my colleagues and me just fine. Please start using them. Patients, teams, and yes, nurse practitioners, will thank you.

Prescription Monitoring Program

Clare Desrosiers

In response to increasing prescription drug abuse and diversion in Maine, Diversion Alert launched statewide in June 2013 and is currently funded by the State of Maine. ***Diversion Alert is not the same as Maine's Prescription Monitoring Program.*** Diversion Alert's mission is to address Maine's prescription drug abuse epidemic by providing access to drug arrest data for health care providers so that they can identify and respond to patients engaged in illegal drug related activities. Diversion Alert provides several **free** resources to registered medical professionals: (1) monthly emailed alerts which show individuals charged with prescription and illegal drug related crimes; (2) an online, password protected, searchable drug charge database; and (3) research-based educational resources to assist in responding to patients charged with prescription and illegal drug related crimes. Licensed prescribers, pharmacists or their designated representatives can register to receive monthly alerts via email and to access the online drug charge database. The database provides an eleven-month historical record of drug charges submitted to Diversion Alert by Maine law enforcement agencies.

Research conducted by the University of New England School of Pharmacy in 2014 demonstrates that Diversion Alert (DA) provides new, actionable information for prescribers and pharmacist which is distinct from data found in Maine's Prescription Monitoring Program. UNE researchers reviewed Schedule II-IV drug trafficking arrests reported to Diversion Alert in 2014 and checked whether these individuals had a matching record in the PMP. Only 24% of individuals charged with trafficking schedule II-IV substances had a matching PMP record.

Jay Reynolds, MD, writes, "The providers at The Aroostook Medical Center, especially in our emergency department, find the information provided in the Diversion Alerts both timely and useful. The information gathered is not used to 'label patients as drug seekers' but to gain insight into the complex issues that our patients present and to implement the best treatments possible."

Ann Gahagan, FNP, writes "Diversion Alert has assisted me to make better decisions about the medication I give patients...It has alerted me more than once to a potential problem... [Diversion Alert] has been one of the most valuable tools I have used to keep my patients, the community and my practice safe."

To register online to receive Diversion Alert, visit diversionalert.org and click on Registration.

If you have questions about the program, call Clare at 521-2408 or email clare@diversionalert.org.

Life Lessons

Patsy Thompson Leavitt, DNP, FNP

A few weeks ago, I turned 60. Now, there will be those among you (including my 90-year-old mom) will tell me that "that's nothing!" And indeed those years are only a small sliver in the scheme of the universe. But as I enter the sixth decade it seems a good time to reflect – on life, family, nursing and healthcare. Like all of us, along life's path ways, I've learned many lessons. Some have come easy, some not so much. Each one, however, has woven together to create a fabric that sustains me through the days.

In the first of many lessons to come about the healthcare system and disparities, I reflect back on my childhood days in Pittsfield Maine. We arrived in Pittsfield in the dead of winter 1963, a family of eight bedraggled souls in a station wagon with a homemade box on top holding our luggage. Dad, A surgeon-come-GP, had been recruited to the town as its solo practitioner. That winter saw of one of the biggest snowstorms ever and we kids reveled in the deep drifts of fluffy white snow on the ground every day. It wasn't until 30 years later that I learned that Dad had to work construction (and eventually move us to Massachusetts to make a living) to pay the mortgage because he didn't have the heart to force his patients to pay their bills which they could ill afford. It was just a year away from Medicare and Medicaid, and cash (or apples and potatoes) was the only "payment system" for the poor and elderly. That lesson about being committed to healthcare access has stayed with me. To this day, Dad (now 92) carries a deep conviction that access is a healthcare right and that "socialized medicine" (read single payer system) is the way to go, much to the dismay of many in his profession.

Perhaps by Dad's inspiration or perhaps some deep calling within, I was one of those nurses who is simply born a nurse. From the moment I was a young girl I knew I would be a nurse. From the moment I was a nursing student and met an NP pioneer in a community health center in the inner city, I knew I would be a nurse practitioner someday. My early years as an RN in N.H. took me from oncology ward to ER and then into the management ranks. The lessons I learned those years were many. About how being terminally ill can be a fulfilling and joyful experience for patient and family. About the frailty of life and yet hardiness; and how lack of access to care can have negative health results. And how by working together as a team, nurses, physicians, and others can really make a difference in the lives of patients.

Continuing my management career, we moved to Maine in the 80s and I pecked away at a Master's degree. As I rose though the management ranks and became vice president of nursing, the lessons flooded me day after day. Standing before the medical staff executive committee or the Board of Trustees, I learned well not only how to stand and walk in 3 inch heels, but to "never let them see me sweat" and to "bleed into my shoes". I also learned of the power and the strength of groups of nurses who believed deeply in the care they gave to patients. I learned every day of their generous spirit and resilience as they changed shifts, pitched in, and did the work.

