

# Report of the 2022 ANA Membership Assembly

## ANA Hill Day



MNORN members who participated in the 2022 ANA Hill Day include Heidi Orstad, Molly Maxwell, Mary Tanner, Sara McCumber, Cami Peterson-DeVries, Celeste Knoff and Kathi Koehn. Cami's daughter April Terry, a new grad, joined us for Hill Day and all of Membership Assembly.

This is the first year since the pandemic began that we were able to have some Hill visits in person, others were via Zoom. We met with the

staff of Senators Amy Klobuchar and Tina Smith and Representatives Angie Craig, Betty McCollum, Dean Phipps, Tom Emmer, Michelle Fischbach, and Pete Stauber. Issues addressed were Valuing the Nursing Workforce; APRN issues; and Improving Seniors' Timely Access to Care. Besides the ANA-related bills, our members talked to our Senators and Representatives about our concerns for rural health care, the impact of long COVID on the nursing workforce, the shortage of nursing faculty, the need for new and innovative solutions to long term problems like nurse staffing and the high cost of nursing education (such as grants rather than loan forgiveness). Thanks to Jennifer Tucker who provided us a policy brief on long COVID. (see policy brief on page 10)

### Valuing the Nursing Workforce

Findings from the ANA Foundation COVID-19 two-year Impact Assessment Survey were shared with our legislators.

- 60% of acute care nurses report feeling burned out, and 75% report feeling stressed, frustrated, and exhausted. Two-out-of-three nurses under 35 reported feeling burned out.
- Only 19% of nurses under 35 believe their healthcare organization cares about their wellbeing.
- One year ago, 40% of nurses said they intended to leave or were considering leaving their position. Today that number has jumped by 30% to 52%.
- 89% of nurses indicated a shortage of nurses at their facilities. Of the nurses who indicated a shortage, 54% said it was a 'serious problem' and 40% said it was a 'moderate problem.'

ANA's recommended solutions to Burnout and Workplace Violence is to cosponsor and pass the **Workplace Violence Prevention for Health Care and Social Service Workers Act (S. 4182/ H.R. 1195)** This legislation, which passed in the US House of Representatives twice with bipartisan support, requires the Department of Labor (DOL) to issue an interim, and later, final, occupational safety and health standard that requires employers to take actions to protect workers and other personnel from workplace violence within one year. For more than a decade, the DOL has stated a standard is in the works but to date has failed to take action. Minnesota Senators Tina Smith and Amy Klobuchar are original cosponsors. In the House version, Representatives Angie Craig, Betty McCollum, Ilhan Omar, and Pete Stauber are cosponsors.

ANA is also using the **prohibition of the use of mandatory overtime as a staffing strategy and cost saving tool** to protect patients from medical errors and reduce nurses' occupational distress.

### **Advanced Practice Registered Nurses (APRNs)**

First, we reminded our legislators that APRNs included nurse practitioners (NP's), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs).

Facts at a glance:

- The Medicare Payment Advisory Commission (MedPAC) has recommended that APRNs bill Medicare directly, eliminating "incident to" billing for their services.
- A large and growing body of research shows that the quality of care provided by nurse practitioners is as good as, and in some cases, even better than the care provided by primary care physicians. But, in many states, nurse practitioners are held back by laws that restrict their scope-of-practice.
- In 2020, there were more than 171,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty.

ANA is currently working with a coalition on legislative language that will remove burdensome barriers permanently for all four APRN roles. In addition, ANA advocates for regulatory changes related to scope of practice, with the aim of removing practice barriers for nurses and improving access to care. ANA urges lawmakers to support, including co-sponsorship of the soon-to-be-introduced comprehensive barrier removal legislation.

### **Improving Seniors' Timely Access to Care Act of 2021 ((S. 3018/ H.R. 3173)**

This legislation is supported by over 450 organizations representing patients, health care providers and others.

The bipartisan **Improving Seniors' Timely Access to Care Act of 2021** would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage (MA) program.

