

Reasons the board is important: -People who do wrong things like stealing narcotics are disciplined and held accountable for their actions. This is a good way to be monitored. -- Tries to keep licensees informed and up-to-date on nursing practices and changes. -- Serves as a resource for nurses and other entities. Aligns with nursing's standards of ethical conduct - accountability. Brings the different license levels to the table so they can work together to formulate policy. Allows the public an active role in nursing policy decision making. -- Keeps licensees informed of legislation that might affect that profession.

-- They are supposed to be there on behalf of patients, not licensees. The pendulum has swung way to the right - they are afraid to make tough decisions. They are attached to a department whose mission conflicts with the mission of the boards - is the priority jobs or is it the public? --I think it is good to have a board that licensed nurses must answer to, I think it decreases careless mistakes from happening. -- Professional regulation is necessary to protect the health and safety of the public plus oversee the ongoing conduct and education of the licensees. This oversight keeps folks accountable for their actions and promotes ethical conduct. -- It provides for some consistency in educational programs, investigates fraudulent practice although at times slowly, and clarifies appropriate practice.

-- I believe a board needs to look out for their own as well as the public. I get tired of hearing about public safety, when it was my health and safety in jeopardy and the Board of Nursing didn't care. All they cared for was the public safety. How about an equal concern for workers and public?

-- Some sort of competency requirements should be met when providing care more complex than First Aid. -- Maintains the high standards for nursing profession that helps to protect the safety and health of Montana citizens. It is important to set and maintain standards of practice and to have those standards determined by those who are licensed in nursing. -- I think it is important that infractions be addressed truly by a "group of peers", separate from the whim and sway of the criminal court system. -- The board works closely with nursing education programs and certifies those programs in order to properly prepare students for nursing practice commensurate with their level of education. They make sure that courses offered in the different levels of degree programs are consistent with those same degree programs. They also monitor standards of practice and conduct on a national level so that Montana is in sync with other states practice standards which makes obtaining licenses in different states easy. Perhaps their most important role is to monitor the conduct of licensees which safeguarding patients and also other nurses. The Montana Board of Nursing is vital to the practice of nursing in Montana. -- Keeps the Profession of Nursing in Montana credible. Assists with transitioning incompetent individuals out of the profession. -- If questions, problems or issues arise it is an avenue for answers/resolutions. -- It is important that nurses monitor nursing licensure. It is inappropriate for other disciplines to monitor nurses. -- What would we do without a licensing board? I'm not sure that I understand the alternative. -- There needs to be a way to make sure that the profession has a standard that is being met by all nurses. Nursing schools are not the keepers of the profession - they simply teach the material to get us started. We need a board for overseeing the continuation of our education, professionalism and safety. As a nurse I need to know someone is watching over me and my colleagues - it instills trust and respect among all of us. -- I would want the nursing professionals who care for my family members to be of the highest caliber and screened in order to assure professional competence. I recently spent a considerable amount of time as a client/patient and was able to see that firsthand. -- I believe that the licensing board is necessary to provide the public with safe practitioners who offer invasive or high risk services. There is no need for the board to scrutinize public "health". I have been an RN for over 20 years. I have a doctorate in Alternative medicine and believe the two are compatible. The public is well-educated and able to choose who they want to help them improve their health. Drugs and surgery need licensing but do not promote health. They manage disease symptoms for the most part. I believe that licensing boards should increase their responsibility and offer Liability Insurance to licensed providers to offset costs of health care in the state and should protect Montanans from negligent and harmful physicians or other licensed professionals. It's a win-win situation. Increase for the licensing board revenue and less cost for the practitioners. All potential legalities relating to licensure will be sent to the licensing boards and not to the courts who have no expertise in these areas. All legal issues then become discipline issues. The result will be better and more careful practitioners (because their license is on the line when they make a mistake) and lower health care costs. -- Monitors schools of nursing within the state to ensure adequate educational preparation of pre-licensure nursing students. Schools that fail to maintain adequate NCLEX-RN pass rates by their students are monitored and assisted with plans for correction. This ensures adequate preparation for students who may not be knowledgeable of the need to pass a national exam upon graduating in order to get a license. -- It is important for have a governing body to hold individuals accountable to a standard level of education, competence, and professionalism. -- It is important that nurses monitor nursing licensure. It is inappropriate for other disciplines to monitor nurses. -- What would we do without a licensing board? I'm not sure that I understand the alternative. Defines standards of practice, education and implement the nurse practice act. -- Safeguards the public by setting and enforcing standards of practice and education for practice. -- I would want the nursing professionals who care for my family members to be of the highest caliber and screened in order to assure professional competence. I recently spent a considerable amount of time as a client/patient and was able to see that firsthand.

