

MINUTES OF THE MEETING
HUMAN SERVICES AND AGING COMMITTEE
MONTANA STATE
HOUSE OF REPRESENTATIVES

February 11, 1985

The meeting of the Human Services and Aging Committee was called to order by Chairperson Nancy Keenan on February 11, 1985 at 3:00 p.m. in Room 312-2 of the State Capitol.

ROLL CALL: All members were present.

HOUSE BILL NO. 646: Hearing commenced on House Bill No. 646. Representative Rapp-Svrcek, District #51, sponsor of the bill, stated an act defining "organic food" and requiring accurate labeling of organic food; providing for remedies was needed.

Proponents included Al Kurki, representing the Alternative Energy Resources Organization, who stated their support of this bill is based on consumer confidence in organic products to be justifiably low and that there is a growing concern about food safety. Kurki's testimony is attached as Exhibit 1. Richard Thieltes, a farmer from Chester indicated that the demand for organic products in Montana was low but the potential to develop organic products in Montana was good. Roland Pratt, representing the Montana Restaurant Association stated that truth in labeling was the best policy. Bob Quinn, a rancher dealing in organic grain distribution ships products to California and is encouraged to develop this shipping to other states. Mr. Quinn supplied Exhibit 2. Jim Barngrover, representing the Lifeline Produce Partnership in the Bitterroot Valley said that ultimately an organic producer is dependent upon the health of their soil. Since an organic producer cannot use chemical fertilizers or chemical pesticides it requires stewardship to keep an operation productive and profitable. Exhibit 3 explains further Mr. Barngrover's desires. Louann Crowley commented on the good quality of food produced from organic products.

There were no further proponents and opponents present. Representative Rapp-Svrcek was then excused by the Chairman.

Representative Gould asked Mr. Barngrover to supply a copy of an article which was recently published by his company to be sent to the Committee. Representative Wallin questioned organic tomatoe products. Representative asked for further explanation on eggs and cows. Representative Bradley questioned packaged foods and their labeling. Representative Phillips questioned the injunctive relief.

HOUSE BILL NO. 318: Hearing commenced on House Bill No. 318. Representative Hammond, District #52, sponsor of the bill stated that an act revising the insurance law relating to freedom of choice of health practitioners by adding acupuncturists to the list of practitioners was needed.

Opponents included Bruce Loble supplied the written testimony of Robert J. Steil and is attached as Exhibit 4. John Alke, representing the Montana Physicians Service indicated that a crisis on the cost of health care would result. Bill Jensen, an attorney representing Blue Cross of Montana indicated that if a physician instructed the use of an acupuncturist in his diagnosis the cost would be covered by Blue Cross.

There being no further proponents or opponents, Representative Hammond was excused by the Chairperson.

Representative Gould questioned the cost effectiveness.

There being no further discussion on House Bill No. 318, the hearing was closed.

HOUSE BILL NO. 435: Hearing commenced on House Bill No. 435. Representative Brown, District #46, sponsor of the bill said that the naturopathic health care practice act which provides for the regulation of naturopathic health care; establishing a board of naturopathic doctors for the licensure and regulation of naturopathic doctors providing for the administration of the act and including provisions for setting fees by the board and establishing penalties for violations was needed.

Proponent Dr. Michael Bergkamp said that naturopathic medicine is a holistic approach to health. Exhibit 5 indicates his support. David Briggs said that Montana needed an alternative or freedom of choice for health care. Dr. Russell Marz of Great Falls indicated his support. Corinna Beatty, a massage therapist indicated her support of this bill. Michael Graff, Lewis and Clark County Attorney and former patient of a naturopathic doctor told of his experience and the benefits received from such treatment. Linda and Paul Wrenns, residents of Great Falls told of their experiences with this service. Reverend Tom Devon was greatly aided by naturopathic treatment. Johannah Reilly of Hamilton indicated her support.

Opponents included Bruce Loble supplied testimony from Robert Steil and is attached as Exhibit 6. Bill Jensen,

representing Blue Cross, indicates, as displayed in Exhibit 7, there is only so much money available for health care. It is not uncommon now to pay up to \$180.00 per month for family group coverage. The public can little stand further increases. Every benefit you mandate takes an additional cut out of the health care pie. Jerome Loendorf, representing the Montana Medical Association indicated his opposing. John Alke, associated with the Montana Physicians Service indicated his opposing. Roland Pratt, representing the Montana Optometric Association indicated his opposing. Clay Edwards, president of the Montana Chapter of the American Physical Therapy Association indicates that naturopathic physicians do not have an adequate knowledge base in physical therapy to be competent in treating the public. Exhibit 8 indicates his testimony. Dr. Gary Blom, a Helena chiropractor indicated his opposition. Jack McMann, M.D. also opposes this legislation. Frank J. Davis, representing the Montana State Pharmaceutical Association stated that as pharmacists they would like to see the issues of dispensing and prescribing medication clearly stated in this bill. Exhibit 9 indicates Davis's testimony. William Leary, associated with the Montana Hospital Association states his opposition. Dr. Michael Bergkamp supplied written testimonial from George Cloutier, M.D., A. Thomas Rasmussen, Timothy A. Binder, Brent Mathieu and Stephen Forte. This testimonial is attached as Exhibits 10.

There were no further proponents and opponents present. Representative Brown was then excused by the Chairperson. Ms. Brown supplied a break-down of this bill and is attached as Exhibit 11.

HOUSE BILL NO. 409: Hearing commenced on House Bill No. 409. Representative Hansen, District #57, sponsor of the bill indicated that an act removing the authority of the Board of Nursing to set qualification requirements by rule for applicants for nursing licenses was needed.

Proponents Linda Smith and Tana Casper indicated their support of this bill as did Grant Whinn. Joyce Asay, a hospital administrator of Rosebud Community Hospital and Nursing Home in Forsyth indicated that an adverse effect on the nursing in small rural hospitals and nursing homes could occur. Exhibit 12 indicates Ms. Asay's support. Dorothy Gregory of the Rosebud Community Hospital, supplying Exhibit 13, stated that the cost of nursing education will be increased. Arthur A. Gregory, supplying Exhibit 14, indicates his support. Marilyn Kanta, Exhibit 15, indicates that with her experience in small rural

hospitals feels the four year level of entry adversely effects the areas in which she is most experienced. Jean Clary indicates her support of this bill. Exhibit 16 indicates the support of Carolyn Squires, representing the Montana LPN Association. Richard Brown and Hebe Chestnut indicate their support. William Leary, representing the Montana Hospital Association wants amendments with this bill. Gail Michelloti indicated her support.

Opponents included Donna Small, representing the Board of Nursing, states that this bill would seriously limit the Board of Nursing's authority to regulate the licensing of nurses. Exhibit 17 indicates her opposition. Barbara Simonsen, presenting Exhibit 18, indicated that the Board had long maintained a reputation for thinking through, planning and allowing all citizens to have input into rules and regulations relating to nursing practice. Trudy Malone, representing the Montana Nurses' Association, as indicated in Exhibit 19, stated that the Association is studying a proposal that for 1992, all persons entering the nursing profession as a registered nurse will have graduated from an approved nursing school and granted a bachelor's degree in nursing and all persons entering the profession as licensed practical nurses will have graduated from an approved school of practical nursing with an associate degree in nursing. Sharon Dieziger, representing the Montana Nurses' Association, as indicated in Exhibit 20, stated that the Association has always prided itself in their effort to speak to nursing issues, health care issues and to respond always as a consumer advocate with one united voice. Gretchen Nitzgerald made opposition to this bill. Shirley A. Thennis, in her testimony in Exhibit 21, stated that the Board of Nursing functions for consumer protection. Michelle Wing, supplying Exhibits 22, supplied signed petitions voicing opposition to this bill. Doris Henson states in Exhibit 23 that there is no basis for our self-regulation ability to be diminished by House Bill No. 409. Lee Christie stated that it is crucial to the public health and safety of Montana citizens that the nursing profession be permitted to maintain its professional autonomy and assert the specialized knowledge of nursing practice, education and service through the Board authority to establish and define professional standards for the qualification requirements for the practice of nursing. Exhibit 24 indicates Ms. Christie's opposition. Cathleen Manion indicated her opposition as did Representative Toni Bergene. Tana Casper, Linda Smith, Gretchen Nitzgerald, Donald E. Pizzini, Alice Langel supplied written testimony to this bill and is attached as Exhibits 25. Representative Cohen supplied Maura Fields testimony and is attached as Exhibit 26.

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February 11, 1985
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There being no further proponents or opponents, Representative Hansen closed the hearing.

There being no further discussion on House Bill No. 409, the hearing was closed.

Questions arose from Representative Phillips in the definition of AMA. Representative Simon questioned the outcome of a study. Representative Cohen discussed the 1992 four year degrees.

EXECUTIVE SESSION

ACTION ON HOUSE BILL NO. 605: A motion was made by Representative Connolly and seconded by Representative Darko to DO PASS the Statement of Intent associated with House Bill No. 605. A unanimous vote of DO PASS was taken.

ADJOURN: There being no further business before the Committee, the meeting was adjourned at 7:20 p.m.



NANCY KEENAN, Chair

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

49th LEGISLATIVE SESSION -- 1985

Date February 11, 1985

NAME	PRESENT	ABSENT	EXCUSED
NANCY KEENAN	X		
BUDD GOULD	X		
TONI BERGENE	X		
DOROTHY BRADLEY	X		
JAN BROWN	X		
BUD CAMPBELL	X		
BEN COHEN	X		
MARY ELLEN CONNELLY	X		
PAULA DARKO	X		
BOB GILBERT	X		
STELLA JEAN HANSEN	X		
MARIAN HANSON	X		
MARJORIE HART	X		
HARRIET HAYNE	X		
JOHN PHILLIPS	X		
BRUCE SIMON	X		
STEVE WALDRON	X		
NORM WALLIN	X		



Alternative Energy Resources Organization

324 Fuller — Room C-4, Helena, Montana 59601

406-443-7272

2/11/85

My Name is Al Kurki, staff with the Alternative Energy Resources Organizations' Sustainable Agriculture Project. I'm here today speak in favor of HB. 646 and to outline some of the reasons for its development.

AERO is a private, non-profit organization with 500 paid members most of those here in Montana. In its 10 year history AERO has provided public education and advocacy in the development and use of renewable resources. Our organization has had a hand in developing this legislation and supports it for two reasons - #1 it serves as a consumer protection measure and a means of ~~assisting~~ assisting those farmers and ranchers who want to pursue growing and marketing such products. The label 'organic' is a means ~~of~~ enhancing the value of the agricultural end-product.

Our rationale for supporting this bill is based in part in two problems - Consumer confidence in ~~the~~ organic products is justifiably low - the label

organic may be at best questionable if not bogus.
What does "organic" mean? is often an unanswerable question or one with too many answers.

2) There is a growing concern about food safety -
Cite Youngberg article
Closer to home, last fall's AERO sponsored conference on Sustainable provided some ~~useful~~ illumination on people's views of their own food consumption and food prod.
About $\frac{1}{3}$ of the 250 conference participants completed a survey which ~~traced~~ asked a number of questions on sustainable agriculture.
In answering the question "what would you cite as your main ^{reason} for wanting to see reduced chemical use in ~~agriculture~~ agriculture?" farmer/producers & non farmer alike cited food safety as second only to decline of soil fertility as a reason. While farmers

scored other factors high = food safety scored 3
1st among organic farmers, 2nd among transitional
operators and third highest among conventional

I'd also like to call your attention
to an article in Montana's Great Plains
Star which also raises this question of "organic"
definition.

This bill is the product of a
survey mailed out to over 800 consumers in the
Great Divide Exchange network and about 100 farmers.
It has been developed and modified based on 3 other state models
of the input of produce, ~~fruit~~^{grain}, beef, milk, and poultry/eggs

producers. It is ~~not~~ clearly ~~designed~~ and
simply designed to serve the interests of
consumers and farmers.

I'd like to close with comment

EXHIBIT 2
February 11, 1985

Robert M. Quinn
Ferry Rt. P.O. Box 808
Big Sandy, Montana 59520
(406) 378-3105



MONTANA GROWN HIGH PROTEIN WHEAT

February 11, 1985

Dear Sir:

My name is Bob Quinn. I farm and ranch near Big Sandy and also am the owner of Montana Wheat & Flour Inc. I am thankful to have this opportunity to appear before you today to speak in support of HB 646 which defines what is an organically grown food product.

I am a licensed and bonded commodity dealer and during the past year and a half I have been buying locally grown selected varieties of high protein spring wheat. After cleaning and bagging this grain, I have been shipping it to whole grain and natural food bakeries in California.

During the past six months I have had several requests for organically grown wheat. As a result I have begun to ship limited quantities of organic wheat to California. There appears to be quite an interest in Montana's organically grown products by the larger markets in this country.

From my perspective as a commodity dealer it would be a great advantage to have a law such as HB 646 on the books. From the buyer's view a uniform definition of what constitutes "organically grown" would provide little room for assumptions or confusion about what fits the definition and what does not. I think this would improve grower and seller relationships because there would be little room for argument. This would also help in marketing out of state because potential customers would know that we are using a standard definition of "organically grown" in Montana. Since this definition is very similar to definitions used in other states, potential buyers would know exactly what they are getting. This bill would also remove any disadvantage the growers Montana may have when compared to growers in states where the definitions are clearly drawn and understood. I feel potential buyers would be more likely to buy from areas where there is a uniform standard compared to areas where none now exists.

In summary, in order to establish a uniform definition as to what constitutes organically grown, to eliminate misunderstanding and misleading statements, and to promote production of high quality products in Montana which will be in demand in the market place, I urge you to pass HB 646.

Thank you very much for your time.

Sincerely,

A handwritten signature in cursive script that reads "Robert M. Quinn".

Robert M. Quinn

My name is Jim Barngrover. I'm here representing Lifeline Produce, a Farming Partnership in the Bitterroot Valley. Lifeline Produce is an organic produce farm and dairy. For each of the last two years we have generated over \$140,000 in sales from our 80 acres of organically grown produce. We just began our dairy operation last fall. On behalf of Lifeline Produce I urge your support for passage of HB646.

There is great potential for the growing and marketing of organic products in Montana. In the last year I've become acquainted with over a dozen individual Montanans who are raising organic beef, fruit, produce, grains and legumes. Many more Montana farmers are intending to convert their non-organic farms to organic ones. Since many consumers are willing to pay more for an organically grown product, organic commodities often bring a higher market value. In a time when so many agriculturist are being forced out of business due, in part, to low commodity prices, a higher value product may make a critical difference to some who grow organically.

Marketing our organically grown produce for a premium price has made a significant difference in Lifeline's economic well being. The additional income we receive from organically grown produce has covered our operating cost and allowed us to lower our debt. We are grateful that we have avoided the financial misfortune that is devistating so many of our agricultural friends. We attribute this, in part, to our marketing oportunities. At our produce stand in Hamilton we sell a wide variety of our organically grown vegetables. Our produce is regular fare at many Bitterroot and Missoula Valley super markets and natural food stores, some of these stores clearly lable our produce as "locally grown organic produce." Larger amounts of our produce, ranging from one to six hundred cases per week, are sold to major distributors, eventually ending up on produce shelves at stores throughout Montana. Our largest organic markets are on the west Coast. Recently we sent an entire semi-truckload of our organically grown potatoes to California.

We need a standard in this state to define what is an organic product. I hope the following will serve to illustrate my point. I'm aware of several incidents in Montana involving the sale of chickens, carrots, and other products, claiming to have been raised "organically," that in fact did not comply with the proposed definition as outlined by HB646. The chickens in question were feed a commercial ration that contained antibiotics and non-organic legumes and grain. The carrots had been grown with chemical fertilizers, though no herbicides or pesticides were used. Growers such as these serve to undermine consumer confidence in organic products. This bill is a well thought out attempt to provide a workable organic definition. HB646 will promote consumer confidence in organically grown commodities and end any confusion that may now exist.

HB646 sets reasonable standards for organic producers. It also provides for injunctive relief. If a product is sold as being "organic" or "organically grown" and someone feels it is misrepresented, the opportunity is provided by this bill to challenge the producer of said product in court. If the plaintiff prevails in court, an injunction on the defendants product(s) may be issued. Additionally, if the plaintiff prevails, they shall be awarded attorney fees. This is a prudent means of keeping our house in order without costing the state a great deal of money and with no additional state bureaucracy.

One last thought I'd like to leave with you.....Ultimately an organic producer is dependent upon the health of their soil. Since an organic producer cannot use chemical fertilizers or chemical pesticides, it requires stewardship to keep their operation productive and profitable. In other words, a long term organic farmer is one who gives back to the land at least as much as they take from it. Isn't this the kind of Sustainable Agriculture and indeed Sustainable Economy we want for Montana.

NAME Bruce Lobe BILL NO. HB 318
ADDRESS Po Box 176 Holsen MA 01924 DATE 2/11/85
WHOM DO YOU REPRESENT ACT
SUPPORT _____ OPPOSE X AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

NAME ROBERT J. STEIL BILL NO. HB 318
ADDRESS 332 S. MICHIGAN AVE, CHICAGO, ILL. 60604 DATE 2/11/85
WHOM DO YOU REPRESENT THE HEALTH INSURANCE ASSOCIATION OF AMERICA
SUPPORT _____ OPPOSE AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: PLEASE SEE ATTACHED STATEMENT

STATEMENT ON HB 318

My name is Robert Steil. I am appearing here today on behalf of the Health Insurance Association of America, a national trade association that represents 350 private health insurance companies, which are responsible for about 85% of the health insurance written by insurance companies in the United States.

I am here to express our opposition to House Bill 318, which would require health insurance policies to provide that an insured is to have freedom of choice in the selection of a duly licensed acupuncturist for treatment of any illness or injury within the scope and limitations of his practice.

This bill is representative of what is referred to as mandated benefit legislation.

Here, the mandate is that the expenses resulting from services of a certain class of providers are to be covered expenses for the purposes of health insurance policies. Other types of mandated benefit laws include required reimbursement for the treatment of specified illnesses and conditions and the required extension of coverage to certain groups.