Details of the legislation:

- Establish an electronic prior authorization (ePA) program and require MA plans to adopt ePA capabilities.
- Require the Secretary of Health and Human Services to establish a list of items and services eligible for real time decision under an MA ePA program.
- Standardize and streamline the prior authorization process for routinely approved items and services.
- Ensure prior authorization requests are reviewed by qualified medical personnel
- Increase transparency around MA prior authorization and its use,
- Protect beneficiaries from any disruptions in care due to prior administration requirements as they transition between MA plans.

Senators Tina Smith and Amy Klobuchar are co-sponsors of the Senate bill. Representatives Angie Craig, Tom Emmer, Betty McCollum (original co-sponsor), Ilhan Omar, and Dean Phillips are co-sponsors.



# Highlights from Membership Assembly

MNORN's representatives to the ANA Membership Assembly were Heidi Orstad, Mary Tanner and Molly Maxwell. Alternates were Sara McCumber and Cami Peterson-DeVries. Observer was April Terry. Kathi Koehn attended as executive director.

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## President Ernest Grant's Opening Remarks

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This is the fourth and final year of President Grant's term(s) as ANA President. He will step down at the end of the year. During his remarks, he reminded representatives that his theme has been to "Educate - Advocate - and Work Together." While his term in office has been marked by the COVID-19 pandemic, gun violence and an increasing awareness of racism in nursing, he reminded us that through tragedy we find our sources of strength. In the words of the Dalai Lama, "If we lose our hope, that's the real disaster." He called on nurses to be both advocates and activists.

President Grant discussed each of these topics:

- Diversity, racism in nursing
- Ending racism in nursing a key priority of ANA
- Elevating consumers' understanding of the value of nursing
- Honest and Ethical for the 20th year in a row
- "When nurses are protected, patients are as well"
- Public/Private hospital system needs to change
- Nurses cannot keep pouring from an empty cup
- The power of nursing



President Grant with the MNORN delegation

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## Discussion of COVID 19 impact and implications

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Representatives were asked to share "lessons learned" from COVID-19. Notes from the discussions were turned into ANA staff for the "lessons" to be compiled into a single document. There was a nurse leader from New York City at the MNORN table. Her hospital was one of the earliest impacted by COVID. Her "lessons learned" were impressive.

First, she told us about asking the CNAs and MAs on her unit what they needed for recognition, knowing that one more piece of pizza was definitely not it! They told her that they wanted:

- To feel and to actually be included as members of the team
- To be seen

- For other members of the team to know their names and to use them
- To be able to call the other members of the healthcare team by their first name - including the physicians.

The unit implemented these requests and are continuing to use them now, greatly strengthening the cohesiveness of the teams. She has also been able to identify the informal leaders on each team - on one team the leader is the housekeeper. It was a great reminder that as we, as nurses, want to practice at the top of our license, we should be encouraging all members of the team to practice at the top of their license and/or training.

This nurse from NYC also updated policies during the pandemic to allow for expanded scope for APRNs. Instead of adding "APRNs: to the policies, she replaced MD with the acronym APPP (advanced practice provider) to be inclusive of APRNs, MDs, and PAs.

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### Greetings from Pam Cipriano, President of the International Council of Nurses

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Pam reminded us of the tradition of each ICN president adopting a presidential "watchword." Her watchword is **Influence**, stressing its importance both as a noun and a verb. She says "it is the power to change or affect someone or something directly or indirectly. Influence does not force change to happen. Rather, influence relies on persuasion, and the ability to sway another's thinking or actions. It is through the power of our positions as knowledgeable decision makers and problem solvers, advocates and passionate professionals, that we have influence and can influence others."



Pam talked about the **Nurses for Peace Humanitarian Fund** and the nurses in Ukraine.