Reasons board is important, continued: -- Provides protection for the consumer and professionals through knowledge of the legislation (state and federal) governing professions. -- Provides influence / guidance on education standards for professions. Is a "gate keeper", as many professions are lacking cohesive communication related to their profession. -- Need to regulate and maintain the highest professional behavior and outcome in patient/client/resident care. We deal with human lives every day, and it is necessary to have strict guidelines for our actions. There is no room for laxness. Accountability for our professional actions is paramount to guarding and safekeeping the lives and health of those we are responsible for. -- Maintains the scope of practice for my profession. Assures that administrative rules are accurate, reasonable--and help in the interpretation of these rules. Disciplinary purposes. -- Boards maintain and establish standards, ensuring that only qualified persons are able to obtain a license. Unqualified professionals can cause harm to a vulnerable person. Licensing boards PROTECT the public. -- Monitors nurses with regard to current license renewal and required continuing education to maintain license.

Public Health - 1	Public Welfare - 1	Public Safety - 22	None of these - 4	All or combination - 51
Scope of Practice:	Too Narrow - 12	Too Broad - 3		Just Right - 59

Comments regarding too narrow: -- Board a little slow at making changes to scope of practice as compared to what nurses are doing nationally. -- Nurses with a bachelor's degree have the education and skills to perform more procedures than currently in our scope of practice. -- As an LPN I have the knowledge/training to do certain things and am unable to do so per the board. The title is great but we are all capable of doing the same things an RN can. A lot of LPNs have a lot of knowledge and are sometimes treated differently based on their title. -- If trained and an MD signs off on a procedure, the licensed professional should be allowed to perform that procedure. -- I practiced as a LPN in both Oklahoma and Arkansas for many years and performed many more of my nursing skills in those 2 states than I am allowed to perform in Montana. In those 2 states the Boards of Nursing allowed LPNs to perform any special skills as long as they were "Certified" to perform them. This meant the LPN must have special training to do certain things such as PIC lines, central lines, port care, etc. In Montana there is no provision for this. These are just things that LPNs are not allowed to do at all even with the special training. When I moved to Montana I lost the ability to do a lot of things in the nursing field that I had been able to do for years. -- With additional on the job training, nurses could be more beneficial in their scope of practice. Standardization by the board on select procedures could enhance the effectiveness of a nurse to apply a wider body of knowledge to assist in patient care. -- A professional nurse has many more skills and abilities that remain untapped; greatly limiting health care. -- Just need to clarify the RNFA rules in a timely manner.

Comments regarding too broad: There are so many changes it is hard to keep up with everything.

-- Nursing practice is fine and the board does a great job. The scope of "medicine" is far too wide. The definitions for practicing medicine would put any house wife who recommends aloe vera gel to a neighbor for a sunburn as practicing medicine without a license. The western medical practice model is terrific for high risk, high cost and potentially hazardous management of disease. This model has been horrible at providing care for chronic illnesses and building better health. This requires a more integrative approach. Most clients have the best results when they have an MD they trust with many other practitioners to help them improve their overall health. It is time for Montana to set the stage for the Wellness industry and provide safe legislation that will allow people to choose how to manage their health for the best results. -- Some items are subject to interpretation because of vagueness. One can query the board but it may not be discussed at a board meeting for clarification. Some items are not dealt with directly in the scope/rules and one must look for the information in past clarifications or directives published by the board. Sometimes this information is not readily found by most nurses who may be searching for the information as it is buried within the depths of the web site--if one can't find something easily then one stops looking.

Comments regarding just right: -- Nursing is a difficult profession for which to articulate scope due to the variety of practice arenas and of basic education - as well as the ongoing professional development and cumulative experience. There are also too many levels of education in nursing. Should just be baccalaureate, masters, and doctorate. It would simplify things for everyone, including employers and the public. -- The scope of practice for nursing is commensurate with the educational preparation of most nurses and does not cross the boundaries that other professions/occupations have defined for themselves. -- It is based on educational standards. -- The BON is careful to clearly note that nursing practice continues to evolve with the changes in health care practice. The board always includes the duty of the licensee to gain appropriate knowledge and skills to adequately carry out their nursing practice. -- The scope of nursing practice is constantly evolving, which is reflected in the declaratory rulings. This is important to the development of the profession and the enhancement of patient care.

Comments regarding just right (continued):-- -- Nursing's scope of practice is appropriate. However, other health care groups interfere with nurses being able to function independently to the full extent of their scope of practice. -- The board is responsive to the changes in our environment, education and practice that occur with new technologies, pharmaceuticals, and products to ensure that the scope of practice is in alignment with current best practice and practice standards.-- These are national standards. -- As a Family Practice NP there is a broad range of practice. Current scope has worked so far. -- Careful consideration is given to the Scope of Practice for RNs to provide the profession with practice guidelines for best health outcomes. -- Meets or exceeds national standards. Rules/ statutes appropriate/ contemporary -- Registered Nursing is a comprehensive, independent profession. Current scope supports that description and is updated as changes occur in the health care system. - Over the years we have had to make exceptions/changes because we live/practice in rural MT. -- Allows us the ability to work within the guidelines of our training and experience without inadvertently causing injury through ignorance or lack of training.

