

MINUTES OF THE MEETING
HUMAN SERVICES AND AGING COMMITTEE
50TH LEGISLATIVE SESSION
HOUSE OF REPRESENTATIVES

The meeting of the Human Services and Aging Committee was called to order by Chairman R. Budd Gould at 1:00 p.m. on Thursday, January 15, 1987 in Room 312-D of the State Capitol.

ROLL CALL: All members were present.

CONSIDERATION OF HOUSE BILL 58:

REP. NANCY KEENAN, district 66, introduced HB58. She mentioned that the word "or psychologist" was inserted in the bill. She explained that this authorized psychologists to have the same authority as psychiatrists for persons relying on mental disease or defect as an issue in criminal actions. She pointed out that licensed psychologists were clarified as a person with a doctoral degree based on psychological studies.

DR. HUGH BLACK, clinical psychologist from Helena, spoke in favor of the bill. He said that psychologists go through 5-6 years of intensive training and are conversant in evaluation and testing, diagnosis, and interpreting with an extensive internship (exhibit 1).

LOWELL LUKE, a clinical social worker representing the Montana Chapter of Social Workers, agree that psychologists should be included as expert witnesses in criminal cases (exhibit 2). He mentioned that they felt the bill was too restrictive. He said there were three professional groups that do clinical evaluations and testify as expert witnesses in criminal cases, which include social workers. An amendment (exhibit 3) is recommended that says licensed professional who are certified as professional people. The proposal would include social workers, psychologists, and psychiatrists. The amendment would be more consistent with the practices of Montana courts.

OPPONENTS: There were no opponents.

REP. KEENAN closed on HB58. She said there would be a considerable amount of discussion on the proposed amendment by the social workers. She presented a copy of the Comprehensive Criminal Control Act amendments of Congress that include psychologists and psychiatrists (exhibit 4).

QUESTIONS FROM THE COMMITTEE:

There were no questions from the committee.

CONSIDERATION OF HOUSE BILL 36:

REP. DOROTHY BRADLEY, District 79, introduced HB36. She said the purpose of the bill was to require a bachelors degree for a registered nurse. She pointed out that the bill postponed the effective date until 1992. This would leave this open for anybody entering the field for 5 years. She emphasized that no change is made for licensed practical nurses.

PROPOSERS:

PEGGY MUSSEHL, president of the Montana Nurses Association from Bozeman, testified in support of HB36. She explained that MNA was a statewide organization composed of registered nurses who are graduates of diploma schools of nursing, associate and baccalaureate degree programs, and masters and doctorate degree programs. She pointed out that nursing practice must have a minimum professional baccalaureate degree (exhibit 1).

THERESA SULLIVAN, representing the Montana Consortium and Schools of Nursing, spoke in support of the bill. She discussed the programs that granted degrees and diplomas. She pointed out the emphasis on the professional person was the development of critical thinking and analysis skills (exhibit 2).

MYRNA YUNCK, president of Montana Organization of Nurse Executives, spoke in support of HB36. She described the organization of nurse executives. Standardized, educational entry requirements have been developed over 25 years. She pointed out the technical skills that were needed (exhibit 3).

GRETCHEN FITZGERALD, vice president for nursing at Montana Deaconess Medical Center in Great Falls, spoke as a proponent to HB36. She discussed the educational background of the nurses employed by the hospital. She pointed out the education diversity preparedness of nurses who hold the same license. The purpose of increased education for nurses is to respond to the future of the health care delivery system. She stated that educational preparation for the new professional roles necessitates a minimum of a baccalaureate degree in nursing (exhibit 4).

KATHLEEN MANION, a certified school nurse in the East Helena School District and representing the Montana Association of School Nurses, spoke in support of HB36. She mentioned a survey done in 1986 of Montana school nurses showing 55

percent with a bachelors degree or beyond. (Exhibit 5) She said a bachelors degree was necessary for entrance into the profession.

LINDA WAGNER, a registered nurse from Helena, supported the need for the minimum educational requirement at the baccalaureate level. She pointed out the many changes expected for RN's in many areas. The specialty areas require a broad base education of the baccalaureate program.

OPPONENTS:

LEVA LIVOLTI, representing Concerned Nurses of over 800 members, spoke in opposition to the bill.

PAT BARRETT, president of the Concerned Nurses and employed as an educational coordinator at Missoula Community Hospital, testified against SB36. She said that HB36 would increase the cost of nursing education without adding any positive benefits to the consumer. She pointed out that nursing was a high cost discipline and would increase the cost of nursing without improving the quality of care. She said that the two year program was turning out competent nurses which was reflected in the nursing exam (exhibit 6).

JOANN CARVER, an LPN and graduate of Helena Vo-Tech practical nursing program, spoke in opposition to HB36. She pointed out the high cost of schooling. She said this bill would discriminate against individuals with financial situations.

PAT DOTTER, a registered nurse with an associate degree in nursing and a bachelor of science degree in nursing, testified against HB36. She is a practical nursing program coordinator and full time instructor at the Helena Vo-Tech Center. She pointed out that she was not opposed to education but opposed HB36.

LAURA LENAU, a registered nurse with a diploma, a bachelor of science degree in nursing and a masters of science degree in nursing, opposed HB36. She said that when the nursing profession is upgraded, the entire profession should be addressed at one time (exhibit 7).

TANNA CASPER, director of nursing at Missoula Community Hospital, gave her perspective on the bill. She said she was not a supporter of a four year degree for entry into practice. She pointed out the decreased access to nursing education due to limited financial abilities. She did not feel this change was necessary and opposed HB36.

BILL LEARY, past president of the Montana Hospital Association and representing the 55 member hospitals, spoke in opposition to HB36. He presented the current membership status of Montana hospitals in the the association. (exhibit 8). He said that Montana hospitals are the major employer of RN's and LPN's in the state. He pointed out that the qualification for employment is a license by the State Board of Nursing. He stated opposition to a government mandated requirement that stipulates as a condition of licensure that all nurses must have a baccalaureate degree in order to take the licensure exam as of January 1, 1992. He said there was currently a minor shortage of nurses in the state. He pointed out that if the bill passed there would be no opportunity for diploma or associate degree nurse who receives a degree anywhere in the United States after January 1, 1992, to come to Montana and practice the profession.

MIKE SINCLAIR, hospital administrator from Hardin, testified in opposition to the bill. He said that HB36 was not a health care or education issue. He said the bill does not address continuing education or cost containment. He stated that the bill manipulates power to control access into a nursing profession. He mentioned the availability of nurses and recruiting from programs. He said if the two year program was eliminated the small and rural hospital would have difficulty in recruiting a sufficient number of nurses to fill needs.

BETTY CHRISTY HILL, executive director of the Association for the Homes for the Aging, spoke in opposition to HB36. She stated that the two year associate degree is not deficient. She pointed out concerns of rural hospitals that would be complicated if the bill passed. This could cause a shortage of nurses in Montana and increase costs for health care systems (exhibit 9).

JOYCE ASAY, administrator of Rosebud Health Care Center in Forsyth, testified against HB36. She discussed her concerns about quality care in rural Montana. She said that without the associate degree nurses a shortage would occur (exhibit 10).

ROSE SKOOG, executive director to the Montana Health Care Association representing 75 nursing homes, spoke in opposition to the bill. She said the quality of care was the first concern and if the legislation would enhance this care then the association would be supportive. However, this bill would not make care better. She pointed out the cost of providing care would increase costs with this legislation.

DAN NORTH, a registered nurse with a specialty licence in anesthesia, testified in opposition to the bill. He pointed out the difficulty now in having nurse anesthetist coming from out-of-state as replacement for time-off personnel (exhibit 11).

MILTON BINGE, Administrator of the Custer County Rest Home in Miles City, spoke about concerns for the nursing homes. He said he opposed the requirements for RN's that relate to the level of entry in the practice based on the type of degree.

REP. BRADLEY closed on HB36. She pointed out the problem of rural shortages of nurses. She said the problem of a rural shortage could not be blamed on a college degree. The shortage of doctors in rural areas makes the nursing position more demanding. She pointed out the extreme need of correct decisions in life threatening situations. She said the nurse was responsible for organizing the recovery of the member of the demanding public. The magnitude of the decisions the nurse makes on a daily, hourly basis is immense. She said there were dramatic changes in the health care industry that require growth in the nurse profession in order to meet the demands of the public.

QUESTIONS FROM THE COMMITTEE:

REP. SQUIRES asked Pat Barrett about the task force that involved the concerned nurses and the Montana State Licensed Practical Nurses Association and the Montana Nurses Association.

REP. KITTSelman questioned interlocal agreements and reciprocity among states. He said the concern with the legislation in requiring baccalaureate degree would be discriminatory to a licensed nurse outside of the state of Montana.

PHYLLIS MCDONALD, executive secretary to the Board of Nursing, responded concerning endorsement and on behalf of the board. She discussed the current nursing law provides that licensure may be granted by endorsement provided that the applicant has met the qualifications established in the law for licensure. She said the Board of Nursing would need to clarify the concern.

REP. SIMON questioned Bill Leary about the quality of care needs of the state. He also questioned whether there were concerns about the quality of care given by those not trained in the baccalaureate program in comparison to those in the baccalaureate program. Bill Leary, responded that hospitals pick the best individuals in the various areas.

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Aging Committee
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REP. SIMON commented that the issue of education and how it is delivered in Montana is central to the proposal.

REP. STRIZICH asked about the transfer of credits from the two year program to the university system. Laura Laneau said there was difficulty in transferring to the MSU program but that there were some universities out-of-state which offer baccalaureate programs that are easier to transfer.

REP. SANDS asked Ms. McDonald if there was a nursing shortage in the state of Montana and what are the future prospects. Ms. McDonald replied that information could be provided.

REP. SANDS mentioned the concern that people entering the profession would have to begin immediately to meet the requirements.

ADJOURNMENT: There being no further business, the meeting was adjourned at 3:11 p.m.


R. BUDD GOULD, CHAIRMAN

dt/1-15hs

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

50th LEGISLATIVE SESSION -- 1987

Date JANUARY 15, 1987

NAME	PRESENT	ABSENT	EXCUSED
REP. BUDD GOULD, CHAIRMAN	X		
REP. BOB GILBERT, VICE CHAIRMAN	X		
REP. JAN BROWN	X		
REP DUANE COMPTON	X		
REP. DOROTHY CODY	X		
REP. DICK CORNE'	X		
REP. LARRY GRINDE	X		
REP. STELLA JEAN HANSEN	X		
REP. LES KITSELMAN	X		
REP. LLOYD MC CORMICK	X		
REP. RICHARD NELSON	X		
REP. JOHN PATTERSON	X		
REP. ANGELA RUSSELL	X		
REP. JACK SANDS	X		
REP. BRUCE SIMON	X		
REP. CAROLYN SQUIRES	X		
REP. TONIA STRATFORD	X		
REP. BILL STRIZICH	X		

WITNESS STATEMENT

NAME Hugh M. Black PhD BILL NO. HB# 58
ADDRESS Box 4455 Helena MT 59604 DATE 1-15-87
WHOM DO YOU REPRESENT? Montana Psychological Association
SUPPORT Yes OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments: I favor HB 58. At this time psychologists are frequently requested to evaluate (with psychological interview, psychological testing, and diagnosis) persons for whom doubts of mental competency to stand trial are relevant. Psychologists are as qualified in this matter ~~because~~ as psychiatrists because they have training of similar length (4-6 years Academic training, followed by at least one year's intensive internship) and are qualified to interpret psychological testing as it relates to personal functioning and capacity to recognize rights and responsibilities. They are given parity with psychiatrists in this matter in the Federal arena.

Hugh M. Black PhD

HOUSE BILL - NO. 58

This is a provisional proponent statement by Lowell H. Luke, ACSW, on behalf of the Montana Chapter of Licensed Social Workers.

We agree that psychologists should be included as expert witnesses in criminal cases. We know that psychologists already do evaluations in criminal cases and testify accordingly. However, we feel this bill is too restrictive. At this time there are three professional groups who do clinical evaluations and testify as expert witnesses in criminal cases: psychologists, social workers, and psychiatrists.

Based on this situation an amendment is being sponsored by Representative Jan Brown for the Montana Chapter of Licensed Social Workers. The critical difference is that rather than designating psychiatrist and psychologist, our bill will state "licensed professional with a certificate as a professional person". Our proposal would thereby include social workers, psychiatrists, and psychologists. We feel this proposed amendment will be more consistent with the actual practices of Montana courts.

Just as the psychologists are making this proposal because they are currently testifying as expert witnesses, we licensed social workers also are being asked to testify as expert witnesses in criminal cases. (At present, social workers by law are accepted as expert witnesses in civil cases.) As certified professional persons, we are now asked in criminal cases to evaluate the defendants' mental conditions and mental fitness, to diagnose mental conditions, to give opinions of mental conditions, and to make commitments to institutions.

The psychologists may push to have this acted upon immediately; we ask that you wait and consider our proposed amendment.

EXHIBIT # 5
DATE 1-15-87
HB # 58
LOWELL LUKE

PROPOSED AMENDMENT TO HB 58: an act to authorize psychologists to have the same authority as psychiatrists to examine persons....

Amend the Title to read:

AN ACT TO AUTHORIZE ~~PSYCHOLOGISTS~~ LICENSED PROFESSIONALS WHO ARE CERTIFIED AS PROFESSIONAL PERSONS UNDER MCA 53-21-102 TO HAVE THE SAME AUTHORITY AS PSYCHIATRIST TO EXAMINE PERSONS RELYING ON MENTAL DISEASE OR DEFECT AS AN ISSUE IN CRIMINAL ACTIONS: AND AMENDING SECTIONS 46-14-202, 46-14-212, 46-14-213, 46-14-221, and 46-14-302, MCA.

In the following sections wherever psychologist is added, delete and add the phrase above: licensed professionals who are certified as professional persons under MCA 53-21-102.

Source (probable): Federal Register October, 1986

On October 18, 1986 Congress passed the Comprehensive Criminal Control Act Amendments of 1986. (S. 1236)

which... modifies federal criminal code to insure all aspects of the federal criminal code grant clinical psychologists complete parity with psychiatrists in such areas as bail, sentencing, and drug enforcement, pre-sentencing studies and reports ordered by the Court... also to insure that clinical psychologists are authorized to conduct psychological examinations and file reports with the federal courts in matters involving competency to stand trial, insanity, and hospitalization of criminal defendants with mental disorders.

Source: Susan Sachsenmaier, Warm Springs Clinical Psychologist

MONTANA NURSES ASSOCIATION
715 Getchell St.
Helena, Mt. 59601

Testimony of MNA President on H.B. 36

Mr. Chairman, members of the Committee, my name is Peggy Mussehl and I live in Bozeman. I am here today as President of the Montana Nurses Association to urge your support for H.B. 36 and to explain the position of MNA which is a statewide organization composed of registered nurses are graduates of diploma schools of nursing, associate and baccalaureate degree programs as well as masters and doctoral degrees programs.

ABOUT MNA and THE EDUCATIONAL GOAL--This year MNA celebrates its 75th year of existence and ironically, or coincidentally, the organization was created in 1912 because of a legislative conflict with physicians in the state over licensure. Through those 75 years nurses representing MNA have come before state legislatures to request changes in the Nursing Practice Act, the law we are asking to amend now, so that the public will be assured of receiving safe and competent nursing care. That remains our goal in the promotion of H.B. 36.

We know that the dramatic changes taking place right now in the delivery of health care and the increasing demands being made of nurses require that nurses who will be providing care in the 21st century will need a broad knowledge base, and a sound educational foundation which will enable them to keep up with new information or to help in the creation of that new information through research.

The message for the future of nursing practice in this state and country is that registered nurses must have at least the minimum professional degree, the baccalaureate, like all other recognized professions.

MNA comes to this legislature with strong support from the nursing community in this state. All RNs and LPNs listed by the Montana Board of Nursing in 1984 as holding current licenses were sent a survey form and pamphlet explaining "entry" and its purpose. 17.13% of the 11,049 surveys were returned which, given a very short turnaround time of 10 days to complete and return the survey and a very limited budget, exceeded expectations. 55.5% of the total number of nurses who responded to the survey were in support of the entry requirements. 58.5% of the R.N.s who responded were in favor. A copy of the survey, the information, and the tabulated results is in the packet presented to Chairman Gould.

The positive results of the survey of nursing administrators in the state conducted in July 1986 will be described by another speaker. Each of you has been given a copy of the executive summary of this survey to which I will refer during my presenta-

tion. Again, a copy of the complete survey data has been made available to Chairman Gould.

Even though the Nursing Practice Act applies to two types of nursing practice, professional and practical, H.B. 36 proposes changes in the educational requirements for R.N. only as you can see on the back page of the bill.

UNJUST CRITICISM OF NURSING --MNA is proud of the quality of nursing care being provided in this state. We know that the health care delivery system as it exists today depends on the day to day commitment of nurses with a variety of educational backgrounds. By proposing educational changes for the future MNA is not suggesting that nurses without a baccalaureate degree are not "good" nurses. Nor do we take kindly to the criticisms prompted by the newly formed Concerned Nurses Organization that RNs who have graduated from baccalaureate degree nursing programs are not good nurses. You will be interested in the distribution of RNs by educational preparation as shown on the graph in your packets. This graph is referred to on page 12 of the executive summary of the survey I described and the data on the graph is copied from the complete survey data which the chairman has. As of July, 1986 37.9% of R.N.s in hospitals had a baccalaureate degree and 5.8% had masters degrees. 54.1% of the RNS employed by health departments, home health and other community type health care agencies hold baccalaureate degrees and 14.3% have masters. Extended care facilities employ 23.8% BSNs and 1.4% MSNa on their RN staff.