The number of mandated benefit laws which have been enacted by the legislatures of the various states has increased markedly over the last ten years. We have traditionally opposed these laws because, as studies have shown, they have the very serious potential for raising total expenditures for health care, increasing the cost of insurance, generating unnecessary utilization of services and heightening the maldistribution of manpower. They also tend to increase the cost of employee

benefits, provide unnecessary services and dilute the quality of care.

At this point, I would like to focus on health care expenditures and insurance costs. As everyone knows, much concern presently exists over the alarming increase in health care costs. As mentioned earlier, it is our position that mandated benefit laws have played a significant role in this increase. Studies have generally shown that any sort of extension of coverage, including the mandating of such extension, results in an increase in the price and level of utilization of covered services, and, therefore, an increase in total expenditures for health care. This, then, results in an increase in the cost of health insurance in that benefit payments must increase to keep up with the increase in costs, and premiums must be increased in order to assist in offsetting the increase in benefit payments. In addition, not only are there these readily apparent cost effects but there are also what could be described as "hidden costs" which would result. These would be a company's increased administrative costs, which would include the preparing and filing of multiple policy forms conforming to the diverse requirements of the various states.

All of this is especially significant when one takes note of the fact that mandated benefits have been found to represent between 10% and 20% of the cost of policy premiums.

Further, we would point out that the majority of health insurance, which is written is group in nature, with most of that appearing in the form of benefits offered to employees by

employers. As premiums increase so, therefore, do the costs of doing business for employers. In fact, studies done by employee benefit consultants have shown that mandated benefits increase health insurance costs by from 13% to 18% for businesses which are not self-insured. As a result, in order to escape the negative impact of mandated benefit laws, many employers, especially larger ones, are turning to self-insured plans, thereby avoiding the application of insurance laws, including those mandating benefits, by virtue of the ERISA pre-emption for self-insured employee benefit plans. In a recent survey, the results of which appeared in the Jan. 28 edition of Business Insurance magazine, it was found that, for the first time, employers self-funding their plans outnumber those whose plans are fully insured. Of the companies surveyed, the number choosing the self-funding alternative increased from 19% in 1980 to 57% in 1984. Self-funding, of course, has the negative effect of leaving those included in such plans unprotected by insurance regulation against such things as the plan's insolvency and also results in a loss of revenue to the states since self-insured plans are not subject to premium tax liability.

Many smaller employers, who are often unable to self-insure, and many people possessing individual insurance are choosing to either severely cut back on their insurance, or do without it altogether.

In addition to the negative cost implications of mandated benefit laws, we oppose them because we feel that they impose a governmental judgment in a place where individual judgment should

be followed. It is our belief that those bearing the burden of insurance costs, and the insurance buying public, should have the opportunity to select and negotiate for the level and type of benefits they desire. Somewhat ironically, laws such as the one which would require recognition of the services of acupuncturists are referred to as freedom of choice laws. The irony which exists comes from the fact that the freedom to choose desired coverage has been taken from those purchasing the coverage and has been placed in the hands of legislators, often at the specific behest of providers attempting to further their own self-interest and financial well-being, requiring the insurance-buying public to pay for coverage it neither wants nor needs.

All of the foregoing concerns combine to cause us to oppose the legislation being considered here. In addition, we would urge you to consider whether there is a need for the legislation here. That is, does there exist, in Montana, an unmet need for the services of acupuncturists which would be met by enacting this legislation? We would submit that there is not. We have found that the practitioners are, in effect, creating their own demand. We would suggest that, in order to conclude that there is such a need, you would have to find that there are a significant number of citizens of the state of Montana who are foregoing any treatment for whatever condition is affecting them only because their insurance coverage will not reimburse them for the service of acupuncturists, even though they could choose to

undergo treatment offered by other providers which would result in covered expense.

We have found that the services rendered by practitioners such as these are so radically different, by virtue of the difference in training and philosophy, that they are very often received by a patient, in addition to, rather than in lieu of corresponding treatment by other recognized practitioners. This being the case, no unmet need exists since treatment is already being rendered by other practitioners. Thus, at best, even if the services of these practitioners were utilized, they would probably be used in addition to, instead of in lieu of, corresponding treatment by other practitioners. This, of course, would result in additional costs being incurred as a result of extension of coverage to these services.

In addition, you should consider how services rendered by these practitioners would contribute to the quality of patient care and the overall health of Montana's citizenry. Would your citizens gain benefits by enactment of this legislation sufficient to offset all of the significant negative implications previously described? In this regard, you must consider the quality of care for which recognition would be mandated. Indeed, we would suggest that you should consider the scientific training involved in these areas of practice, along with the degree of education required. Are these practitioners able, or willing to make a differential diagnosis and refer patients urgently requiring lifesaving treatment to appropriate practitioners or hospitals with the skills and facilities necessary to provide

that treatment? This is especially significant in view of the fact that these practitioners publicly indicate their willingness and capacity to heal virtually all human illnesses.

Therefore, in light of the foregoing, we would reiterate our opposition to the passage of House Bill 318. Thank you for providing me with the opportunity to testify here today.

House Bill 435 provides for the regulation of Naturopathic Health Care. Before I go through the bill, I'd like to explain the amendments that were distributed. They were prepared by the Dept. of Occupational and Professional Licensing and provide that the Dept. carries out duties that were erroneously assigned to the Board's secretary-treasurer throughout the bill. I apologize for the necessity of these amendments.

You have each been sent a letter by Dr. Michael Bergkamp explaining the need for this bill. The Mt. Assn. of Naturopathic Doctors seeks passage of House Bill 435 to achieve needed legal recognition and regulation of the profession of naturopathy. For those of you who weren't on this committee last session when a similar bill was brought before us, I'd like to let you know that naturopathic medicine is a holistic approach to health. It seeks to promote health through education and the rational use of natural agents. Naturopathic medicine originated in the United States around 1900 but actually has been alive as long as people have used food, plants, water, thought, air, light -- the forces of nature -- to heal themselves. Dr. Bergkamp is here to explain it further and answer your questions later.

House Bill 435 states that naturopathy in Montana is recognized as a distinct health care profession, providing for the public's freedom of choice in health care. It must be regulated, because its practice affects the public health, safety and welfare.

The bill creates a board to examine and license Naturopathic Doctors and to establish educational requirements and professional standards. It allows Naturopathic Doctors to diagnose and treat disease by the methods taught them in approved colleges. They are restricted from prescribing federally-controlled substances, performing most surgery, and from using radiation as a method of treatment.

Today everyone is concerned with health, prevention of disease, and out-of-sight health care costs. I believe that naturopathic medicine has a growing importance in the health care continuum, and that its practice should be regulated to protect health care consumers in Montana. I hope that the committee may give favorable consideration to House Bill 435, and I have other proponents.

NAME Bruce Goble BILL NO. HB 435
ADDRESS P.O. Box 176 Helena MT 59624 DATE 2/11/85
WHOM DO YOU REPRESENT ACLI
SUPPORT _____ OPPOSE _____ AMEND X

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

Delete Section 9.

NAME ROBERT J. STEIL BILL NO. HB 435

ADDRESS 332 S. MICHIGAN AVE., CHICAGO, ILL 60604 DATE 2/11/85

WHOM DO YOU REPRESENT THE HEALTH INSURANCE ASSOCIATION OF AMERICA

SUPPORT _____ OPPOSE _____ AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: AMEND SECTION EIGHT IN ORDER
TO DELETE THE REQUIREMENT THAT HEALTH
INSURERS MAY NOT DISCRIMINATE AGAINST SERVICES
PROVIDED BY NATUROPATHIC DOCTORS

STATEMENT ON HB 435

My name is Robert Steil. I am appearing here today on behalf of the Health Insurance Association of America, a national trade association that represents 350 private health insurance companies, which are responsible for about 85% of the health insurance written by insurance companies in the United States.

I am here to express our opposition to House Bill 435, which, among other things, would prohibit health insurance companies and health service corporations from discriminating against services provided by a naturopathic doctor and from refusing valid claims submitted by persons for services rendered by a naturopathic doctor. In the event you conclude that the other provisions of the bill are such as to warrant its passage, we would urge you to amend the bill, by deleting Section 8 in its entirety.

This bill is representative of what is referred to as mandated benefit legislation.

Here, the mandate is that the expenses resulting from services of a certain class of providers are to be covered expenses for the purposes of health insurance policies. Other types of mandated benefit laws include required reimbursement for the treatment of specified illnesses and conditions and the required extension of coverage to certain groups.

The number of mandated benefit laws which have been enacted by the legislatures of the various states has increased markedly over the last ten years. We have traditionally opposed these laws because, as studies have shown, they have the very serious

potential for raising total expenditures for health care, increasing the cost of insurance, generating unnecessary utilization of services and heightening the maldistribution of manpower. They also tend to increase the cost of employee benefits, provide unnecessary services and dilute the quality of care.

At this point, I would like to focus on health care expenditures and insurance costs. As everyone knows, much concern presently exists over the alarming increase in health care costs. As mentioned earlier, it is our position that mandated benefit laws have played a significant role in this increase. Studies have generally shown that any sort of extension of coverage, including the mandating of such extension, results in an increase in the price and level of utilization of covered services, and, therefore, an increase in total expenditures for health care. This, then, results in an increase in the cost of health insurance in that benefit payments must increase to keep up with the increase in costs, and premiums must be increased in order to assist in offsetting the increase in benefit payments. In addition, not only are there these readily apparent cost effects but there are also what could be described as "hidden costs" which would result. These would be a company's increased administrative costs, which would include the preparing and filing of multiple policy forms conforming to the diverse requirements of the various states.

All of this is especially significant when one takes note of the fact that mandated benefits have been found to represent between 10% and 20% of the cost of policy premiums.

Further, we would point out that the majority of health insurance, which is written is group in nature, with most of that appearing in the form of benefits offered to employees by employers. As premiums increase so, therefore, do the costs of doing business for employers. In fact, studies done by employee benefit consultants have shown that mandated benefits increase health insurance costs by from 13% to 18% for businesses which are not self-insured. As a result, in order to escape the negative impact of mandated benefit laws, many employers, especially larger ones, are turning to self-insured plans, thereby avoiding the application of insurance laws, including those mandating benefits, by virtue of the ERISA pre-emption for self-insured employee benefit plans. In a recent survey, the results of which appeared in the Jan. 28 edition of Business Insurance magazine, it was found that, for the first time, employers self-funding their plans outnumber those whose plans are fully insured. Of the companies surveyed, the number choosing the self-funding alternative increased from 19% in 1980 to 57% in 1984. Self-funding, of course, has the negative effect of leaving those included in such plans unprotected by insurance regulation against such things as the plan's insolvency and also results in a loss of revenue to the states since self-insured plans are not subject to premium tax liability.

Many smaller employers, who are often unable to self-insure, and many people possessing individual insurance are choosing to either severely cut back on their insurance, or do without it altogether.

In addition to the negative cost implications of mandated benefit laws, we oppose them because we feel that they impose a governmental judgment in a place where individual judgment should be followed. It is our belief that those bearing the burden of insurance costs, and the insurance buying public, should have the opportunity to select and negotiate for the level and type of benefits they desire. Somewhat ironically, laws such as the one which would require recognition of the services of naturopaths are referred to as freedom of choice laws. The irony which exists comes from the fact that the freedom to choose desired coverage has been taken from those purchasing the coverage and has been placed in the hands of legislators, often at the specific behest of providers attempting to further their own self-interest and financial well-being, requiring the insurance-buying public to pay for coverage it neither wants nor needs.

All of the foregoing concerns combine to cause us to oppose the legislation being considered here. In addition, we would urge you to consider whether there is a need for the legislation here. That is, does there exist, in Montana, an unmet need for the services of naturopaths which would be met by enacting this legislation? We would submit that there is not. We have found that the practitioners are, in effect, creating their own demand.

We would suggest that, in order to conclude that there is such a need, you would have to find that there are a significant number of citizens of the state of Montana who are foregoing any treatment for whatever condition is affecting them only because their insurance coverage will not reimburse them for the service of naturopaths, even though they could choose to undergo treatment offered by other providers which would result in covered expense.

We have found that the services rendered by practitioners such as these are so radically different, by virtue of the difference in training and philosophy, that they are very often received by a patient, in addition to, rather than in lieu of corresponding treatment by other recognized practitioners. This being the case, no unmet need exists since treatment is already being rendered by other practitioners. Thus, at best, even if the services of these practitioners were utilized, they would probably be used in addition to, instead of in lieu of, corresponding treatment by other practitioners. This, of course, would result in additional costs being incurred as a result of extension of coverage to these services.

In addition, you should consider how services rendered by these practitioners would contribute to the quality of patient care and the overall health of Montana's citizenry. Would your citizens gain benefits by enactment of this legislation sufficient to offset all of the significant negative implications previously described? In this regard, you must consider the quality of care for which recognition would be mandated. Indeed,

we would suggest that you should consider the scientific training involved in these areas of practice, along with the degree of education required. Are these practitioners able, or willing to make a differential diagnosis and refer patients urgently requiring lifesaving treatment to appropriate practitioners or hospitals with the skills and facilities necessary to provide that treatment? This is especially significant in view of the fact that these practitioners publicly indicate their willingness and capacity to heal virtually all human illnesses.

Therefore, in light of the foregoing, we would reiterate our opposition to the passage of House Bill 435. Thank you for providing me with the opportunity to testify here today.

TESTIMONY OF BLUE CROSS OF MONTANA

IN OPPOSITION TO

HOUSE BILL 435 - THE NATUROPATHIC HEALTH CARE PRACTICES ACT

WE OPPOSE SECTION 8 OF THE ACT WHICH IS TITLED "INSURANCE EQUITY".
THAT SECTION MANDATES PAYMENT BY INSURANCE COMPANIES AND HEALTH
SERVICE CORPORATIONS IRRESPECTIVE OF MEDICAL NECESSITY OR
LIMITATIONS WITHIN THE CONTRACT.

COST EFFECTIVENESS

ONE ARGUMENT FOR MANDATED SERVICES OF NONMEDICAL DOCTORS IS THAT THE
UNIT COST IS LESS AND THUS CHARGES WOULD BE LESS. SEVERAL QUESTIONS
ARISE FROM THAT ARGUMENT:

1. DO THE SERVICES REALLY OVERLAP OR ARE YOU REALLY ONLY
ADDING ANOTHER PROVIDER TO THE POT, RESULTING IN AN
OVERALL INCREASE OF COSTS? WE KNOW THAT IS THE CASE WITH

SOCIAL WORKERS WHO YOU WILL BE HEARING FROM ON SENATE
BILL 110 LATER ON THIS SESSION AND WE BELIEVE IT IS HERE.

2. ARE THE FEES CHEAPER AND WILL GUARANTEED PAYMENT KEEP
THEM LOWER? WHEN MANDATED BENEFITS ARE PROVIDED, A
COMMON PHENOMENON IS CALLED FEE CREEP. BECAUSE INSURERS
ARE REQUIRED TO PAY, FEES TEND TO GO UPWARD TO THE POINT
WHERE THEY FREQUENTLY APPROACH THAT OF AN MD'S.

3. PROVIDER INCREASE - IN 1981, THE LEGISLATURE FIRST
MANDATED COVERAGE FOR MENTAL ILLNESS, ALCOHOLISM AND DRUG
DEPENDENCY. THAT YEAR, THERE WERE 39 TREATMENT
FACILITIES IN MONTANA. IN 1985, THERE WERE 47 FACILITIES
IN MONTANA, NEARLY ONE FOR EVERY ONE OF OUR COUNTIES. I
ATTACH TO YOUR COPY OF MY TESTIMONY THIS MORNING A CHART
APPEARING IN THE FEBRUARY, 1985, ISSUE OF WESTERN
BUSINESS, SHOWING HOW MONTANA COMPARES TO ITS NEIGHBORS.
WHEN YOU INCREASE THE NUMBER OF PROVIDERS, YOU AGAIN

INCREASE UTILIZATION INTO AREAS NEVER HISTORICALLY PAID FOR OR
REQUESTED BY OUR SUBSCRIBERS.

DISTRIBUTION/AVAILABILITY

DOES THE MANDATED REQUIREMENT INCREASE AVAILABILITY OF GOOD HEALTH
CARE TO PERSONS CURRENTLY WITHOUT IT? PERHAPS WE SHOULD WAIT FOR
SOME EXPERIENCE IN LICENSING, BUT OUR STRAW POLL SHOWS NATUROPATHIC
MEDICINE BEING PRACTICED PRIMARILY IN THE MAJOR METROPOLITAN AREAS.

FREEDOM OF CHOICE

WE BELIEVE CONSUMERS SHOULD HAVE A REASONABLE CHOICE OF PROVIDERS
AND TRY TO ACCOMMODATE THAT. WHILE FREEDOM OF CHOICE GIVES THE
BENEFICIARY OF A HEALTH SERVICE CONTRACT INCREASED CHOICE, IT
RESTRICTS THE FLEXIBILITY OF THE PERSON PAYING FOR TWO-THIRDS OF THE
COVERAGE, THE EMPLOYER.

MEDICAL COSTS ARE TOO HIGH, WE ALL AGREE. EMPLOYERS ARE DEMANDING
THAT THEY HAVE A CHOICE IN BENEFIT DESIGN AND IN COST CONTAINMENT

MEASURES. WHENEVER A BENEFIT IS MANDATED, IT TAKES THAT POTENTIAL AWAY FROM THE EMPLOYER AND MAKES IT MORE AND MORE DIFFICULT FOR THE BENEFICIARY, THE EMPLOYER, AND BLUE CROSS OF MONTANA TO SHOP WISELY. BLUE CROSS OF MONTANA ACTIVELY PURSUES COST CONTAINMENT MEASURES SUCH AS PREADMISSION CERTIFICATION, BONUSES FOR EARLY RELEASES, OBTAINING PROVIDER DISCOUNTS, AND INCREASED HEALTH AWARENESS.