Scope - Other: When I first moved to MT, doctors with whom I interviewed said they would not pay for an RN because of the restrictions placed upon their "privileges", and if the doctors had to do it themselves, then why pay an RN. It was very disappointing. -- Need a firm decision re: the scope of practice for nurse practitioners. -- The BON is remiss in identifying the scope of practice in enough detail for the public to understand. -- For CNAs its too narrow but just right for LPNs.

What laws/regulations have caused the most problems? None - 8

-- Use of a name tag. Since my job flows between nursing and non-nursing activities and I work in non-traditional locations, I never am sure if I should be using one or not. Always seems kind of silly when I generally never see the public. I am perfectly happy using one when actually in a traditional nursing activity (at a clinic). -- Concern about future required education credits and being able to get ones that are applicable as I no longer work in the field. --Finding CME's that apply to my specialty clinic as we need 24 hrs

-- Indecisiveness regarding marijuana use.

-- Working around paid caregivers who are not nurses so are not allowed to do certain things, yet under Medicaid paid caregivers can do these things, does not make sense.

--Continuing education and lack of access to educational opportunities, other then online.

-- Continuing ed has been a requirement in previous states where I have been licensed. However, it has been difficult to find affordable cont. ed classes. I am not employed, but maintaining my license (for several reasons). The first 9.5 hours of CE cost me \$501 for travel, etc. even though the cost of the class itself was quite reasonable. A little pricey for a person who is not earning one red cent from said license. I hope that the CE environment will change in Montana, but currently, it is totally out of line for a person who is not working and is 1 1/2 hours from the nearest hospital facility and finding it impossible to extract CE information from those facilities. Classes should be readily available and affordable if required for continued licensure.

-- Adding mandatory Continuing Education without providing guidance on qualifying providers/accreditors. The Board's job to set the standard for basic nursing practice. The nursing profession at the national level sets the standard for nursing continuing education. If you are going to mandate CE, make it meaningful and pertinent to each licensee's practice. A national standard established by the nursing profession is necessary for this process to have any meaning.

-- Requirement for continuing education for relicensure. It is not an onerous problem.

-- I understand why the Board of Nursing licenses medication aides, but there has been little done to educate employers about their appropriate use or taking a role in monitoring the practice of the med aide - now it is expanded to include nursing homes. It just doesn't make sense that the HIGHEST risk procedure in which nurses are involved (medication administration) is now being passed on as a task for people who have a dismal level of education, particularly for a very vulnerable population (our elderly). They claim there are fewer med errors in other states that have med aides, but I say that comparing error reports is meaningless unless: you have 100% compliance with error reporting, each facility defines medication errors in exactly the same way, and you have knowledgeable people who can determine if an error occurred. -- I am concerned about the quality of patient care of our elderly populations with the passage of legislation allowing non-nursing staff to give medications to our elderly who reside in nursing homes. There are huge issues with medications and the elderly and I don't believe this is a safe practice. -- Medication aides.

-- There are many limiting regulations that apply to LPNs in Montana.

-- The Board of Nursing needs an overhaul because I've seen some bias with some disciplinary cases, the combination of stipulations from more than one state that makes it impossible to complete, and the risk of losing a license.

What laws/regulations have caused the most problems? (continued) ---- Scope does not include authority to do Pap smears/vaginal exams.

-- Delegation to unlicensed assistive personnel and expansion of medication usage into the nursing home setting. Once again, a new position has been created to address a problem that is internal to management in the nursing home setting -- further diluting and breaking up the overall nursing management of the patient's care.

-- (Requiring the NCLEX for the license rather than the degree) The NCLEX should be taken by students who are about to graduate. The final exam in nursing school should be the NCLEX, so that a nursing degree signifies a passing NCLEX score. The two entities (degree and NCLEX score) should not be separated.

-- The regulation that a large percentage of CME's for Pharmacology be completed "in person". This is antiquated. Locally and other places, "in person" CME may be provided by pharmaceutical manufacturers if they get it approved. One could theoretically get all of their Pharmacology CME this way, while eating well at dinners paid for by Drug companies. Very much influenced by money. According to BON policy, "in person" CME such as this is somehow superior to CME provided in Medical Journals or on line? Often, in person CME is MUCH lower quality than CMEs provided using other technology.

-- Requirement that LPN programs must articulate into RN programs.

-- Medicare/ medicaid laws make it difficult to do my job at times.