Of greater interest to you may be the opinions of the nurse administrators about the education and qualifications that will be needed by nurses to meet future health care needs. (page 84 of the complete research report). They believe RNs must continue to learn and apply supervision, management and administration skills. RNs(especially BSNs) need to emphasize patient education/wellness training and teaching, and more emphasis is also needed on working with geriatric patients and providing home health care. There must be additional education and skill development in areas such as discharge planning and assessment, and training in these areas should be supplemented by increased skill with computers and improved communication skills.

In your packets also is the results of a pilot study conducted by the Billings extended campus of employers of MSU graduates

It is impossible to compare one nurse to another unless all the factors affecting that nurse's practice are taken into consideration. Those factors include educational preparation, of course, but also include years of experience, types of work experiences, and personal commitment. Other speakers will talk

about the various types of nursing education but please note that MNA is not trying to compare one educational program with another because each of the three types, diploma, associate degree and baccalaureate are as different from each other as day and night. Based on current demands in the market place most of the RNs who are the product of an accredited baccalaureate degree program are better equipped to work in a variety of settings, have a broader knowledge base to use in the planning, analysis, and implementation of nursing care, and can easily access advanced education.

ACCESSING DEGREE PROGRAMS--We are not advocating that every RN needs to get a baccalaureate degree. If H.B. 36 passes and persons entering professional nursing practice in 1992 are required to have a baccalaureate degree, nurses holding a valid license at that time can renew their licenses as usual and will not lose their licenses. Many RNs in practice today without an academic degree have been very accountable for their professional growth and development and have kept their knowledge current as required by any nurse who wants a job. They can continue to do so depending on their career goals. RNs without a degree and who want one have to meet the requirements of colleges which grant degrees. That is true for anyone who wants a college degree and is certainly beyond the control of MNA or the legislature. Both baccalaureate degree nursing programs in Montana, MSU's College of nursing and Carroll College make it possible for RNs to challenge all the nursing courses except those courses taught in the senior year.

The second document in the packet you received is a report of a special MNA committee which studied the question of access. It gives current information about accessing MSU and Carroll. However, it takes the traditional diploma RN, who probably received no college credit for three years of training, a minimum of two additional years to earn a college degree. Her education ends up costing more than if she had started out in a college program. That is a predicament MNA and every other state nurses association in this country hopes to correct by having nursing students start out in a college program. Reference to this national effort brings me to the involvement of the American Nurses Association and the activities of other states

MNA acknowledges the difficulties some RNs have in meeting college requirements to earn a baccalaureate degree but we urge you to separate the issue of access from the intention of H.B. 36 which is directed toward the future.

Questions have been raised about the possibility of RNs without degrees keeping current through continuing education and MNA strongly supports and even accredits continuing education offerings for RNs. However, continuing education is really intended to help nurses maintain their skills and remain current in practice while basic education programs provide the foundation for practice and future learning.

OUTSIDE MONEY AND OTHER STATES SUPPORTING ENTRY-- The educational goal I've described is the goal of the American Nurses Association. MNA and 53 other state nurses association join together in a federation to make up the ANA. In 1982 the Montana Nurses Association House of Delegates adopted a goal of achieving the legislated requirement of the baccalaureate degree for entry into professional nursing in 1987. In 1983 when ANA set aside some money to implement this national goal the Montana Nurses Association applied for funds. MNA is proud that it is one of five states which received grant money from ANA based on our requests. ANA has given MNA \$106,000. over the past two years for use in developing a plan to implement entry. This plan included the collection of data to support our position, the financing of meetings across the state to consider the ramifications of "entry", the conduct of surveys for opinions of nurses, the development of promotional materials like the poster, pamphlets, and buttons and the employment of part-time staff. ANA is financed by dues it receives from state associations like MNA so it is actually some of our own money. In addition to the ANA money nurses across this state have volunteered hours of their time to attend meetings at their own expense and are not being reimbursed for coming to this hearing nor for the phoning and mail to legislators.

All of the money sent from ANA has been spent in Montana which has helped the state economically and has provided MNA with excellent data for future planning. MNA was chosen, we believe, because we are considered a progressive state nurses association and, unlike many other states, Montana has no hospital based diploma nursing schools and hasn't had since 1978 when St. Patrick School, Missoula, closed. Having money from ANA is a tribute to Montana nurses and to the progress we have made.

By early 1986, forty-nine state nurses association had adopted positions favoring the baccalaureate degree as the entry level of professional nursing and a number of associations have been instrumental in preparing legislative proposals like H.B. 36. Along with Montana other state nurses association supporting entry legislation in their respective states this year are Oregon, Kentucky, Oklahoma and Illinois. A complete tabulation of entry activities, state by state, is included in your packet of materials. Our neighbor, North Dakota, became the first state to require the baccalaureate degree for RN licensure. Each of you has a copy of a news release from the North Dakota Board of Nursing, dated January 9, 1987, stating that the litigation which was brought against them to block implementation of rules requiring educational changes has been decided in their favor and they will begin implementation right away. It would be a tragedy if the many Montana nurses who go to North Dakota will be unable to meet the future educational requirements in that state. The State of Maine enacted legislation in 1986 which may lead to establishing two levels of entry into nursing in that state.

SUPPORT FROM OTHER NURSING ORGANIZATIONS --Several other national nursing organizations and their state counterparts are also on record supporting the baccalaureate degree as the entry into professional practice. All of organized nursing in this state with the exception of the Concerned Nurses Organization and the Montana State Licensed Practical Nurses Association are record supporting entry. Three meetings have been held since 1985 of all the known nursing organization's in this state to discuss subjects of mutual concern and they now have formed a Nurses Council. These meetings were initiated by MNA. POSITION STATEMENTS

IN THE PRESENT -

SHORTAGE OF NURSES -Several legislators have expressed concern to many of us and our lobbyists that requiring the degree will aggravate the shortage of RNs especially in the rural communities. They say they have difficulty now recruiting RNs and that requiring the baccalaureate degree will reduce the number of RNs available making recruitment more difficult, and that better educated nurses will want more money. MNA is also being accused of forcing the closure of rural hospitals because they cannot find nurse anesthetists who have to have a baccalaureate degree.

MNA is extremely concerned about the availability and cost of health care services throughout the state and especially in rural areas. You can check with hospital administrators from the rural communities who will tell you the difficulties they are having financing their hospitals primarily because of the changes in reimbursement under Medicare and the declining use being made of these hospitals. Again, MNA or nurses are not to be blamed for the major changes in reimbursement which have put smaller hospitals in financial binds and is the driving force behind many of the changes in the delivery system.

Recruitment of RNs depends on many factors including the usual economic ones, salaries, fringes etc. But we also know that RNs respond to challenges in a work environment where they are recognized for their knowledge and where they encouraged to apply that knowledge in giving and managing nursing care. When hospitals finally acknowledge that the product they provide is nursing care, that well qualified RNs are cost effective in that they are able to perform all nursing functions from the simple to the complex, that they require very little supervision and are accountable for the nursing decisions they make, they will not have as much difficulty in recruitment. Because there are so few health care professionals in rural communities MNA believes that RNs in those communities have greater responsibility for making independent decisions about health care needs and should have the broader educational base MNA is advocating.

What the pool of RNs will be for the future if H.B. 36 passes is certainly an unknown right now. MNA is distressed over the budget cuts which are resulting in the closure of two of the extended campuses of the MSU College of Nursing, the principal supplier of baccalaureate nursing education in our state. A

new baccalaureate degree program is proposed for Northern Montana College which may be attractive to people in that part of the state.

Montana's schools of nursing educate more nurses than it uses so that we supply many nurses to other states and the military. All of the military nurse corps require a baccalaureate degree.

When final decisions are made about the educational system in this state, MNA wants to participate in forums where such matters will be discussed and determined.

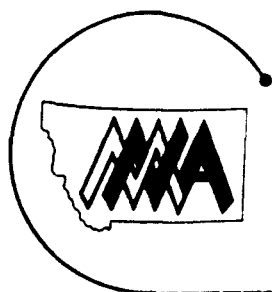
Nationally there is currently a shortage of nurses to work in critical care and nurses with advanced degrees. Enrollment in schools of nursing is down as you will learn from another speaker.

SELF SERVING ISSUE--MNA has also been accused of being self serving in promoting H.B. 36, and the accusers may be right in that we are trying to help ourselves. We are proud of the accomplishments of MNA which have been directed at maintaining a qualified core of registered nurses for this state and which has been done. Every step we have tried to take toward a higher standard of professionalism has met with opposition from employers, most physicians, and even many RNs but we have still progressed. Our determination is based on the responsibility we feel toward you, the public, which grants us licensure. We respect that license as a silent contract with the public we serve to assure currency in practice and advancement toward greater professionalism. Trying to standardize the educational base for professional nursing practice is the natural evolution of a profession. We will accept valid criticism as it contributes to constructive changes but we will not tolerate efforts aimed at demeaning the nursing profession in this state.

In closing I ask you to look at HB 36 as a plan for the future, a direction to be followed, so that in 1992 Montana will be in step with the nation in requiring a baccalaureate degree for persons entering professional nursing practice.

Because good health care is so essential to the people of our state and because changes in the delivery of health care are so rapid we believe this legislation deserves to be debated by the entire House and that will only be possible if your committee gives its approval. We urge you to do so.

January 15, 1987



Montana Nurses' Association

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January 15, 1987

Montana Nurses Association
Testimony--House Committee on Human Services and Aging
Order of Presentations

1. Peggy Mussehl, MNA President
2. Therese Sullivan, Pres. Montana Consortium of Schools
3. Myrna Yunck, Pres. Montana Organization of Nurse Exec.
4. Gretchen Fitzgerald, V.P. Nursing Service, Gt. Falls
5. Kathy Manion, Montana School Nurses Association
6. Linda Wagner, Staff Nurse, St. Peter's Hospital, Helena
7. Caroline Hamlin, President, Montana Public Health Association
8. Judy Gilcrest, Student Nurse, Billings
9. Russ Ritter, Businessman
10. Sister Mary Sarah Fasenmeyer, Academic Dean, Carroll College
11. Others as time permits

TESTIMONY SUPPORTING HOUSE BILL #36
HOUSE COMMITTEE ON HUMAN SERVICES AND AGING

EXHIBIT W 2
DATE 1 5 71
HB # 36

Therese Sullivan, Ph.D., R.N.
Chairperson, The Montana Consortium of Schools of Nursing

The Montana Consortium of Schools of Nursing was foremed in 1975 by the Directors of the five programs preparing for the practice of professional nursing.

Membersip consisted of:

The two programs granting baccalaureate degrees:

- Carroll College
- Montana State University

The two programs granting associate degrees:

- Miles Community College
- Northern Montana College

The program which granted a diploma:

- St. Patrick Hospital School of Nursing

St. Patrick Hospital School of Nursing closed in 1978. There are currently no diploma programs in the state of Montana.

Historically, the national patterns of nursing education were followed in Montana.

The diploma, or hospital school of nursing, was the first type of formal education for nurses. The kind of education offered was based on the apprenticeship model. There was some theory and classroom work, but for the most part, students learned by doing. It was frequently referred to as "Nurse Training."

In the early 1920's, studies of nursing education to investigate the proper education of the nurse concluded: that the average hospital was not an educational institution; was not organized to be able to meet the standards accepted in other educational fields; and, that the apprenticeship method of training was being abandoned by other professions.

As a result, educational programs were started in some colleges and universities based on the professional model of education. The professional model combines general education in the humanities and the behavioral, biological, and physical sciences with the specialized education in the profession. Nursing knowledge was combined with planned, selected clinical learning experiences and traditional non-nursing related experiences such as cleaning, making surgical sponges etc. were eliminated.

The intent of the preparation of the professional, liberally-educated person was and is, to have a sound basis for making informed, ethical, clinical and personal judgments. The person is prepared as an educated person, as well as for a career.

The major emphasis of the professional model is the development of critical thinking and analysis skills. The clinical judgments and decision-making abilities are the distinguishing features of baccalaureate education for professional nursing. Clinical judgment distinguishes the practice of the professional nurse from others who participate in the provision of nursing care.

World War II manifested itself in a shortage of nurses which led to the development of shorter, practical nurse programs which are based on a technical, task-oriented model.

In the early 1950's the Associate Degree programs in nursing were started. The graduate was conceived of as a nursing technician able to perform nursing functions more limited in scope than the professional nurse, and broader than those of the practical nurse.

Basic to the development of the new associate degree programs was the belief that education for nursing belonged in the established educational framework of the country, and the functions of nursing could and should be differentiated. The type of function identified with this program was technical and the institution appropriate for its development was the community or junior college.

The associate degree nursing program was different from the traditional diploma:

- it emphasized the importance of general education courses as well as courses related to the technical dimensions of nursing

- it used clinical facilities differently, and
- the students were students only and did not provide services to hospital

Diploma programs have declined steadily since 1955 with corresponding increases in associate degree and baccalaureate degree programs.

Graduates of these three types of education programs are all eligible to take the same licensing examination and are all designated as Registered Nurses on licensure.

As a result of misunderstandings and misinterpretations of the nature of the types of educational programs and the intent of the examination for licensure, a great deal of confusion exists in the area of nursing practice.

The purpose of the examination for licensure is to help ensure that the only candidates who are licensed by a state board of nursing are those who demonstrate at least the minimum level of competence required to provide safe and effective nursing care at the time of entry into the practice field.

The examination does not measure which type of education is better or the best. It merely measures whether or not a candidate demonstrates the he/she is minimally competent to provide safe and effective care at the point of entry into nursing practice.

A number of other factors also contribute to the confusion in the workplace where Registered Nurses are usually all employed in the same capacity, with the same assignments, the same expectations, and the same salaries.

Since it was determined that the apprenticeship approach to nursing education was inappropriate for the education of the professional nurse, there have been accusations that the new graduates are not competent.

It is true that basic educational programs in any field can only produce beginning practitioners. Basic programs cannot produce the seasoned, expert practitioner that employers desire and that graduates would love to be.

The fact is, however, that students do receive a great deal of clinical experience. The nature of that experience has changed from the apprenticeship days, of course. The student today does not spend his/her time in a clinical area hopefully learning from whatever may be happening there at the time. The student goes to the clinical learning experience with well-planned educational objectives. They learn to provide nursing care which is based on a deliberate application of the knowledge they are learning from nursing and the physical, behavioral, and social sciences and which is appropriate to meet the needs of patients and clients.

For example, in the baccalaureate program with which I am affiliated, students begin in the sophomore year to spend at least 1/2 day per week in clinical laboratory settings. In the junior year they spend 1 and 1/2 days per week in the clinical area. In the fall semester of the senior year they spend 2 days per week and in the spring semester three to four days per week. They are providing direct, bed-side, hands-on patient care.

In nursing practice today, we find that the graduates of the current educational programs are frequently improperly utilized:

- graduates of the two-year associate degree programs are expected to do more than they are educated for, and,
- graduates of the four-year baccalaureate programs are underutilized.

The Members of the Montana Consortium of Schools of Nursing are well aware of their responsibilities as educators to provide direction in assessing and designing the patterns of education that are sound, appropriate, and relevant for the future. We are attempting to design a coherent and relevant system of nursing education which will meet the health and nursing needs of the citizens of Montana and the needs of the students of these programs.

The roles and responsibilities of the professional nurse have expanded considerably, particularly in the past 20 years as a result of changes in the health care delivery system.

The rapid changes in health, especially related to the aging of our population, new care settings, and technology, require that the professional nurse has an excellent knowledge base, highly developed clinical judgment and decision-making

skills, the motivation and skills for life-long learning, and the ability to translate the appropriate knowledge and skills into health and nursing care for individuals, families, groups and communities.

Students entering higher education today are no longer seeking education just for a job. They are looking for an education which prepares them for career advancement, salaries and benefits commensurate with responsibilities, and opportunities for involvement in policy development and decision-making.

Nursing is competing with other professional fields for capable candidates. Careers in engineering, computer technology, accounting, business, medicine and law are much more available to women today. Career opportunities in these fields are seen by many as more attractive, lucrative and prestigious than nursing.

Data from the latest National League for Nursing's Annual Survey of Admissions and Enrollments in Nursing Education Programs suggests extensive recent changes in nursing education:

- Admissions and enrollments in diploma programs have decreased significantly and with consistency across the country - a decline of 33% from 1984-1985.
- Associate Degree Programs have experienced approximately 8% decreases in admissions and enrollments.
- The number of students entering generic baccalaureate programs has remained fairly stable, although the pool of entering students is divided among a larger number of programs. Some programs have seen significant losses in admissions and enrollments; others have experienced significant gains.

Consequently, it is evident that in order to meet the needs of the public for appropriate quality professional nursing care and the needs of the students for appropriate and quality education, the baccalaureate degree in nursing is necessary for entry into professional nursing practice.

Moreover, since the movement to upgrade the educational requirements for entry into professional nursing is nationwide and the marketplace is increasingly requiring the baccalaureate prepared nurse for jobs in professional nursing, it is timely that this goal be legitimized through legislation. Otherwise, in this highly mobile society of ours, the graduates of the professional nursing programs in Montana will not be competitive in our own state or in other states.