- Over 100 hospitals in Ukraine have been hit by fire/destroyed - nurses are showing incredible resilience
- ICN has been able to get money into Ukraine for the nurses
- Next effort will be to get mental health support to nurses in Ukraine
- [Click here to donate to the Humanitarian Fund](#)

Pam also talked about films and articles accessible on the ICN website ([icn.ch](http://icn.ch)) that have been produced for ICN by BBC StoryWorks Commercial Productions. These stories, "Caring with Courage," reveal the power of care and dedication in the inspiring work of nurses from around the globe - from a dynamic Ugandan nurse on a mission to stop tuberculosis in its tracks and nurses harnessing the potential of AI to care for mental health in Asia, to the training health care to communities in rural South Africa and the midwives working towards a safer birthing experience for indigenous women in Mexico by combining knowledge from both the past and the present – these stories cover the incredible impact of nurses all over the world. [Click here to access these stories](#)

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## Dialogue Forums

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There were three Dialogue Forums this year. They were Nurse Staffing; Addressing Verbal Abuse and Workplace Violence; and the Impact of Climate Change on Health. Each dialogue began with background provided by the submitters, followed by discussion and debate among the representatives and other attendees. Recommendations were Overwhelmingly adopted for each topic. The ANA Board, at its September meeting, will develop strategies to address these recommendations.

### **Nurse Staffing:**

Membership Assembly representatives approved the following recommendations:

- that ANA supports safe patient standards including ratios that are acuity and setting-specific as per nursing assessment and enforceable
- that ANA will engage with its constituent and state nurse associations (C/SNAs) to develop further details regarding standards, implementation, and enforcement.
- and, called on ANA to collaborate with organizational affiliates and C/SNAs to begin to develop evidence-based staffing standards for all nursing disciplines for publication.

### **Addressing Verbal Abuse and Workplace Violence:**

Often, healthcare stakeholders' approach to workplace violence (WPV) in health care focuses on responses to, and prevention of, physical assaults in hospitals. Discussions often overlook verbal abuse, which can be a risk factor for physical violence. In addition, practice and policy recommendations developed for inpatient settings may not be appropriate for or helpful in community settings, such as schools, community health centers, public health facilities, and similar places where WPV can occur. Assembly representatives called on ANA to:

- engage key stakeholders to identify, develop and advance strategies resulting in a comprehensive culture of safety and zero-tolerance approach to verbal abuse and violence in all care settings

- advance workplace violence prevention priorities in nursing practice and public policy,
- and, advocate for better data collection to inform policy development.

### **Impact of Climate Change on Health:**

Citing statements from International Council of Nurses, the World Health Organization, and the American Academy of Nursing, along with editorials from several health care journals on the danger of climate change on global health, representatives proposed that ANA, as the leading nursing organization, should take a strong leadership position in addressing the impacts of climate change on human and population health and help prepare nurses to engage patients in conversations about climate change and its health impacts; impacts which disproportionately affect the most vulnerable populations. To help address the public health crisis caused by climate change, Assembly representatives approved the recommendation that:

- ANA, C/SNAs and individual member division (IMD) include climate crisis and its consequential impact on human and population health as an essential component of their policy platform.
- ANA revise and establish as an official position the 2008 House of Delegates Statement on Global Climate Change and Human Health.
- ANA, C/SNAs and the IMD promote nursing knowledge on the relationship between climate change and human and population health.

MNORN was one of the submitters of this proposal. Kathi Koehn, MNORN ED, provided some of the background information to the delegates. Her remarks can be found on page 13.

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## **ANA Racial Reckoning Statement**

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“Transformation and deliverance are about remembrance.” - Desmond Tutu

The ANA Racial Reckoning Statement was adopted by the representatives by unanimous consent. Information about this statement will be coming from ANA later this month.

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## **Teller’s Report**

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Elections were held for the following offices: President; Secretary; Director; Director, Staff Nurse; and Nominations & Elections Committee. The following were elected. They will take office on January 1st. A special congratulations to Jennifer Tucker, past president of

MNORN, who was elected to the Nominations & Elections Committee!