SELF-INSURED PLANS

ONE GROWING GROUP OF EMPLOYERS ARE THOSE WHO ELECT TO SELF-INSURE THEIR EMPLOYEES' HEALTH. NONE OF THE MANDATED BENEFITS LEGISLATED APPLY TO THEM AND, AS THE COST OF HEALTH CARE RISES, THE TEMPTATION BECOMES MORE AND MORE TO SELF-INSURE. THE CONSEQUENCES OF THIS DECISION COULD BE DISASTROUS TO AN EMPLOYEE WHO IS SUDDENLY IN NEED OF A LIVER TRANSPLANT FOR \$250 THOUSAND OR A CORONARY BYPASS FOR \$20 TO \$40 THOUSAND, WHERE THE EMPLOYER CANNOT PAY. THE CONSEQUENCES ARE EQUALLY DISASTROUS IF ONE IS WORKING FOR AN EMPLOYER WITH A SELF-INSURED PLAN WHO DOES NOT MAKE CONVERSION AVAILABLE. ON

TERMINATION OF EMPLOYMENT, THAT PERSON CAN NO LONGER WORK AND FINDS
THAT CONVERSION IS NOT AVAILABLE TO HIM.

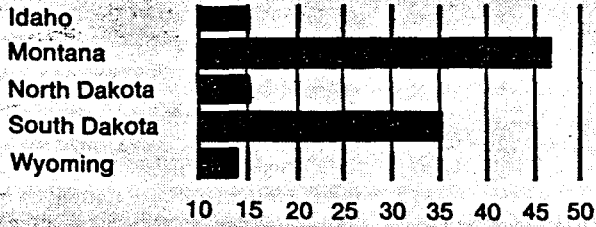
CONCLUSION

THERE IS ONLY SO MUCH MONEY AVAILABLE FOR HEALTH CARE. IT IS NOT
UNCOMMON NOW TO PAY UP TO \$180 PER MONTH FOR FAMILY GROUP COVERAGE.
THE PUBLIC CAN LITTLE STAND FURTHER INCREASES. EVERY BENEFIT YOU
MANDATE TAKES AN ADDITIONAL CUT OUT OF THE HEALTH CARE PIE. DO YOU
REALLY WANT TO DO THAT IN THIS INSTANCE?

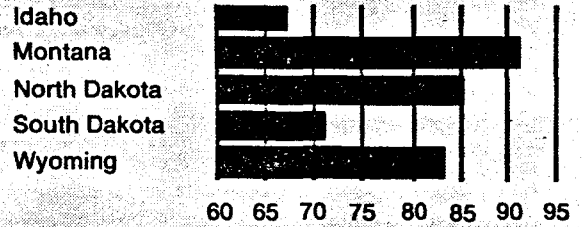
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HOW DRY WE ARE

NUMBER OF FACILITIES



PERCENT UTILIZATION



State	Number of Facilities	Total Capacity	Inpatient	Outpatient	Percent Utilization
Idaho	15	1,433	218	1,215	67.1
Montana	47	1,826	300	1,526	91.1
North Dakota	15	1,702	354	1,348	85.0
South Dakota	35	2,368	468	1,900	71.3
Wyoming	14	927	254	673	83.1

Source: Alcohol, Drug Abuse, and Mental Health Administration

Stephen J. Morello, Press Secretary
18-474-8418
12-977-2716

FOR RELEASE:
IMMEDIATE, WEDNESDAY
JULY 28, 1982

STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

July 27, 1982

I am returning herewith, without my approval, the following bill:

Assembly Bill Number 4538-A, entitled:
(Senate Reprint Number 21,035)

#271

"AN ACT to amend the insurance law, in relation to coverage of diagnosis and treatment of mental, nervous or emotional disorders and ailments by certified and registered social workers under group accident, health and accident and health insurance contracts"

NOT APPROVED

The bill would amend the Insurance Law to require that all contracts of group accident and health insurance which cover services rendered by psychiatrists and psychologists for mental, nervous and emotional disorders must also provide coverage for services performed by psychiatric social workers who are certified pursuant to Article 154 of the Education Law and have six years of appropriate experience.

At present, the Insurance Law requires that those insurance companies which offer coverage for mental health services rendered by psychiatrists and psychologists must also include optional coverage of similar services performed by qualified social workers. In the absence of a compelling need for mandating inclusion of coverage for a specific health care service, the scope of health insurance coverage should be a matter for the individual purchaser.

Mandated health benefits are in fact mandates on employers, not insurance companies. To the extent that the mandated benefits are costly, they directly increase the costs of doing business in the State. While the evidence relating to the cost impact of this bill is inconclusive, experience would suggest that the expansion of insurance coverage to over 3,000 new providers would increase utilization of benefits and ultimately the costs of the insurance.

The imposition of mandated insurance benefits may also be a significant factor in an employer's decision to self-insure employee health benefits. Under the federal Employees Retirement Income Security Act, qualified self-funded plans are not subject to State regulation on the scope of benefits. Studies of business and industry trends toward self-insurance and the implications thereof are currently being conducted by the Council on Health Care Financing and by a joint task force of the State Health Advisory Council, the Insurance Department and the New York Business Group on Health. To make major additions to mandated benefits without the benefit of the results of the study would be inadvisable.

(more)

Disapproval of the bill is recommended by the Insurance Department, the Office of Mental Health, the Department of Social Services, the Department of Health, the State Health Planning Commission, the Office of Development Planning, the State Education Department, the Business Council of New York State, Inc., the New York Conference of Mayors and Municipal Officials, the Health Insurance Association of America, the New York State Conference of Blue Cross and Blue Shield Plans, the Medical Society of the State of New York and the Life Insurance Council of New York, Inc.

The bill is disapproved.

(Signed) HUGH L. CAREY

EXHIBIT 8
February 11, 1985

MONTANA CHAPTER

OF THE

AMERICAN PHYSICAL THERAPY ASSOCIATION

Clay Edwards, President



February 7, 1985

House Human Services and Aging Committee
H.B. 435
Naturopathic Health Care Practice Act

Position: OPPOSED

Madam Chairman and Committee Members:

I am Clay Edwards, Physical Therapist from Dillon and President of the 108 member Montana Chapter of the American Physical Therapy Association. My comments represent the opinion of our entire association.

The wording in this bill would allow naturopathic physicians to practice many aspects of physical therapy. They do not have an adequate knowledge base in physical therapy to be competent in treating the public. ~~Their entire medical education consists of two years of college.~~ Physical therapists undergo 2 years of college just for physical therapy education.

Section 5 of this bill states that physical agents such as heat, cold, water, touch and light are universal healing arts and their use is a fundamental right of the people. That is true for the individual. That is not true when these physical agents are used by a medical practitioner to treat disease or disability. Each of these physical agents can and will cause pain, injury, disability and increased medical problems when used incorrectly by an unqualified medical practitioner.

This bill would allow naturopaths to take x-rays and read them. A properly educated x-ray technologist undergoes two years of specific training just to learn to take x-rays. The radiologist who interprets the meaning of those x-rays receives considerably more education.

The use of venipuncture to obtain blood samples for analysis and the practice of minor surgery would also be allowed by naturopaths under this bill. Neither the knowledge nor practical internship training is adequate in the naturopaths educational requirements to safely allow them to do these things.

To license and recognize naturopathic physicians will do nothing but promote poor health care. It will work to keep individuals from seeking proper care for their medical problems. The stated purpose of this bill is protection of the public. It is our position that the greatest protection of the public would occur with the timely defeat of this bill.

Sincerely,

Clay Edwards

Clay Edwards, President
Montana Chapter of the American
Physical Therapy Association

*This
document
is
to
be
filed
in
the
file
of
the
bill.*

Montana State Pharmaceutical Association

Incorporated
P.O. BOX 4718
HELENA, MONTANA 59601
TELEPHONE 406-449-3843

February 11, 1985

Testimony before the House Committee on Human Services and Aging in
OPPOSITION to HB 435.

By - Frank J. Davis, R. Ph., representing the Montana State Pharmaceutical Association.

All pharmacists, upon graduation take an oath to hold upmost in their practice, the health and well-being of the public they serve. This bill states in its opening statements that it is presented to protect the public from unauthorized and unqualified practice in naturopathy. Pharmacists question that this bill will will assure this.

We are especially concerned with Section 6 (7) on page 6 which states "A naturopathic doctor may prescribe, dispense and use natures agents, forces, processes and products as taught by approved colleges of naturopathy." Natures agents and products are not defined and could certainly include drugs used to treat human illness. In no other statute or rule, of which I am familiar, that governs a professional practice is the practitioner given the right to prescribe or dispense without some stipulation as to circumstance or exception. Nowhere in this bill does the use of drugs appear, except they state in Section 6 (4) (a) "that a naturopathic doctor may not prescribe for or administer to any person any federally controlled substance." These substances are drugs.

In Section 11 (4) page 12 they list the studies required of an applicant for a license to practice naturopathy in this state. Pharmacology is not mentioned and certainly should be if the naturopathic doctor is to prescribe drugs.

As pharmacists we certainly would like to see the issues of dispensing and prescribing clearly stated in this bill.

EXHIBIT 10
February 11, 1985

GEORGE CLOUTIER, M.D.

Psychiatrist

441 South Park Street / D-15
Helena, Montana 59601

Home Phone: (406) 449-6411
Office and Answering Service: (406) 442-0640

February 11, 1985

TO: Whom It May Concern

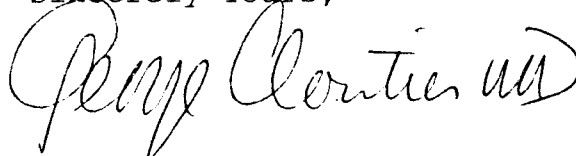
FROM: George Cloutier, M.D.
Psychiatrist in Private Practice
at St. Peter's Community Hospital

I want to express my support for House Bill 435,
The Naturopathic Health Care Practice Act.

Naturopathic medicine, in my experience, is a bonafide health care practice. I have been able to collaborate comfortably with at least two local naturopaths. Some of my patients have benefited considerably from them. I have a sense that a naturopathic approach can sometimes help certain situations in which regular or allopathic medicine is not as effective.

Naturopaths are recognized and licensed in several states. I believe they should be examined and licensed here in Montana like most other public health care-givers.

Sincerely Yours,



George Cloutier, M.D.

Helena Optometric Group

DR. M. F. COFFEY
DR. A. T. RASMUSSEN

DR. J. H. WILKINS
DR. R. V. LEWIS

1300 NORTH MONTANA • HELENA, MONTANA 59601

February 11, 1985

Members, Human Services Committee:

This letter is being submitted to you in support of HB 435. I believe that it is in the public interest that the profession of Naturopathic Medicine be given legal definition and have standards established to achieve the proper regulation of this profession as other legitimate health care professions have.

I have been to naturopathic physicians, both in Montana and in other states, and was well satisfied with the care I received.

Naturopathic medicine is not something new and unproven; it has been practiced for several centuries, much longer than the orthodox medicine of today with its heavy reliance on drug therapy. In many of the modern industrial countries such as West Germany, Switzerland, Great Britain and Russia, natural medicine is used extensively.

In conclusion, I believe that the people of Montana should be given the freedom of choice to select the type of health care they feel is most appropriate for their needs.

A. Thomas Rasmussen

DR. TIMOTHY A. BINDER

CHIROPRACTIC AND NATUROPATHIC PHYSICIAN

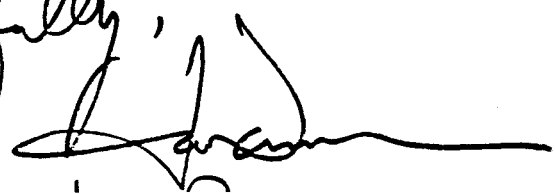
N. W. 169 BLODGETT CAMP ROAD
HAMILTON, MONTANA 59840
TELEPHONE (406) 363-4041

To the Legislators of the State of Montana,

As a patient of a Naturopath (Dr Tim Binder) and a friend of Naturopathy, I would urge you to pass the bill for licensing of Naturopaths in the State of Montana.

This would help insure knowledge for the public of who is a qualified Naturopath, help allow patients to collect insurance for Naturopathic care, and establish freedom of choice in health care for all Montanans both now and in the future. I would like this freedom for myself and am sure all Montanans would appreciate the same.

Respectfully,



Feb 5 1985

Greetings, ladies and gentlemen and members of the Human Services and Aging Committee:

I regret being unable to testify in person and hope my written testimony will be helpful in your consideration of HB435.

My name is Dr. Brent Mathieu. I am a Doctor of Naturopathic Medicine. I am a native of Montana having been raised in Sidney, Montana. I presently reside and practice naturopathic medicine in Billings, Montana. I received my doctorate degree in Naturopathic Medicine in 1980 from the National College of Naturopathic Medicine in Portland, Oregon. I graduated Summa Cum Laude with a Bachelor of Science degree in Human Biology from Kansas Newman College in Wichita, Kansas.

In this written testimony, I wish to state some reasons why the Montana Legislature should enact HB435.

Presently in Montana, the practice of naturopathic health care or naturopathy, to which it is sometimes referred, is an unlicensed and unregulated health care profession. Some of this may be due to the small number of practicing naturopathic doctors in this state who, up to this point, have been without a political base and the resources necessary to gain the legal recognition for state licensing and regulation.

Despite this small number of practitioners, our profession has the need and the right to be licensed.

Naturopathic doctors need to be licensed because we provide services which involve the prevention, diagnosis and treatment of disease. Naturopathic doctors are trained only in the art and science of natural healing and not in the conventional medical practices of surgery and the use of prescription drugs. As a result, our profession is ineligible for medical licensure. The practice of naturopathic health care differs substantially in both theory and method from the practice of conventional medicine. Yet the current Montana Medical Practice Act defines medicine so broadly as to include our profession while, at the same time, it does not provide legal protection and recognition of our profession. As a result, the health services provided by our profession may be construed as the unlawful practice of medicine as defined under the current Montana Medical Practice Act. Our practitioners are at risk of being arbitrarily charged by the state medical board and its enforcement agencies with the practice of medicine without a proper license.

I believe this constitutes unfair civil discrimination which can be corrected by the Montana legislature passing the Naturopathic Health Care Practice Act.

It is our right as a small but growing minority of Montana

Naturopathic doctors and their patients to receive the equal protection of the laws as guaranteed to all individuals under the 14th Amendment of the Federal Constitution and under Article II, Section 4 of the Montana Constitution. Naturopathic doctors need licensure in order to recognize our right to practice as a distinct health care profession. Licensure is also needed to insure Montanans the availability of quality naturopathic health care as well as insuring that our professional services may be improved and expanded to meet the increasing public demand for holistic, natural healing for which we are specifically trained.

In addition, the people of Montana have the right to choose the method of health care they prefer. It is a basic right to individual privacy and is further expressed as such in Article II, Section 3 of the Montana Constitution which states all Montanans have the right to seek "their safety, health and happiness in all lawful ways". HB435 will recognize and protect these rights while also protecting the public's health, safety and welfare by establishing educational and training qualifications for licensed naturopathic doctors. This is the simple purpose of HB435. I urge all of you to support this bill as it is a good and necessary one.

Finally, I know from my research and involvement in writing HB435 that this bill represents the clearest, most complete, yet concise and up to date naturopathic licensing act as might be found anywhere in this country. It is the product of a review of all current naturopathic licensing acts of record in this country. It takes into consideration the need for a clear and concise definition of the scope of our professional training and practice, as well as establishing a small efficient board to provide adequate administration of this law. As such HB435, if enacted, would be superior to any naturopathic licensing law in existence in our nation today.

I hope that Montana's legislature will take this opportunity to pass this needed and progressive legislation. Thus providing the profession and the patients of naturopathic health care with the legal recognition and protection they both deserve and have a right to expect.

Thank you most sincerely,

Brent Mathieu, N.D.
140 33rd St. West
Billings, MT 59102

Rocky Mountain Health Clinic

1811 W. Koch
Bozeman, MT 59715
(406) 586-7641

Dr. Stephen Forte'
Chiropractic Physician

Dr. Gloria Edwards Wahl
Chiropractic Physician

February 11, 1985

Ladies & Gentlemen of the Committee:

Please accept this letter as a written testimony in support of the proposed law governing the practice of naturopathy.

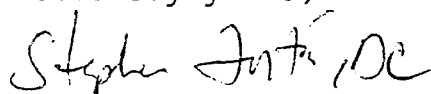
Before pursuing my studies in chiropractic, I thoroughly investigated the practice of naturopathy. I visited the National College of Naturopathy in Portland, Oregon and Wichita, Kansas, as well as talked with students, instructors and doctors of naturopathy. I was very impressed with the academic program and the strict pre-naturopathic school requirements which, at that time, were as rigorous as the pre-chiropractic requirements. I respect the natural approach and recognize the need for an alternative to the traditional medical approach.

My personal decision to pursue chiropractic studies, rather than naturopathy, was in a large part due to the lack of state licensure. The educational quality appeared to be there, the dedication of the students and doctors was there, but the state legislation was not.

A state license law to practice naturopathy is the only way the public and the doctors of naturopathy can be protected from others who do not have the education or expertise to be providing natural health care to the public.

I, therefore, wholeheartedly support such legislation in the state of Montana and look forward to its adoption.

Sincerely yours,



Stephen Forte, D.C.