Although, Miles Community College supports the goal of upgrading the educational requirements for entry into professional practice, they do not support the timeliness of this legislation. The other members of the Consortium support this bill and believe that it is imperative that it be passed during this session.

Delaying passage will only prolong the current confusing situation and postpone the appropriate planning and implementing of the programs necessary to meet the health and nursing needs of the citizens of Montana.

Thank you for your attention.

MONTANA ORGANIZATION OF NURSE EXECUTIVES

EXHIBIT #
DATE 1-15-81
HB # 36

TO: Human Services and Aging Committee

RE: Testimony in Support of House Bill 36 Entitled:
"An Act Revising the Laws Relating to the Licensure
of Nurses"

BY: Myrna Yunck, President

I am Myrna Yunck, President of Montana Organization of Nurse Executives, and I speak in support of House Bill 35. Montana Organization of Nurse Executives is composed of professional nurses holding the highest level management positions in nursing service departments of health care institutions. Montana Organization of Nurse Executives has been in existence for 10 years. Our present membership represents hospital facilities ranging from 10 beds to just under 300 beds, extended care facilities, nursing homes, ambulatory care centers, and public health agencies.

Historically, nursing has addressed the need to standardize educational entry requirements for over 25 years because professionalism requires a unique body of knowledge. To support this, it is interesting to note that standardization of educational requirements are in place for virtually all the other health professions with which nursing interacts: physical therapy, occupational therapy, speech therapy, pharmacology, laboratory technology, social services, dietetics, and medicine require a bachelor degree.

Importantly, standardized education will provide nurses with a comprehensive knowledge base to meet the increased sophistication and quantity of demands on nursing. Contemporary nursing care encompasses the technical skills of caregiving, management and leadership, health promotion and supervision, teaching and counseling, and health screening, in a variety of settings, for a variety of people.

I'd like to impress upon you the validity of the survey entitled, "Preparation for Nursing Employment in Montana: Perspectives of Montana's Nursing Administrators on Entry into Practice". It's valid because it was sent to all nursing service administrators in the state, 215 total. The survey response rate was fifty-seven and four tenths percent (57.4%). That is an exceptionally high response rate for a survey. Sixty-three percent (63 %) of these nursing administrators in Montana supported the proposed changes in educational requirements.

To me, this is not a surprising result, given the fact that we as nursing service administrators are accountable for planning and forecasting patient care needs.

The survey clearly indicates nurse administrators in all types of health care agencies are already upgrading their staffs by hiring bachelors prepared

nurses. These nursing service administrators are experts in their field; they serve as major resources to administrators, nurses, educators, other health care professionals and the citizens of Montana.

I ask the Committee not to forget the validity of this survey and the expertise of nurses surveyed. Also consider that a Bill that stands to benefit patient care in this state deserves to be debated in the statewide public forum that the House of Representatives provides.

On behalf of Montana Organization of Nurse Executives, I urge you to vote yes for House Bill 36.

TESTIMONY FOR HOUSE BILL 36
MONTANA STATE LEGISLATURE
HUMAN SERVICE AND AGING COMMITTEE

EXHIBIT 57
DATE 1-15-87
HB 36

January 15, 1987

By: Gretchen Fitzgerald, RN

Mr. Chairman, Members of the Committee, Ladies and Gentleman. I speak as a proponent for House Bill #36. My name is Gretchen Fitzgerald, I am a Registered Nurse with over 20 years of experience. Fifteen of those years have been spent in a management position. My current position is Vice President for Nursing at Montana Deaconess Medical Center in Great Falls. I have held this position for the past five years. As Vice President I am responsible for the nursing practice and patient care delivery system at a 288 bed acute care facility. We employ about 525 people in the Division of Nursing, of which 370 are Registered Nurses. The educational preparation of these professional Nurses is as follows:

2 %	Masters Prepared
48%	Baccalaureate Prepared
24%	Diploma Prepared
26%	Associate Degree

I quote these statistics for you to demonstrate the diversity of educational preparedness of nurses who hold the same license to practice professional nursing. To say that only those who hold a baccalaureate degree are "good nurses" would be false — for many of the nurses who have less than a bachelor's degree are very skilled in their nursing practice. Conversely to state that nurses holding a baccalaureate degree are poor clinicians or only want management positions is also false. In fact, two of my nurses who hold Master's Degree's are involved in direct patient care. The majority of baccalaureate nurses have clinical roles and maintain their skills as patient care givers.

What does all of this mean. As it relates to House Bill #36 the purpose of increased education for nurses is to respond to the future of our health care delivery system. Educational preparation for the new and emerging complex professional roles necessitates a minimum of a baccalaureate degree in nursing. Because professional nursing practice is changing from the traditional pattern of providing health care in the hospital setting to a much larger role in the entire health care system, nurses need to function independently and interdependently in providing health care. The emphasis is changing from a primary focus of illness care toward a greater concentration on the prevention of disease and the promotion and maintenance of health.

Professional nursing as an integral part of that health care system is also experiencing a significant transformation in both practice and education. This new role encompasses not only acute care but the provision of primary care to individuals, families, and communities in any setting where the need for nursing care manifests itself.

We are experiencing a new focus on health care and many changes are apparent.

1. We have fewer inpatients and more consumers who undergo outpatient or same day procedures.
2. Our inpatients are generally sicker and demand a more intense nursing practice because of this high acuity of illness.
3. More patients are receiving some type of home care health delivery.
4. Our emphasis is on wellness and prevention.
5. Rehabilitative nursing is intense and very aggressive.

Because of this new focus we realize a new breed of nurse is also necessary. Currently our nurses are 70% hospital employed, but it is estimated that by 1992 that percentage will change as our nurses become more involved in home care health delivery and free-standing health facilities such as surgicenters. Our nurses of tomorrow must be capable of independent judgement and assessment skills. They must be educators to patients and families and they must possess communication skills as well as technical competencies. What will I be looking for in my institution as we continue to expand and grow in this new era of health care? What qualifications and criteria will I establish as I hire nurses for: 1) Patient Education 2) Discharge Planning 3) Infection Control 4) Quality Assurance 5) Risk Management. I must address the educational preparation that these nurses receive as I weigh the patient needs with the nurses competencies. That is my responsibility, I am accountable for those decisions, that is my mission.

A baccalaureate degree in nursing with a strong foundation in the liberal arts/general education can provide a broad range of knowledge and skills needed to function effectively in our ever changing society. That baccalaureate education prepares students for professional development and provides that educational base upon which graduate study for specialization in nursing may be built. The increasing acuity levels of patients

requiring nursing care and the increasing attention being given to health care costs demand a competent clinician with astute planning and evaluation skills - one who is accountable for the care she renders. It is also critical to evaluate the status of nursing to be able to recruit into nursing the caliber of individual who will make a difference in the health care world.

It is indeed distressing that we, as those representing professional nurses, must come to you as legislators to decide our immediate future. I would much rather be addressing my colleagues and peers for a unified approach. However, those attempts have failed and by the opinion of the Attorney General this is the path we must travel. This issue has greatly demonstrated what powerful emotions we all carry regarding the future of our profession. At what point are we unrealistic in our views and where does selfish territorial attitude end and the good for the greatest cause begin? The issue is a patient advocate issue. It relates to the future of nursing practice in Montana.

I believe in nursing and I believe in our future. I cannot help but argue for increased education. Especially when the allied health disciplines require more formal education than we do and yet it is nurses who are the 24 hour a day, seven day a week patient advocates and primary care givers to our clients.

I would like to see the State of Montana follow in the footsteps of Maine and North Dakota. Those states have already decided that the baccalaureate degree shall be the basis of education for their Registered Nurses. I believe it is a natural evolution that this educational base will be the recognized source of nurses education. I ask that you as legislators help us to facilitate this phenomenon.

Please support House Bill #36.

Thank you.

Mr. Chairman and members of the Committee:

My name is Kathleen Manion and I'm a Certified School Nurse in the East Helena School District. I am a graduate of Carroll College and am representing the Montana Association of School Nurses, which supports passage of HB 36. I'm also a member of the National Association of School Nurses, Sigma Theta Tau and the Montana Nurses' Council.

In October of 1986 our organization completed a survey of Montana's school nurses, of which 55% have a bachelor's degree or beyond, and 45% do not. As a group, we feel that all school nurses in the state deliver excellent school nursing services, regardless of their educational preparation.

Those of us in school nursing are in a unique position, because we work as the only health care professional in our individual schools but work side by side with another profession, namely educators. We feel our professional recognition is important but find ourselves in a difficult situation because our profession does not have the same educational standards as the teaching profession. Therefore, many school nurses are not paid on the same level as teachers and do not receive the same benefits. We may be the only profession that does not have a bachelor's degree as minimum standard for entrance into the profession. Educators went through this painful process approximately 25 years ago and their conclusion was that a bachelor's degree was necessary for entrance into their profession.

The Montana Association of School Nurses feels there are many other reasons why this bill is important, one being that it is oriented for the future nurses of our state. We would be doing them a grave disservice if we did not make this change, as it will affect them long after we are gone.

I believe that opposition to this bill stems from alot of misinformation. The issue is not one type of nurse being better than another, whether it be in clinical or academic preparation. I'm afraid that there have been hurt feelings because some nurses have received the wrong message as to what this bill is all about. Certainly we need all the nurses - and more - that we presently have in Montana. This bill is not intended to tell nurses that their present academic or clinical preparation is inadequate and I'm saddened that some nurses have received that message.

(over)

Also, There are no statistics to prove or disprove that passage of this bill will increase health care costs. Certainly we all must work at keeping health care costs down but I think it's unfair that nursing should be made the scapegoat.

I have spoken with many nurses regarding this issue, some of whom are supportive and some of whom are opposed. Both sides are feeling attacked by the other and feeling misunderstood. Yet when I sit in meetings with them, I hear caring and gentleness. It appears to me that neither side wants to hurt the other, yet we all feel hurt to a certain degree. I challenge all of us to put aside our personal feelings and work for cohesiveness. The proponents are not elitists nor are the opponents dissidents.

The basis of the nursing profession is caring for people. I think we nurses need to continue caring for one another, and especially for our future nurses. We need each other.

Please vote DO PASS on HB 36. Thank-you.

Kathleen Morrison

Testimony in Opposition to HB 36

Pat Barrett, Staff Nurse, Missoula Community Hospital, Montana Nurses Association, Concerned Nurses of Montana, LPNs and RNs of all educational backgrounds.

Mr. Chairman, Members of the Committee. My name is Pat Barrett. I have been a Staff Nurse for twelve (12) years and I am currently employed as the Educational Coordinator at Missoula Community Hospital. I am a past president of the Montana Nurses Association. I am the current President of Concerned Nurses of Montana and am testifying on behalf of concerned nurses today. Our organization has had over 800 members and consists of LPNs and RNs of all educational backgrounds.

We believe HB 36 would increase the cost of nursing education without adding any positive benefits to the consumer. Nursing is a high cost discipline. Because of the nature of the discipline, nursing requires twice as many faculty positions as would be given to an average department of the same size. At MSU's four year program, the overall nursing student cost is 1.5 times more than the average cost for other students. The State pays approximately 84% of the cost to educate student nurses. For the two year program at Miles City Community College, the State pays only 52% of the cost of the student's education.

MSU's four year program is turning out competent nurses.

WE believe HB 36 would increase the cost of nursing without improving the quality of care. The two year program is turning out competent nurses. This is reflected in the licensure exam. Both two and four year nurses take the same exam. The two year nurses score as high or higher than the four year nurses. The competency and skills of the two year nurse is also cited in surveys from hospitals. The Legislative Audit Report cites that 67% of the hospitals rate associate degree nursing schools as good or above, while 52% of the hospital employers rate four year nurses as good or above. Thus two year nurses are viewed to be doing a good job.

Small rural hospitals.

HB 36 would create a nursing shortage. This would especially affect small rural hospitals. Many of the hospitals cannot recruit four year nurses and depend on LPNs and two year nurses. A hospital administrator in Malta told me the other day he could not get a four year nurse to come and work in his hospital. By the way, 52 out of the 63 hospitals in Montana are classified as small and/or rural.

one may be kept abreast with telecommunications and workshops.

Although some may claim that with increased technology there is an increased need for more education, the Montana Board of Nursing, as one of its functions sees that all programs keep up with these changes. In addition,

Concerned nurses are not opposed to education. We do, however, believe in affordable, accesible, and quality education. If the Associate Degree programs were closed, many individuals would be unable to obtain a nursing education. Those primarily affected would be the nontraditional students, the single parents, minorities, and lower socio-economic groups of individuals.

In conclusion, our concerns center around direct care of the patient, the cost and evaluation of education, availability of health care and the cost of health care. To pass this bill would result in unnecessary inflationary costs, create a shortage of nurses, and place a hardship on the rural hospital. I urge the Committee to give HB 36 a "Do Not Pass." Thank you.

Statement in Opposition to HB 36

Entry into Professional Nursing Practice

1/15/87

- . If and when the nursing profession is upgraded, the entire profession should be addressed at one time, rather than addressing changes for only the RNs and not the LPNs. Only a proposal that addresses the entire nursing profession would resolve the fragmentation of the past in regard to licensure and provide defined professional status.
- . Institutions of higher education serve a varied population of traditional (recent high school graduates) and nontraditional (single parents, older adults returning to school) students. It is necessary to provide easy access to professional nursing education for these populations. At the present time, if HB 36 passes, the generic student will have one state supported institution and one private institution available for baccalaureate nursing education. It is the philosophy of Montana State University to accept traditional generic students in preference to nontraditional students. This becomes an obstacle to the many nontraditional students currently served in the ADN programs in Montana. Options for multiple entry points into the educational system need to be developed as do multiple exit points from the system. These options would meet the needs of a varied population of traditional, nontraditional, urban and rural students who are seeking professional nursing education.
- . The Montana Hospital Association, Hospital and Nursing Home Administrators, Directors of Nursing in rural hospitals and nursing homes state that health care costs in their institutions would increase with a requirement to staff with baccalaureate prepared nurses. They also address concerns regarding availability of nursing education to residents of their areas. Recruitment would become even more difficult than at the present time, and rural health care would suffer as a result.
- . As noted in the Legislative Auditor's Performance Audit Report of the Montana Nursing Education Programs (86P-49), pages 37-39 at the present time transferability between the ADN and BSN programs is difficult. Easy accessibility should be developed within the state system to facilitate academic transfers between nursing programs.

- . There is no conclusive evidence that HB 36 will result in improved health care services however it would increase the cost of health care.
- . The NCLEX-RN licensure examination measures the minimum parameters for safe practice as a registered nurse. One hundred per cent of the ADN graduates of the Miles Community College program have passed this exam on the initial try for the past two years. This is an indicator that these graduates are adequately prepared to be beginning level staff nurses in supervised settings, which is the goal of the program.
- . Employers have reported informally to MCC that the ADN graduates are providing responsible professional nursing care to their clients.

Prepared by Laura Lenau, R.N., B.S.N., M.S.
Director, Nursing Program, Miles Community College, Miles City,
Mt.



Montana Hospital Association

(406) 442-1911 • P.O. BOX 5119 • HELENA, MONTANA 59604

January 15, 1987

TESTIMONY IN OPPOSITION TO HOUSE BILL 36 BEFORE MONTANA HOUSE HUMAN SERVICES AND AGING COMMITTEE

Testimony presented by Montana Hospital Association

CHAIRMAN GOULD, MEMBERS OF THE COMMITTEE, FOR THE RECORD I AM BILL LEARY, THE MOST IMMEDIATE PAST PRESIDENT OF THE MONTANA HOSPITAL ASSOCIATION, APPEARING HERE TODAY ON BEHALF OF THE 55 MEMBER HOSPITALS IN MONTANA IN OPPOSITION TO HOUSE BILL 36.

SO THERE CAN BE NO DOUBT THAT WE DO REPRESENT THE HOSPITALS IN MONTANA, I HAVE ATTACHED AS APPENDIX A TO THIS TESTIMONY, THE CURRENT MEMBERSHIP STATUS OF MONTANA HOSPITALS IN THE MONTANA HOSPITAL ASSOCIATION.

MONTANA CURRENTLY HAS A TOTAL OF 59 LICENSED GENERAL HOSPITALS WITH A TOTAL OF 3,306 GENERAL ACUTE CARE BEDS, TO SERVE OUR STATEWIDE POPULATION OF APPROXIMATELY 820,000 PEOPLE. ACCORDING TO OUR RECORDS. IN 1984 MONTANA HOSPITALS EMPLOYED A TOTAL OF 2,255 FULLTIME EQUIVALENT REGISTERED NURSES AND 640 FULLTIME EQUIVALENT LICENSED PRACTICAL NURSES. IN 1985, WE EMPLOYED A TOTAL OF 2,209 FULLTIME EQUIVALENT REGISTERED NURSES AND 508 FULLTIME EQUIVALENT LICENSED PRACTICAL NURSES. I HAVE INDICATED THIS TO SHOW THAT MONTANA HOSPITALS ARE THE MAJOR EMPLOYERS OF REGISTERED NURSES IN THE STATE AND IN ADDITION, EMPLOYED A SIGNIFICANT NUMBER OF LICENSED PRACTICAL NURSES.