When I finally completed my Master's degree, I gave myself the gift of music – joining a small community band and resuming playing the flute I had set down on graduating from high school so many years ago. There are lessons learned there too, how when a group is really in harmony and balanced beautiful things happen.

One beautiful crisp clear summer's day in 1992, as I was hiking near my sister's home in Dubois Wyoming in Horse Creek Canyon, looking across to the Wind River Mountains, I suddenly had a revelation. The dream I'd had so very long ago as a student nurse when I met that the pioneer practitioner wasn't dead. I knew then I needed to go back to school and become the NP I had dreamed of being.

Life Lessons, *continued*

As I was to do many times in my marriage, I turned to my family – my husband for support and help. He was more than happy to oblige, and put me to work in his tractor company doing some bookkeeping. Little did I know that helping him to grow a small business, learning to maintain an accounting system, and manage the workforce would be a training ground for me in later years as I sought to start an independent practice.

Graduating from my NP program I once again entered the clinical arena and dove deep into the world of brain injury rehabilitation and emergency care as a practitioner. Once again the lessons of life emerged – the amazing resilience of the human brain and its intricacies, and the cruelty that traumatic brain injury inflicts on patients and families. As a provider in the ER, I began to truly appreciate the devastation brought upon people who have avoided care for many years due to lack of health insurance.

Not long after graduating with my FNP certificate, I started teaching NP students and a whole new set of lessons and learning began. The challenges and satisfaction of working with students, as most of us would agree, teaches us each day how to be better nurse practitioners.

In 2002, the pediatric practice where I was working one day per week "offered" to transfer me to another practice because they were going to replace me with a new graduate medical resident. Summoning up my courage and with the support of my husband (once again) I pronounced: "you can't lay me off, because I'm going to quit!" Once again, my husband struck a bargain with me– asking me for one year of full-time work at his tractor business and in return he would strong arm his colleagues to raise the money for a free clinic start up.

When we got the free clinic going, it was as though several points of my life had converged to one. A lifelong passion for the disenfranchised, a deep commitment to preventive care, and a strong base of experience in business big and small came together to help me set up Leavitt's Mill Free Health Center in 2003.

A few years later, after getting the clinic well on its way and stabilizing the tractor business bookkeeping, I reentered academia in earnest. Once again, challenged and delighted by students' curiosity and fear of the unknown, I embarked on what has become the core of my professional life. Knowing I needed more intellectual challenge and that I would need a "terminal degree" I set out to achieve the DNP. The growth and learning as I worked away at that degree again brought hard earned lessons. How you really can get a lot done if you get up at 4 am and just plug away at the school work. How you can delegate virtually every household chore (to a long suffering husband) and it will get done (or not- and it doesn't matter!). And how, in creating and implementing a doctoral QI project ("Implementing Exercise Prescribing in a Rural Free Clinic"), you can make a lasting impact on the health of patients and the strength of the practice.

Operating a free clinic staffed primarily by volunteers has taught me to have faith and believe. Amazingly, despite the fragile foundation upon which the clinic stands financially, depending solely on donations from community members and fundraising and grant-making, the clinic has survived and thrived for over 12 years. A recent series of generous grants has funded a state-of-the-art dental operatory staffed by "Dr. Bob" our volunteer dentist and three volunteer hygienists. We took our first dental x-ray last month, and in a short time we've been able to transform several "mouths" sending patients out with the capacity now to smile wide, apply for those "public" jobs with confidence, and enjoy healthy eating once again.

What lessons will the coming decades bring? I'm sure to learn about the joys and challenges of aging, grand-parenting, and perhaps even great-grand-parenting. I know that the explosion of knowledge about the human body and healthcare will continue to fascinate and challenge me, and students will continue to teach me. In short, I expect I'll continue to learn life lessons as I do every day in this amazing profession.

Update on LD 690, An Act to Ensure the Safety of Home Births

Editor's Note: LD 960 is a bill that would establish state licensure in Maine for Certified Professional Midwives. These midwives are doing home births and deliveries at birthing centers but are currently not regulated by the state. The following is an update by our lobbyist and executive director, Pam Cahill.

A public hearing for LD 690 was held on 1/12/16 at 1 PM. About 12 midwives and others spoke in favor of the bill including Nell Tharpe, Ellie Daniels, Peter Michaud from MMA, Angela Westoff for the DO Assoc. Dan Morin from Maine Health and Peter Manning, an obstetrician in Biddeford. MNPA took no position on the bill.