SF:ks

13 February 1985

TO: Human Services and Aging Committee
Montana House of Representatives

FROM: Representative Jan Brown

RE: HB 435

1. Accreditation of naturopathic colleges. The John Bastyr College of Naturopathic Medicine in Seattle has been granted candidate status for accreditation with the Northwest Association of Schools and Colleges. Once candidacy status is granted final accreditation can be a six-year long process. The National College of Naturopathic Medicine in Portland was denied candidacy status on the grounds of "inadequate financial base".
2. County attorney involvement in "valid" insurance claims. This language is taken from the statute that was written for medical doctors. Naturopathic doctors are asking for the same consideration granted other covered health services. The committee should address any necessary changes in Section 8 of this bill and in the existing statute if the language is too demanding.
3. Minor surgery and attendance at childbirth. These are separate areas that would require additional hours of classroom training, additional hours of clinical training before accreditation in these areas would be considered. This bill as written would prevent licensed naturopaths from these activities.
4. Diagnosis. This is always a touchy area with medical doctors. Naturopathic training includes clinical and physical diagnosis and is taught in the same manner in naturopathic medical school as in traditional medical school by medical doctors. Naturopathic doctors do not use diagnosis in the same way medical doctors do, but practising in this society it is essential that they understand fully the diagnosis of medical doctors. A naturopath has to know what a "diastolic murmur in the first position" means.
5. Hospital privileges. Naturopathic doctors do not want hospital privileges. They do not want to practice medicine in that way. They are not trained to practice medicine in that way. For that reason all reference to the word "physician" was taken out of this bill as Montana law requires hospital privileges for any licensed physician.
6. Physical therapists. P.T.s are not as educated as N.D.s. They go to four year, bachelor degree programs. N.D.s go through three years of undergraduate training and four years of medical school.
7. Optometrists. You were given a letter from Dr. Tom Rasmussen, an ex-state senator from Helena, supporting this bill. Dr. Rasmussen is an active member in the legislative concerns of the Montana Optometric Association and supports HB 435 as an individual. He said the only objection of the Association would be that optometric be included on page 4, line 20.

8. Heat, cold, water, touch and light. These are found in the exemptions section of the bill. Naturopaths did not state nor intend to restrict any profession or person from these natural therapies.

9. Efficacy of treatment. Education is the focus of this bill, not proof of therapy effectiveness. Often the treatments used by medical doctors do not work, and in fact cause harm, despite the fact that they monopolize available research dollars.

10. Cost control. There is no doubt that naturopaths are less expensive to patients and insurance companies because they do not use hospitals, surgery or drugs. Testimony discussed liver transplant and coronary by-pass costs. These are agreed expensive and are not included in the scope of naturopathy. This is a case of the cost problems in traditional medicine being cast on naturopathic medicine.

11. Missoula County recently granted insurance equity to naturopathic doctors for its employees. This is evidence of the increasing recognition of naturopathic doctors in Montana and the commensurate increasing need for definition and control of naturopathic doctors.

12. Scare stories. Naturopaths can tell more scare stories about medical doctors than medical doctors can tell about naturopaths. The bulk of naturopathic practice in Montana comes from patients disillusioned and ill-treated by the traditional system. People do not seek naturopathic health care first, but only after the failure and futility of the traditional system in their case. The discussion of this committee should address a higher level.

13. Threat of restriction of naturopathic practice.

"We are now witnessing the early stages of growing conflict between a public eager for alternative health approaches and a medical profession staunchly opposed to such measures powerful elements within organized medicine are now attempting to eliminate alternative health practices, or bring them under the control of the medical establishment. At the bottom of this issue is the fact that (medical) doctors hold a monopoly on health care."

"Is There Freedom in the Medical Marketplace?" by
Tom Monte, East West Journal, November, 1984, p.40.

14. Another quote from "Is There Freedom in the Medical Marketplace?".

"Today chronic and degenerative diseases, such as cardiovascular disease, cancer, and diabetes, have replaced infectious illnesses as the principal causes of death. Moreover, the abundance of scientific evidence indicates that today's diseases respond better to preventive methods (such as diet and lifestyle changes) than to the crisis management of drugs and surgery. Increasingly aware of these facts, the American public has begun to seek out preventive health advice; but the vast majority of physicians, who have not been trained in such methods have been reluctant to provide such information."

15. A quote from Deregulating Doctoring by attorney Lori B. Andrews (The people's Medical Society, 1983).

"They may continue to assert a professional dominance that discourages people from seeking health care advice elsewhere This may foster the erroneous belief that physicians are as competent in the non-intrusive techniques as are alternative health practitioners. Yet, in many cases they are not Hence, by granting a monopoly to a particular approach to health care, the licensing laws may serve to assure an ineffective health care system."

I am Joyce Asay, Administrator of Rosebud Community Hospital and Nursing Home in Forsyth.

I support House Bill 409.

If the ^{St. Board of} Nursing ~~is~~ is to be able to change rules effecting the educational requirements, it could have a very adverse effect on the Nursing in small rural hospitals and nursing homes.

When we hire a new graduate from the 4 year program, we must train them for clinical skills. Orientation and training is very costly, which will raise the cost of health care. Often times, we have a difficult time having adequate staff or the finances to accomplish the training. Two and three year graduates have had the clinical education and need very little additional training.

We are all for upgrading our profession. Our facility spends a great deal of time on continuing education for all of our employees in every department. Practical experience is the best education for quality health care.

I sincerely hope that we are not falling prey to academias parade of titles and degrees.

Thank you for your time.

Joyce Asay, Administrator
Rosebud Community Hospital and Nursing Home
Forsyth, Montana



February 11, 1985

Madam Chairman Nancy Keenan and members of the Human Services Committee, I am Dorothy Gregory, R.N., Director of Nursing Services of the Rosebud Community Hospital and Nursing Home, Forsyth, Montana. I have 38 years of nursing experience, and have held the position of Director of Nursing Services for 19 years. Our health facility has 20 hospital beds and 55 nursing home beds. I strongly support H.B. 409 because I believe:

The State Board of Nursing should not make decisions regarding the educational entry for nursing.

The Montana Nurses' Association (M.N.A.) has indicated their intent to change the educational proposals through the State Board of Nursing, thus bypassing the legislative route. There will be a shortage of nurses in rural hospital, if the proposed 4 year level of entry is implemented. Health costs will increase due to cost of nursing education. It has been noted in our health facility, it takes about the same amount of time to train and orientate the four year nurses as the two year graduates.

The cost of nursing education will be increased, and forcing many students from entering the profession, which in turn will create a greater shortage of nurses. The ladder step concept of education is the most logical and feasible route to take.

Will seeking a B.S.N. be economically feasible for everyone? We know what economical impact this will have on our rural health care system.

Sincerely,

Dorothy Gregory, R.N., D.O.N.

DG/ya

Madam chairperson Keenan, and members of this committee:

My name is Arthur A Gregory. I have lived in Forsyth, Mt. since 1949, and in Southeastern Montana since 1923. I was not born in Montana and I am not going to tell you how old I am.

I am speaking as a citizen, voter, taxpayer, overseas combat veteran, and consumer. I was a teenager during the depression and drought years of the 30s, and my memory reaches back many years. The trend that has developed in this country since World War 2, scares the living daylight out of me. When appointed boards and committees are set up with Carte-Blanche power to set their own rules and regulations, governing not only themselves, but a large segment of the population, and as many of these rules and regulations actually are law or through suffusion become law, they by-pass the only legal body empowered by the constitution to make laws, The House of Representatives. The State Board of Nursing now holds this power. The passage of HB409 would strip them of this power, but would not affect the function of this board in any other way. It would also place the power of law making where it belongs, back in the House of Representatives.

Therefore, I strongly , very strongly, urge this committee to place H.B.409 on the floor of the House, with a do pass recommendation.

I thank you for the opportunity to speak here, for your attention to what I have to say, and for your consideration.

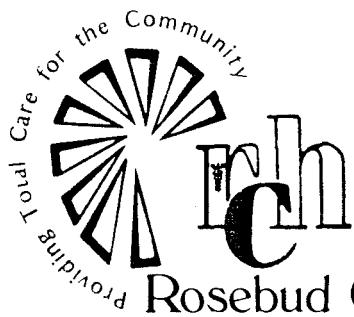
ARTHUR A. GREGORY



I am in support of House Bill 409

My name is Marilyn Kanta. I am the Nursing Home Director at Rosebud Community Hospital and Nursing Home. I have been in this position for 4 years and have 20 years of nursing experience in small rural hospitals. With this type of experience, I feel the four year level of entry adversely effects the areas in which I am most experienced.

It has been my experience that small rural hospitals do not attract the Bachelor degree nurses. They are not prepared for small hospitals and nursing homes since they lack clinical experience. Since the small hospital often has only one R.N. for the whole facility for each shift, it is necessary that these nurses be prepared with adequate knowledge to care for ICU, emergency room and obstetrical patients all on the same shift. Small hospitals do not have the time, money or staff to have a thorough intern-type education for the 4 year degreed nurse. In the nursing homes or extended care facilities with geriatric patients, we have mostly diploma nurses, Associate degree nurses and L.P.N.'s. This is necessary as four year programs do not teach geriatric nursing. However, 2 year graduates with an Associate degree in nursing are given geriatric experience. Do you want the degreed 4 year nurse taking care of your parents or loved ones in a nursing home when they have not received geriatric training?



Rosebud Community Hospital

Page 2

The 4 year level of entry would create a severe nursing shortage for both the rural hospitals and the nursing homes. The 4 year nurses are prepared for managerial positions. The small facilities do not have several of this type of positions available. We need nurses who are prepared for and willing to learn bedside nursing. A mandatory increase in education does not necessarily mean an increase in quality of care. Quality care must be the result of good education.

*Marilyn Kanta, R.N.
Nursing Home Director*



MONTANA
LPN
ASSOCIATION
3410 Utah Ave.
Helena Mont.
59601

RESOLUTION 1

- WHEREAS, LPNs have been an integral part of nursing care in Montana since World War II;
- WHEREAS, LPNs have been licensed by the Montana Board of Nursing since 1953;
- WHEREAS, Montana has unique and special health care requirements that are being adequately served by the present four levels of nursing education;
- WHEREAS, Montana has in place an adequate LPN educational training program that is responding to changes in the delivery of nursing care to patients;
- WHEREAS, LPNs presently practicing in Montana are adequately trained to learn through practical experience, training and supervision how to administer changes and advancements in the delivery of nursing services, therefore be it
- RESOLVED, By the Montana Licensed Practical Nurses Association that:
1. Any proposal to change entry level requirements for the practice of nursing in Montana should only be developed in consultation with the MSLPNA;
 2. MSLPNA encourages Montana's practical nursing schools to continue to strengthen and upgrade LPN training programs to meet the changing needs of nursing care;
 3. MSLPNA opposes any attempt by the Montana Legislature to require a two year education program for LPNs because:
 - A. Existing educational programs are adequate to prepare LPNs to perform necessary nursing services in Montana;
 - B. LPNs can, through practical, hands-on experience, training and supervision learn and respond to changes in nursing care;
 - C. LPNs can, through continuing education, learn and respond to changes in nursing care;
 - D. There has been no demonstration by proponents of the baccalaureate and two-year LPN programs that the LPNs present education and training prevent LPNs from performing all nursing services that LPNs are authorized by law to perform;
 - E. Implementation of the baccalaureate and two-year LPN requirements would substantially increase the cost of health care and create a shortage of qualified nurses in many of Montana's rural hospitals.

Adopted by House of Delegates, September 29, 1984.

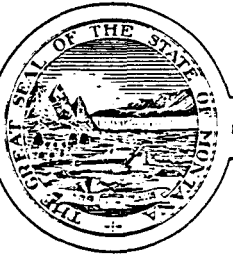
BOARD OF NURSING
DEPARTMENT OF COMMERCE

1424 9TH AVENUE

STATE OF MONTANA

(406) 444-4279

HELENA, MONTANA 59620-0407



TO: Representative Nancy Keenan, Chairman and
Members of the Human Services and Aging Committee

DATE: February 11, 1985

SUBJECT: Testimony on H.B. 409

My name is Donna Small, president of the Montana State Board of Nursing.

I am here today to speak in opposition to H.B. 409. This bill would seriously limit the Board of Nursing's authority to regulate the licensing of nurses in the state.

Since 1913 the Board has faithfully carried out the mandates of the Montana legislature to safeguard life and health through the setting of requirements for licensing of persons who practice or offer to practice professional and practical nursing. To limit the Board's authority to establish licensure requirements to high school graduation and graduation from an approved school of nursing severely limits the Board's ability to be responsive to changes in the profession and in the health care field.

Adoption of this bill would require the Board of Nursing to come before the legislature with all future necessary licensure changes and would make all qualifications for nurse licensure statutory in nature.

With respect to most professions and occupations the legislature has opted for the flexibility of giving regulatory boards some discretion to accommodate for changes in the nature of licensure. H.B. 409 would remove the Board of Nursing's future discretion in licensure areas such as requirements to validate competency to continue or re-enter practice, changes affecting interstate mobility of nurses

and initial limited licenses for those incapable of practicing the full scope of nursing.

Other qualification requirements the Board may prescribe under 37-8-405(3) and 37-8-415(3), MCA are prescribed in accordance with the Montana Administrative Procedures Act. These specific appropriate required procedures for rulemaking afford the public and affected individuals due process in the Board's adoption of rules.

The Board of Nursing believes the authority to adopt licensure qualification rules which will best protect the health, safety and welfare of the citizens of Montana should be retained. Qualifications regarding the practice of nursing should also continue to be dealt with in a board composed of nurses knowledgeable about laws regarding nursing.

The purpose of the law - Title 37, Chapter 8, NURSING, is to safeguard life and health and for the protection of the public. H.B. 409 does not offer that protection.



Montana Hospital Association

MONTANA SOCIETY FOR NURSING SERVICE ADMINISTRATORS

(406) 442-1911 · P. O. BOX 5119 · HELENA, MONTANA 59601

February 11, 1985

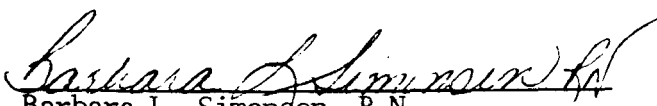
Chairman Keenan and Committee Members:

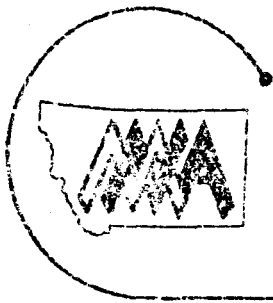
I am Barbara Simonsen. My address is 1101 Texas Avenue, Deer Lodge, Montana. I am President of the Montana Society for Nursing Service Administrators and as the representative of the Directors of Nursing throughout the state, I wish to present our concerns with House Bill 409.

The Nursing Practice Act protects the consumers of nursing care by regulating the practice itself. Today health care is in transition due to federal regulations, and the explosion of knowledge and technology creating greater demands on nurses to do more for patients. The current law allows the Board of Nursing to research, investigate and adapt to the changes in society by the rule making process. To limit this activity in any way could effect patient care by delays, by inability to meet changes proposed at other levels or agencies of state and federal government, as only you would have the power to make a change when you meet every two years. The Board of Nursing has long maintained a reputation for thinking through, planning and allowing all citizens to have input into rules and regulations relating to Nursing Practice. I do not believe there is justification to question the capability or integrity of the Board by making this change. The effect on this and other licensing boards would double your work load as well.

I speak in opposition to House Bill 409.

Thank you.


Barbara L. Simonsen, R.N.
President



Montana Nurses' Association

2001 ELEVENTH AVENUE

(406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59604

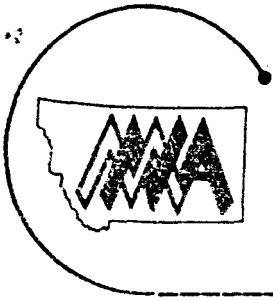
TESTIMONY ON HOUSE BILL 409

I am Trudy Malone, President of the Montana Nurses' Association. On behalf of the membership, I voice our opposition to House Bill 409.

Our Association is studying a proposal that for 1992 all persons entering the nursing profession as a registered nurse will have graduated from an approved nursing school and granted a bachelor's degree in nursing and all persons entering the profession as licensed practical nurses will have graduated from an approved school of practical nursing with an associate degree in nursing.

This is a proposal that is under study, and we would hope that if this proposal is implemented all nurses in Montana will benefit from upward career mobility that they are currently denied. During the next two years, we will be working with all groups that will be affected by this proposed change in an effort to try to address everyone's concerns. It is entirely premature to be considering any legislation on this issue today.

You will be hearing from other members of our Association today, and we do respectfully request that you vote no on House Bill 409.



Montana Nurses' Association

2001 ELEVENTH AVENUE

(406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59604

TESTIMONY ON HOUSE BILL 409

Madam Chairman and Committee Members:

My name is Sharon Dieziger, and I represent the Montana Nurses' Association.

We speak in opposition to House Bill 409.

This is a sad day for nurses in the State of Montana. It is a public embarrassment to me personally and to a multitude of nurses throughout the state to publicly display the division within our profession. The Montana Nurses' Association has always prided itself in their effort to speak to nursing issues, health care issues, and to respond always as a consumer advocate with one united voice.

The Montana Nurses' Association has accepted the challenge of a three-year study to look at levels of nursing education for the future of the profession. Montana is one of 48 states looking at this same issue.

Since the study was announced, rampant personal and emotional paranoia has mounted within our profession. One finds it difficult to understand why any profession would not unite together to study appropriate educational levels for themselves futuristically in these changing, demanding times of the health care delivery system. It is even more inconceivable to think that anyone would believe that we should ask the legislature to define what is appropriate education for the profession. If we cannot determine that ourselves, how can we possibly ask that you do that?

I know of no other profession that has one, two, three, and four years of basic education. It is no wonder that nurses themselves, employers of nurses, and the public to whom we administer services are very confused about role definitions, education, and standards of care.

House Bill 409 should have never been introduced into the 1985 Legislature. MNA's study is geared for the future. If implementation of any changes ever occur from the study, it will not affect the status of any licensed registered or practical nurse in this state who holds a current license. Licensing Boards must maintain the statutory authority currently vested in the Board of Nursing to exercise the professional expertise and judgment necessary for the establishment and maintenance of qualification requirements in an amount and at a level appropriate for the protection of the public health and safety of the citizens of Montana. No individual or group of nurses with special interests should seek to remove that authority from its own Board of Governance.

