



TOP REASONS WHY MNA OPPOSES HB 147

There are **too many questions** that have yet to be answered. Until they are answered we encourage these ongoing talks with the National Council of State Boards of Nursing (NCSBN) and the Tri-Council (American Association of colleges of Nursing, American Nurses Association, American Organization of Nurse Executives and National League for Nursing).

The NCSBN along with the Tri-Council has been working on a white paper to address compact, jurisdiction, and cross-border issues since the NCSBN administrator's 1998 final draft.

No state has joined the compact since 2010.
Last year, 7 states had pending legislation; no legislation was enacted or passed.

Taking into account the concerns from the non-compact states, there have been two revisions (August 2014, November 2014) and we need to encourage this dialogue until the uniformity questions can be answered across the states. The Montana Nurses Association is directly affiliated with the American Nurses Association and has the ability to weigh in on these discussions.

**MNA FULLY SUPPORTS THESE
ONGOING TALKS AND REVISIONS
UNTIL A SOLUTION IS FOUND!**



Montana Nurses Association

20 Old Montana State Highway • Clancy, MT 59634 • 406/442-6710 • 406/442-1841 Fax



February 5, 2015

Dear Chairman Buttrey and Committee Members,

Montana Nurse Association (MNA) being the “voice “of nurses in Montana rises in opposition of HB 147. The 2014-2015 MNA Government Relations platform approved by the House of Delegates in October of 2014 reaffirmed their commitment in supporting the regulatory authority and collaboration with the Montana Board of Nursing (BON) on nursing practice issues.(p1-f.) Included in this platform is opposition to NCSBN (National Council of State Boards of Nursing) Nursing Compact Licensure legislation.(p1-g)

Nurse licensure compact (NLC) in its current form from 1998, has not remedied the many issues and concerns from nurses across the state of Montana and those states not yet joining the nursing compact.

There is substantial disparity among the compact states in regards to competence assessment, just as there is with the non-compact states. These inconsistencies between states in relation to licensure/re-registration requirements, such as mandatory continuing education, criminal background checks, disciplinary cause of action and evidentiary standards: all of which impede the states’ ability to regulate practice in a constitutionally mandated manner and can create confusion for nurses. (ANA-1998 HOD-Policy#8.13paragraph4). (ANA-American Nurses Association)

There is a negative financial impact to the Montana Board of Nursing (BON) and the nurses who hold a Montana license.

This is not a fix for hospital staffing issues. It does not create a “pool” of nurses that can be dispatched to whatever hospital is having a staffing crisis. How many hospitals along Montana’s borders would it benefit and how many nurses would the hospitals expect to secure from the compact? As we are an evidence based practice, we would need to see the supporting documentation and how it would impact patient care and public safety.

As nurses with a compact license would not have to meet MT standards and regulations that legislators have set regarding licensure, it relieves you of your legislative and statute authority.

Legal authority is granted by the Legislature to our BON to enforce licensure regulation. MNA encourages this regulation to remain with the MT BON and together we can advocate for our patients and ensure public safety.

Most importantly, the NCSBN along with the Tri-Council for Nursing (an alliance between the American Association of Colleges of Nursing, the American Nurses Association, the American Organization of Nurse Executives, and the National League for Nursing) are continuing to meet to explore possible solutions related to the non-compact states concerns.



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The Tri-Council met with NCSBN's CEO and with input stemming from an ANA (2014) summit agreed to the following next steps. (ANA update April 2014).

1. To create a paper that would provide a blueprint for advancing a plan that is consistent with three agreed upon overarching principles:
 - Primary goal is that of protecting patients and ensuring they receive safe quality care.
 - The regulatory process should be clear and consistent.
 - Regulation needs to evolve as practice evolve.
2. Included in the paper will be the following strategic actions consistent with summit recommendations:
 - Conduct joint work on the creation of standardized scope of practice decision tree.
 - Seek to advance the federal biometric criminal background check for initial licensure in states where it currently is not required.
 - Explore the possibility of collaborating with the Boards of Nursing in the creation of alternative to discipline programs for nurse with substance abuse disorders.

With this being said it would be premature to join the Nursing compact at this time as no state has joined since 2010. Taking into account the concerns from the non-compact states, there have been two revisions (August and November 2014) of the original 1998 final version and we need to encourage this dialogue until the uniformity questions can be answered across the states. MNA has the ability to weigh in on these discussions through our affiliation with the ANA, our national nursing voice.

MNA will continue to oppose nursing licensure compact and encourage and support the ongoing discussions until these questions can be answered with evidence and standardization that assures public safety and safe patient care.

Most Respectfully,

Vicky Byrd RN

Vicky Byrd BA,RN,OCN
Executive Director
Montana Nurses Association



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2014-2015 MNA Government Relations Platform

Montana Nurses Association (MNA) is the nonprofit professional association representing nearly 17,800 registered nurses (RNs) in Montana including more than 1030 licensed as Advanced Practice Registered Nurses (APRNs). MNA is the recognized organization, which lobbies for nursing practice issues to protect the practice of professional nurses and also protect the public in areas of health care.