WHEN WE EMPLOY A REGISTERED NURSE, THE HOSPITALS ARE GENEALLY NOT IN A POSITION TO REQUIRE THAT THE NURSE BE AN ASSOCIATE DEGREE GRADUATE OR A BACCALAUREATE DEGREE GRADUATE. IF SHE IS LICENSED BY THE STATE BOARD OF NURSING, THE QUALIFICATION FOR EMPLOYMENT IS MET. THERE HAVE BEEN SOME SPECIAL QUALIFICATIONS REQUIRING BACCALAUREATE NURSES IN HIGH TECH AREAS SUCH AS INTENSIVE CARE, CORONARY CARE, AS WELL AS DIRECTORS OF NURSING, HOWEVER, IT IS NOT ABSOLUTELY ESSENTIAL THAT A REGISTERED NURSE WHO IS LICENSED IN MONTANA BE A GRADUATE OF A FOUR YEAR BACCALAUREATE PROGRAM IN ORDER TO FUNCTION ADEQUATELY IN THE INTENSIVE CARE OR CORONARY CARE UNITS. IT THEN BECOMES AN EMPLOYER'S PERSONAL PREFERENCE IN

I HAVE NO ESTIMATE OF WHAT THIS WOULD COST THE STATE OF MONTANA BUT I AM SURE IT WOULD BE A SIGNIFICANT DOLLAR AMOUNT WHICH WOULD HAVE TO BE RAISED NOW BECAUSE WE ARE TALKING ABOUT A CLASS ENTERING NEXT FALL IN ORDER TO MEET THE 1992 MANDATE OF THIS BILL.

YOU HAVE HEARD TESTIMONY AND HAVE RECEIVED LETTERS FROM REGISTERED NURSES ON BOTH SIDES OF THIS ISSUE. IN FACT, THIS HAS PROBABLY CAUSED MORE DISSENSION AMONG REGISTERED NURSES ACROSS THE STATE THAN ANY OTHER ISSUE. MOST OF US IN THE HOSPITAL FIELD BELIEVE THIS WILL ONLY CREATE CHAOS WITHIN THE NURSING PROFESSION; IT WILL BE FINANCIALLY BURDENSOME FOR MONTANA TAXPAYERS TO IMPLEMENT AND WILL CREATE A CRUCIAL SHORTAGE OF NURSES IN THE IMMEDIATE FUTURE.

IN DECEMBER I MAILED TO ALL LEGISLATORS A SPECIAL REPORT WHICH RAISED MANY QUESTIONS ABOUT THIS NURSING ISSUE. I DO NOT INTEND TO BE REDUNDANT IN ASKING THOSE QUESTIONS AGAIN TODAY. I HOPE THE REPORT WAS OF VALUE TO YOU.

IN CLOSING, I WOULD LIKE TO RAISE JUST THIS ONE ISSUE - IF THIS BILL IS PASSED, THERE WILL BE NO OPPORTUNITY FOR A DIPLOMA NURSE OR ASSOCIATE DEGREE NURSE WHO RECEIVES HER DEGREE ANYWHERE IN THE U.S. AFTER JANUARY 1, 1992 TO COME TO MONTANA AND PRACTICE HER PROFESSION AS THE AMENDMENT BEING PRESENTED BY THE MONTANA NURSES' ASSOCIATION IS VERY CLEAR IN THAT PERSONS WHO WISH TO QUALIFY FOR A LICENSE TO PRACTICE AS A REGISTERED NURSE MUST HAVE A BACCALAUREATE OR HIGHER DEGREE WITH A MAJOR IN NURSING FROM AN ACCREDITED COLLEGE OR UNIVERSITY WITH A NURSING EDUCATION PROGRAM APPROVED BY THE BOARD.

THE DATE OF DECEMBER 31, 1991 IS KEY. I WOULD ASK YOU, LADIES AND GENTLEMEN OF THE COMMITTEE, IS IT CONCEIVABLE AT THIS POINT IN MONTANA WHEN WE ARE ATTEMPTING TO ATTRACT NEW BUSINESS AND RE-ESTABLISH OUR ECONOMIC BASE, TO HAVE SUCH A RESTRICTIVE PROVISION WHICH WILL PREVENT OUR HEALTH CARE FACILITIES FROM HAVING A STEADY SUPPLY OF TRAINED LICENSED REGISTERED NURSES? I THINK NOT.

I WOULD REQUEST THAT YOU VOTE DO NOT PASS ON THIS BILL.
THANK YOU.

Montana

Community Hospitals (60)

	<u>1985</u>	<u>1984</u>	<u>1983</u>
RNs	2,209	2,255	2,242
LPNs	508	640	659

All Hospitals (67)

	<u>1985</u>	<u>1984</u>	<u>1983</u>
RNs	2,375	2,472	2,472
LPNs	571	723	747

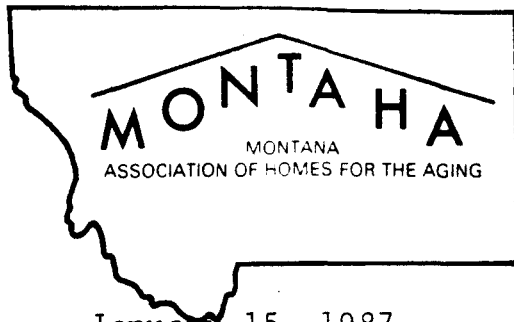
Source: AHA Hospital Statistics 1986, 1985, 1984 editions
Table L

MONTANA HOSPITAL ASSOCIATION

Montana licensed hospitals holding membership in Montana Hospital Association as of December 31, 1986.

<u>City</u>	<u>Member</u>	<u>Licensed Beds</u>	
		<u>Hospital</u>	<u>Nursing Home</u>
Anaconda	Community Hospital	40	68
Baker	Fallon Memorial Hospital	19	32
Big Sandy	Big Sandy Medical Center	9	20
Big Timber	Sweet Grass Community Hospital	17	0
Billings	Deaconess Medical Center	253	0
Billings	St. Vincent Hosp. & Health Center	280	0
Bozeman	Bozeman Deaconess Hospital	86	60
Butte	St. James Community Hospital	270	0
Chester	Liberty County Hospital	11	40
Choteau	Teton Medical Center	22	24
Columbus	Stillwater Community Hospital	27	0
Conrad	Pondera Medical Center	34	78
Culbertson	Roosevelt Memorial Hospital	14	40
Deer Lodge	Powell County Memorial Hospital	23	8
Dillon	Barrett Memorial Hospital	31	0
Ennis	Madison Valley Hospital	11	0
Forsyth	Rosebud Community Hospital	20	55
Fort Benton	Chouteau County District Hospital	17	22
Glasgow	Frances Mahon Deaconess Hospital	72	6
Glendive	Glendive Community Hospital	46	75
Great Falls	Columbus Hospital	198	0
Great Falls	Montana Deaconess Medical Center	288	124
Hamilton	Marcus Daly Memorial Hospital	48	0
Hardin	Big Horn County Memorial Hospital	16	34
Harlowton	Wheatland Memorial Hospital	23	33
Havre	Northern Montana Hospital	100	20
Helena	St. Peter's Community Hospital	96	0
Helena	Shodair Hospital	36	0
Kalispell	Kalispell Regional Hospital	93	0
Lewistown	Central Montana Hospital	47	70
Libby	St. John's Lutheran Hospital	26	0
Livingston	Livingston Memorial Hospital	54	0
Malta	Phillips County Hospital	30	0
Miles City	Holy Rosary Hospital	109	0
Missoula	Missoula Community Hospital	115	0
Missoula	Missoula General Hospital	50	0
Missoula	St. Patrick Hospital	213	0
Plains	Clark Fork Valley Hospital	16	28
Plentywood	Sheridan Memorial Hospital	21	65
Polson	St. Joseph Hospital	40	0
Poplar	Poplar Community Hospital	22	22
Red Lodge	Carbon County Memorial Hospital	25	27
Ronan	St. Luke Community Hospital	22	43
Roundup	Roundup Memorial Hospital	17	39
St. Ignatius	Mission Valley Hospital	18	11

(over)



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January 15, 1987
HOUSE BILL 36

The Montana Association of Homes for the Aging would like to to on record as opposing the recommended changes in House Bill 36. This statewide organization represents care-givers for the elderly in both retirement homes and nursing homes.

Our membership feels that the state of Montana should not be taking this step to require four year bachelor degrees for professional nurses. There are three main concerns that we have.

This bill could very likely impact Montana's many small communities by causing difficulty in the recruitment of quality nurses. Rural areas would not be as attractive to professional nurses after they had invested four years into a degree.

Secondly, this bill could cause a shortage of persons who are willing to enter the nursing profession. At present, the associate degree option allows a single parent or a person with low resources an opportunity to better themselves. Most people in this scenario could be able to invest their time and money into a two year commitment, but many would not be able to make that investment into a four year commitment.

Thirdly, we feel that in the long run, this bill would result in higher costs to the receivers of nursing care through the increased costs of nursing staffs. In the future, professional nurses would inevitably expect increased compensation for the bigger investment that they would be required to make into their careers.

For these reasons, the Montana Association of Homes for the Aging urges the committee to oppose this bill

Betty Christie Hill
Executive Director

City	Member	Licensed Beds	
		Hospital	Nursing Home
Scobey	Daniels Memorial Hospital	8	45
Shelby	Toole County Hospital	20	43
Sheridan	Ruby Valley Hospital	20	0
Sidney	Community Memorial Hospital	49	85
Superior	Mineral County Hospital	10	20
Terry	Prairie Community Hospital	6	14
Townsend	Broadwater Health Center	10	32
Whitefish	North Valley Hospital	44	56
White Sulphur Springs	Mountainview Memorial Hospital	6	31
Wolf Point	Trinity Hospital	42	0
TOTALS	55	3,240	1,370

Montana licensed hospitals not members of Montana Hospital Association as of December 31, 1986.

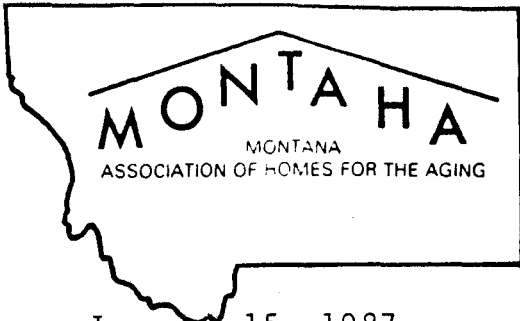
City	Facility	Licensed Beds	
		Hospital	Nursing Home
Billings	Montana Youth Treatment Center (Youth psychiatric)	60	
Circle	McCone County Hospital	20	40
Cut Bank	Glacier County Medical Center	20	39
Deer Lodge	Montana State Hospital (Galen Campus)	33	
Eklatoka	Dahl Memorial Hospital	16	21
Kalispell	Glacier View Hospital (10 Psych/16 Chem. Dependency)	26	
Philipsburg	Granite County Memorial Hospital	10	13
TOTALS	7	60 General 119 Psychiatric	113

Summary

Montana has a total of 59 licensed general hospitals with a current total of 3,306 general acute care beds to serve a statewide population of 820,000.

Current membership in the MHA shows a total of 55 licensed general hospitals representing 98 percent of all licensed acute care beds.

In addition, MHA represents 33 of the hospital-based or managed long-term care (nursing homes) having a total of 1,370 long-term care beds which is approximately 32 percent of the nursing home facilities and 19 percent of the total licensed long-term care beds.



January 15, 1987
HOUSE BILL 36

EXHIBIT #1
DATE 1-15-87
HB # 36

715 NORTH FEE
P.O. BOX 5774
HELENA, MT 59604

(406) 443-1185

The Montana Association of Homes for the Aging would like to to on record as opposing the recommended changes in House Bill 36. This statewide organization represents care-givers for the elderly in both retirement homes and nursing homes.

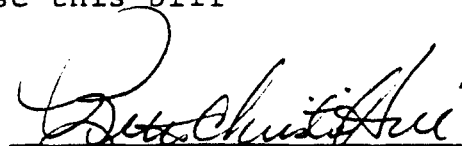
Our membership feels that the state of Montana should not be taking this step to require four year bachelor degrees for professional nurses. There are three main concerns that we have.

This bill could very likely impact Montana's many small communities by causing difficulty in the recruitment of quality nurses. Rural areas would not be as attractive to professional nurses after they had invested four years into a degree.

Secondly, this bill could cause a shortage of persons who are willing to enter the nursing profession. At present, the associate degree option allows a single parent or a person with low resources an opportunity to better themselves. Most people in this scenario could be able to invest their time and money into a two year commitment, but many would not be able to make that investment into a four year commitment.

Thirdly, we feel that in the long run, this bill would result in higher costs to the receivers of nursing care through the increased costs of nursing staffs. In the future, professional nurses would inevitably expect increased compensation for the bigger investment that they would be required to make into their careers.

For these reasons, the Montana Association of Homes for the Aging urges the committee to oppose this bill


Betty Christie Hill
Executive Director

CHAIRMAN GOULD -- COMMITTEE MEMBERS:

I'M JOYCE ASAY, ADMINISTRATOR OF ROSEBUD
HEALTH CARE CENTER IN FORSYTH.

OUR FACILITY HAS 20 ACUTE CARE BEDS AND 55
SKILLED AND INTERMEDIATE NURSING CARE BEDS.

I AM TESTIFYING IN OPPOSITION TO HB 36 BECAUSE
I AM VERY CONCERNED ABOUT THE FUTURE OF QUALITY
HEALTH CARE IN RURAL MONTANA.

WE EMPLOY 14 RN'S - ONE OF WHICH HAS A BACHELOR
OF SCIENCE DEGREE.

WE ARE VERY PROUD OF THE QUALITY OF CARE
WE GIVE AT ROSEBUD HEALTH CARE CENTER.

THE DEVASTATION OF NOT BEING ABLE TO GIVE
OUR COMMUNITY RESIDENTS GOOD QUALITY CARE
- FRANKLY, SCARES ME TO DEATH.

WITHOUT THE ADN'S - WE WOULD BE DRASTICALLY
SHORT OF NURSES AND I DON'T SEE ANY SOLUTION
TO THIS IN RURAL MONTANA.

RECRUITING BACHELOR OF SCIENCE NURSES TO
A RURAL AREA IS VERY DIFFICULT, IF NOT IMPOSSIBLE.
OUR ASSOCIATE DEGREEED NURSES ARE COMMUNITY
PEOPLE WHO ARE UNABLE TO LEAVE THEIR FAMILIES
AND/OR CANNOT AFFORD TO GO ON TO BECOME A
BACHELOR OF SCIENCE NURSE.

IF THEY CAN - THEY ARE ENCOURAGED TO DO SO.

HOWEVER, WHEN THEY DO - THEY SELDOM RETURN.

DID YOU KNOW???

ADN GRADUATES HAD 100% PASS RATE THE LAST
2 YEARS ON THEIR STATE EXAM?

DID YOU KNOW???

SLOTS INTO THE 4 YEAR SCHOOLS ARE GIVEN TO
STUDENTS WHO START THERE.

TRANSFERRING STUDENTS ARE ACCEPTED, IF THERE
IS ROOM. ARE THE 4 YEAR ACHOOLS GOING TO
BE READY TO ABSORB THE TRANSFER STUDENTS?

DID YOU KNOW?

56% OF THE ADN'S AFTER 15 YEARS ARE STILL
WORKING IN HOSPITAL'S NATIONWIDE.

ADN ARE THE MOST GEOGRAPHICALLY STABLE.

40% REMAIN IN THE SAME INSTITUTION. 60%
REMAIN IN THE SAME STATE.

WHAT ABOUT THE COST OF HEALTH CARE? THINK
ABOUT HOW PASSING THIS BILL WILL AFFECT THAT
COST.

WE ARE NOT AGAINST EDUCATION - WE PROVIDE
AND ENCOURAGE CONTINUING EDUCATION CONTINUALLY
FOR ALL OF OUR STAFF.

THIS WOULD BE REQUIRED NO MATTER WHAT DEGREE
THEY MAY HAVE.

ADN's OFFER STABILITY TO THE WORK FORCE IN
HEALTH CARE.

QUALITY CARE - ADEQUATE AND REQUIRED
STAFFING FOR BEDSIDE NURSING IS OUR CONCERN
- WHICH I KNOW IS YOURS.

THANK YOU FOR YOUR TIME.

To address this bill I think we must first ask why did we in Montana legislate State Licenses and State Boards of any kind whether it be barbers, plumbers, physicians or nurses? I believe it was to protect the public by restricting unqualified persons or purveyors from practicing their profession within the confines of the State of Montana. Boards were set up to establish minimum requirements necessary for licensure that would best serve society thru rules, regulations and guidelines.

I contend this has been accomplished by the Montana State Board of Nursing and nursing licensees charged with this responsibility. They have surpassed anyone's expectations over the past decades. The existing governing legislation has served Montana society well.

I further contend that HB36 is illconceived, poorly written, self-centered, limited with special interest group preferences, and it insinuates that only the nurses practicing in Montana do not meet the needs of society in this nation.

We must not ask this legislative body to fix what is not broken.

This HB36 will further compound existing and projected severe national shortages of the nursing professionals. Last year there were approximately the same number of nurses licensed by reciprocity as there were granted licenses by examination in Montana (232 by reciprocity and 244 by exam).