I pledge to you today that the Montana Nurses' Association will work endlessly to unite nurses in this state prior to any changes that may occur. We had hundreds of nurses who wanted to be here today. We asked them not to come because we did not want a public display. We asked them to have faith in the legislative process, which has stood firmly on appropriate authority vested to professional boards. On behalf of all those nurses, and on behalf of all licensing boards in this state, we respectfully urge you to vote no on House Bill 409.

MONTANA NURSE PERSPECTIVES ON EDUCATIONAL REQUIREMENTS
FOR ENTRY INTO PRACTICE

The Montana Nurses' Association (MNA) supports changes in the basic educational requirements for individuals entering nursing practice in Montana. The proposed changes would require that (1) beginning in 1992 nurses taking the licensing examination for Licensed Practical Nurse possess an associate degree in nursing from an approved practical nursing education program, and (2) beginning in 1992 nurses taking the licensing examination for Registered Nurse hold a baccalaureate degree in nursing from an approved educational program. The entry into practice proposal would not affect the licensure status of practical or professional nurses licensed prior to 1992.

Under the proposed entry requirements there would be no changes in nursing titles and no changes in definitions of nursing practice, competencies, or functions. Anyone holding a license as a practical nurse or professional nurse in Montana prior to 1992 would continue to hold their license and would not need to meet the proposed educational requirements.

The proposed changes in entry requirements supported by the Montana Nurses' Association are viewed as an effort to continue and strengthen nursing leadership and service, to secure the place of nursing among the professions, and to continue to provide quality health care well into the next century.

Through its Steering Committee on Entry, the Montana Nurses' Association has engaged in a number of activities to support the proposed changes entry requirements for nursing practice. The Steering Committee developed an informational booklet, "21 Questions and Answers About Entry into Nursing Practice in Montana", which described the proposed changes in entry requirements and their anticipated effects on nurses, nursing, and health care in Montana. The Committee also developed a survey questionnaire designed to gain the opinions and ideas of Montana nurses on the entry issue. Every Licensed Practical Nurse and Registered Nurse currently licensed in and living in Montana was sent a letter, the informational booklet, and the questionnaire on September 1, 1984.

A total of 1,602 nurses returned the questionnaire, providing an overall response rate of 17.13%. Given constraints of the survey--especially (1) the very short turnaround time of ten days from the date of mailing to return of completed questionnaires, (2) a budget which did not allow for follow-up of nonrespondents, and (3) the need for respondents to supply their own postage in order to reply--the response rate exceeded expectations.

The questionnaire asked seven questions. Research consultants compiled hand tabulated code sheets, analyzed the results, assembled all written comments and conducted the qualitative data analysis, and wrote a report describing the findings. Listed below is a summary (taken from the report written by the research consultants) of responses to the questions asked on the questionnaire.

1. NURSES' POSITIONS REGARDING THESE PROPOSED CHANGES IN EDUCATION REQUIREMENTS FOR ENTRY INTO THE PRACTICE OF NURSING IN MONTANA BEGINNING 1992.

- a. Overall Level of Support: A solid majority (55.5%) of all respondents to the survey reported that they support the proposed requirements for entry into nursing, 21.3% reported that they do not support the proposed changes, and 23.2% stated that they were undecided on this issue.
- b. Level of Support by Type of Nursing License: Almost three-fifths (58.5%) of RNs reported that they support the proposed changes in entry requirements, while slightly more than one-fifth (21.9%) do not support the changes, and 19.6% were undecided.

LPNs indicated a lower level of support for the proposed changes than RNs. Although over twice as many LPNs supported the revised entry requirements as opposed them 43.5% stated that they support the changes, 20.2% did not support the changes, and 36.3% were undecided.

- c. Level of Support by County of Employment/Residence: Overwhelming support for the changes is found in the higher populated, urbanized counties in Montana. In Galatin County (Bozeman), Lewis and Clark County (Helena), and Silver Bow County (Butte) support for the proposed changes outweighs nonsupport by approximately five to one. Outstanding support is also found in Cascade County (Great Falls), Flathead County (Kalispell), Missoula County (Missoula), and Yellowstone County (Billings). Generally in these more populated counties the number of nurses who do not support the changes and the number of nurses undecided on the issue are about equal.

Although the total number of respondents is much lower from the less populated counties, equally strong support for the proposed changes was reported by nurses in many of these counties. Support outweighed non-support by approximately five to one in counties such as Big Horn, Broadwater, Glacier, Park, and Powell, and many less-populated counties reported two to three times as many supporters as nonsupporters. In fact, in only six of the fifty-six counties in Montana (Carter, Chouteau, Liberty, Powder River, Ravalli, and Toole) did the number of nonsupporters exceed the number of supporters.

2. NURSES' REASONS FOR SUPPORTING CHANGES IN EDUCATIONAL REQUIREMENTS FOR ENTRY INTO NURSING PRACTICE IN MONTANA

The 860 RNs and LPNs who support the proposed changes in educational requirements for entry into practice in Montana after 1992 (55.5% of all respondents) indicated broad and enthusiastic reasons for their support along with thoughtful cautions and qualifications. The reasons they provided for supporting the proposed changes may be classified as follows:

- a. Issues regarding professionalism of nursing;

- b. Continuity of education and clarification of roles within and outside the profession;
- c. Establishment of upgraded standards for nurses;
- d. Improvements in the quality of care; and
- e. Career, status, and salary considerations.

3. NURSES' REASONS FOR NOT SUPPORTING CHANGES IN EDUCATIONAL REQUIREMENTS FOR ENTRY INTO NURSING PRACTICE IN MONTANA

The 331 nurses who did not support the proposed changes in educational requirements for entry into the practice of nursing in Montana after 1992 (21.3% of all respondents) represented a sincere, ardent, and sometimes angry opposition. A review of their questionnaires indicates that they see few potential benefits and many potential problems. Those opposed to entry level changes base their opposition on one or more of the following reasons:

- a. Quality of care;
- b. Potential nursing shortages;
- c. Inadequacies in training of BSNs;
- d. Issues related to licensure; and
- e. Availability of training and educational opportunities.

4. NURSES UNDECIDED ABOUT THE PROPOSED CHANGES IN ENTRY REQUIREMENTS

The 360 nurses who are undecided about the proposed entry requirements for Montana (23.2% of all respondents) expressed concerns similar to those raised by supporters and nonsupporters. While many reported general agreement with the proposal, they had more questions about specific changes and stated they could offer their support only if a number of issues were addressed to their satisfaction.

The primary areas of concern for nurses undecided about the entry issues are:

- a. Quality of BSN education;
- b. Opportunities to upgrade education;
- c. Impact on patient care; and
- d. License and job security after entry changes are implemented.

5. POTENTIAL BENEFITS AND POTENTIAL PROBLEMS RESULTING FROM IMPLEMENTING PROPOSED ENTRY REQUIREMENTS FOR NURSES IN MONTANA IN 1992

a. Potential Benefits from Changed Entry Requirements: Three of the top five potential benefits concern improvements in health care, with increased knowledge aiding in adapting to changes in health care (29.8%), increased ability to promote changes in health care (24.5%), and improved quality of patient care (24.7%) seen as primary benefits. Increased recognition as "true" profession (28.9%) and higher status for all nurses (27.9%) rounded out the top five potential benefits.

b. Potential Problems from Changed Entry Requirements: Approximately half (48.9%) of the respondents indicated that the greatest potential problem with the proposed changes was that nursing care might not necessarily improve when nurses have more education. Those who did not support the entry proposal frequently stated their belief that BSN nurses do not have the clinical and patient skills of nonbaccalaureate RNs.

A potential problem reported by 39.9% of all respondents was that professional nurses without the baccalaureate may not receive promotions as readily. If, in fact, promotions are more likely to go to baccalaureate nurses in the future, this may occur without regard to entry level changes (reflecting a general trend in the professions toward greater education along with preference in hiring and advancement for those having more education).

Concern over opportunities to upgrade education was indicated by 29.0% of the respondents, potential increases in the cost of nursing care were cited by 28.2% of the nurses, and fear that a shortage of nurses may result from the proposed changes was expressed by 25.5% of the respondents. Remaining issues selected were possible threats to job security (21.5%) and fear that licensure might be affected by the changes (19.4%).

6. PROMOTING UNDERSTANDING OF THE ENTRY INTO PRACTICE ISSUE AMONG MONTANA NURSES

a. Level of Understanding of the Proposed Changes in Entry Requirements: 86.9% of the respondents said that they understood the nature of the proposed changes, while only 1.7% did not understand and 11.4% somewhat understood.

b. Additional Information Needed on Entry into Practice: Almost two-thirds (64.2%) of the respondents showed a clear preference for empirical evidence on the relationship of educational preparation to quality of care, job mobility, and income. Four of ten nurses

(41.4%) expressed an interest in developments in other states related to entry level for nursing, and over one-fourth of the respondents (26.1%) expressed a desire for background readings on

education for future nursing practice.

- c. Ways to provide Further Information About Entry Into Nursing Practice to Montana Nurses and Public: A majority of respondents (60.5%) clearly preferred specialized mailings, which should, as one respondent noted, be sent to both LPNs and RNs in the state. One-third (33.3%) of the nurses desired educational presentations in their communities, and there were specific requests for adequate advance notice of such presentations.

Local discussion groups were favored by approximately one-quarter (24.0%) of the nurses, although several nurses noted caveats about "shouting matches between bullheaded and ill-informed people." These nurses encouraged "getting both factions together to facilitate debate."

A series of articles in the MNA Pulse was favored by 22.0% of respondents, although one nurse cautioned that MNA membership should not be a prerequisite for receiving information. Several nurse respondents to the survey noted that it was heartening that all nurses received the information contained in the September 1, 1984, mailing.

(Complete copies of the Analysis are available from the MNA Office for \$5.00 each)

* Speakers are available to speak to any group about this issue. Please contact the MNA office to make arrangements.

ROBERT L. & SHIRLEY A. THENNIS
4020 LAKE HELENA DRIVE
HELENA, MONTANA 59601
PHONE (406) 227-6328

Feb. 11, 1985

Chairwoman Keenan

Members of this Committee:

My name is Shirley Thennis, R.N. and I am speaking for myself today.

I am here opposing the passage of House Bill 409 as it will limit the Board of Nursing's authority to regulate nursing.

The Montana Nurses Association that is studying educational requirements for nursing is the professional association of registered nurses. It is my (our) association that is dealing with the advancement of nursing, and keeping nurses current on professional issues. It studies and addresses a great many specialty areas such as Geriatrics, Pediatrics, and new surgical and medical procedures. This is the reason I belong to my professional association, to keep abreast of the changes in nursing.

On the other hand, the Montana State Board of Nursing functions for consumer protection. They, by their regulatory authority, determine that the consumer receives safe care. The Board is responsible and accountable to the public, just as you are. However, unlike you, they deal only with nursing issues and should have the flexibility to respond to needed change for the protection of the public.

I urge a do not pass on this bill.

Thank you for allowing me to testify today.

WITNESS STATEMENT

Name Michelle E. Wing Committee On HUH
 Address 718 1/2 S. 17th Bzeman Date 2/11
 Representing Associated Students, MSU Support _____
 Bill No. 409 Oppose X
 Amend _____

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: A total of 268 students signed petitions voicing opposition
 1. to this bill, in a matter of a few days. Sixty percent of the
 students from the extended campuses (Great Falls, Billings,
 Butte and Missoula) were among those signing.
 2.
 In their own words, as expressed on the petitions
 the students call for the right of autonomy for the
 3. State Board of Nursing, for continued excellence in health
 care in Montana.
 4.
 We urge your opposition to HB 409.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

STUDENT POSITION / HB 409

50 signatures

The undersigned nursing students of Montana State University's College of Nursing do not support HB 409. This bill deletes the Montana State Board of Nursing's ability to set qualifications of applicants for licensure. We believe the state board of nursing represents our profession's standards and must continue to regulate the practice of nursing.

We believe this bill would decrease our professional autonomy and impact on our ability to respond to the changing professional nursing needs and the health care needs of the people of Montana.

We encourage you NOT TO PASS HB 409.

1. Karen L. Jansen
2. Amby Deaton
3. Barbara Miller
4. Cole M. Pitt
5. Laurie Bucaryak
6. Janet Gatz
7. Lisa Koyama
8. Mary Karls
9. Margaret Lison
10. Susan Mours
11. Cordelia Chapman
12. Nancy C. Heys
13. Eleanora L. Mery
14. Michelle Kemp
15. Stacy-church Baumann
16. Kim Todd
17. Julie Bladow
18. Louellen K. Wanken
19. Susan Milon
- 20.

Billings

STUDENT POSITION / HB 409

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We encourage you NOT TO PASS HB 409.

- 1. *Michelle Hill - R.N. - graduate student*
- 2. *Lurda J. Zwick - R.N. - graduate student*
- 3. *Roxey Robinson Woodley - RN - Grad. Student*
- 4. *Cheryl A. Koski - R.N. - Grad. Student*

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We encourage you NOT TO PASS HB 409.

1. Karen R. Bowers
2. Kris Stevens
3. Quinn Haver
4. Martha O. Peck
5. Mary Sivert
6. Laura L. August
7. Debbie Gray
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We encourage you NOT TO PASS HB 409.

1. Vicki Spichey-Carlbergson
2. Laurie McPeck
3. Michelle Kujath
4. DeLinda Houghton
- 5.
6. Carol Cloud
7. Susan [unclear]
8. Melody Muldon
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We encourage you NOT TO PASS HB 409.

1. *Kathy Miller*
2. *Michelle Sticks*
3. *Alankia Jarsigud*
4. *Ruby Chlo Prop*
5. *Mary Stetzner*
6. *Sally Jo Rickels*
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STUDENT POSITION / HB 409

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We encourage you NOT TO PASS HB 409.

- 1. Alison Vance
- 2. Paig Thornburgh
- 3. Melissa Sullivan
- 4. Stacy M. Boe
- 5. Jennifer Wagner
- 6. Erin O'Brien
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6/

STUDENT PETITION

64 signatures

House Bill 409 A bill for an act entitled: "An Act Removing the Authority of the Board of Nursing to Set Qualification Requirements by Rule for Applicants for Nursing Licenses."

Signed below are MSU College of Nursing students at the Missoula Extended Campus who feel that HB409 weakens the Board of Nursing thereby decreasing the autonomy of our profession. This decrease in self-government will place us at a clear disadvantage when we begin our nursing careers in Montana. It is important that our professional board have the power to make rules concerning qualification requirements.

<u>NAME</u>	<u>ADDRESS</u>	
1. Susan J. Steiner-Hoove	2933 B WEST CENTRAL	MISSOULA, MT
2. Heather Bayless	2200 Garland #10	MISSOULA, MT
3. Melanie Anderson	506 81 st W #6	MISSOULA, MT
4. Ayla K. Chandler	315 S. 4 th W.	MSLA, MT
5. Kelly Cleaveland	415 E. 11 th	MSLA, MT
6. Norma Hausermann	PO Box 8702	MSLA, MT
7. Rebecca Taylor	324 Barnack Ct	MSLA, MT
8. Beth Cradock	3312 Hollis	MISSOULA, MT
9. PETER KITTIS	909 RIMINI CT.	MISSOULA, MT
10. Kate Bratches	POB 7316	MSLA, MT 59807
11. Dale Curry	2326 S. Higgins Apt 2	MSLA MT 59801
12. Lynda Thur	518 N. 3 rd W	MISSOULA, MT 59802
13. Lorena Baskill	524 S 6 th E	MISSOULA, MT 59802
14. Paula Arnold	114 B Sisson Apts	MISSOULA, MT 59801
15. Tammi Ridgeman	PO BOX 8376	" " 59807
16. Kathleen P. Harris	1000 Rollins #5	MSLA 59807
17. Catherine H. Chute	330 W. Spruce #4	MSLA 59802
18. Jan Lane	103B Sisson	MISSOULA 59801
19. Gabriella Schneider	432 Washington	MSLA 59802
20. Della R. Lange	112 Carlton	MISSOULA 59803
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STUDENT PETITION

House Bill 409 A bill for an act entitled: "An Act Removing the Authority of the Board of Nursing to Set Qualification Requirements by Rule for Applicants for Nursing Licenses."

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<u>NAME</u>	<u>ADDRESS</u>
1. Mary Gilbertson	2328 Foothills Dr. Apt. A. Missoula, MT ⁵⁹⁸⁰³
2. Sand Rosdahl	726 Pioneer Ct. Missoula, MT 59801
3. Terri Lemau	104 Camelot Ct. #6 Missoula, MT 59801
4. Terese Olson	102 Camelot #1 Missoula, MT 59801
5. Nancy Koth	860 Allen Hall, Dept of M Missoula, MT 59801
6. Peg Long	500 Eddy, MSLA, MT 59801
7. Glenn Debeck	615 N. 3rd W. MSLA, MT 59802
8. Chris Brunckhorst	511 Westview Drive Apt E, Missoula, MT 59801
9. Sandy Willey	5075 Wenchamps Lane, MSLA, MT. 59802
10. Brenda McCallum	1902 So 3rd W #31 MSLA, MT 59801
11. Susan Krogan	801 Prairie #3 Missoula MT 59801
12. Susan Platt	777 West Spruce Hill 59802
13. Jay Smith	200 Eddy 2F MSLA MT 59801
14. Mike Redohl	412 E Spruce Missoula, MT 59802
15. Salah Lorenz-	120 S 4th W #7 Missoula MT 59801
16. Cindy Knutsen	120 S. 4th W. #7 Missoula, MT 59801
17. Gregory Fin	204 0 1/2 Strand MSLA, MT, 59801
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	<u>NAME</u>	<u>ADDRESS</u>
1.	Anna Christine Elliott	602 1/2 So. 6 th W.
2.	Kath Schenk	516 E. Front Missoula MT
3.	Kathy Donahue	2316 Hillview Ct #4 Missoula MT
4.	Karla Larson	2000 Carbond #1 Missoula, MT
5.	Lauree Kuning	2401 57 th St Missoula
6.	Patricia E. Kimbrell	506 S. 1 st W #6 Missoula Mt.
7.	Joie A. Cochenburg	208 S 3 rd W #7 Missoula, MT.
8.	Janece Mierfort	1000 Rollins #5 Missoula MT
9.	Kathleen Staley	932 Kane Mch mo 57801
10.	Kate Gardner	2155 Strand St. Missoula
11.	Kristin Jones	517 So. 5 th E. Missoula, MT.
12.	Carol Steiner	327 N. Ave. W. #3 Missoula, MT.
13.	Jill Spackman	956 Aber U of M, Missoula, MT
14.	Jill Swenson	2409 Shipping, Missoula, MT.
15.	Mary Reichman	2326 Benton, Missoula, MT
16.	Douglas Wagner	113 No Johnson #1 Missoula MT 59801
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STUDENT PETITION

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NAME

ADDRESS

1. Zoe Anderson 1701 1/2 S. 11th St. W. MSLA
2. Jane Peterman 223 W. KENT MSLA
3. Leigh Osterman 3018 S 12th W MSLA
4. Janasa Klein 1543 S 6th W MSLA
5. Janine d. Peterson 775 MONROE #31 MSLA, MT
6. Khera Huelenberg 100 Wapikiya MSLA
7. Renee Prewost ~~31~~ 240 Blaine MSLA, MT
8. Tim Engberg 528 So 5th West MSLA mt
9. Edie Nelder 3214 Stephens #1 MSLA, MT
10. Janis Keith 104 Brantley Hall MSLA, MT.
11. Linda Pitts 101 Whitaker MSLA, MT.
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STUDENT PETITION

42 signatures

Butte

Regarding HB 409, scheduled for hearing in the Nurse Manpower Services Committee on February 11th, 1988 at 3:00 p.m.