Other comments: -- "Does the Public Need a Board of Nursing?" My reply is No, not as it currently exists, attached to government and requiring mandated licensure. My reply is also Yes, we need a Board that is voluntary, that has stringent, modern requirements, and that awards a certificate to practitioners who meet these requirements. I am a registered nurse and worked as a nurse anesthetist for the Public Health Service, and am now retired. I have a current license in Montana. Our government limits the number of people who can be doctors, lawyers, nurses, etc. by requiring licensure (college, testing, fees, dues, etc.). This creates an artificial scarcity (i.e., not market-determined) and higher wages for those professionals. Scarcity is a good thing if you are a nurse, doctor, or other professional with a license. It is not a good thing for patients or the general public because it limits their choices. It also limits the employment opportunities for persons with certain skills but no license. One example would be a "home health aide" who charges a fee for home visits and performs certain nursing-type functions, despite having no license. Why would a patient/consumer choose a non-licensed professional? An individual might opt for a non-licensed doctor if it means paying less; or he might choose a hospital that hires non-licensed nurses because it is more affordable, even though those nurses may not have met the official "standards." This would actually result in more access to health care for more people, and presumably a healthier populace. With voluntary licensure, high-quality professionals who meet modern standards would still be available for the public's safety and will always be in high demand. Why couldn't professional organizations issue their own certificates instead of licenses? Multiple organizations could compete free market-style. In this way, professions could still maintain their high standards (by issuing certificates or 'seals of approval' for compliant members) and the public would have more options. Of course, the government now bases their licensure requirements upon professional organizations' recommendations. Professional organizations claim that licensure is for "public safety." I disagree. Its main purpose is to protect our jobs. I believe in the goals and the mission statement of the Board of Nursing, but I disagree that this mission can only be achieved through mandated licensure. Funding for a voluntary method would come from the fees and dues of the members themselves. Yes, it would be expensive, but currently the expense is hidden in our state taxes and therefore invisible. Who should decide what quality of care an individual gets? My belief is that the individual should decide, just as he decides what kind of house to purchase, what level of car safety he is willing to pay for, the quality of his food purchases, etc. Losing government-mandated licenses would not mean that high quality care is no longer available. It would mean that people get to decide for themselves what level of quality they are willing to pay for. Mistakes will be made; quacks, charlatans, and outdated practitioners will still exist, but licensure does not prevent this and never has. Freedom is the best philosophy. Choice is sacred in a free society. When we are allowed to make our own choices, including foolish ones, we are generally better off in all ways.

- Sometimes it would be beneficial to have laws regarding practices in school settings such as mandatory school nursing but this is not a law yet.
- A person with a dual license noted that the other board examined each case, heard from each person, and weighed all facts while other board(s) were more hasty in passing judgment.
- Professions should be regulated and educational programs monitored by the individual profession not by legislators who know little or nothing about the profession and it's practice etc.
- They should be more HELPFUL in educating/interpreting laws and requirements for licensure, rather than Adversarial, which is how they most often seem.
- I believe the legislature is MUCH too influenced by special interests, and does not have enough understanding of the many different scopes of practice and different specialties within nursing to be regulating the nursing profession.
- The self carry asthma/allergy law and glucagon law provided clarification and upheld the rights of parents and students.

<p>Problems with own or other professions' scope of practice - BA Own None - 74 Own Yes - 1 Other 5 (Board of Medical Examiners - 5)</p> <p>- The nursing profession's scope of practice should include many more options with differing levels of nursing skills, in order to meet the health needs of our population. These differing levels can be acknowledged with certification.</p> <p>- One issue with BOME is with medical direction for a rural ambulance service. Currently the BOME only allows physicians or physician assistants (where the director gives them this authority) to provide medical direction. Some communities could benefit if this authority was extended to nurse practitioners.</p>	
<p>Consumer complaint filed?</p>	<p>No = 52</p> <p>Yes - 3 Board was: Effective = 2/Not Effective = 1. For Effective: (1) My concern was about a coworker who was no longer able to provide safe nursing care due to a progressive neurologic disorder. The Board was very compassionate in monitoring her status. (2) Medical Assistant in a physician's office who did not know medication precautions to follow and administered medications to a family member. For ineffective: The board dropped the matter. 1</p> <p>Other: I wanted to file a complaint with another board but was fearful of reciprocity as it was a direct complaint re: the practice of a midlevel provider in that I could not maintain anonymity in this process.</p>
<p>Nonlicensee comments</p>	<p>Saying Board of Nursing Necessary for:</p> <p>Public Health - 42, Public Safety - 32, Public Welfare - 30 All - 19</p>

3 former/current board members

Disciplined = 1, Screening panel = 3 Outcome - Dismissed - 2; Other, 1 yr probation = 1