The testimony mostly surrounded a women's right to choose where and how they have their babies. They stressed that CPMs have the same midwifery education as CNM's (of course we all know they don't have a nursing degree) and how fortunate to have this collaborative group of practitioners working together on this bill. None of the proponents mentioned scope of practice, prescriptive authority for non advanced practice nurses or physicians, cost of a separate board or any of the actual technical components necessary to implement this proposed law.

Commissioner Anne Head spoke in opposition, saying that there was no evidence to support a licensing board for this group and the fact that babies were being born at home with midwives now, shows that there is really no need to license them. She did stress that all the technical details needed discussion and the cost of a separate board would be prohibitively expensive and that the funding scheme (as recommended in the legislation) of private money/grants would not work.

There was a subsequent work session held on the bill 1/21/16. The committee quickly went into behind door caucuses on the bill and came out of the caucuses and tabled the bill until a group of "stakeholders" could meet.

There was a meeting with the "stakeholders" on 2/4/16. Present among the was Sen Volk, Rep Herbig, Peter Michaud, MMA, Kim Esquibel, BON, Dennis Smith, BOLM, Anne Head Commissioner, PFR, the lobbyists for the midwives. MNPA was not invited.

The discussion surrounded who would regulate the CPMs and CMs if they could not get their own board and again, how they would pay for either an independent licensing board or another option. They more-or-less decided that the Board of Complimentary Health within the Dept of PFR would be the best option (this Board currently regulates Naturopaths and Acupuncturists) and is where many of us speculated would be the most logical choice for licensing and regulation should the bill pass. There was discussion about the CPMs and CMs going to either the BON or the BOLM, but both Directors (Kim and Dennis) dismissed those as options based on cost and appropriateness (the CPMs and CMs are not doctors or nurses).

I spoke with Sen Volk after the meeting and asked why they didn't consider licensing just the 29 CPMs, in that Maine currently has no CMs? She said that there are "many" CMs looking to come to Maine, but they cannot because there is no licensing pathway for them. I wonder how they know this or if it is just speculation?

On 2/16/16, the "stakeholders" met again. They decided to support the concept of the CPMs and CMs being licensed and regulated under the Board of Complimentary Health. The makeup of that board would be changed from 7 representatives to 9 to include an additional CPM and an additional MD (ACOG certified). They also discussed rulemaking authority and agreed that rulemaking would be a joint endeavor between the BOLM and the BON.

The next step will be for Senator Volk to meet with the Governor to see if he will support this modified version of LD 690.

NPs in the News

How a few words changed my patient's life — and then mine after the death of my husband

<http://bangordailynews.com/2016/01/30/the-point/how-a-few-words-changed-my-patients-life-and-then-mine-after-the-death-of-my-husband/>

Cindy Milles writes of connecting with a patient over the pain of loss. She is the author of a recently published memoir titled *Waiting for My Rainbow*.

Sometimes, the treatment is worse than the disease. Here are some alternatives to opioids

<http://bangordailynews.com/2015/10/22/health/sometimes-the-treatment-is-worse-than-the-disease-here-are-some-alternatives-to-opioids/>

Eva Quirion describes non-opioid treatment options for those with chronic pain.

Membership is the Heart of MNPA

Tom Bartol, Public Relations Committee Co-Chair

Has your MNPA ever lapsed? Have you overlooked or forgotten to send in your membership dues? Are you interested in supporting MNPA but life gets busy and you just lose track of that renewal letter or do not get around to writing the check and mailing it in?

This does not have to happen anymore. MNPA has our own version of Maine Public Broadcasting's "Evergreen Friend" automatic renewing membership. If you renew on-line, you can sign up for an automatically renewing membership. Using a credit card your membership will automatically renew each year. Automatic renewals can be discontinued at any time by the member's request, but it eliminates submitting a payment each year.

Membership is the heart of our organization. We need to keep the heart beating by increasing our membership. Imagine how much more we could do if we doubled our membership. We would have more resources to represent and advocate for Nurse Practitioners throughout Maine.

We are all busy and some of us may not have time to be actively involved in MNPA but it is important to keep your membership active. Another simple way to support MNPA is to encourage and recruit an NP friend or colleague to join. Ask your office mates, practice partners, friends and colleague NPs if they would support MNPA as a member. Do not just ask them to join or renew, show them how to do it on-line while you are with them.

Take the hassle out of renewals and always know that you are a supporting member of MNPA. Encourage your friends and colleagues to do the same. You will keep support strong for nurse practitioners in Maine and will keep the heart of MNPA healthy.

Seeking News Articles!

Article submissions of any size and subject are requested for the Spring edition of the quarterly MNPA newsletter. Things that we would love to hear from you about include but are not limited to:

- continuing education opportunities in Maine and beyond
- member accomplishments, including awards and publications
- career opportunities
- legislative news
- meetings, regional meet-ups, and other events
- photos

Please submit your news item to Tom Bartol bartolnp@gmail.com