90% of nurses are married and usuall reside geographically where their husbands are employed. This fact alone

brings in one half of our newly licensed nurses. With economic times as they are, I wonder how many men would want to relocate in Montana if their wives were unable to work or practice their profession.

This bill will further example the economical disaster we are putting on the backs of our children. With University costs skyrocketing, it is more common than not for a new graduate to owe \$10,000. When two graduate and marry, they will start a new family and career owing \$20,000 with a 10-year payback.

I want each and everyone on this Committee to remember we hope you will require our services in the future, because the alternative is a ~~funer~~ ^{funer} - with only a visist to your friendly mortician.

I want to thank this Committee for hearing me. Next legislative session I hope to be back here supporting The Concerned Nurses of Montana to legislate for credit due in all ~~our~~ State University systems.

Thank you again.

*Don North - ERNA.
Missoula MT 59803*

EXHIBIT #12
DATE 1-15-87
HB #36

January 12, 1987

House Committee for Human Services and Aging
Capitol Building
Helena, Montana 59620

TO: Budd Gould (Missoula), Chairman

I would personally like to support House Bill 36 - the act to change requirements for nursing licensure. I am program manager of the Visiting Nurse Service of Yellowstone City-County Health Department-Billings and recommend a bachelor's degree in nursing as the minimum requirement for licensure as a registered nurse in the state of Montana.

Medicare regulations financially encourage early dismissal from acute care hospitals into home care programs, thus necessitating a higher level of skilled nursing intervention in the home setting. Nursing educational programs with less than a four (4) year baccalaureate curriculum do not have community health care requirements as part of their educational programs.

It is imperative that nurses involved in the complex specialty of home health care have the optimum in educational preparation.

Thank you.



Michelle Reed, RN, MN
1156 Ponderosa
Billings, Montana 59102

January 15, 1987

To: Health and Human Resources Committee
House of Representatives, State of Montana

From: Anna M. Shannon, R.N., D.N.S. *Anna M. Shannon*

Re: HR 36 - Testimony

I favor the passage of HR 36. Its purpose is to provide the legislative leadership and authority to proceed with planning for the education of tomorrow's nurses. It is a national movement and Montana's educational system should advantage, not disadvantage, Montana's young men and women by preparing them for careers in nursing consistent with national standards and trends.

No current licensed nurse will be affected by this legislation. HR 36 is proposed so that nurses graduating after 1992 will have a bachelor's degree to enter professional practice. Since nurses tend to work until their mid-fifties it will take 20-25 years, after 1992, to effect a significant turn-over in the nurse work force. About 12% (six in, six out) of the work force is exchanged every five years.

We have time between now and 1992 to institute the appropriate planning in terms of nursing education in the state and we may be able to forestall some regressive plans currently being discussed.

The nursing care needs of Montana's citizens are very diverse and complex. Montanans deserve the consumer protection, provided by HR 36, that nurses will be properly prepared to provide the care that the citizens need. Why would a citizen want to pay a surgeon \$10,000 for an operation and then have this care, and observation for complications, turned over to a person with less educational preparation than an officer in the National Guard?

The intensity of the kind of nursing care needed by patients will only increase in years to come as medical treatment becomes more extreme. The breadth of education provided by a bachelor's degree gives a nurse the background to be able to adapt to the changes that will occur.

Montanans need the best, not just the cheapest. Just because one chooses to live in rural Montana one doesn't want his medical care from an incompletely trained doctor and he should be protected from an incompletely trained nurse through passage of HR 36.

EXHIBIT # 14
DATE 1-15-86
HB # 31

PROFESSIONAL NURSING PERSONNEL POOL, INC.

3316 Second Avenue North
Billings, Montana 59101
Phone: 406-252-8794

January 13, 1986

Representative Budd Gould
Capitol Bldg
Helena, MT 59620

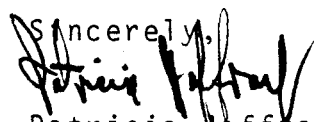
Dear Representative Gould:

I encourage your support of HB 36.

We need uniformity in educational preparation. No more time and money spent on credits that can't ultimately be used toward a degree. Nursing education has been fragmented too long.

A yes vote for HB 36 will lead to improvement in the Health Care Delivery System because nursing will be considered an essential part of that system and also recognized as a PROFESSION.

Please support HB 36.

Sincerely,

Patricia Jaffray RN
President/Owner

cc Bob Gilbert
Jan Brown
Duane Compton
Dorothy Cody
Dick Corne
Larry Grinde

Stella Jean Hansen
Les Kitselman
Lloyd McCormick
Richard Nelson
John Patterson

Angela Russell
Jack Sands
Bruce Simon
Carolyn Squires
Tonia Stratford
Bill Strizich

1/13/87

EXHIBIT # 15
DATE 1-15-87
HB # 36

My name is Carolyn M. Hamlin. I am a resident of Yellowstone County and I am speaking to you as President of the Montana Public Health Association.

I have been a PHN since 1975, and have observed changes in health care in the home over the past 10 years. As a practicing PHN, I work independently and with families to make life and death decisions in the home. Today, I am seeing more acutely ill patients than ever before. Many of these patients are scared or unfamiliar with recent changes in the health care system and as a result of their unfamiliarity are confused by the many levels of providers in our health care system in nursing. My baccalaureate education prepared me to work with terminally ill patients, utilizing both psychosocial and technical skills. Patients, many of whom are older, respond with letters of thanks such as, "Carolyn Hamlin explained my disease in terms I could understand." The majority of elderly served by Yellowstone County's V.N.S. respond positively to the care given by their baccalaureate prepared nurses.

Both federal and state agencies have responded to the need for increasing the quality of care. The Institute of Medicine published a report in 1986 with its first recommendation being "RNs must have adequate training for the purpose of accurate assessments." Further, the Department of Health and Human Services documented the need for quality nursing services after the implementation of DRGs, (Diagnosis Related Groupings are part of a system to reduce costs by limiting hospital days). Within our own state, the Health Systems Agency in its 1985 Primary Care Services statement wrote its second action to be "Encourage the expansion of Community Health Nursing Programs in the state University System." The background for this action states that "The most effective strategy for reducing health care costs is to educate, inform, and motivate the public to pursue healthful life styles. Prevention is more effective than curing . . . (this) will generate significant reductions in health care costs as well as enhance the quality of life."

TESTIMONY IN SUPPORT OF HB36: "AN ACT REVISING THE LAWS ~~RELATING TO~~ #36
THE LICENSURE OF NURSES:

My name is Judy Gilchrist and I am a Montana State University senior nursing student on Billings campus. I would like to speak for HB 36 as a nursing student and president of the Billings chapter of Montana ~~STUDENT~~ Nurses' Association.

When my decision was made to begin nursing education I checked into various educational curriculums available and began to ask questions of nurses in active practice. The common response of these nurses was, "Get the most education you can." They expressed frustration at their knowledge base and lack of career opportunities and advancement.

I have a husband and three children and have had to spend time away from them to receive my education but I'm glad I made the decision to go into the baccalaureate program. I'm not only getting hospital and community based experience but I am being taught to make physical and psychosocial assessments based on sound principles. Adult and child development is studied to better understand the client as a person not just as a patient. I am being taught to make decisions based on scientific principles backed by sound rationale and research rather than following orders without question. Classes are given in nursing research and we are challenged to be informed, inquiring caretakers and not just give care because "that's the way its always been done."

Nurses have many faces. They are no longer just at the hospital bedside but are found throughout the community, in the schools and in the homes working toward improved health care and promotion.

We require a baccalaureate education for CPA's, lawyers, social workers, teachers, ministers, and the list goes on and on. And why? Because

these people work with the public. And yet the nurse works with the public in the most intimate sense of the word. Should the nurse receive any less education than these public servants?

The education of a nurse is an ongoing process. It doesn't stop when the nurse graduates. It is a lifelong growth. I feel that a comprehensive, broadbased education gives the nurse the strongest foundation upon which to build.

Nationwide student nurses of the National Student Nurses' Association support entry into nursing practice legislation requiring a baccalaureate degree as the minimum requirement for registered nurse licensure. Montana student nurses from campuses across the state join with them and urge the passage of HB 36. Everyone benefits when the RN is better educated.

Submitted by:

Judy M. Gilchrist S.N.-
202 Locust #3
Billings, Montana 59101
(406) 259-8148

M.S.U. Nursing Student
President, Montana Student Nurses' Assoc.
(Billings chapter)

This sheet to be used by those testifying on a bill

EXHIBIT # 17

DATE 1-15-87

HB # 36

Jan. 15, 1987

NAME: David B. Lackman

DATE:

ADDRESS: 1400 Winne Avenue, Helena, MT 59601

PHONE: (406) 443-7494

REPRESENTING WHOM? Montana Public Health Association

APPEARING ON WHICH PROPOSAL: HB 36 (Bradley) Revising laws relating to licensure of nurses / House Human Services Committee / Rm 312 D 12:30 P.M.

DO YOU: SUPPORT? XXX AMEND? OPPOSE?

COMMENT: We support HB 36 as desirable legislation. Since the early 30's, I have worked with the nursing profession. First, as a practical male nurse while making my way through graduate school; then at Camp Hood hospital in WWII. In the Public Health Service, I was fortunate to have nurse-epidemiologists to carry on studies in the field and collect specimens- they were highly qualified army nurses who had transferred to the commissioned corps of the U.S.P.H.S.

Personal care of patients on the floor can be done by the licensed practical nurse. If this is the principal interest of a person, a career as an LPN should be considered. However, there is need for extending their training from one year to 18 months. ~~xxx/r~~ Also, pay should be increased.

Great changes in responsibilities of the Registered Nurse have occurred. They administer medications, serve as administrators and supervisors, are public health nurses, school nurses, and nurse practitioners. Other capacities in which they serve show up daily. (Only 19 County Public Health nurses in MT have baccalaureate degrees.) Such a broad range of capabilities requires the discipline of a baccalaureate degree; and in some instances, graduate study with a baccalaureate degree as a starter.

W B L



Montana State University
Bozeman, Montana 59717

EXHIBIT _____
DATE 1-13-87
HB 101
College of Nursing

Peggy Shumsky
Billings Extended Campus
EMC Campus Box 574
Billings, Montana 59101

January 1, 1987

Honorable Dorothy Bradley
919 W. Lamme
Bozeman, MT 59715

Dear Representative Bradley:

Congratulations on your reelection to House District 79. The nursing students of the Billings Extended Campus of Montana State University would like to thank you for your sponsorship of the bill, An Act Revising the Laws Relating to the Licensure of Nurses.

We strongly support this bill and recognize the necessity of this bill to assure professional standards in nursing education. We will be following this bill closely as the legislative session proceeds and will be voicing our support to our legislators as it appears before them. If there is anything else we can do to assist the passage of this bill, please notify us.

Thank you again for your support.

Nursing Students of MSU, Billings Extended Campus

Peggy Shumsky
Student Representative

Janet K. Russell
Judy Schultz
Debbie Pidegaray
Patty Moran
Janet M. Smith
Mary S. Griffin
Margaret Garcia
Kim Gosselle
Alenna Lou Nelson
Joanna Selberg
Sally Jo Nickels
Tiola P. Zieske
Merri Vidett
Diz Oandin
Lorilyn Goodman
Georgia Reddellon
Bonnie Anderson
Fayon Hyatt
Laurie Host - Jones
Janne S. Graf
Lami Spley
Carol Young
Shirley Linderman
Jusi Schuster
Nancy J. Lauer
Kathleen Dennehy

Jessie Roan
Julie Petersen
Sandra George
Linda Little
Rhonda Benson
Bonnie D. Hamilton
Richelle G. Zickler
Janet Heaman
Vickie M. Dierme
Dorothy M. Blankner
Nancy Hallen
Don Hoffman
Christine Millen
Judy L. Boe
Lynette L. Lauer
Paul Purzina
Beth Mestrich
Scott Allen
Lynae Kinder
Montie Martelle
Harlene R. Corpey
Lynne E. Brown
Salucia & Robertson
Paula Insley
Kim Pett
Denise Shick
Hebber Meyer
Judy M. Gilchrist

Karen M. Porter
Katrina Yenko
Martha Screen

Cathy Kluge
- Cathy Frazier
Cynthia Bell
- Kris Edwards
Donna Lober
- Susan Simon
- Teri Wren
- Jim Thomas
- Joan Wright
Kelly Scott
- Diane Carlson
- Stacy Dolson
- Barbara Vermillion
- Sandra Stahlhut
- Cynthia Gustafson
- Ruth L. Simon
- Julie S. Hirschman
- Steve Blohm
- Jean Elger
- Donna McKenna
- Amy C. Buer
- Lisa R. Horis
- Carolyn J. Walker
- Roxann S. Decker
- Harriette Voss
- Lawrence Buel
- Vanessa Edin

Nancy Hansen-Kenyon
- Nancy Hansen
- Karen Howe
- Angie Dwo Bulls
- Ted R. Fair
- Jennifer Laugloff

RE: HB 36

HB # 36

I am a diploma nurse who graduated from Akron General Hospital School of Nursing in Akron, Ohio in 1968.

I feel very confident in the education that I recieved. The first 1 1/2 years were spent carrying a full college load, nursing courses at the hospital, and many hours of hospital experience. We went to school 11 months out of the year for 3 years. I was fortunate enough to spend a month each in OR/PAR, ICU, PEDS, OB, and ER. I was able to work extra hours at the 650 bed hospital where I was educated, and at a large pediatric hospital across town.

Since then I have had a variety of hospital staff positions. The majority of my profession has been in the OR. The other areas were as a staff nurse in Superior and Missoula Community Hospitals and Assistant Director of Nurses in Conrad.

Because of my background I felt capable of caring for a wide range of patients. The demand in rural hospitals is varying and challenging.

I am supportive of higher education and would like to see a step system implemented in the state of Montana.

HB 36 is being supported by the ANA and there are many nurses that object to the moneys being funneled into a bill which we so strongly oppose. I am concerned that if this bill passes somewhere down the road people who are "grandfathered" in will maintain their license, but will have difficulty in obtaining jobs.

The proponents of this bill are getting the cart before the horse. Educational opportunities need to be provided before legislation is proposed. I would urge you to oppose HB 36.

Respectfully submitted,

Judy Kuhl RN, Member CNOM & MNA
1908 Belt View Drive
Helena, Montana (443-3816)

January 12, 1987

Representative R. Budd Gould, Chairman
Human Services & Aging Committee
Montana State Capitol
Helena, Montana 59601

Dear Mr. Chairman & Committee Members:

I am a baccalaureate degree registered nurse, and am unable to attend the hearing on House Bill 36. I do, however want my opposition to this bill entered into the record.

After graduating from MSU in 1978, I began my nursing career in Missoula at Saint Patrick Hospital. A new graduate of Havre's associate degree nursing program was instrumental in enhancing my clinical skills, and served as a great source of information to me. Throughout my eight years as a practicing RN, I worked with many fine nurses, graduates of diploma schools as well as others with associate nursing degrees. The quality of care demonstrated by these nurses was commendable, and it would be detrimental to health care to restrict nursing education in Montana to two baccalaureate degree programs.

Current nursing journals describe many hospital vacancies in nursing departments across the country. Concern is expressed over what has been referred to as a "nursing shortage." Cutting out Montana's two associate nursing degree programs will further contribute to this nursing shortage. Proposed budget cuts in MSU's existing nursing program could further decrease the number of new nurses in Montana. Is House Bill 36 the answer to enhancing the quality of patient care when the outcome will be to reduce nursing numbers in our state? NO!

Recruiting non-baccalaureate degree nurses from out of state to Montana may not be easy if this "entry" bill is passed. Will these nurses be welcome here to help overcome our nursing shortage? What will they need to do to qualify as competent nurses in our state? The unknown answers to these questions disturbs me. Nurses need to support and nurture one another, regardless of their respective degrees. My experience has demonstrated to me that superior nurses are not necessarily those with baccalaureate degrees.

MNA and ANA could have better served the needs of the public by having invested the lobbying funds for this bill into areas that would improve the quality of patient care---sponsoring continuing education programs for nurses, recruiting men and women

for our existing nursing programs, or helping Montana's rural hospitals to develop quality assurance and risk management programs. Instead, the lobbying efforts of MNA are interfering with the unity of Montana's nurses.

I feel that if this "entry" bill passes, the quality of health care in Montana will suffer. I urge you to please vote "NO" on House Bill 36.

Sincerely,

Karen Buley, RN, BSN

Karen Buley, RN, BSN

HUMAN SERVICES COMMITTEE
STATE OF MONTANA

RE: HB36

I am a certified registered nurse anesthetist who is opposed to HB 36. I am not opposed to higher education. At the time I attended nursing school, there was not the financial help available to nursing students that there was in the recent past and a three year curriculum was all I could afford. However since graduating from nursing school I have successfully completed 120 college credits, have 30 years of excellent references in nursing and 20+ continuing education credits each year. My 30 years of experience have shown me that the basic nursing requirements are met in all schools. These nursing schools must meet the approved criteria required by the Board of Nursing to receive accreditation. The quality of excellence is in the person attending the school and not in the school itself. I have personally worked with excellent to average nurses from all these programs. The nurse interested in and capable of professional excellence will attain it regardless of school attended. We were not all created equal, so college based programs cannot graduate all excellent nurses anymore than the two or three year programs.