President: Jennifer Mensik Kennedy (Oregon)

Secretary: Amanda Oliver (Illinois)

Director: Edward Briggs (Florida); Jennifer Gill (New Jersey)

Director, Staff Nurse: David Garcia (Washington State)

Nominations & Elections Committee: Kimberly Velez (New York), Marilee Pakieser (Michigan), Jennifer Tucker (Minnesota)

### Nightingale Tribute



Every year ANA collects the names of nurses who have passed in the past year to be honored in the Nightingale Tribute Book at the Membership Assembly. Here are the names included from nurses from Minnesota. (An asterisk by the name indicates that the nurse died of COVID).

Arlene Hewlett	Dorothy Diderrich	Joann Engelbert	Margaret Beardsley	Nancy Trinkes
Beverly Tuohy	Elizabeth (Betty) Ahle	Joanne Jostock	Marietta Angriest	Naomi Atrubin
Arla Bernard	Glenda Kendall	Joyce Kappauf	Marlys Gathie	Norma Aarsvold
Doorga "Vishnu" Hanuman*	Harley Mahler	Karin Alaniz	Marlys Hays	Patricia Johnston
Doris Underdahl	Janet Bowman	Leola "Lee" Ferbe	Marty Plombon*	Stephen Pieper
Dorothy Crowle	Janet Spearman*	Lois Ranfranz	Nancy Kuala	Tina Wobbe

### ***Nightingale Tribute***

*When a calming, quiet presence was all that was needed, They were there.*

*In the excitement and miracle of birth or in the mystery and loss of life, They were there.*

*When a silent glance could uplift a patient, family member or friend, They were there.*



*At those times when the unexplainable needed to be explained, They were there.*

*When the situation demanded a swift foot and sharp mind, They were there.*

*When a gentle touch, a firm push, or an encouraging word was needed, They were there.*

*In choosing the best one from a family's "Thank You" box of chocolates, They were there.*

*To witness humanity — its beauty, in good times and bad, without judgment, They were there.*

*To embrace the woes of the world, willingly, and offer hope, They were there.*

*And now, that it is time to be at the Greater One's Side, They are there!*

*Nursing is a calling, a way of life. Nursing is a service profession that cannot be lived in isolation. Nurses rely on each other for the synergistic effect of teamwork in our efforts of care giving. It is appropriate that we honor our colleagues not only during their career, but also at the end of life's journey.*



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## Policy Brief: Ignoring PASC or Long-haul COVID-19 Is No Longer an Option

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by Jennifer Tucker

Even though some feel the COVID-19 pandemic is close to being over, approximately 30% of people who had COVID will continue to have long lasting effects through post-acute sequelae of COVID-19 (PASC) in the US (Chen, et al, 2021). Due to the wide range of symptoms of the illness and the newness, everyone is in the dark as to what the long-term impact to citizens, workplaces, social programs, and GDP. Work needs to be done to support those affected through federal budget dollars for treatment research, passage of already filled House and Senate bills, agency policy changes, and disability system inclusion. Not supporting people impacted by PASC, especially populations that have been disproportionately affected, will negatively impact generations to come at a family, community, state, and federal level.

### Health Policy Issue

The main federal action and dollars spent for Long COVID or PASC has been a small portion of the funding allocated for the overall pandemic. Persons dealing with PASC, some who have been for almost 2 years, are tired of waiting for more action at the federal level in the U.S. to advocate for them and their long-term wellbeing. There has been much focus on testing, tracing, and treating the initial COVID-19 infection, but for long COVID or PASC, there has been only one area of significant funding. The funding appropriated for NIH research (RECOVER) has been mainly for tracking patients to learn more about the illness, not for treatments or even monetary support for those affected (Cohrs, 2022). This lack of action to work on possible treatments or management plans for patients will have significant financial impact through increased social program use and decreased work productivity of a large group of individuals.