WE, THE UNDERGRADUATE STUDENTS OF MONTANA STATE UNIVERSITY COLLEGE OF NURSING, BUTTE CAMPUS, ARE STATING OUR POSITION ON HB 409, AN ACT REGARDING THE AUTHORITY OF THE BOARD OF NURSING TO SET EDUCATIONAL REQUIREMENTS BY RULE FOR LICENSURE FOR NURSING LICENSEES.

WE BELIEVE AUTONOMY IN NURSING IS ESSENTIAL TO THE GROWTH OF NURSING AS A PROFESSION. THE ENACTMENT OF THIS LEGISLATION WOULD BE DETRIMENTAL TO THE FURTHERANCE OF THIS AUTONOMY.

MAINTAINING THE AUTHORITY OF THE MONTANA STATE BOARD OF NURSING IS CRUCIAL TO PRESENTING THE STANDARDS OF EXCELLENCE WITHIN THE NURSING PROFESSION.

WE ENCOURAGE YOU TO OPPOSE HB 409.

Respectfully,

NAME

ADDRESS

Melody Weldon

P.O. Box 99 Whitehall, MT 59759

Jerry Jo Kishoe

600 Barnett Ave, #3 Dillon MT 59725

Mary C. Brewer

2449 Amberst; Butte, MT 59701

Helen A. Snyck

102 S. Emmett Butte, MT 59701

Aue Hanserg

P.O. Box 891 Dillon, MT 59725

Mudia Carroll

661 S. Washington Butte, MT 59701

Priscilla Fisher

303 W. Quartz #3 Butte, MT 59701

Theresa Conlon

1025 Missoula, Butte, MT 59701

Catherine Carrigan

2323 Funnigan Lane, Belgrade 59714

Liz Hill Roberts

314 W. Granite #4, Butte, MT 59701

John Beighle

721 mission Ave Deer Lodge MT 59722

Alice Brusco

2340 South Drive Butte, MT 59701

STUDENT PETITION

Regarding HB 409, scheduled for hearing in the House Human Services Committee on February 11th, 1985 at 3:00 p.m.

WE, THE UNDERIGNED STUDENTS OF MONTANA STATE UNIVERSITY COLLEGE OF NURSING, BUTTE EXTENDED CAMPUS, ARE STATING OUR POSITION ON HB 409; AN ACT REMOVING THE AUTHORITY OF THE BOARD OF NURSING TO SET QUALIFICATION REQUIREMENTS BY RULE FOR DELICIOUS FOR NURSING LICENSES.

WE BELIEVE AUTONOMY IN NURSING IS ESSENTIAL TO THE GROWTH OF NURSING AS A PROFESSION. THE ENACTMENT OF THIS LEGISLATION WOULD BE DETRIMENTAL TO THE FURTHERANCE OF THIS AUTONOMY.

MAINTAINING THE AUTHORITY OF THE MONTANA STATE BOARD OF NURSING IS CRUCIAL TO PRESERVING THE STANDARDS OF EXCELLENCE WITHIN THE NURSING PROFESSION.

WE ENCOURAGE YOU TO OPPOSE HB 409.

Respectfully,

NAME	ADDRESS
Susan Fox	525 South Idaho Butte, MT
Anne Cole	3 Bunters Peaks Plaza Butte, MT
Marian Stahl	4230 Springfield Butte, MT
Steve Lane	919 E. Third Anaconda, MT
Jessie Shum	270 Passmore Canyon Butte
Jan Maier	627 1/2 S. Wyoming Butte
Lillian K. Schmidt	301 H. South Jackson Butte, MT
Kathy McDonald	524 W. Granite Butte, MT
Heather Lechelsky	Box 685, Whitehall, MT
Glendia Miller	114 Ranchman Dillon, MT

STUDENT PETITION

Regarding HB 400, scheduled for hearing in the House Human Services Committee on February 11th, 1965 at 2:50 p.m.

WE, THE UNDERSIGNED STUDENTS OF MONTANA STATE UNIVERSITY COLLEGE OF NURSING, BUTTE EXTENDED CAMPUS, ARE STATING OUR OBJECTION IN HB 400; BY GET REMOVING THE AUTHORITY OF THE BOARD OF NURSING TO SET QUALIFICATION REQUIREMENTS BY RULE FOR APPLICANTS FOR NURSING LICENSES.

WE BELIEVE AUTONOMY IN NURSING IS ESSENTIAL TO THE GROWTH OF NURSING AS A PROFESSION. THE ENACTMENT OF THIS LEGISLATION WOULD BE DETRIMENTAL TO THE FURTHERANCE OF THIS AUTONOMY.

MAINTAINING THE AUTHORITY OF THE MONTANA STATE BOARD OF NURSING IS CRUCIAL TO PRESERVING THE STANDARDS OF EXCELLENCE WITHIN THE NURSING PROFESSION.

WE ENCOURAGE YOU TO OPPOSE HB 400.

Respectfully,

- | NAME | ADDRESS |
|--------------------|-------------------------|
| Jana Saubon | 1927 Reynolds |
| Stephanie McIntyre | 314 Oxford Butte |
| Mary Ann Lynch | 322 W. Jackson |
| Melanie Kelly | 380 Colorado #2 |
| Nelissa Coleman | 840 W. Silver, Butte |
| Pat Shurmord | 2930 Wynne |
| Watty Swanson | 3825 Green Ln. #8 Butte |

Butte

STUDENT PETITION

Regarding HB 489, scheduled for hearing by the House Human Services Committee on February 11th, 1995 at 2:30 p.m.

WE, THE UNDERSIGNING STUDENTS OF MONTANA STATE UNIVERSITY COLLEGE OF NURSING, BUTTE EXTENDED CAMPUS, ARE STATING OUR OPPOSITION ON HB 489, ON OCT REMOVING THE AUTHORITY OF THE BOARD OF NURSING TO SET QUALIFICATION REQUIREMENTS BY OURSelves WITHOUT THE NURSING LICENSEE.

WE BELIEVE AUTONOMY IN NURSING IS ESSENTIAL TO THE GROWTH OF NURSING AS A PROFESSION. THE ENACTMENT OF THIS LEGISLATION WOULD BE DETRIMENTAL TO THE FURTHERANCE OF THIS AUTONOMY.

MAINTAINING THE AUTHORITY OF THE MONTANA STATE BOARD OF NURSING IS CRUCIAL TO PRESERVING THE STANDARDS OF EXCELLENCE WITHIN THE NURSING PROFESSION.

WE ENCOURAGE YOU TO OPPOSE HB 489.

Respectfully,

- Judith M. McKenna 37 Hitching Post RD Bozeman M.
- Barry R. Bennett 2145 Warren Butte MT
- Sultan Kushner 840 W. Silver - Butte
- Mary Jankovits 314 OXFORD ST BUTTE
- Cindy Mc Cafferty 2225 South Drive Butte
- Audrey Smith 225 Cedar Park Homes, Anaconda, Mt.

Butte

STUDENT PETITION

Regarding HB 429, scheduled for hearing in the House Human Services Committee on February 11th, 1988 at 2:00 p.m.

WE, THE UNDERSIGNED STUDENTS OF MONTANA STATE UNIVERSITY COLLEGE OF NURSING, BUTTE EXTENDED CAMPUS, ARE SIGNING OUR POSITION ON HB 429, BY NOT REVOVING THE AUTHORITY OF THE BOARD OF NURSING TO SET QUALIFICATION REQUIREMENTS BY RULE AND APPLICABLE FOR NURSING LICENSES.

WE BELIEVE AUTONOMY IN NURSING IS ESSENTIAL TO THE GROWTH OF NURSING AS A PROFESSION. THE ENACTMENT OF THIS LEGISLATION WOULD BE DETRIMENTAL TO THE FURTHERANCE OF THIS AUTONOMY.

MAINTAINING THE AUTHORITY OF THE MONTANA STATE BOARD OF NURSING IS CRUCIAL TO PRESERVING THE STANDARDS OF EXCELLENCE WITHIN THE NURSING PROFESSION.

WE ENCOURAGE YOU TO OPPOSE HB 429.

Respectfully,

NAME	ADDRESS
Sue Rothermel	615 W. Quartz Butte, MT
Kathleen Squin	613 W. Galena, Butte, MT
Ann C. Smith	2609 Bayard Butte, MT 59701
Pamela Jackson	221 N. Henry Butte, MT 59701
Nancy Siverson	Rt. 1, Box 1427 Whitehall, MT 59759
Kim Quartz	P.O. Box 1804 Whitehall, MT 59759
L. Fraaylick	613 N. Quartz Butte, MT 59701

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42

P E T I T I O N

IN OPPOSITION TO HOUSE BILL 409 TO AMEND THE MONTANA NURSING PRACTICE ACT 47 signatures

We, the undersigned Montana State University nursing students of the Great Falls Extended Campus, formally declare opposition to House Bill 409 sponsored by Representative Stella Jean Hansen and Representatives Waldron, Lory, Asay, Manuel and Brown which amends the Montana Nursing Practice Act to eliminate all or a significant part of the authority of the Montana Board of Nursing to define and establish the qualification requirements for licensure of nurses in the State of Montana. We believe it is crucial to the public health and safety of the citizens of Montana that the profession of nursing be permitted to maintain its professional autonomy and assert its specialized knowledge of nursing practice, education and service through the statutory authority currently vested in the Board of Nursing to establish professional standards for the qualification and practice of nursing.

Further, we believe that the process for defining and setting professional standards for the qualification and practice of nursing must not only permit the necessary exercise of professional expertise and judgement, it must also be immediately responsive to the rapidly changing needs and demands of Montana consumers of health care. The current Board of Nursing administrative rule making process for defining and setting professional standards not only permits the necessary level of professional expertise and judgement, it also permits a high degree of responsiveness in the face of needed change and, simultaneously, maintains a desirable degree of public scrutiny. We believe it is both unnecessary and unwise to eliminate the current Board of Nursing authority for administrative rule making as this amendatory bill proposes and necessitate statutory change everytime subsequent revisions in the qualification requirements for nursing are deemed essential to keep pace with changing needs and demands of Montana consumers of nursing and health care. As future practitioners of nursing we look forward to the same degree of professional autonomy in asserting our expertise and judgement for the improvement of nursing care for the citizens of Montana as those nurses who have gone before us.

Karen L. Old
Susan A. Metcalf
~~Dips Post~~
Jim Ball
Cass M. O'Leary
Alice V. Gilbert
Claire Ball
Kathryn A. Wilhelm
Mary J. Kriz
Jim H. Schott
Madalyn R. Crouch
Shauna L. Ruggie
Sandra Kays
Brenda L. Albert
Paul H. Sottel
Jenni Jones
Joysanne M. Whitworth
Zoe P. H. is

Alpha R. Smigaj
Kari L. Ruggie
Alicia Schindler
Carole M. Brydon
Jane Paquette
Shane K. Rohrer
Janelle Toner

P E T I T I O N

IN OPPOSITION TO HOUSE BILL 409 TO AMEND THE MONTANA NURSING PRACTICE ACT

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Bj Duvensaki
Tomy (Liliana)
Kari Huitt
Jonja Dawson
Lari Hamilton
C. P. Hoffman
Vi Higgins
Haci Burdetteck
Sandra Blin
Beth M. Peterschick
Cressa Simmes
Linda Kerkes
Ron Miller
Janet Sippert
Wz Riggs

3006y Akksted

Great Falls

P E T I T I O N

IN OPPOSITION TO HOUSE BILL 409 TO AMEND THE MONTANA NURSING
PRACTICE ACT

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Alice Kay Bellari
Sammy M. Doney
Connie MacKay
Jaren Walvatne
Sally Harty

65 Bozeman
Nursing
Students.

Bozeman

February 4, 1985

65 signatures

The Nursing Students of Montana State University College of Nursing at Bozeman are opposed to House Bill # 409, "An Act Removing The Authority Of The Board Of Nursing To Set Qualification Requirements...".

The Board of Nursing was established to safeguard the life and health of the citizens of Montana by setting qualifications for the licensure of nurses. If this bill is passed we believe it would place us at a disadvantage, as we begin our careers, in responding to these needs. In addition, if this authority is taken from the Board and put into legislative hands it would decrease our professional autonomy. A true profession must be controlled by its own members.

We, the undersigned, encourage you to defeat this bill.

NAME	ADDRESS	PHONE NUMBER
1. <i>Sheryl A Malinowski</i>	318 NORTH HEDGES	994-2575
2. <i>Tahna McClure</i>	305 N. COLE	7-8137
3. <i>Chris Johnson</i>	917 Hedges South	994-4343
4. <i>Candis Sirogen</i>	Box 249 Hapner	994-3148
5. <i>Dwight Stewart</i>	222 E. Mason	586-4909
6. <i>Steven Sampson</i>	106 Grant Chamberlain ^{APT 3-C}	587-4520
7. <i>Catherine Triplett</i>	2 Yellowstone Ct.	586-5235
8. <i>Hugh Peters</i>	905 Nelson Street	586-4270
9. <i>Shirley Penchman</i>	76 Hitching Post Rd	586-4122
10.		
11. <i>Catherine Smith</i>	309 D Hapner	994-3906
12. <i>Elizabeth A York</i>	1132 Hedges	994-2266
13. <i>Sara Wezelund</i>	8505 Stirling Dr.	
14. <i>Kase McNamara</i>	2123 Sandberg Rd.	586-5792
15. <i>Corinne Webb</i>	515 W. 1st St.	587-5386
16. <i>Cheryl A. V. Vail</i>	498 N. Bozeman	587-5796
17. <i>Madame L. Hablin</i>	428 So Bozeman	586-4531
18. <i>Corinne Webb</i>	515 W. 1st St.	587-5386
19. <i>Ann Barry</i>	315 E. Shiffin Dr. #5	587-5881
20. <i>Phillip H. Simon</i>	817 Hilda St. Missa MT	721-7432
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February 4, 1985

The Nursing Students of Montana State University College of Nursing at Bozeman are opposed to House Bill # 409, "An Act Removing The Authority Of The Board Of Nursing To Set Qualification Requirements...".

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	NAME	ADDRESS	PHONE NUMBER
1.	April Miner	1000N 17th, Box 193	6-3011
2.	Nancy Anordly	171 HANNON	994-2279
3.	Tracie Bermes	105E Julia Martin	586-4387
	Shirley H. McManus	Rm. 817 Roskie P. Box 2010 West #1111	994-2214 731-2879
5.	John A. Spier	421 1/2 S, 10TH	7-4815
6.		1100 - 11th	1
7.	Julia O. Bee	121 Hannon, Bozeman	994-2279
8.	Kari Day	232 E. Koch Apt B	587-1250
9.	Judy L. Potter	113 1/2 S. Bozeman	587-8244
10.	Beverly Martin	Box 1204 Belgrade	388 2019
11.	Karen Gamble	46 Sundance Trail	587-2405
12.	Jillien Dyl	Box 74 Hapner Hall, Bozeman	994-2558
13.	Nousi Stuck	318 Hannon Hall, Bozeman	994-3805
14.	Aron Carlson	503 Pryor	994-4779
15.	Patty Moran	1724 S 14 #26	586-1023
16.	Elaine Heuts	Quad D, Rm 305	994-4905
	Heidi Johnson	2054 West College #1	586-4116
18.	Jana Suple	405 W. Granfield	7-4471
19.	Angie Two Bulls	111C Julia Martin	
20.	Scott Allen	1621 W. College	6-7088
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Bozeman

February 4, 1985

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We, the undersigned, encourage you to defeat this bill.

NAME	ADDRESS	PHONE NUMBER
1. Linda Fisher	1208 So. Bozeman	586-9058
2. Daryl Ferrell	1000 N 17 Bozeman	582-17636
3. Fara Shumaker	126 So. 9th	587-1816
4. Janet H. Dorset	14 Jefferson Ct. Bozeman	586-6314
5. Staci Blahut	316 So. Hoopes	994-11520
6. Elizabeth Brown	217 S. 8th	586-8332
7. Eric Soderlin	276 N 52nd	586-11317
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Bozeman

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We, the undersigned, encourage you to defeat this bill.