Nurses who have already received Baccalaureate degrees in administration, education and other fields related to nursing would also suffer. They would also be required to attend college to acquire a BSN to assure their mobility and promotability. The director of the school of nursing from Carroll College told a group of nurses at St. Peter's Hospital about a year ago "those of you without BSN's will be grandfathered in, however, this will not assure you of being hired by another hospital in Montana when the requirement has been changed to require a BSN to practice nursing."

Since all accredited nursing schools must be approved by the Board of Nursing, and results of licensure exams show no difference in ability between any of the nursing programs, I feel requiring all nursing schools to become college based will only create shortages, increase hospital costs and not assure better nursing care.

However, the need to insure the quality of the nurses already practicing is a necessity. Yet the need for continuing education has not become as

requirement for license renewal in Montana as it has in many states. Why is Montana among the first to attempt to require Baccalaureate degrees for nursing yet among the last to require continuing education for maintaining professional excellence?

Furthermore, the Montana Board of Nursing decided three years ago that all nurse anesthetists coming into Montana be required to have a BSN and a Masters degree. This decree has already created a nurse anesthetist shortage in Sidney and Glendive. I feel this is only the tip of the iceberg. To insist on BSN degrees for all nurses in Montana will create further shortages. These shortages will be catastrophic for the hospitals and nursing homes in Montana.

Yours truly,

Rita M. Klingensmith, CRNA

January 14, 1987
Montana State Legislature
Human Service and Aging Committee

EXHIBIT 1-15-87
DATE 1-15-87
HB #36

Attention: Rep. Bud Guel, chairman

Dear Mr. Guel,

You will soon be reviewing House Bill 36 which would change the qualifications for entry into the Nursing Profession. I feel that this particular legislation, while being good in theory, seriously jeopardizes the availability of nurses and consequently the provision of quality medical care for the state of Montana.

While education in itself is not a guarantee for professional competence, most healthcare providers would not argue with increasing the amount of training for nurses in a reasonable and prudent manner. We need to make sure, however, that we do not jeopardize the supply of nurses for our state in the process.


The healthcare delivery system in Montana relies heavily on the three-year diploma RN. This piece of legislation acts to professionally disenfranchise these people who have been practicing in the nursing profession for decades. If we are to say that we do not want nurses unless they have four years of college, and we may want to make that choice, then we need to legislate a mechanism that would allow those that have three years of schooling a reasonable opportunity to complete a fourth year. The Montana Nurses association, who is sponsoring this bill, have stated to me in a public meeting that it would take approximately three years of additional schooling for a practicing three-year RN to attain a Bachelors degree.

There is also a question as to whether or not Montana can produce enough nurses to supply her own needs. With the amount of Montana nursing students who leave the state after finishing their schooling combined with the normal attrition rate of people leaving the field for one reason or another, we cannot meet the demand for nurses without relying on people from out of state. If we do not allow reciprocity for three year nurses from other states, we will not have enough nurses to go around. The effect of this legislation is to limit access to the nursing profession to those who have a bachelors degree and those diploma nurses licensed in Montana prior to 1992. This is a very good way to drive up the cost of healthcare in our state.

Again, I do not think anybody would be against reasonably improving the nursing profession, but this bill does not address the needs of the state as a whole.

This bill needs some more work before we jeopardize the health care of our citizens.

Sincerely,


Rick Glanz
administrator
Western Care Nursing Home

Western Care
Nursing
Home

2775 Winne Avenue
Helena, Montana
59601-4997
(406) 442-1350

The Hillhaven Corporation
A subsidiary of
National Medical Enterprises, Inc.

THE TEXTBOOK TRIPHASIC

I, DONALD B. JOHNSON M.D.,
PRESENTLY PRESIDENT OF LEWIS
AND CLARK MEDICAL SOCIETY
AND CHAIRMAN OF THE
OBSTETRICS AND PEDIATRIC
DEPARTMENT OF ST. PETER'S
COMMUNITY URGE
REJECTION OF HOUSE BILL
NO. 36.

I AM PRESENTLY IN
PRIVATE PRACTICE IN
OBSTETRICS AND GYNECOLOGY
AND HAVE PRACTICED

Triphasil
Levonorgestrel
and ethinyl
diacetylmethyl
phthalate
with
hydroxy
naphthol
regimen

A study in low-dose performance

THE TEXTBOOK TRIPHASIC

IN HELENA FOR THE PAST 4 YRS.
I THINK ENACTMENT OF THIS BILL
WOULD LEAD TO INCREASED
HEALTH CARE COST TO THE CON-
SUMER AND ALSO INCREASE
THE SHORTAGE OF NURSES,
ESPECIALLY IN THE RURAL
AREAS OF MONTANA.

I THINK THE EMPHASIS
SHOULD BE PLACED UPON ALTER-
ING THE PRESENT NURSING
EDUCATION TO INCORPORATE A
"LADDER CONCEPT" FOR RECOG-
NIZING PREVIOUS EDUCATION
AND EXPERIENCE AND ALSO
TO PROMOTE IMPROVED CLINICAL

~~EXPERIENCE~~

Triphasil
Levonorgestrel
and ethinyl
diacetylmethyl
phthalate
with
hydroxy
naphthol
regimen

A study in low-dose performance

EXHIBIT # 235

DATE 1-15-87

HB 235



Montana Nurses' Association

2001 ELEVENTH AVENUE

(406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59604

NEWS RELEASE

January 13, 1987

ATTACHED IS A NEWS RELEASE FROM THE NORTH DAKOTA BOARD OF NURSING. IT DESCRIBES THE JANUARY 8, 1987 OPINION OF THE NORTH DAKOTA SUPREME COURT WHICH AFFIRMS THE AUTHORITY OF THE NORTH DAKOTA BOARD OF NURSING TO WRITE RULES AND REGULATIONS SPECIFYING EDUCATIONAL CHANGES FOR ENTERING NURSING PRACTICE.

NORTH DAKOTA IS THE FIRST STATE IN THE UNION TO BEGIN IMPLEMENTING THE NURSING PROFESSIONS GOAL OF A BACCALAUREATE DEGREE FOR PROFESSIONAL NURSING PRACTICE.

IN NOVEMBER 1985, THE NORTH DAKOTA BOARD OF NURSING RECEIVED FINAL APPROVAL FOR CHANGES IN ITS RULES WHICH REQUIRE THE SCHOOLS OF NURSING IN THAT STATE TO OFFER BACCALAUREATE DEGREE CURRICULUMS FOR RNS AND ASSOCIATE DEGREE CURRICULUM FOR LPNS. THEN IN MARCH, 1986 TWO HOSPITAL SCHOOLS OF NURSING FILED AN INJUNCTION AGAINST THE BOARD OF NURSING TO BLOCK IMPLEMENTATION QUESTIONING THE BOARDS AUTHORITY TO CREATE SUCH RULES AND SUGGESTING THAT THE BOARD USURPED LEGISLATIVE AUTHORITY IN SETTING THE RULES. BOTH THE DISTRICT COURT AND THE SUPREME COURT AFFIRMED THE AUTHORITY OF THE BOARD.

THE NEW RULES WILL EFFECT PERSONS ENROLLING IN NURSING PROGRAMS IN NORTH DAKOTA AFTER JANUARY 1, 1987 AND WILL HAVE NO EFFECT ON STUDENTS CURRENTLY ENROLLED IN BOARD APPROVED NURSING PROGRAMS OR CURRENTLY LICENSED NURSES.

IN AUGUST, 1986 MONTANA'S ATTORNEY GENERAL RULED THAT MONTANA'S BOARD OF NURSING DOES NOT HAVE THE AUTHORITY TO USE IT RULE MAKING AUTHORITY TO CHANGE THE EDUCATIONAL REQUIREMENTS FOR NURSING PRACTICE SO, MONTANA'S NURSES HAVE CHOSEN THE LEGISLATIVE ROUTE TO ACCOMPLISH THE CHANGES. H.B. 36 WOULD REQUIRE PERSONS ENTERING PROFESSIONAL NURSING PRACTICE IN 1992 TO HAVE A BACCALAUREATE DEGREE.

North Dakota Board of Nursing

Kirkwood Office Tower
7th & Arbor Ave.
Suite 504
Bismarck, North Dakota
58501

Telephone
(701) 224-2974



FOR IMMEDIATE RELEASE

January 9, 1987

Yesterday the North Dakota Supreme Court issued its opinion on the case of Trinity Medical Center et al v. North Dakota Board of Nursing et al. The opinion affirms the trial court in its answers to both certified questions.

The certified questions are as follows:

- 1) whether the authority given by the state legislature to the North Dakota Board of Nursing constitutes a standardless delegation of legislative authority; and
- 2) whether the nursing board usurped purely legislative powers in promulgating the new requirements for nursing education programs.

The Honorable Bert Wilson, Judge of the District court of Northwest Judicial District answered both questions "no". Chief Justice Ralph Erickstad, speaking for a unanimous Supreme Court, wrote that "Section 43-12.1-08(6) is not unconstitutional as unlawful delegation of legislative power" and "the Board, through its rule-making power in determining who may recommend a person to take the test, has not usurped legislative power."

In the opinion, Chief Justice Erickstad wrote that "It requires no leap of logic to equate high standards of nursing in the interest of public health with a requirement that those who train nurses be accredited pursuant to appropriate authority and that applicants for licensure in nursing receive an appropriate degree before being permitted to write an examination for licensure." He further stated that "The Board has the authority pursuant to Section 43-12.1-08(6) to direct that only associate and baccalaureate degree graduates may sit for practical and registered nursing license examinations respectively." The opinion was issued by all five justices of the North Dakota Supreme Court without dissent.

The opinion upholds the decisions of the Honorable Bert Wilson regarding the certified questions and affirms the delegation of standard setting by the legislature to the North Dakota Board of Nursing. The text of the opinion includes reference to the broad standards included in the Nurse Practices Act which give direction to the Board in its rule-making authority.

The effect of the N.D. Supreme Court opinion is to allow the Board of Nursing to enforce the nursing education rules found in the North Dakota Administrative Code 54-03.1. Those rules will affect only those persons enrolling in nursing programs after January 1, 1987, and have no effect on students currently enrolled in board approved nursing programs or currently licensed nurses. All North Dakota nursing programs with the exception of the two programs involved in the lawsuit have voluntarily begun working towards compliance with the new administrative rules.

State of North Dakota

S U P R E M E C O U R T
B I S M A R C K

CLERK OF THE SUPREME COURT
MRS. LUELLA DUNN

RECEIVED
JAN 12 1987

January 8, 1987 MONTANA NURSES ASSOCIATION

Mr. Gary Lee
Attorney at Law
Bosard, McCutcheon and Rau
P.O. Box 939
Minot, ND 58702-0939

Mr. Calvin N. Rolfson
Special Assistant Attorney General
P.O. Box 2712
Bismarck, ND 58502

RE: Trinity Medical Center et al v.
North Dakota Board of Nursing et al
#11,257

Gentlemen:

The Supreme Court has today rendered an opinion in this case wherein the Supreme Court affirms the trial court in its answers to both certified questions. Neither party will recover costs.

A copy of the decision of the Court is enclosed.

Sincerely yours,

Luella Dunn
Luella Dunn
Clerk
Supreme Court

LD:ls: *le*
Enclosure

cc and encl: The Honorable Bert L. Wilson
Lundberg, Nodland, Lucas and Schulz
Mr. Larry Kraft
Zuger and Bucklin
Vedder, Price, Kaufman and Kammholz

*Enclosed News release regarding
Supreme Court Opinion - It certainly
is a super opinion!!
Judy -*

naacog statement

EDUCATION FOR ENTRY INTO PROFESSIONAL NURSING PRACTICE

Approved December 3, 1979

The Nurses Association of The American College of Obstetricians and Gynecologists (NAACOG) supports the move toward the baccalaureate in nursing as the minimum preparation for entry into professional nursing practice for the following reasons:

In order to be prepared to assume the role of a full member of the health care team in the complexity of a rapidly changing health care delivery system, the nurse needs not only the traditional knowledge and skills but also the knowledge of self and society that is inherent in a broad general education best obtained at the baccalaureate level.

Nurses must prepare themselves to practice in a variety of settings and to use their knowledge and skills to assist individuals, families, and the community at large to maintain a high level of wellness.

The multiple levels of nursing education of the past have militated against the attainment of the stature and credibility needed to establish nursing on an equal footing with other members of the health care team and with those who make policy.

If nursing is to control its own destiny, it must assure that nurses are prepared to meet the challenges and demands of the future.

In order to achieve the goal of the baccalaureate in nursing as the minimum preparation for entry into professional nursing practice, NAACOG urges nursing, collectively, to address the following:

1. Assurance that currently licensed registered nurses and licensed practical/vocational nurses will not be penalized financially or professionally by this move.
2. Clarification of the concepts of levels of nursing practice.

continued on reverse



3. Regional planning to ensure:

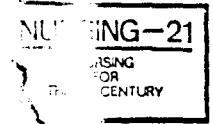
- a. Availability and accessibility of baccalaureate programs which are capable of preparing sufficient numbers of professional nurses to meet the needs of the health care system; and**
- b. Career mobility programs which take into consideration previous education, experience, and principles of adult education for those diploma and associate degree graduates seeking the baccalaureate in nursing.**

Implementation of the goal of the baccalaureate in nursing as the minimum preparation for entry into professional nursing practice must be written into the law in each of the 50 states. Therefore, NAACOG urges its members to be informed as to the issues and to participate actively in the decision making process through their State Nurses' Associations or other bodies formed to address changes in state Nurse Practice Acts.

EXHIBIT # 21
DATE 1-15-87
HB # 36

Montana Nurses' Association

Steering Committee -- Entry Into Practice



P.O. Box 5718 -- 715 Getchell, Helena, Montana 59604 -- Telephone (406) 2-6711

Summary Report of

EDUCATIONAL ACCESS COMMITTEE

September, 1986



Montana Nurses' Association

Steering Committee -- Entry Into Practice

NURSING-21

NURSING
FOR
THE 21ST CENTURY

P.O. Box 5718 -- 715 Getchell, Helena, Montana 59604 -- Telephone: 406 442-6710

MEMBERS

EDUCATIONAL ACCESS COMMITTEE

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P.O. Box 757

Billings, MT 59105

(Home:)

(Work: 256-2500, 255-9017)

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Steering Committee Liaison

Laura Phillips

716 32nd Avenue NE

Great Falls, MT 59404

(Home: 452-7632)

(Work: 727-3333, ext. 5678)

* Attended one meeting

Montana Nurses' Association

Steering Committee -- Entry Into Practice

NURSING-21

NURSING
FOR
THE 21ST CENTURY

P.O. Box 5718 -- 715 Getchell, Helena, Montana 59604 -- Telephone: 406 442-5710

Summary Report of EDUCATIONAL ACCESS COMMITTEE

Introduction

A. Purpose -- The Educational Assess Committee was appointed by the Montana Nurses' Association Steering Committee on Entry into Practice and was given the following assignment: To collect and disseminate information about the availability and access to courses throughout Montana for registered nurses and licensed practical nurses seeking a baccalaureate degree in nursing.

B. Assumptions --

1. Changes in the health care delivery system require that participants in the nursing profession be educationally prepared to meet the challenges of providing quality care.
2. The increasing and ever expanding knowledge base required for nursing to adapt to changing societal needs requires an educational base in an institution of higher learning for continued growth.
3. The proposed baccalaureate requirement for nursing in Montana will likely encourage many R.N.s and L.P.N.s to seek further education.
4. A concern of non-baccalaureate R.N.s and L.P.N.s is that the transition from one educational level to another be both educationally sound and accessible to those individuals capable of pursuing, and willing to pursue educational advancement.
5. There is a widespread desire among nurses and nursing educators to eliminate needless barriers to nursing education and career advancement.
6. The integrity of individual nursing education programs, their standards and accreditation, and faculty autonomy must be maintained in the development of any alternate approaches to nursing education in Montana.
7. Prospective students of nursing must be carefully counseled to insure that they are made aware of the various types of nursing education programs that are available, and that will best meet their immediate and future needs (institutional vs. self-directed; AD vs. BSN).
8. Presently, nursing education programs in Montana provide some mechanisms (challenge exams, transitions courses, etc.) for students, R.N.s or L.P.N.s, to be individually integrated into the program.

C. Accessibility --

1. Definition -- Webster defines accessible as "1. can be approached or entered, 2. easy to approach or enter, 3. can be gotten or obtained."
2. Application to nursing education -- In discussing the accessibility of baccalaureate level programs for registered nurses in Montana, it is important to bear in mind both the constraints which affect registered nurses wishing to enter such programs and the constraints which affect baccalaureate level programs with regards to their flexibility and their offerings for registered nurses.

Two major factors constrain baccalaureate programs. First, national accrediting bodies set specific standards at both the overall university level and at the specific nursing program level. In order to maintain accreditation and thus assure an appropriate level of quality, baccalaureate programs must adhere to the guidelines of national accrediting bodies. For example, in order for a university or college to be accredited by the major accrediting body for universities in this area of the country (the Northwestern Association of Schools and Universities), all programs within the university are required to accept as transfer credits only work completed at other accredited college or universities. It is for this reason that nursing programs within colleges and universities are unable to consider nursing course work completed within a hospital environment. Further, baccalaureate level nursing programs which have acquired and wish to retain their accreditation by the National League for Nursing must adhere to specific standards related to the teaching and evaluation of nursing course work.