### Aim

- Action to increase co-sponsorship and passage of S. 3726, HR. 2754, S. 4015 and H.R. 7482
- Advocate for PASC inclusion on Social Security Administration List of conditions covered for disability consideration
- Support for Federal Budget FY23 appropriations for PASC related funding to keep President Biden's *National Research Action Plan on Long COVID* moving forward

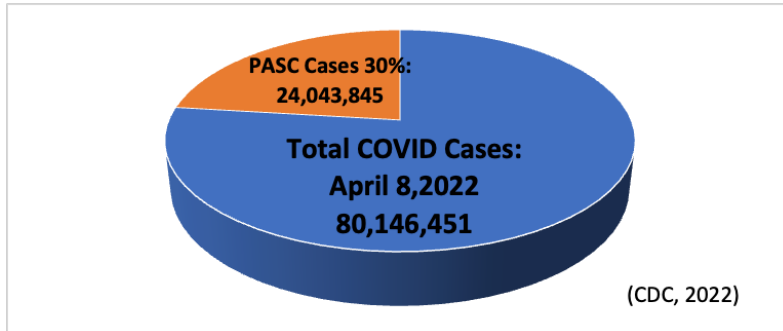
### Background

On April 5, 2022, President Biden issued a Fact sheet outlining the goal of "Whole Government Efforts" towards PASC or Long COVID. Many of these proposals,

memorandums, and budget projections need the funding through law to provide for these long term(White House, 2022).

**Impact of PASC**

Estimates are that 30% of patients who had COVID will develop PASC or Long COVID. (Chen et al, 2021).



- **\$1.2 billion** has already been given to NIH in late 2020 to study cases of those not recovering fully from COVID. RECOVER is the name of the program (Cohrs, 2022).
- The enrollment in the study has been very slow, with a goal of 40,000, but **as of March 18<sup>th</sup>, only approx. 3% had been enrolled**, 15 months after money was allocated (Cohrs, 2022).
- In July 2021, the Office of Civil Rights published guidance about PASC or Long COVID being able to be considered a disability under ADA.
- PASC **has not been added** to the Social Security Administration (SSA) list of conditions covered with SSDI but is reviewing on a case by case basis.
- According to the SSA, in the 1<sup>st</sup> 11 months of 2021, it had received 16,000 applications for SSDI that called out COVID-19 as one of their conditions (Wheeler, 2021).
- Because there is not enough data on PASC, projections of long term health costs, or disabilities, **CMS staff preparing a report**, did not calculate its impact into Healthcare Spending projections through 2030. "These projections assume that the impacts from the pandemic will wane during this time frame" (Poisal, et al, 2022).

**Existing Policies:** Due to the emerging nature of PASC and all of the unknown, there are not any comprehensive federal policies related to it.

**Recommended Policy Options**

- Passage of S. 3726, HR. 2754, HR 7482 and S 4015
- Addition of PASC or Long COVID on the Social Security Administration's Listing of conditions for coverage for SSDI
- Passage of elements of the FY23 budget proposed by President Biden that cover PASC.

**The Advantages:**

- have a better knowledge base for providers to treat people, so that more patients have the potential of full or partial recovery.
- Funding on a federal level can provide more money to a wider number of researchers to get answers faster for treatments.
- The more people who can recover, the less need there will be for higher claim volumes to SSDI, Medicaid coverage and early Medicare.
- More people who are currently suffering with PASC will have access to more social programs if SSA lists it as an official condition.
- More clinics available to treat patients as a whole patient with Long COVID, not just by body system affected

**The Disadvantages:**

- Costs of funding programs and deep dive research

**Rationale**

The recommendations offer a comprehensive coverage of many areas of need for PASC patients, their providers, and scientists studying it. Through legislation we can secure solid funding for research and weave into different agencies on the federal level the urgency to figure out next steps to support the millions of people who are being affected.

**Conclusion**

Urgent action is needed to begin to help people who are suffering from PASC gain access to treatments and support. Action also will allow leaders on a federal level to get true data on the long-term impacts of PASC and utilize this data for spending planning, trend forecasting, and true understanding of the long-term impacts on GDP.

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## Opening Remarks for Dialogue Forum on Impact of Climate Change on Health

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My name is Kathi Koehn. I am the executive director of MNORN. You might not know this but MNORN is 10 years old this year. It has been an amazing privilege to be involved with a new organization that is a member of ANA, an organization that is 126 years old!