NAME	ADDRESS	PHONE NUMBER
1. Lisa R. Birkensuel	315 E. Griffin	587-5881
2. Emily Proctor	# 219 Hapner Hall	994-2727
3. Donna Stevens	338 Hannon Hall	994-2447
4. Gen X. Brady	1718 W. Beaulieu	587-8248
5. MERRI Violett	2219 W. College #86	587-9246
6. Carol Aracker	423 Ruskie	994-3777
7. Bobbi Grinnon	105 St. Charles Dr.	586-7361
8. Jean Bendungast	1714 S. 19th #9	587-5177
9. Colleen Kasperick	2405 W. College #30	586-3148
10. Christine Mellin	221 S. Hedges	994-3469
11. Kristin Stewart	262 Hapner	994-3115
12. Shyanne Christensen	1062B Grant Chamber	586-7437
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Bozeman

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We, the undersigned, encourage you to defeat this bill.

NAME	ADDRESS	PHONE NUMBER
1. Karen & Kirkpatrick	340 Hannon	994 2615
2. Dawn Hanson	803 ROSVIE	994-2475
3. Sue Metz	Box 93 Hannon	" - 4935
4. Jean Lehardt	1195 5th	587-0691
5. [unclear]	[unclear]	601-474
6. Ben Keffner	3693 Bozeman TR. RD.	586-0655
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HB409 - Written Comments
Committee Hearing
February 11, 1985
Helena, Montana
Submitted by:
Doris A. Henson
Doris A. Henson, RN, MS
106 Artemos Drive
Missoula, MT 59803

23

I am submitting this written testimony outlining why as a RN and baccalaureate program nurse educator, I am opposed to HB409. This bill proposes to remove from the Montana Board of Nursing the authority to make rules concerning qualification requirements of Registered Nurses and Licensed Practical Nurses.

When making your decision about this bill, your overriding concern is, of course, for the public good. This is also a deep and abiding concern of the nurse. The public good in Montana has been well served by a board made up of RNs, LPNs and Consumers who have the authority to rule on professional qualification requirements.

The authority for my profession as well as others such as medicine and law is based on a social contract with the public. A quote from A. Donabedian expresses this best.

"There is a social contract between society and the professions. Under its terms, society grants the professions authority over functions vital to itself and permits them considerable autonomy in the conduct of their own affairs. In return, the professions are expected to act responsibly, always mindful of the public trust. Self-regulation to assure quality in performance is at the heart of this relationship."

The Board of Nursing has always acted responsibly. I don't believe my professional board has broken this public trust. There is no basis for our self-regulation ability to be diminished as HB409 will do. I believe it is not a violation of public trust but the struggle within my profession to come to terms with the entry level problem that is proving in the case of HB409 to be so very costly. Is the cost of this internal conflict to be the decreased right of self-governance? If so, it is unwarranted. Montana nurses are in the process of working toward mutual resolution of the entry level issues. I request that the committee allow the process to continue over the next two years. The proposed change in the Nurse Practice Act at this point is premature.

Thank you for your consideration.

TESTIMONY OPPOSING HOUSE BILL 409
AMENDING THE MONTANA NURSING
PRACTICE ACT

Submitted to: House of Representatives Human Services
and Aging Committee
Montana State Legislature

Respectfully submitted by: Lee Christie, R.N., M.S.N.
1203 28th Street South, Apt. 84
Great Falls, MT 59405
(406/452-3830)

Date: February 11, 1985

Chairman Nancy Keenan, Vice-Chairman R. Budd Gould, and members of the Human Services and Aging Committee, I, Lee Christie, a practicing registered nurse in the State of Montana and experienced nurse educator, submit this written testimony which is a statement of my views in opposition to House Bill 409. I urge you to consider my views in your deliberation of this Bill.

House Bill 409 in its amended form would amend the Montana Nursing Practice Act eliminating the authority of the Montana Board of Nursing to establish and define new or revised levels of qualification requirements for entry into licensed nursing practice. Under the Nursing Practice Act in its present form, the statutory authority to establish and define qualification requirements for licensure, including nursing education and examination requirements, is vested in the Montana Board of Nursing, and appropriately so.

It is crucial to the public health and safety of Montana citizens, that the nursing profession be permitted to maintain its professional autonomy and assert the specialized knowledge of nursing practice, education and service through the Board of Nursing's authority to establish and define professional standards for the qualification requirements for the practice of nursing. What group is better prepared than nurses who are actively engaged in nursing education and nursing service to knowledgeably and responsibly determine what type of learning content and experiences and how much time in academic years it takes to master the competencies deemed essential for safe effective practice? What group is better prepared than nurses to evaluate the need for reviewing and updating educational requirements

in view of the technology and knowledge explosions taking place in nursing and health care and the demands of nursing employers for ever increasing levels of sophistication in the performance of nursing practitioners? What group is better prepared to evaluate and make decisions about the qualification requirements for licensure than the Board of Nursing comprised of experienced nursing practitioners and educators and public members appointed by the Governor and functioning under a legislative mandate of protection of the public health and safety? Experienced and conscientious nursing educators, nursing service administrators, and nursing practitioners are acutely aware of how the nursing textbooks have tripled in size within the past ten years and how sophisticated nursing care in the modern health care facility has become.

By maintaining the statutory authority currently vested in the Board of Nursing, legislators permit the profession of nursing the degree of professional autonomy and the exercise of professional expertise and judgement necessary for the establishment and definition of licensure qualification requirements in an amount and at a level appropriate for the protection of the public health and safety of the citizens of Montana. To rescind this authority as HB-409 proposes is to deny the citizens of Montana the full benefits due them from the profession of nursing.

In accordance with the current level of authority vested in the Board of Nursing, establishment and definition of standards for licensure qualification requirements are accomplished by the administrative rule making process. This process not only permits the necessary level of professional expertise and judgement in considering the issues, it also permits a high degree of responsiveness in the face of needed change, and, simultaneously maintains a desirable degree of public scrutiny. The administrative rule making process is efficient, responsive and accountable. It is unnecessary to replace this process as HB-409 proposes and ultimately necessitate statutory change every-time revisions in the qualification requirements for the practice of nursing are deemed essential to keep pace with changing needs and demands of consumers of nursing and health care.

In essence, HB-409 will result in shifting the authority and the responsibility for maintaining appropriate qualification requirements for the practice of nursing from the Board of Nursing to the Legislature. The underlying assumption is that the authority and responsibility to establish and define qualification requirements for a licensed profession are improperly vested in and delegated to the appointed professional board and need to be rescinded. Rescinding this authority for the Board of Nursing will necessitate a comprehensive review of the authority the legislature has vested in all other professional licensing boards in the State and the appropriate statutory revision to achieve consistency. This statutory review and revision process as well as the increased responsibility the Legislature will assume will add greatly to the Legislature's already burdensome load and could prove to be unwieldy. To limit this shift in authority and responsibility to just the Board of Nursing and not consider other professional boards would be problematic. The Board of Nursing has demonstrated responsibility and competence in fulfilling its legislative mandate. Singular action against the Board of Nursing simply would not be justified.

One final point, HB-409 is not limited to just changes in levels of nursing education requirements; it addresses change in levels of entry requirements and licensure examination requirements are a part of these entry requirements. HB-409 would put the Legislature in a position of having to assume authority and responsibility for determining what, if any, changes need to be made in the level of the required licensure examination scores as well. This shift in responsibility would add even more to the already burdensome load this bill would impose on the Legislature.

I thank you for taking the time to read my testimony and affording me the opportunity to express my views in opposition to HB-409. If I can provide any additional information or clarification which would be helpful to you in deliberating the issues surrounding HB-409, please feel free to call on me. Thank you again.

February 7, 1985

I am writing to you to request your support of HB #09. As a practicing registered nurse in a small hospital in northern Montana, I feel that allowing the Montana State Board of Nursing to add other qualifications to the requirements to obtain a nursing license will do an injustice to the practicing nurse and to the health care consumer.

I am a graduate of a 2 year Associate Degree program (NAC 1979) who successfully passed the State Board Of Nursing examination and received my RN license. I feel that due to the fact that I passed the exact same exam as the 4 year Bachelors Degree students, I am entitled to the same title along with the same pay. I do not feel that just because a 4 year student attends school for that many quarters makes him or her a better nurse.

I feel that the Montana Nurses Association (MNA) proposal is not only a threat to me as a nurse, but to the whole nursing profession, medical profession, and especially to the health care consumer. This involves almost every Montana citizen. I believe this proposal would only raise the cost of health care and would lead to a shortage of nurses especially in the rural areas of Montana.

Thank you for your consideration in this matter.

Sincerely

Alice Langel RN

Alice Langel RN
Box 203
Audyard, MT 59540

Shirley A. Kulpas RN

Karla J. Kulpas, RN

Jere Schaub, RN

Ann Ruddle RN

Judy Campan RN

Carolee Labuda RN

Rosemary K. Kelly, RN

STATEMENT ON HB 409

I would like to make a statement in favor of HB 409 - a change intended to prevent implementation, by the State Board of Nursing, of the Montana Nurses Association's education proposal.

In many professions there is a history of conflict between the academic world and the real world - that is, the day-to-day practice of the profession. Call it a conflict between theory and practice, if you will.

At first thought it might be tempting to clarify the disagreement and uproar in nursing over the entry into practice question as just another example of a clash between theory and practice. However, there are implications concerning the nursing profession that I feel transform this conflict from one of intellectual interest into one of utmost importance for all involved - nursing professionals, hospitals, payors, and patients.

These implications center around two issues:

- The ability of the nursing professional to deliver high quality, effective patient care and
- the economics currently surrounding health care.

The ability of the nursing professional to deliver high quality health care is, of course, dependant on the education process. The majority of nurses practice in a hospital setting. The need in the field of nursing continues to be for well-trained clinicians. Yet statistics reflect that

4 year BSN graduates do not fare as well on State Board exams as do graduates of the other two programs - associate degree and diploma programs.

Hospitals across the country are finding that increased orientation and on-the-job training are necessary to prepare the four year graduate for the realities of the clinical world. It is ironic that the education program offering the least in terms of preparing clinicians should be proposed as the sole avenue of education.

The majority of nurses prefer to practice in clinical positions, not in management. It would therefore seem appropriate to retain or, in some cases, re-institute the crucial clinical component in nursing education.

As an administrator trying to manage in a cost-conscious environment the aspect of the four year BSN as minimum requirement for entry into practice raises the following questions in my mind:

Who will pay?

Who will pay for the extended orientation time necessary to prepare nurses to function in the real, clinical world?

Who will pay for the internships or preceptorships that have been proposed as a means of preparing nurses to assume the role of clinician? Should hospitals assume this expense at a time when most are struggling to reduce operating costs? Should nursing students assume this expense, in addition to educational costs already borne?

Who will pay the increasing costs of education? It may be that the increasing costs and decreasing availability of student aid would effectively limit access to the nursing profession for many.

I am not opposed to the BSN degree as preparation for a nursing career. I have a BSN in addition to a masters in Hospital Administration. However,

based on both my professional and personal experience, I feel changes should be required in most four-year programs, such as a re-focusing on clinical nursing practice, if they are to fulfill their responsibility to hospitals which employ the wide majority of nurses and to the nursing profession itself.

Tana J. Casper, Director of Nursing
Missoula Community Hospital
2827 Fort Missoula Road
Missoula, MT 59801

POSITION STATEMENT

ADJUSTING THE "LEVEL OF ENTRY" REQUIREMENTS IN THE STATE OF MONTANA TO REQUIRE A BACCALAUREATE DEGREE FOR ALL NURSES

Comments By:

Donald E. Pizzini,
Health Officer and Nursing Home Administrator

I must preface my comments regarding this issue. While I am strongly opposed to requiring baccalaureate requirements for all registered, professional nurses, I have the highest professional respect and admiration for all degreed registered nurses. In my role as Health Officer for a local City-County Health Department, I have employed only degreed registered nurses for the past 13 years. I have found these nurses to be extremely capable and competent individuals. The nature of their work centers around home, school and community services. These services are primarily preventative in nature. The clinical one-on-one "hands on" care is limited. This activity requires significant abilities in professional writings; preparing and providing community health education programs; community public relations work; an ability to work with other professionals in the school and community regarding health needs and problems; a thorough understanding of the cause and control of communicable diseases; a thorough knowledge of the chronic diseases and support systems; and a knowledge of clinical and nursing physical assessment skills. These services are generally provided without direct physician supervision.

As an Administrator for the largest skilled nursing home in Montana for the past eight (8) years, I have also had an opportunity to employ, supervise, and evaluate two and three year registered nurses and licensed practical nurses. I can say with equal intensity that these professional nurses are also capable of performing excellent professional nursing services. The nature of their work is strictly in a clinical setting providing hands-on-care to patients. I have not had a single incident occur during this time that would make me wonder if additional schooling should have been required in their training. They are capable of providing a very professional level of services. In my discussions with other nursing home administrators and acute care hospital administrators, I have never heard a 2 or 3 year RN or LPN belittled because of their education and training. Each administrator has the responsibility to assess each job responsibility and to fill that position with a person who has the education, training and experience to adequately accomplish the required tasks and goals of the position.

I am opposed to the proposed baccalaureate level of entry requirement for professional nurses for the following reasons:

1. Demeaning In Nature. Such a requirement would assume or indicate that the current educational requirements and professional performance of 2 and 3 year registered nurses and LPN's are unsatisfactory and inadequate, requiring serious upgrading. In all my years of health administration, I have never heard another administrator, a physician, a patient, or a family member comment on the quality of care provided by a specific type of nurse. I have never heard that care could have been improved if the LPN had been an RN, or if a 2 year RN had been a 3 year RN, etc.

I have been impressed, however, that the recipients of nursing care - regardless of nursing level - has generally performed a high level of service. The problems administrators deal with regarding nursing care are generally specific by individual rather than by nursing level.

All registered nurses, whether 2, 3 or 4 year RN's, are required to take and pass the same Nursing Board exams. I have read and have been told that the 2 and 3 year nurses fare as well in the exams as the 4 year nurses. In the clinical aspects of nursing, I have also been told the 2 and 3 year nurses may even perform better. This is probably the result of the more intense clinical nursing training received rather than one would get in a 4 year, more liberalized nursing program.

LPN's receive a shortened specific course of instruction and work under the direct supervision of an RN. Their work has also been very beneficial in both the acute and long term care settings.

I believe the onus is on the proponents of baccalaureate level of entry for nurses to properly demonstrate that LPN's and 2 and 3 year RN's have fallen short in their responsibilities and do not measure up in the delivery of patient care.

I am equally not convinced that requiring the additional education would, in fact, improve patient care on a proportionate basis. It may, in fact, have a negative result in that exceptionally trained professionals may have more difficulty in performing routine and tedious duties on a daily basis in hospital and nursing home settings.

2. Will Cause A Shortage Of Nursing Personnel. I believe any attempt to increase nurse level of entry requirements will produce an even greater shortage of nurses than is now experienced. A cursory review of Montana newspapers will indicate a continual advertisement campaign to recruit nurses for hospital and nursing home settings. Some employees even have to resort to utilizing very expensive national nurse "pools" in order to fill vacancies. Other employees have had to recruit from other states to fill staffing requirements. One needs to keep in mind that if staffing levels cannot be maintained in certain health care settings, the facility license can be jeopardized and even revoked. In addition, where nursing staff levels cannot be maintained, facilities have to be concerned with increased liability potentials. Large monetary suits are being levied against health care facilities for inadequate care as a result of less than satisfactory staffing.

Rural areas in Montana will be hit the hardest. Rural hospitals and nursing home settings traditionally staff their facilities with available nursing professionals from all levels - LPN's and 2, 3 and 4 year RN's. To eliminate any one of the levels of nursing expertise would surely add to the current problems of rural staffing. Recruiting for nurses outside of an immediate geographical area for rural hospitals and nursing homes is both non-productive and extremely expensive -- for obvious reasons.

It is also my personal opinion that, if one were to determine the total number of individuals currently enrolled in approved schools for LPN's, 2 and 3 year RN's, and 4 year RN's, one could expect a serious reduction if the level of entry was adjusted to require a baccalaureate degree. There are specific reasons why individuals select different levels of nursing training. These may include available finances; time required to complete training; geographical location of approved nursing school; family responsibilities, etc. These factors would surely prohibit many of the nursing candidates from entering and completing a four year program.

3. Will Increase Health Care Financial Expenditures. To increase the level of entry requirements would have an equal and corresponding increase in nursing expenditures. This increase would come about primarily in two respects:

- a. Due to the expected shortage of personnel as documented above, nursing employees could expect and demand increased salaries simply by reason of the law of supply and demand. This process can be seen intermittently in action during periods of unavailable nursing personnel. When nursing personnel are in demand, salary demands go up accordingly. In addition, great competition occurs throughout the health care provider settings in an attempt to recruit and maintain the limited supply of available nurses. Incentives of increased wages and benefits are offered to entice available personnel to specific facilities. This, in turn, causes increased per day charges in hospitals, etc., in order to generate revenues to pay for increased wages and benefits. The whole trend is truly inflationary.
- b. Increased costs can also be expected by the nursing profession simply because of the upgraded level of education. The more education one receives or is required to receive, the greater the compensation one expects and deserves.

In my opinion, within the hospital and nursing home settings, only a few limited positions, in fact, require a four year level of education in order to provide a high quality of nursing care acceptable to the recipients. Anything else provided can be compared with putting "frosting on the cake" -- and this particular frosting comes very expensive.

One other aspect I would like to address is that there appear to be concerns regarding: 1) the non-acceptability of previous credits earned as applied for baccalaureate purposes, and 2) allowing previously licensed LPN's and 2 and 3 year RN's the right to continue working through the merits of a "grandfather" clause. I continue to be opposed to this level of entry modification even if both of the above concerns can be properly accomplished. If approved baccalaureate schools of nursing were to recognize and give full credit to all education at the other levels for baccalaureate purposes, and if they would not discriminate against nurses already trained by way of a "grandfather" clause, this would only benefit society on a short term basis. This may even quell the concerns of those currently working in the profession and those currently in schools of nursing. However, as a health care professional, I feel I must also look beyond the next few years and predict the results of such action in the years to come. The reasons given above in opposition to the proposed action apply to both the short term and long term results and its impact on quality care for Montana residents.

