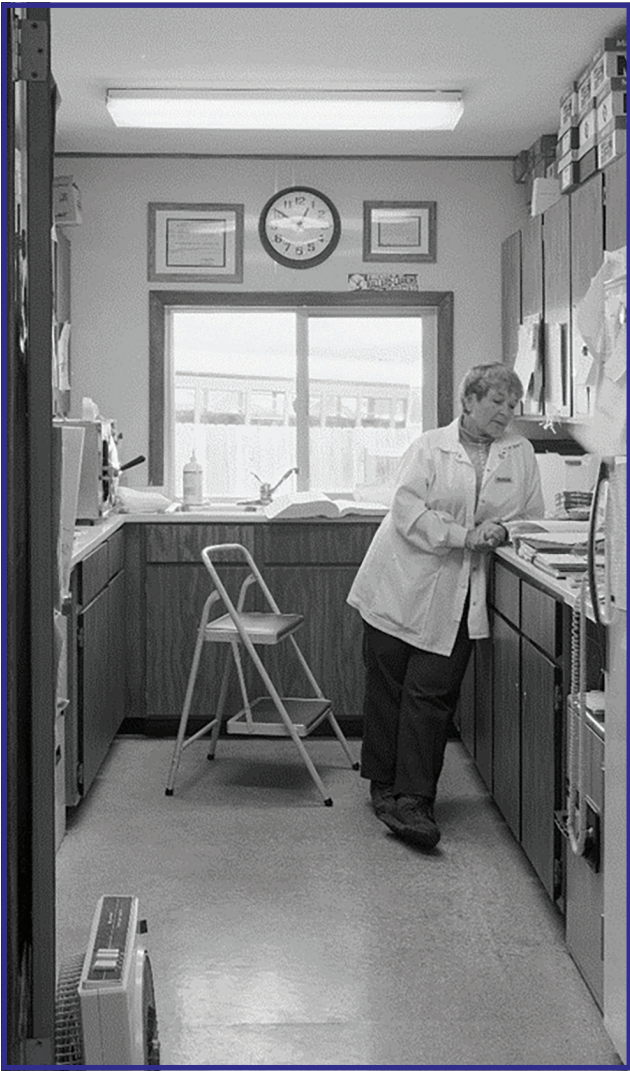


Celebrating 50 Years of Nurse Practitioner Practice in Idaho

Responding to Needs of Rural Communities Sparked A New Healthcare Profession

Marie Osborn APRN-NP

Editor's Note: Nurse Practitioners of Idaho (NPI) is celebrating 50 years of NP practice in Idaho. NPI is honoring Marie Osborn, who was one of the first NPs licensed in Idaho in 1972 and who was the first NP to practice alone in a rural community, Stanley. Marie Osborn received the first NP license on the day when the first 10 NP licenses were issued. Now in her 90's, she is writing a book that details the events surrounding her starting the Stanley Clinic and the many interesting cases and the many barriers she had to overcome to maintain a practice that today would be easier because of her efforts.



Marie Osborn ARNP at the Stanley Clinic
Idaho was the first state to license nurse practitioners, and Marie was Idaho's first. From 1972 - 1999, she was the sole provider for nearly 6,000 square miles of backcountry. She later worked in rural clinics in Horseshoe Bend, Emmett, and Idaho City, and then saw low-income patients in Boise before losing her eyesight and retiring at age 80.
Photographer Roland Miller.

Idaho was the first state to license Nurse Practitioners in 1972. Today, over 325,000 nurse practitioners are licensed in the United States and the profession has expanded internationally. Professions start somewhere, and in this case the nurse practitioner as a professional serving the healthcare needs of rural and remote Idaho started in Stanley. June 19, Father's Day, will mark the 50th anniversary of the Stanley Clinic and ambulance service. As nurse practitioners, our rural roots and commitment to underserved communities are important looking back – and looking forward.

I didn't set out to be one of the first to champion a profession. I wasn't even looking for a job. A car accident near Stanley nearly killed four kids, and hours passed before an ambulance arrived from Hailey. That hit so close to home with my own five kids and with my oldest sons starting to drive. It was like someone tapping me on the shoulder and said, "You're it." From 1972-1999, I was the sole licensed provider of primary-care and emergency services for about 6,000-square-miles of wild Idaho.

The Idaho Hospital Association both challenged and supported me to provide emergency services for the Sawtooth country. In the early 1970s there was no clinic or emergency services except for the Forest Service staff who were first-aid-trained, and a station wagon. As an RN, I trained the staff to open a clinic and an ambulance service.