The second major constraint affecting universities and colleges which offer nursing programs is that of limited financial resources. It is for this reason, for example, that specific nursing courses cannot be offered at a variety of locations or in situations where only a very small number of prospective students are available to take the course. Financial constraints make it impossible, for example, to teach a clinical nursing course requiring intensive on-site supervision by a faculty member for a group of only two to four prospective nursing students.

Constraints are also recognized as affecting the ability of registered nurses to access available baccalaureate programs. These constraints include geography/distance from program, financial limitations, personal commitments to family, friends, etc., and professional commitments to an already established career. Since Montana is a rural state distance from an educational program can be a major factor and can involve several hundred miles of travel including travel in periods of inclement weather. Registered nurses already employed may risk loss of income and established position when they return to school. Return to a regime of school work and study can disrupt family and social relationships.

In its discussions, this subcommittee has made every effort to consider the constraints on both baccalaureate level institutions and constraints on individual registered nurses. These have formed a background for discussion of ideas about the accessibility of baccalaureate level education to nurses in the state of Montana. Specific recommendations related to ways in which both employers and educational institutions might increase the accessibility of baccalaureate programs for registered nurses will be addressed in Section III.

In order to acquire an initial education to become a registered nurse or a licensed practical nurse, nurses made the necessary adjustments. It is realistic to expect that obtaining a baccalaureate education will involve some of these same adjustments.

EDUCATIONAL ACCESS COMMITTEE - SCHOOL INFORMATION

ASSOCIATE DEGREE EDUCATION
IN NURSING
FOR REGISTERED NURSES IN MONTANA

Laura Phillips, M.S., R.N.

Both Northern Montana College, a unit of the University System of Montana, and Miles Community College, a community college that serves southeastern Montana, offer Associate Degree Nursing Programs for students of nursing that lead to an Associate Degree in Nursing. Although the programs differ, both of these Associate Degree Nursing Programs are designed to enable students to acquire knowledge and skills that prepare them to enter the beginning level registered nurse positions in structured settings such as hospitals, clinics, and long-term care facilities. Successful completion of the programs and registration with the Montana Board of Nursing will enable these students to transfer to other schools of nursing and pursue a baccalaureate degree in nursing.

These programs have the following features:

NORTHERN MONTANA COLLEGE (NMC)

MILES COMMUNITY COLLEGE (MCC)

General Education Requirements
for Credits

1. General Education Requirements
for Credits

a. Student must be in good academic standing at last college attended or petition to Admissions and Standards Committee for evaluation of the student's record on the basis of NMC Scholastic Review Regulations.

b. Full applicable credit is transferred when the student transfers to NMC from a college level institution which is regionally accredited. For instance, NMC is fully accredited by the Northwest Association of Schools and Colleges. The nursing program is also approved by the Montana State Board of Nursing.

c. Students must attend a minimum of 3 quarters as a full time student to pursue associate or baccalaureate degrees.

d. Credits earned twenty or more years ago may not be counted for a degree. This is determined by the major and minor advisors and by the department chairman. The student will be advised to update their information by enrolling in a course, auditing a course, or

a. Students having fewer than a quarter credit from college credit will be accepted regardless of academic standing. If Grade Point Average (GPA) is 1.0 or below, the student will be placed on probation. (Revised) Students transferring to MCC from outside the state must have a minimum 2.0 GPA for their previous college credit. Waiver of this requirement may be granted at the discretion of the Committee on Academic Standards.

b. MCC is accredited by the Northwest Association of Schools and Colleges. The Nursing Program is approved by the Montana State Board of Nursing.

2. Nursing Courses
Enrollment is limited.

a. Complete application for admission to MCC, including application fee payment.
b. Successfully complete chemistry within the five years immediately prior to application. Chemistry may be taken at MCC during the summer session,

through an independent study course. Tutors are also available. Upon approval of instructor/advisor a student may update information as a listener in lecture courses only.

Auditing rules and regulations apply to the listener.

e. Out of state transfer students must have a cumulative grade point average (GPA) of 2.0 based upon 4.0 system.

f. NMC seeks to serve students who have achieved academic competency through varied study or work options. Credit by successful performance in College Level Examination Program (CLEP) tests, Trade Competency Examinations and other Faculty approved competency measures are accepted.

g. ADN candidates must complete enrollment and successful completion of required communications courses plus a minimum of general education courses. These courses can be completed at any accredited college or university.

h. A minimum of 96 credits with a cumulative grade point average (GPA) of 2.0 is required for all associated degrees. A minimum of 45 credits in major.

2. Nursing Courses

a. Require completion of high school algebra, biology, and chemistry or credits for college work which will transfer into required course of study.

b. A minimum of 104 credits is required for ADN with grade of C or above in all required courses.

c. Challenge through credit by examination, e.g. teacher constructed examinations, including demonstrations of specified skills in college nursing laboratory or clinical facility, is possible.

d. Students are eligible to enroll in nursing courses if all admis-

a grade of "C" or higher is required prior to commencement of the nursing program.

c. Submit ACT/SAT scores.

d. Complete, by appointment, a personal interview with the Director of the Nursing Program.

e. Challenge (Equivalency)

Examinations are designed to give recognition to knowledge and skills attained by students in approved nursing programs - LPN or RN - at institutions other than MCC. They are equivalent to the knowledge bases and skill levels demonstrated by MCC students in Nursing 121 and 122. Students wishing to challenge these courses are to apply prior to the required dates. Challenge students will be required to pay course fees prior to the challenge examination.

f. All nursing classes must be taken in numerical sequence. Students receive both academic instruction and supervised experience in all the major clinical techniques of nursing. Clinical facilities utilized for laboratory experience include: Holy Rosary Hospital, Veteran's Administration Hospital, Custer County Rest Home, Friendship Villa, and other health agencies in the community.

g. All Science courses, Psychology, and Education 201 must have been taken within the last five years immediately prior to admission to the Nursing Program.

h. Students must maintain a satisfactory grade in clinical as part of the Nursing course grade.

sion requirements, prerequisites or their equivalent are met. Progression through the nursing program is contingent upon taking courses in sequence, level by level, maintaining at least the minimum GPA and meeting clinical criteria (use of a problem solving process (nursing process) for safe and effective patient care assignments). The first four quarters of nursing and general education courses are on campus in Havre. The remaining three quarters are based at the clinical facility (Columbus Hospital), in Great Falls. The student receives both academic and supervised clinical experiences at both campuses.

3. Transfer Procedures

Applicants who have earned 12 or more quarter hour credits which will transfer to NMC are considered transfer students. Students from another school of nursing or Licensed Practical Nurses may make application to challenge and are evaluated on an individual basis to determine placement in the program. LPNs may receive advanced placement in the nursing program by making application to challenge all or a portion of the first 2 quarters of the program. Transfer students may be required to take teacher constructed exams including demonstration in college laboratory or clinical facility.

4. Time Frame

Students can complete the associate degree program in seven quarters, however, some students elect to extend the program and complete it as individual needs, sequence of courses, and levels of nursing allow.

3. Transfer Procedures

See items 1.a. and 2.e. above.

4. Time Frame

Same as NMC

5. Cost and Financial Aid

Fees are subject to change from academic quarter to academic quarter. The following are approximate fees for an in-state applicant for the academic year of 1985-1986.

Application Fee - \$20.00

Registration Fee - \$15.00

Incidental Fee - \$15.00/cr. hr.

Student Union Fee - \$10.00

Computer Fee - \$1.00/cr. hr.

Credit fees for students taking 12-18 credits will be approximately \$257.00 plus the additional fees above which total approximately \$302.00/quarter. Books and supplies are estimated at \$100.00/quarter. Financial assistance is based on academic ability and/or financial need. Assistance is available in form of any combination of the following: loans; scholarships; fee waivers; grants; and work opportunities. Students are encouraged to take advantage of their rights to assistance opportunities. More information is available through the Financial Aid Office.

6. Advertising

A student Placement and Career Counseling Center helps students with academic, personal, or course problems. Faculty members in the nursing major on either Havre or Great Falls campuses encourage students to seek individual assistance for course selection or for help to meet personal needs as they arise. Advising appointments can be arranged on one or both campuses.

5. Cost and Financial Aid

MCC participates in Federal Financial aid programs, including Work-Study, Pell Grants, Supplemental Educational Opportunity Grants (SEOG), and Student Loans (NDSL), as well as the State Student Incentive Grant Program. Nursing Loans and Nursing Scholarships are also available for Nursing students who qualify for financial aid. Financial aid is awarded to students based only upon their financial need. Fees are subject to change from academic year to academic year. Fees listed below are those in effect Fall quarter, 1985.

Application Fee - \$10.00

Tuition (in state) -

10 credits or more - \$100.00

Computer Fee - \$12.00/quarter

Students enrolled in the Nursing Program have additional expenses for uniform, liability insurance, and NLN tests.

Students who have been accepted for enrollment in the Nursing Program are required to pay a deposit of one half of one quarter's tuition prior to their first quarter of enrollment.

6. Advertising

Opportunity to receive maximum assistance in making educational and career choices is the common concern of faculty and counselors. The Counseling Office assigns each student to a Faculty Advisor on the basis of the student's area of interest. Students are encouraged to see advisors regularly.

Helen Kiesling, Chairman
Health Related Studies
Northern Montana College
Havre, Montana 59501
1-265-3221

Laura Le Nau, Director
Nursing Education Program
Miles City Community College
Miles City, MT 59301

Laura Phillips, Coordinator
A.D. Nursing Faculty
501 15th Avenue South
Great Falls, Montana 59403
1-727-3333, ext. 5679

EDUCATIONAL ACCESS COMMITTEE - SCHOOL INFORMATION

CURRENT BACCALAUREATE PROGRAMS IN NURSING FOR RNS IN MONTANA CARROLL COLLEGE DEPARTMENT OF NURSING

JoAnne Scott, M.S., R.N.

OVERVIEW

The Carroll College Department of Nursing provides education for RNs leading to the Bachelor's Degree in Nursing. This program has the following major features:

1. General Education Credits
 - a. Transfer of liberal arts/general education credits from accredited colleges and universities.
 - b. Credit by examination for some liberal arts/general education and nursing (e.g. CLEP)
2. Nursing Courses

Registered nurses may challenge, through credit by examination, any required nursing course through the junior year, following successful completion of the required general education course. They will then enroll in the senior level nursing courses at Carroll College. (Note: The challenge examinations of the nursing courses may be attempted only once.)

DIPLOMA AND ASSOCIATE DEGREE RN's

RN's with either background credential are welcome in the Carroll College Baccalaureate Degree Program.

Pre-requisite Courses

All students pursuing a degree at Carroll College must meet the General Liberal Arts Requirements as listed in the school bulletin. These requirements will be met by the successful completion of courses listed under "Other Program Requirements". These include those disciplines which help develop the contemporary, enlightened mind - the humanities and fine arts, the social and natural sciences, as well as the reflective disciplines of philosophy and theology.

Nursing Courses

In order to earn the Bachelor of Arts degree in Nursing, a student must successfully complete the following:

The foundation courses in Nursing: "Introduction to Professional Nursing" and "Health Care Systems". These two courses may be challenged.

The study of concepts basic to direct client care in terms of the beginning elements of the nursing process is taught in "Nursing Care Concepts". The assessment component of the nursing process as utilized in obtaining and recording health histories and carrying out the physiological, psychological, sociocultural and spiritual assessment is taught in "Nursing Assessment". These two courses may be challenged. The basic concepts of human nutrition as they relate to health; awareness of wise food consumption habits is taught in "Basic Nutrition" and this course may be challenged. Application of the nursing process to child-bearing and child-rearing families in various

community settings is taught in "Parent and Child Care" plus the application of the nursing process in providing nursing care to the ill adult and their families is taught as "Care of the Ill Adult". These two junior level nursing courses may also be challenged by R.N.s. Senior level nursing courses are viewed as nonrepetitious and therefore are not open to challenge.

TIME FRAME

Part-time study is possible. The program requirements of the senior year include the following:

Complex Nursing Needs	Nursing Managements Concepts
Nursing Elective	Community Health Nursing
Developments in Nursing	Introduction to Nursing Research

AVAILABILITY OF PROGRAM IN THE STATE

Carroll College does not have any extended campuses. All nursing courses must be taken at the college which is located in Helena.

CREDIT BY CHALLENGE EXAMINATION

R.N. students may challenge the nursing courses through the junior year. Arrangements for a specific plan for challenging is made with the Head, Department of Nursing, and the lead faculty member in each of the courses. A written plan is then submitted to the Academic Dean for Approval. The plan should include:

1. The course(s) to be challenged.
2. The plan developed by the student, the department head, and the instructor(s) in each course to be challenged.
(Course outlines and the books used in each class are available to prepare for the challenge examinations.)
3. The fee for challenging the examination(s) is paid to the Business Office. Receipt of payment from the Business Office should be shown to the instructor at the time of the examination.

Additionally, RNs may take the standardized challenge examinations called CLEP, through Carroll College. Testing facilities are available to students and non-students alike. Tests are administered each month with the exception of December and February. Test fees assigned for CLEP are nominal for such testing programs; \$25.00 for each general or subject matter test written in the same month. The College charges an additional fee of \$20.00 to place CLEP test credit on the transcript.

Carroll accepts a selected list of CLEP examinations, provided the examinee attains at least the 50th percentile. Candidates should consult the Placement Office of Carroll College to determine examinations currently approved by the College. Application forms are available in the Placement Office and must be completed five weeks prior to the test date.

CREDIT BY EXAMINATION

Examinations for advanced credit in courses offered by the College may be taken by a student for work done in private study, with the following restrictions:

1. The student must be currently enrolled as a student at Carroll College.
2. An advanced credit examination may not be taken in a course in which the student has already been registered.
3. The maximum number of credits obtainable by advanced credit examinations is 13.
4. No student will be permitted to repeat an examination for advanced credit.
5. No student may take examinations for more than 6 advanced credits in any one semester.
6. No student may receive advanced credit by examination for lower division foreign language courses in the native language.
7. A fee of \$30.00 is charged for each examination administered under this program. The fee is payable in advance and is used to defray the cost of the special examination.

COSTS AND FINANCIAL AID

Approximate fees for coursework at Carroll College as of the 1985-1986 academic year are as follows:

\$20.00 Application Fee (non-refundable). This one-time fee is submitted with the initial application and is applied as a matriculation fee in the semester for which application is made. It is non-refundable.

\$1,770.00 is the Full-Time Tuition per semester for students registered for 9 semester hours or more.

\$118.00 is the Part-Time Tuition, per semester hour. Students registered for 8 semester hours or fewer.

Students taking at least six credits are eligible for Financial Aid, and should contact the Financial Aid Office located in O'Connell Hall on the first floor or by telephoning (406) 442-3450.

EDUCATIONAL ACCESS COMMITTEE - SCHOOL INFORMATION

CURRENT BACCALAUREATE PROGRAMS
IN NURSING
FOR RNS IN MONTANA
MONTANA STATE UNIVERSITY COLLEGE OF NURSING

Kathleen Long, Ph.D., R.N.

OVERVIEW

The Montana State University College of Nursing provides education for RNs leading to the Bachelor's Degree in Nursing. This program has the following major features.

1. General Education Credits

- a. Transfer of credits from accredited colleges and universities.
- b. Credit by examination (e.g., CLEP)
- c. Enroll in other university requirements.

2. Nursing Courses

- a. Lower division nursing courses waived.
- b. Enroll in transition courses and junior level community health nursing.
- c. Challenge through credit by examination remaining junior level clinical nursing courses.
- d. Enroll in remaining nursing courses.

DIPLOMA AND ASSOCIATE DEGREE RNS

RNs with either background credential are welcome in the MSU Baccalaureate Degree Program.

The following information may assist RNs in planning their progress in baccalaureate degree study.

- A) Pre-requisite Courses (e.g., anatomy, physiology, chemistry, sociology, etc.)
These are basic and applied science courses which must be completed prior to taking nursing challenge exams or nursing courses. Equivalent courses which were taken at any accredited college or university will transfer into the MSU program. Both Diploma and A.D. RNs usually transfer in several courses in this category.
- B) General Education Courses (e.g., social sciences, humanities, etc.)

These courses provide a broad-based liberal education, as appropriate for the bachelor's degree. These courses can be completed at any accredited college or university, and may be taken before, during or after nursing courses. Courses taken at an accredited college or university by either Diploma or A.D. RNs can be applied in this category. Correspondence courses and challenge exam credits are also options.

C) Nursing Courses

All RNs take two transition courses which focus on nursing process and on physical assessment. These courses are usually available in the summer. Both Diploma and A.D. RNs can take challenge exams for all junior-level clinical nursing courses, excepting community health.

Junior community health nursing, all senior-level clinical nursing courses, nursing research courses and two courses in nursing leadership/organization must be completed at one of the MSU Extended Campus sites (Billings, Butte, Great Falls, or Missoula). This represents approximately one year of full time study, but can be spread out as part-time study, as desired.

D) Electives

All college courses (from accredited institutions) completed by Diploma or A.D. RNs, which do not fit in other categories, will transfer to MSU as electives. These will count toward the 192 credits required for graduation.

