

## 2017 Legislative updates with MNA positions

**SB 166**-- AN ACT ADOPTING THE ENHANCED NURSE LICENSURE COMPACT;  
PROVIDING RULEMAKING AUTHORITY;--**OPPOSE**

Rationale--The MT Board of Nursing is aware, and many nurses are unaware, that from the inception of the nursing compacts (in the 1980's), the Montana Nurses Association has been opposed and we continue to oppose the enhanced nurse licensure compact **in its current form** until licensure jurisdiction discrepancies can be addressed and state sovereignty can be preserved for Montana and our regulatory agency, the board of nursing. Montana Nurses Association found it troublesome that this nurse regulatory legislation was being brought forward by the hospital association and not by our board of nursing. Nurses rely on the expertise provided by the practicing members of the profession, to regulate that profession, as do other professions. Therefore, nurses speak to nursing issues, practice, and regulation. Any regulatory bills addressing nurse licensure should be brought forward by our MT Board of Nursing, our regulatory agency, after working collaboratively with the nurses of Montana and the Montana Nurses Association, to be sure all the concerns are addressed by those they regulate and the legislation makes sense for Montana. This bill passed the Senate Business, Labor and Economic Affairs committee and is currently in the House Human Services committee with no executive action taken as of this print after the House hearing held on March 13, 2017.

**HB 71**-- AN ACT REQUIRING CERTAIN LICENSED HEALTH AND EMERGENCY  
CARE PROFESSIONALS TO COMPLETE TRAINING RELATED TO SUICIDE PREVENTION-**OPPOSE**

**HB 441**- "AN ACT REQUIRING EDUCATION AND TRAINING ON HUMAN  
TRAFFICKING FOR CERTAIN PROFESSIONALS; REQUIRING CONTINUING EDUCATION ON HUMAN  
TRAFFICKING FOR NURSES, EMERGENCY CARE PROVIDERS-**OPPOSE**

Rationale--Both of these bills require continuing education topics. Nurses are professionals who keep up their expertise in their area of practice. The Board of Nursing does not know where licensees are working or in what areas of practice, making these bills even more difficult as you cannot ensure compliance. The Board of Nursing would have to notice all licensees to get this continuing education (CE) implemented, increasing costs in rulemaking as well as noticing and auditing. Additionally, compact nurses working in Montana would be unaffected by this requirement. Both bills tabled.

**HB 323-- AN ACT ALLOWING A SCHOOL TO MAINTAIN A STOCK SUPPLY OF AN OPIOID ANTAGONIST TO BE USED IN THE EVENT OF AN ACTUAL OR PERCEIVED OPIOID OVERDOSE EMERGENCY;-SUPPORT**

Rationale--It is the position of the National Association of School Nurses (NASN) and the Montana Association of School Nurses (MASN) and the Montana Nurses Association (MNA) that the safe and effective management of opioid pain reliever (OPR)-related overdose in schools be incorporated into the school emergency preparedness and response plan. The registered professional school nurse provides leadership in all phases of emergency preparedness and response. When emergencies happen, including drug-related emergencies, appropriate management of incidents at school is vital to positive outcomes. School nurses are an essential part of the school team responsible for developing emergency response procedures and they facilitate access to medical interventions such as the use of emergency medications. Passed both houses and transmitted to governor on 3/29/2017 to sign into law.

**SB 133--AN ACT PROHIBITING THE USE OF TANNING DEVICES BY A PERSON UNDER 18 YEARS OF AGE; PROVIDING DEFINITIONS; PROVIDING A PENALTY-SUPPORT**

Rationale--SB 133 implements a FDA recommendation that people under age 18 should not use indoor tanning devices. In fact, the FDA now requires device manufacturers to add a “black box warning” to each device stating that people younger than age 18 should not use tanning devices. The World Health Organization calls artificial tanning "carcinogenic to humans" and classifies indoor tanning devices in the same category as tobacco and asbestos. Tabled in committee, blast motion failed, probably dead.

**SB 145-AN ACT GENERALLY REVISING LAWS GOVERNING WHEN CERTAIN INDIVIDUALS MAY BE TRANSFERRED TO A CORRECTIONAL FACILITY; ESTABLISHING A REVIEW AND HEARING PROCESS THAT MUST BE COMPLETED BEFORE A PERSON SENTENCED TO THE CUSTODY.—OPPOSE**

Rationale--SB 145 would give the already violent and potential predatory person, who has refused all therapeutic modalities, a month’s notice that they are to be moved to the State Prison. This translates in practice meaning they would have a month to think about this change, to stress and act out, becoming even angrier and more violent (nurses report this escalating behavior after notification) as they feel they have nothing left to lose. Increasing notification to a month puts the patient at an unnecessary increased risk of harm to themselves, let alone the other patients and the healthcare staff. This bill would significantly extend the period of time of exposure to increased agitation and violence for all concerned.

**HB 142**--"AN ACT PROVIDING PARITY BETWEEN MENTAL HEALTH AND PHYSICAL HEALTH INSURANCE COVERAGE IN GROUP, INDIVIDUAL, HEALTH MAINTENANCE ORGANIZATION, AND MULTIPLE EMPLOYER WELFARE ARRANGEMENT PLANS AND POLICIES-**SUPPORT** with amendments.

Amendment to include APRNS as specific provider, settled on "or another appropriate licensed health care practitioner" unfortunately tabled in committee.

**SB 316**- "An Act providing global signature authority to advanced practice registered nurses."-**SUPPORT**

(1) When a provision of law or administrative rule requires a signature, certification, stamp, verification, affidavit, or endorsement by a physician, the requirement may be fulfilled by an advanced practice registered nurse.

(2) This section may not be construed to expand the scope of practice of an advanced practice registered nurse.

This is the actual language of the entire bill. We secured a sponsor, Senator Terry Gauthier (R) SD 40 Helena, and he gratefully sponsored this bill and got it in front of the Senate Business, Labor and Economic Affairs committee for a hearing. It did get tabled in the committee but he is motivated to run it next session and I am confident since they have heard the issues surrounding this, we can be successful in the 2019 legislative session.

Rationale-As many APRNs provide primary and specialty care in Montana, but they are still unable to sign required documents for patients, insurance companies, and referrals for example, that are within their scope of practice due to the form or document or verification still requiring a physician's signature. Because of this, many patients are being forced to see a physician unfamiliar with their health care history adding stress and anxiety to the patient and increasing healthcare costs. This bill will pave the way for patients to continue to receive care from their chosen primary care provider and decrease costs to consumers.

All bills and detailed information surrounding them can be found on the Montana Legislative Website at <http://leg.mt.gov/css/Default.asp> .