MNA Mission Statement: The Montana Nurses' Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

1. Improve the quality of nursing practice by:
 - a. providing educational opportunities that contribute to improving practice competency and quality of patient care.
 - b. identifying and pursuing funding sources to assist in providing continuing nursing education
 - c. identifying and pursuing funding sources that support research/projects to develop evidence based and innovative nursing practice;
 - d. Promoting national certification of registered nurses;
 - e. Active representation on local, state and national advisory committees/boards; and
 - f. supporting the regulatory authority and collaborating with the Montana Board of Nursing (BON) on nursing practice issues.
 - g. Opposition to NCSBN Nursing Compact Licensure legislation.

2. Protect the economic and general welfare of nurses by:
 - a. actively engaging in legislation which positively contributes to economic and general welfare of RNs;
 - b. ensuring the right of RNs to engage in collective bargaining in Montana;
 - c. opposing any "Right to Work" legislation;
 - d. addressing workplace environment issues including violence against healthcare workers, appropriate staffing, patient safety; and
 - e. advocating legislation prohibiting mandatory overtime.

3. Improve access to quality, cost effective health care by developing and/or supporting public policies which:
 - a. respond to the needs of the unserved and underserved populations by promoting access to health care and healthcare coverage;
 - b. identify or develop alternative health care delivery systems that are cost-effective and provide quality health care;
 - c. mandate third party reimbursements directly to RNs from public and private payers; and
 - d. remove barriers (financial, governmental, regulatory, and/or institutional) that deny access to appropriate/qualified health care providers.



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4. Protect human rights by developing and/or supporting public policies which:
 - a. promote access to appropriate health services;
 - b. preserve individual rights to privacy; and
 - c. promote debate and consideration of ethical dilemmas in health care.

5. Protect the environmental health of individuals and communities through:
 - a. Acknowledging, supporting and addressing environmental impacts on the health of Montanans.
 - b. Actively engaging with national organizational affiliates in addressing environmental health issues in our nation.

6. Protecting and promoting the future healthcare and nursing practice through:
 - a. actively engaging in legislation that supports professional scope of nursing practice to the full extent of individual education and training
 - b. actively promoting programs and efforts that encourage educational progression of professional nursing at state and national levels.
 - c. Representation on boards, committees and advisory groups which influence the future of the nursing profession and the future of our state and national healthcare system



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January 14, 2015

Montana State Legislature

Testimony Opposing Interstate Nursing Compacts

Permitting nurse practitioners from states that do not share Montana's level of nurse practitioner practice would risk patient safety and jeopardize the high quality of care that Montana has come to expect from its independent nurse practitioners.

Honorable committee members,

An argument could be made for interstate compacts and how they could possibly benefit nurse practitioners and nurse educators. Interstate compacts would reduce time and expenses in obtaining licensure to practice, or provide clinical consultation and supervision in other states.

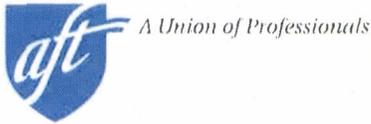
As a nurse practitioner and educator, I could get behind the idea, but only when all states in the union have granted nurses and nurse practitioners a full scope of independent and autonomous practice. Fortunately, the Montana legislature had the foresight to do this a long time back, unfortunately other states are lagging.

To date there is disparity among states in nursing and advance practice nursing. Before engaging interstate compacts there is more work to be done. I would ask our colleagues who serve on state boards of nursing to work with their respective state legislature to make independent and autonomous practice the standard for nurses and nurse practitioners nationwide; then we can discuss creating interstate agreements for nurses, nurse practitioners and nursing educators.

Thank you very much for your kind attention.

John Honsky, APRN

John Honsky, APRN
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February 5, 2015

The Honorable Ed Buttrey
Chairman
Committee on Business, Labor and Economic Affairs
Montana State Senate
P.O. Box 200500
Helena, MT 59620-0500

Dear Chairman Buttrey and Committee Members:

AFT Nurses and Health Professionals, a division of the American Federation of Teachers, represents more than 112,000 health professionals nationwide—84,000 of whom are registered nurses working primarily in private sector acute-care facilities, but also in home health, academia, and public sector state agencies and facilities. The issue of license jurisdiction for interstate practice is of substantial importance to our members. I am writing to notify you that our division's leaders recently discussed the issue of Nurse Licensure Compact legislation.

Specifically, you should know that this legislation, in its current form, has been unanimously condemned by members of our national program and policy council—some of whom hail from compact states. AFT Nurses and Health Professionals is working to support affiliates, like the Montana Nurses Association, in their endeavors to work with state specialty organizations and in partnership with their respective state boards of nursing to develop appropriate policy that supports the ever changing use of technology, as well as the evolving ways in which nurses deliver care.

Respectfully,

Kelly D. Trautner
Director, AFT Nurses and Health Professionals

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American Federation
of Teachers, AFL-CIO

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