The expanded role of the RN to be a NP required changes to the Nurse Practice Act. This change in the law was sponsored by Representative John Edwards, MD of Council, and Representative Margot Tregoning, RN from Kellogg. The Boards of Nursing and Medicine worked together and developed license rules and defined a scope of practice. This work resulted in licenses being first issued in 1972.

Training at the Harborview ER 50 years ago, I worked with University of Washington faculty physicians to write the first training protocols for emergency medicine nurse practitioners. The Idaho Board of Nursing wanted me to have additional training in family medicine and helped me attend the first class for nurse practitioners at the University of Utah. Later, training at Chicago's Cook County ER and Morgue, I was the first woman to ride ambulance in South Side Chicago in a state where the nurse practitioner idea was still slow to take hold.

On Father's Day, 1972, with support from the Stanley community, Wood River Valley physicians, and my husband, Cal, we celebrated the opening of the Salmon River Emergency Clinic. Three months later, political and community leaders gathered at Redfish Lake to dedicate the Sawtooth National Recreation Area (SNRA). The SNRA has attracted increasing numbers of people and more visitors create more demand for emergency and primary-care services.

Our first EMT class graduated in 1972. We purchased our first ambulance from Mountain Home Air Force Base for \$300. It was a surplus 1958 Pontiac ambulance. Boise's Bishop Volkswagen painted the ambulance orange and white, stenciling "Stanley Ambulance" in blue letters. Mats covered holes in the floorboards. We carried flashlights in case we lost our headlights – which happened going over Galena Pass at night and 40-below zero.



FULLY-EQUIPPED AMBULANCE is now available at Stanley, following fund drive. Community also has emergency treatment center. (SMS photo)

'58 Pontiac Ambulance.

Costing \$300 and obtained as surplus from Mountain Home Air Force Base, this was the first Stanley Ambulance. Today, ambulances cost over \$100,000. The cost of maintaining a rural ambulance service is high. The Stanley ambulance was staffed by all-volunteer EMTs who Marie trained. Photo from Marie Osborn photo archive.

By the mid-1970s Stanley, Idaho, had a new clinic, a new ambulance and a new emergency radio system connecting to Idaho EMS "State Com," that was Idaho's first local 9-1-1 system. It also had a vibrant volunteer EMT program, and a pre-med internship program through the College of Idaho. In 1982 we added WAMI medical students and, later, NP training. Air ambulances originally came from Mountain Home AFB (MAST) and later Forest Service forest fire helicopters responded. Much later Life Flight was available.

Emergency calls in the Sawtooth country are rich with stories of incredible saves and horrific losses. Thank you to the many people who have supported Stanley's clinic and ambulance service over the decades. One person doesn't do it all. Rural EMS and rural health care takes a team. When someone is having chest pain, or their car is in the river – people put aside their differences to save a life. (Then they return to their squabbling.)



Rural Trauma.

Marie and volunteer EMTs, many from the U.S. Forest Service, responding to a trauma case. Before Marie, the Forest Service took the emergency calls, and used agency rigs to transport patients from the Sawtooth country to the ER in Sun Valley. Photo from the Marie Osborn photo archive.



Air Ambulance.

The evolution of the NP and rural EMS occurred together, and Marie’s experiences helped drive EMS. Early air ambulance transport came from Mountain Home Air Force Base (MAST) and Forest Service fire-fighting helicopters. Later came LifeFlight and other dedicated air ambulance services. Photo by Ketchum Fire Department.



All-volunteer EMTs and drivers with Marie: the Stanley Ambulance.

The Stanley Ambulance and Stanley Clinic are important in medical history because of their contribution to the creation of the Nurse Practitioner and rural EMS. Photographer Roland Miller.

“It’s easier to ask forgiveness than permission” only goes so far. Caring for patients in extreme and dire circumstances who were about to die, I had to act. In the process, me being the first NP and the sole provider in a large segment of Idaho created substantial controversies in other settings. The people of Stanley rallied time and again, driving to Boise more than once, to save their clinic and ambulance service.

Repeated hearings before professional boards and the Legislature opened the eyes of many people to the realities and needs of rural health care. Those Boise hearings led directly to decisions on prescriptive

authority and other issues that established and clarified what NPs can do. My focus remained on providing primary care and responding to emergency calls 24/7 for three decades.

After leaving the Stanley clinic in 1999, I worked in other rural clinics in Horseshoe Bend, Idaho City, and Emmett before providing care in Boise for people with marginal incomes and little or no insurance. After turning 80 and losing my eyesight, I finally (and reluctantly) hung my stethoscope for the last time. If who we are is what we do, then I am and always will be a nurse practitioner. I loved my work.