In conclusion, I feel the current levels of nursing providing for a mix of abilities are adequately meeting the needs of society at the lowest possible expense. With health care costs as they are, plus the medical inflationary trends over the past two decades, society is not in a position to assume the impact both in quality care and in expenditure by adjusting the level of entry requirements. We have an obligation to assure the people of Montana that this proposed movement does not occur in this State.

Testimony on House Bill 409 by Gretchen Fitzgerald

Due to the tremendous complexity of health care today, the legal ramifications, the high technology, and the nursing process, Nursing Administrators are being forced to look very closely at preparatory educational levels for all employees they hire.

Employers of nurses in all health care settings throughout the country are frequently addressing educational requirements for nursing positions.

This has become a natural evolution in all professions, and Montana ~~must~~ *also* ~~must~~ *also* look to the future of preparing nurses to meet the changing demands.

I speak in opposition to House Bill 409. Thank you.

Madame Chairman
Members of the Committee

I am, Gretchen Fitzgerald, Reg. Nurse and Vice President of Nursing Services
Montana Health Cent
Great Falls

I speak in opposition to H.B. 409

As an employer of licensed nurses in an acute care setting I wish to address my concerns re H.B. # 409 and the ~~reference~~ reference it makes to nursing education.

Rep. Stella Jean Hanson
State Capital Building
Helena, mt 59620

Dear Representative Hanson,

I am in support of HB 409,
to limit the board of nursing power
to take the level of entry issue to
the legislature for a decision.

Sincerely,

Duncan Kinn R.N.
708 G. 2nd
Missoula, mt
59801

February 8, 1985

Nancy Keenan, Chairperson
Human Resources Committee
State Capitol
Helena, Montana 59620

Dear Nancy and other Committee Members:

We the undersigned, support HB 409.

We feel the level of entry issue should be decided by the
Legislature, not the Board of Nursing.

Phyllis L. Coates - Student Practical Nurse
Diane J. Latta - Student Practical Nurse
Judy M. W. - Student Practical Nurse
Marti Young - Student Practical Nurse
Lucy Van Egan - Student Practical Nurse
Julie Hulén - Student Practical Nurse



Missoula Vocational Technical Center

- Post Secondary Vocational Technical Education
- Adult Continuing Education
- Community Service

Phone (406) 721-1330 909 South Avenue West Missoula, Montana 59801

February 8, 1985

Nancy Keenan, Chairperson
Human Resources Committee
State Capitol
Helena, Montana 59620

Dear Nancy and other Committee Members:

We the undersigned Practical Nursing Faculty are in support of House Bill 409. We believe that since the level of entry issue has broad implications for many people including potential future students, the issue should be decided by a larger, more representative body. This bill would make that a legislative decision, by persons representing all people in Montana.

Margaret Jaulbee, RN,
Kare S. Hill RN
Priscilla M. Leigh RN
Marge Dingus RN/M Jaulbee



**CONCERNED NURSES
OF MONTANA**

Box 4552

Missoula, Montana 59806

February 11, 1985

Testimony in support of HB 409

Submitted by Linda M. Smith
729 Prince
Missoula, MT 59801

I am a registered nurse. I have worked as a staff nurse in four different hospitals in three states over the past ten years. I am a member of Concerned Nurses of Montana, the American Nurses Association, and the Montana Nurses Association.

I am testifying as a spokesperson for Concerned Nurses of Montana. Our membership includes both registered nurses and licensed practical nurses. Many of our members are staff nurses in hospitals and nursing homes. Many individuals are unable to attend this hearing because of that fact. Patient care cannot be postponed to allow nurses to attend a hearing.

Concerned Nurses of Montana is in support of House Bill 409 and the amendment to House Bill 409. Our intent and support for this bill is not to delete the Board of Nursing's authority to change any qualifications for licensure, but rather to ensure that the Board of Nursing does not have the authority to change the educational requirements for entry into nursing.

The introduction of this bill is in response to proposed changes in the educational entry level by the Montana Nurses Association, or MNA. MNA is the state affiliate of the American Nurses Association, or ANA. MNA's proposal would require that persons taking the licensing exam for licensed practical nurses, or LPNs, must be graduates of two-year associate degree programs and that persons taking the licensing exam for registered nurses, or RNs, be graduates of four-year baccalaureate programs. The changes would be effective in 1992. Thus, program changes would have to occur as early as 1988.

The educational proposal was established by the ANA and is being pursued by many of the affiliated state nurses associations. To date, no state has implemented the proposal. Consequently, ANA is providing grant money to the state associations in an attempt to secure the passage of the proposal. MNA has received \$42,000 in grant money.

ANA's membership includes approximately 13%-14% of the nation's practicing RNs. MNA's membership includes approximately 18% of Montana's RNs. Many of us, possibly a large majority of MNA's membership, belong to ANA and MNA due to the collective bargaining services and not because we support the educational level of entry proposal. Polls have shown that the majority of nurses believe that ANA's policies do not reflect the consensus of its own membership let alone the nursing profession in general.

A brief review of the current nursing programs and some facts and figures pertinent to Montana will be helpful. Currently, LPNs attend a one-year vocational/technical program. RNs may attend either a two-year associate degree (AD) program, a three-year diploma program, or a four-year baccalaureate (BSN) program. Nationwide, graduates of LPN programs take the same licensing exam. Nationwide, graduates of all three types of RN programs take the same licensing exam. The National Council of State Boards of Nursing conducted a study and determined that the exam is a valid test for the safe and effective practice of entry level RNs. Graduates of all three RN programs are employed in all areas of health care, assume the same responsibilities, and receive the same salaries.

In Montana, there are approximately 7,000 RNs and 3,000 LPNs. Montana has five LPN programs located in Helena, Great Falls, Missoula, Billings, and Butte. There are two associate degree programs located in Havre and Miles City. There are two baccalaureate programs located in Helena and Bozeman.

It is necessary that you understand some of the consequences of MNA's educational entry level proposal before you vote on House Bill 409. The majority of the arguments surrounding the proposal are included in the lengthy paper you have received from Concerned Nurses. If you did not receive a copy, let me know, I have some extra copies with me. A brief review of some of the issues surrounding the proposal will demonstrate that not only nurses will be affected by the proposal, but rather, all of health care.

Studies conclude that the predominant reasons that students choose one of the four types of programs are the length, the cost, and the geographic location of the school. In a large rural state, like Montana, geographic location is a very important consideration.

If MNA's educational proposal were implemented, the decreased access and the increased cost of nursing education would exclude many individuals from nursing. The exclusion would be shared by ethnic minorities, rural

citizens, single parents, and individuals in lower socio-economic classes.

A large percentage of nurses and nursing students are female. Women head over one fourth of the households in this country and more than one third of those households are below the poverty line. Two out of three adults who are poor are women. Educational access to a predominantly female profession should not be decreased. In addition, a large percentage of the students enrolled in LPN and associate degree programs are nontraditional students. Those students are unable to choose programs based upon the same criteria that traditional students do.

MNA's educational entry level proposal includes a grandfather clause which would protect the current LPN and RN license holders. However, if it is believed that AD, diploma, and one-year LPN graduates are inferior practitioners, it would be in the best interests of the consumer not to grandfather those individuals. If AD, diploma, and one-year LPN graduates are not inferior practitioners, then the level of entry proposal is unnecessary.

Proponents of the proposal will state that the changes are necessary for the future due to the advances that have been made in medical technology. However, this proposal was originally introduced in 1923. There has certainly been many major medical advances since that time such as intensive care units, open heart surgery, organ transplants, and respirators. All four types of educational programs have undergone curriculum changes in response to medical changes. There is no reason to believe that they will not continue to do so in the future.

Another important issue resulting from the educational proposal is interstate mobility and license reciprocity. Nurses are licensed only in the state in which the licensing exam is taken. Nurses currently may obtain a license to practice in another state by applying for license reciprocity through that state's Board of Nursing. If Montana were to implement MNA's proposal, nurses from other states that are graduates of AD, diploma, and one-year LPN programs would not receive license reciprocity in Montana and would be unable to practice nursing in Montana. Only about 36% of the nurses in this country are baccalaureate graduates. There are very few two-year LPN programs in the country. In addition to the decreased number of nursing graduates in Montana and a limited number of nurses eligible to receive license reciprocity in Montana, nurses drop out of the field at a rate of 30%-40%.

In 1983, all of the graduates of Montana's associate degree programs

remained in Montana to take their licensing exams. Only 78% of Montana's baccalaureate graduates remained in Montana to take their licensing exams. Implementation of MNA's level of entry proposal will very likely create a nursing shortage. The Federal Institute of Medicine concluded that a nursing shortage would occur if the number of nursing graduates declines by more than 4%. The above facts represent a much larger decrease than that.

National polls have been done regarding the educational entry level proposal. Between 73% and 85% of the respondents were opposed to the proposal. The Montana Nurses Association claims to have taken a 100% survey of the RNs and LPNs in Montana. However, some of us did not receive the questionnaire at all, and many individuals received it after the return deadline. The information that MNA included emphasized the positive effects of the proposal. The survey was not an impartial poll. Not surprisingly, of the 17% of the questionnaires that were returned, a total of 55.5% supported the proposal. Also included in the questionnaire was a list of positive and negative consequences of the educational entry level proposal. The first four most common choices of all respondents were negative consequences of the proposal. Those top four choices included that there would probably be an increased cost for nursing care without any improvement in the quality of nursing care.

The increased length and cost of education combined with a decreased supply of nurses will increase health care costs and will possibly decrease the availability and the quality of health care. Health care is already out of the financial reach on many individuals. Further increases in cost without any increase in the quality of care is a burden that consumers cannot accept.

As stated previously, the majority of the members of Concerned Nurses of Montana are staff nurses employed by hospitals and nursing homes. Staff nurses are in direct contact with patients daily and serve as patient advocates. As advocates for those patients and as nurses, we support House Bill 409. MNA's educational entry level proposal is not needed for the safety and welfare of health care consumers, and it is not desired by the majority of nurses.

We realize that legislators prefer not to decide licensing requirements. However, we ask that you accept that responsibility in reference to MNA's educational entry level proposal and support House Bill 409. This issue affects not only nurses, but also potential nursing students, health care providers, and health care consumers. Health care is an issue that affects

everyone. The authority to decide an issue of this magnitude should not be held by the appointed members of the Board of Nursing. That authority should be held only by the elected representatives in the legislature. Board members are not directly accountable to the consumer, legislators are.

Thank you.

Linda M. Smith

Linda M. Smith

February 8, 1985

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Representative Cohen
Montana State Legislature
Capitol Station
P.O. Box 19
Helena, MT 59620

Dear Mr. Cohen:

The proposed changes to the Nurse Practice Act, as described in House Bill 409, would abolish the authority of the Board of Nursing to establish qualifying standards for licensure of professional nurses and practical nurses, thus making any changes an act of legislation. The effect of this change would make all qualifications for nursing licensure statutory in nature.

We, the undersigned, find that the ramifications of this proposed change are far reaching, setting an unfavorable precedent that could impact on other regulatory boards. To date the Legislature has opted to give regulatory bodies discretion in setting professional standards. Therefore, we, the undersigned, request that you vote NO on House Bill 409.

Maura Fields, R.N., B.S.N.

MF/jrr

Kathleen Ra RN
 Anita Lobello RN
 Cheryl White CNOR RN
 Maura Fields RN
 Mary E. Fritz RN
 Joan Yarnall RN
 S. Oh RN
 Barbara Korman RN
 Jerry Robinson RN
 Mary E. Bartlett
 Barbara Kaiser Burch RN
 Patricia Murgarden RN
 Patricia Lambert RN
 Kathy Ward RN
 Mary Joanne Deschard
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 3330 East Lakeshore Drive Whitefish, Montana
 357 Blankard Rd Whitefish, MT 59937
 P.O. Box 1415 Whitefish, Montana
 1430 Wisc. Ave Whitefish, mt.

VISITORS' REGISTER

Human Services and Aging COMMITTEE

BILL NO. HB 409

DATE 2/11/85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Skiley A. Lewis	Helena		✓
Trudy Malone	Bigfork		✓
Dorchen Fitzgerald	Great Falls		✓
Doris A. Henson	Missoula		✓
Celia L. Larson	Great Falls	✓	✓
Sharon Megigan	Great Falls		
Hebe Chestnut	Great Falls	✓	
Mary Hubert	Hamilton	✓	
Jean Clary	Hamilton	✓	
Margaret Chesselwood	Missoula	✓	
Priscilla Johnson	Missoula	✓	
Shirley Sullivan	Libya		✓
Ruth Meyer	Helena		✓
Gayle Astle	Butte		✓
Mary Menger	Helena		✓
Joyce Green	Butte		✓
Jane Barkley	Bozeman	PPR	✓
Linda J. Papp	Missoula	✓	
Diane Langston	Missoula	✓	
Barbara Simonsen	New Lodge		✓

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Phyllis McDonald Helena ✓
 Donna Small Billings ✓
 Patricia C Sweet Helena ✓
 CS-33
 ... m. l. a. ✓

		Support	Oppose
Patti Duffley	1118 Cheyenne rd Helena		✓
Jean Stewart	Box 4 E. Helena		✓
Vammy Tennessy	1030 1/2 Hausen Helena		✓
Pat Barrett	438 So 6 E Mula	✓	
Glaine Bellman	6305 Charvet Mula	✓	
Carole Mathews	1590 Pine meadows msla	✓	
Phyllis Lawson	Missoula	✓	
Maui M. Wain	4305 Spruig rd Mula	✓	
Donald R. Jones	4775 S. Wain		
Edee Robbins	Helena		✓
Sally H. Wood	Harro		✓
Athen R. Bryguy	Forseyth	✓	
Joyce Asay	Forseyth	✓	
Marilyn Ranta	Forseyth	✓	
Walter Young	Helena		
Penelope Sanders	Missoula		
Louette Smith	Helena	✓	
Lorraine Talbot	Missoula	✓	
Lauri Crata	Helena.		
Pat Dotter		✓	

Support as
Annual
by sponsor.

VISITORS' REGISTER

COMMITTEE

BILL NO. 409

DATE 2/11/85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Donna Greenwood	Helena		✓
CATHY CANIPAROLI	HELENA		—
Joni Meldrum	Joplin (Carroll S.N)		✓
Teresa Munshower	Bozeman (Carroll S.N.)		✓
Margaret M. Cole	Bellings (Carroll S.N)		✓
Jo-Anne P. Scott	Helena		✓
Michelle E. Wing	Assoc. Students MSU, Bozeman		✓
Kathleen Merion	East Helena		✓
Richard Brown	Chester	✓	
Richard [unclear]	W. La. University (College Park, La.)		✓
Rep. Dorothy G. Gray	Wolf Point		✓
Richard [unclear]	Water City	✓	✓
Jusan [unclear]	Great Falls (Carroll S.N)		✓

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VISITORS' REGISTER

Human Services and Aging

COMMITTEE

BILL NO. HB 318

DATE 2/11/85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
DAVID R BEANS	4 PROFESSIONAL VILLAGE ^{MSLA}	X	
Marsha Gregory RN	Forsyth, Montana	X	
Anja Jones RN	Grt. Falls, Mt.	X	
Gail Micheloth R	Grand Falls, Mt.	X	
Shari Khoustek RN	Great Falls, Mt	X	
Sally Wood	Exeter, Mt.		X
Edna Robbins	HELENA, MT.		X
BRUCE LOBLE	HELENA		X
Robert Kay	CHICAGO, ILL		X
Johannah Reilly	Hamilton Mt	✓	
Amy Haynes	Missoula, MT	✓	
Russell Marz	Great Falls	✓	
Dr. Michael Bergkamp	Helena, MT	✓	

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VISITORS' REGISTER

Human Services and Aging

COMMITTEE

BILL NO. HB 435

DATE 2/11/85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Clay Edwards	Dillon		X
William Jenson	Great Falls, MT		X
Thomas K Devitt	Helena	X	
Frank J. Davis	GREAT FALLS		X
Bruce Coble	Helena		Amend
Robert [unclear]	CHICAGO, ILL		AMEND
Johannah Reilly	Hamilton Montana	✓	
Dr Amy Haynes	Missoula, MT	✓	
Linda & Paul Renz	G.F.	✓	
William Leary	Helena, MT		✓
A. Lee Christie	Great Falls		✓
Russell Marz, N.D.	Great Falls	✓	
Jerome [unclear]	not present Helena		✓
Thomas S. Jaxon	Butte, MT.		✓
Harold Gerke	Mont Chicago Ben		✓
Gary Blom	Helena		✓
Mike Paul [unclear]	Helena		✓
Ronald [unclear]	not present Helena		Amend
Michael Baykamp	Helena, MT	✓	
Richard [unclear]	Chester, MT	✓	

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VISITORS' REGISTER

Human Services and Aging

COMMITTEE

BILL NO. HB 646

DATE 2/11/85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Phyllis Lawrence	Missoula	✓	
Dore E. May	Winston	✓	
Lou ANN Crowley	Missoula	✓	
Jim Bamzow	Victor	✓	
Bob Quinn	Big Sandy	✓	
Johannah Reilly	Hamilton Mt	✓	
Russell Marz	Great Falls	✓	
Al Kurki	Helena	✓	
Willard Pitt	MT Restaurant Assoc	✓	
Richard Thelstyes	Chester, MT	✓	
Walter Gene Thelstyes	Chester, MT	✓	

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VISITORS' REGISTER

COMMITTEE

BILL NO. 435

DATE 2/11/85

SPONSOR _____

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
JOHN W. McMAHON M.D.	6362 Hwy 12 W Helena		X
JOHN W. HARLAN MD	Box 48 Clancy, MT		X
Tina Beatty, M.T	Box 103 Helena	X	
David Briggs	Helena	X	
MIKE McGRATH	"	X	
Donna D. Dawdon	Helena	X	
Sam Lenkovich	Helena	X	
Patti Cashion RN	Great Falls, MT	X	
Lindy David MD	Helena, MT	X	

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PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.