One of our great good fortunes as a new organization is that we have members who are engaged in many different aspects of our profession. Through them, we and our members have learned about the issues that they care about:

- cultural humility
- partnership-based care
- gun violence as a public health issue....
- and many other issues.

A recurrent subject throughout our ten years history has been the health impacts of climate change.

Teddie Potter, faculty at the U of MN and world-renown expert on nurses and climate change has helped guide our involvement. Teddie is now, in addition to her many other roles, is the director of planetary health for the School of Nursing. At the U of M, Planetary health is being embedded throughout the pre-licensure and graduate level nursing curricula. If for no other reason, MNORN is engaged in the topic of climate change because our members and future members are engaged in that topic.

Several years ago, MNORN was a community partner for a DNP student whose area of focus was climate change and health. That was a great opportunity for us!

- She wrote a series of articles about climate change for our monthly e-newsletters;

- conducted a needs assessment via our elected leadership
- and gave more than one presentation on the topic to our members and to the public on our behalf. She also let me steal shamelessly from her slides when I presented the issue at a Membership Assembly lunch session.
- From Rachel Kerr, our DNP student, I learned that I didn't need to be an expert on climate change. I could be - and MNORN could be - and ally based on what I/we know about how to use our organization to help affect change. And, we all know how important allies are!

Since then,

- MNORN has been involved in the development of Nurses Drawdown and is an organizational partner, like many of the other C/SNAs are;
- we have signed onto letters and position papers from organizations like the MN-based Health Professionals for a Healthy Planet
- attended the Governor of MN's listening sessions about climate change
- participated in demonstrations....
- whatever we can to further the issue.

University of MN School of Nursing Dean, Connie Delaney wrote in her introduction to the current MN Nursing publication about the connections that empower health and healing. She wrote: "The health of our planet and our communities are inexorably intertwined. Yet for far too long we have overlooked this connection."

While Dr. Clarissa Pinkola Estés was not specifically writing about climate change wrote her essay: *We Were Made for These Times*, her words fit perfectly to the subject:

"Ours is not the task of fixing the entire world all at once, but of stretching out to mend the part of the world that is within our reach. Any small, calm thing that one soul can do to help another soul, to assist some portion of this poor suffering world, will help immensely...."

She says " What is needed for dramatic change is an accumulation of acts, adding, adding to, adding more, continuing. We know that it does not take everyone on Earth to bring justice and peace, but only a small, determined group who will not give up during the first, second, or hundredth gate."

Nurses can not alone solve the issues of climate change, but our ability to take action, to influence is huge. We are, and can be, a not-so-small, determined group who will not give up.

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## MNORN Stipend to Attend a Conference

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1. Members must be in good standing with MNORN at the time of application, and through the dates of the conference for which support is requested, to be awarded financial support.
2. Application should include questions about how attending the conference supports MNORN's or ANA's mission or priorities.
3. Members applying for financial assistance must describe a plan for how the information learned at the conference will be disseminated after the event.
4. MNORN will support a stipend of up to \$500 which may be used to cover:
  - a. Registration fees
  - b. Travel
  - c. Lodging, and
  - d. Standard Per Diem
5. Members who have received financial support for a conference will be ineligible for further support of this type for two years following the conference, unless permission is received from the MNORN Board of Directors in advance of their application. Preference for awarding of support will be given to eligible members who have not previously received support.
6. Requests should be made to the MNORN Board of Directors and must be received by the MNORN Executive Director a minimum of 3 weeks prior to the first day of the conference for which funds are requested.
7. Applications will be screened by the Executive Director for completeness and members eligibility. The Executive Director will submit eligible applications to the MNORN Board of Directors for review and consideration.
8. MNORN Board members who apply for this will recess themselves from the consideration process and voting.
9. Member who have applied for funding will be notified by email or a phone call from the Executive Director within three days of the Board of Directors' decision . Unless other arrangements are made and approved ahead of time, financial support will be in the form of lump-sum reimbursement, after all receipts for the expenses are received and reconciled by the Executive Director.
10. [Link to Application](#)

*Adopted by the Board of Directors 10-1-2020*