TIME FRAME

RNs can complete the upper division (junior and senior) nursing major in one academic year and a summer of full-time study following the successful completion of challenge examinations. Additional time may be necessary for the completion of general education credits. The amount of time needed to acquire these credits will vary with individuals and their specific academic backgrounds.

Part-time study is possible. This part-time approach allows the RN to continue working on a full or part-time basis while pursuing a Bachelor's Degree.

AVAILABILITY OF PROGRAM IN THE STATE

Summer transition courses, as a rule, are offered at one of the extended campus sites during the summer period, based upon sufficient enrollment. These sites (Billings, Butte, Great Falls and Missoula) rotate each summer in an effort to make the courses available to students who desire them in a given geographic area. Additional offerings of the transition courses can be made available during the academic year, including possible evening hour offerings, if and when a sufficient pool of prospective students desires them. It is usually not possible financially, and according to University regulations, to offer courses for which there are fewer than ten prospective students.

The upper division nursing major, including challenge exams, is offered at four extended campus sites (Billings, Butte, Great Falls, and Missoula).

General education credits can be transferred into MSU from any accredited college or university. Therefore, RNs can pursue work related to their general education credits at any accredited community college, college or university in the state.

The MSU Office of Continuing Education is also able to make available videotape courses related to several of the prerequisite and general education requirements (for example, Microbiology - Infectious Diseases, and Clinical Nutrition). Through the Continuing Education Office it may be possible for small groups or even individual RNs to secure a needed general education course without traveling to Bozeman or an extended campus site. The specific arrangements for acquiring videotape courses, the submission of appropriate course materials and the completion of necessary tests can be negotiated with the Continuing Education Office (telephone (406) 994-4930 in Bozeman).

TRANSFERABILITY OF COURSES

At the present time, MSU has no time limit on the transfer of course credits taken at other accredited colleges or universities. This means that RNs will receive credit at MSU for courses successfully completed elsewhere. This credit may be in the form of elective credit or credit related to general education requirements or pre-requisites for the nursing major. The equivalence of courses taken at other institutions to required pre-requisites for the nursing major at MSU is determined in consultation with the appropriate subject area department at MSU. For example, the equivalence of an anatomy course taken at another institution to the anatomy course offered at MSU will be determined through consultation with the MSU Biology Department. In instances where RNs have transferred equivalent courses with outdated information, for example, courses more than four to six years old in chemistry, microbiology, etc., they are strongly advised to update their information. This may be done by taking a course in the content area, by auditing or through the mechanism of individual study and/or tutoring. This updating is advised so that the RN student will have an appropriate and current scientific base upon which to build the upper division nursing courses.*

Per MSU requirements, "... transfer students must complete three full-time quarters of nine weeks or more in residence at MSU and earn not less than 45 resident credits." "... 35 of the last 45 credits earned to meet the graduation requirement must be resident credits." Students who have special needs or circumstances related to the above may petition the MSU Admission and Graduation Requirement Board for exceptions to the above policies. The Assistant Dean's Office of the College of Nursing will assist students with the petition process.

CREDIT BY CHALLENGE EXAMINATION

RN students may challenge all junior-level clinical nursing courses, with the exception of Community Health Nursing, and receive credit for these courses through the challenge exam process. These challenge exams are provided to students without cost, and credit is recorded for these courses on the MSU transcript. Each challenge exam must be completed successfully (passed) on the first attempt, or the course must be taken. Historically the pass rate for RNs has been high.

RNs must be enrolled (taking at least 1 credit) at MSU at the time challenge exams are taken. A nominal fee is charged for study packets which provide the RN with guidelines regarding preparation for the challenge exams. Each RN can negotiate an individual schedule for the completion of these challenge exams in collaboration with the Education Director at an extended campus site.

Additionally, RNs may take the standardized challenge examinations called CLEP, through MSU or at other CLEP sites throughout the state. These examinations allow RNs to demonstrate knowledge which they believe they possess in the standard content areas such as English composition, general psychology, introductory sociology, etc. Students receive credit for courses completed successfully through the CLEP process, and these courses are recorded on the student's transcript.

Montana State University uses the CLEP Challenge Examination System. At the present time, MSU does not accept credits earned through the ACT-PEP Challenge Examination System. However, the possibility of having credits from this system accepted in the future is currently being explored through the Academic Vice-President's Office.

MSU does not have a limit on the number of credits a student may earn via challenge examination or CLEP. Plans for challenge/CLEP credits should be discussed with and approved by a College of Nursing advisor beforehand.

CLEP examinations are available through most colleges and universities in Montana. Students wishing to take CLEP examinations through Montana State University should contact the MSU Testing Service by writing to Room 222, Reid Hall, Montana State University, Bozeman, Montana 59717, or by telephoning (406) 994-4311.

The standard charge for CLEP examinations is \$30. Students will receive a Pass (P) grade on their official transcript if they successfully complete the CLEP examination. Courses commonly used by nursing students at Montana State University for which there are CLEP examinations are as follows:

Engl 123	Analysis & Interpretation of Literature
Engl 121	English Composition with Essay
Hist 105	Western Civilization I with Essay
Hist 106	Western Civilization II with Essay
Math 140	College Algebra
Psy 103	General Psychology
Soc 101	Introductory Sociology
He-F 111	Human Growth & Development

CORRESPONDENCE COURSES

RNs may complete some courses required in the Montana State University College of Nursing curriculum through correspondence. Prior to any correspondence coursework, the RN should seek advising from a Montana State University College of Nursing advisor to insure that the courses taken will transfer to MSU and will be considered equivalent to necessary courses in the nursing curriculum.

RNs are cautioned that correspondence courses in some areas, for example, the natural sciences, can be extremely difficult and time-consuming. Some students have experienced difficulty in receiving grades in a timely fashion via the correspondence course route. One source of correspondence study which has been recently and successfully used by RNs who need to complete Basic Nutrition and/or Clinical Nutrition is as follows:

Independent Study
University of California Extension
University of California
Berkeley, CA 94720

Additional information about correspondence courses can be obtained by writing to the following address:

National University Extension Association
Book Order Department
P. O. Box 2123
Princeton, NJ 08540

(For your personal copy of a correspondence course guide, include \$2)

Be sure to consult with a Montana State University College of Nursing advisor prior to beginning any correspondence coursework.

COSTS AND FINANCIAL AID

Approximate fees for coursework at Montana State University as of the 1985-86 academic year are as follows:

\$15 Registration Fee

\$18 per course credit, with a maximum of \$216, for 12 to 18 credits (Montana residents)

Additional fees for students taking courses at Montana State University on the Bozeman campus (not at an extended campus site), will total approximately \$270 per quarter for 12 to 18 credits for Montana resident students.

Students taking more than 12 credits should consult the Montana State University Financial Aid Office for the availability of loans and grants. The Financial Aid Office can be contacted by writing to 135 SUB, Montana State University, Bozeman, Montana 59717, or by telephoning (406) 994-2845.

There have been recent developments which provide funds for RN students who are full or part-time. These include, for example, the Montana Nurses' Association District scholarships, a specific MSU College of Nursing scholarship earmarked for RN students (including part-time students) and funding available through specific nursing groups for RNs pursuing Baccalaureate Degrees (e.g., a scholarship provided by the American Association of Critical Care Nurses).

RNs seeking financial assistance and/or scholarship support for full or part-time study can contact the College of Nursing Assistant Dean's Office by writing to 110 Sherrick Hall, Montana State University, Bozeman, Montana 59717, or by telephoning (406) 994-3784, for additional information. Usually, RNs must be enrolled at Montana State University and pursuing their course of study prior to their being considered for scholarship support.

ADVISING

The MSU College of Nursing has advisors who are eager to meet with RNs to discuss individual planning for a baccalaureate degree. Each RN can have her/his previous education evaluated in order to develop a course of study that will suit her/his academic needs, time frame for completion, etc.

The following persons at the MSU College of Nursing in Bozeman can assist in arranging an advising appointment:

Dr. Kathleen Long
Assistant Dean
994-3484

Ms. Sue Barkley
RN Advisor
994-2705

Advising appointments can be arranged on the Bozeman campus or at any of the Extended Campus sites. Advising via a telephone appointment is also possible.

COMMON QUESTIONS

- 1) Why are clinical nursing courses not available via videotape, teleconference, etc.?

National League for Nursing standards require that clinical nursing courses include supervised clinical learning experiences. Therefore, it is not possible to offer these courses to students in settings where an instructor is not present.

- 2) Why are courses from Hospital Programs or other non-college settings unacceptable for transfer?

MSU is a fully accredited institution holding accreditation from the Northwest Association of Schools and Colleges. These accreditation standards, which apply regionally and nationally, require that only courses from other accredited colleges and universities be accepted for transfer into the university. Students may, however, demonstrate that they have the necessary knowledge in a particular course area and receive credit for this course through the challenge/CLEP examination processes as described above.

- 3) Why doesn't the College of Nursing develop a program based entirely on individual experience and challenge examination similar to the New York State Regents Program?

The development of the New York State Regents Program was an extremely costly endeavor. The program does not involve an upper division clinical major in nursing, but rather is an individualized program of study. RNs in Montana, or anywhere in the U.S., can utilize the New York State Regents Program if they so desire to acquire a Bachelor's Degree in Nursing. This program has been specifically established as an outreach program which can be accessed and used by RNs anywhere in the country. The MSU College of Nursing does not have the financial resources necessary to develop such an outreach challenge examination program, nor does it appear necessary to do this since the New York State Regents' Program is available to RNs in Montana.

- 4) Why doesn't the MSU College of Nursing repeat its "Roving RN" program?

The "Roving RN" program was offered by the College of Nursing between 1980 and 1982. It was a program in which faculty traveled to numerous sites in the state (e.g., Miles City, Sidney, Kalispell, etc.) and offered baccalaureate level courses to RNs. This allowed RNs to acquire the Bachelor of Science Degree in Nursing from MSU with minimum travel on their part. The program was funded by a federal grant; the average cost per RN for the 20 who completed the program was approximately \$27,900. This cost was paid by the grant. At present there are no federal monies available to support a renewal of the program.

- 5) What is the status of LPN's (vocational-technical school graduates) who wish to enter the MSU baccalaureate degree program in nursing?

LPN's who have graduated from vocational school programs cannot transfer their coursework to the MSU baccalaureate degree program. This is because, based on national college accreditation standards, vocational school courses are not considered equivalent to college level courses. LPN's, therefore, enter the MSU baccalaureate degree program as freshmen. LPN's who have mastered some fundamental nursing skills may be able to arrange to test out of the skills portion of certain nursing courses. This is arranged on an individual basis.

- 6) Are graduates of the New York State Regents Baccalaureate Program in Nursing eligible for admission into the Montana State University Master's Degree Program in Nursing?

According to stated admission requirements, applicants for the Montana State University College of Nursing Graduate Program must hold a baccalaureate degree in nursing from an NLN-accredited upper division program which included supervised clinical practice in a variety of nursing settings.

RN's who successfully complete a bachelor's degree through the NYS Regents Program can appeal for admission into the Montana State University College of Nursing Graduate Program. Individual consideration will be given to the applicant's background and accomplishments. It may be necessary for applicants to complete some additional pre-requisite coursework prior to admission as a regular student in the graduate program. Provisional or probationary acceptance may allow the student to begin graduate coursework in the interim.

EDUCATIONAL ACCESS COMMITTEE - SCHOOL INFORMATION

THE UNIVERSITY OF THE STATE OF NEW YORK-REGENTS COLLEGE DEGREES
AN ALTERNATIVE FOR STUDENTS WITH ADULT RESPONSIBILITIES

Judy Gilman, R.N.

OVERVIEW

The Regents College Degree program offers both Associate and Baccalareate Degrees in Nursing. All students enrolling in the BSN program are encouraged to first complete an AD or Diploma program. It is an external degree program and has the following major features.

- A. General Education Credits - all college courses must be from regionally accredited schools.
 1. College class room courses
 2. Teleconference courses
 3. Correspondence courses
 4. Courses from accredited foreign institutions of higher education
 5. Recognized proficiency examinations such as the ACT PEP and CLEP
 6. Non-collegiate sponsored instruction evaluated and approved for credit
- B. Nursing Courses
 1. Written examinations
 - (a) Health Restoration 2 exams, 4 credits each
 - (b) Health Support 2 exams, 4 credits each
 - (c) Professional Strategies 1 exam, 4 credits
 2. Performance examinations
 - (a) Clinical Performance in Nursing 8 credits
 - (b) Health Assessment Performance 6 credits
 - (c) Teaching Performance 2 credits
 - (d) Professional Performance 12 credits

DIPLOMA AND ASSOCIATE DEGREE RN's

Regents College Degrees offers a Baccalaureate program especially designed for AD and Diploma graduates who are unable to leave home to get a degree.

A. Prerequisite Courses

There are no prerequisite courses.

B. General Education Courses

1. Arts and Sciences 66 credits

- (a) Humanities 24
- (b) Social Sciences/History 15 credits
- (c) Natural Sciences/Mathematics 15 credits
- (d) Arts and Sciences Electives 12 credits
- (e) Concentration Requirement 9 credits in one subject area

2. Free Elective 6 credits

C. Nursing Courses

1. Written examinations are administered by The American College Testing Proficiency Examination Program as ACT PEP tests.
2. Waiver of Regents College written nursing examination for previously completed Baccalaureate level nursing courses.
 - (a) Must be from regionally accredited degree granting institution.
 - (b) Must have been completed within five years of the date of enrollment in the Regents College nursing program.
 - (c) Must cover content equivalent to that of the examination for which waiver is sought.
 - (d) Must carry a grade of "C" or better (or Pass).
3. Performance Examinations
 - (a) Must be completed at a regional testing center: Albany or Mineola, New York; Atlanta, Georgia; Milwaukee, Wisconsin; Long Beach or Palo Alto, California
 - (b) Clinical Performance examination requires two and one-half days.
 - (c) Health Assessment Performance examination requires 5 hours and is scheduled in conjunction with the Teaching Performance Examination.

(d) Teaching Performance Examination requires one hour.

(e) Professional Performance Examination requires two and one-half days.

TIME FRAME

There is no time limit on past general education courses or examinations submitted for transfer credit. All previous college courses being submitted for nursing credit must have been completed within five years prior to enrollment in Regents College Degrees. There is no specific time limit to complete the BSN program once enrolled.

AVAILABILITY OF PROGRAM IN THE STATE

Regents College Degrees is available to all AD and Diploma graduates. Independent study is the heart of the program. This is not the best method of education for everyone. RN's who choose this route must be highly motivated and self directed. Before admission, potential students are screened to be sure they understand this commitment. It is, however, the independent study concept that gives the program its flexibility, portability, and self-paced nature that makes it suited to the needs of experienced adults.

TRANSFERABILITY OF COURSES

Credits are accepted from all regionally accredited colleges and universities. The regional accrediting agency for the state of Montana is the Northwest Association of Schools and Colleges.

CREDIT BY CHALLENGE EXAMINATION

There is no limit to the number of general education credits that can be obtained through challenge examinations as long as they fall into the appropriate category. The student should check with an advisor to make sure of the course's appropriateness before enrolling. The written nursing examinations are all by challenge examination. Both CLEP and ACT PEP examinations are accepted. Information about the CLEP examinations and study guides can be obtained by writing to:

College-Level Examination Program
Box 1822
Princeton, New Jersey 08541

CLEP also has available a "Guide to the CLEP Examinations". It is available for \$5.00 a copy from:

College Board Publications
Box 886
New York, New York 10101

Information about the ACT PEP examinations and study guides can be obtained by writing to:

Coordinator, ACT PEP
American College Testing Program
P. O. Box 168
Iowa City, Iowa 52243

CORRESPONDENCE COURSES

These courses must be obtained from regionally accredited colleges. It is advisable to check with an advisor prior to enrollment to be sure the course meets the requirements for your degree.

COSTS

- A. Enrollment fee - \$225.00
- B. Annual maintenance fee - \$175.00
- C. Nursing examinations and university fees are approximately \$2,400.00. Each examination is paid for as it is taken.
- D. The cost of the general education courses will depend on the institutions that you take them from and how many you need to complete the program requirements.
- E. The Enrollment and Maintenance fees may be charged to VISA or Master Card.

FINANCIAL AID

- A. Regents Alumni Scholarships
- B. Federal Programs
 - 1. Pell Grants
 - 2. Veterans Administration Benefits
 - 3. Guaranteed Student Loan through a local college or university if taking a minimum of 6 semester credits.
- C. Some local scholarships through MNA Districts.

ADVISING

The Volunteer Advisor Network has been established in New York to assist individuals interested in Regents College Degrees. A list of these advisors is available from the Albany office.

The Graduate Resource Network is also available for support and advice. All of these members are graduates of the Regents College Degrees program. Contact a nursing advisor at the Albany office for names of network members in your area.

Regents College Degrees also has a roster of nurse educators outside of New York to advise students. Routine questions about the performance examinations may also be directed to the Regional Performance Assessment Centers.

All information about enrollment in Regents College Degrees is available upon request without a fee by writing to:

The University of the State of New York
Nursing Office
Cultural Education Center
Albany, New York 12230
Phone: 518-473-8957

COMMON QUESTIONS

A. Why is this program so expensive?

When one takes into consideration that there need be no lost wages to the nurse and her family while she earns her degree, the cost of the program is brought into perspective. This could mean a savings of \$10,000-\$20,000 a year over attending an on-campus course.

The most costly portion of the program is that of performance examinations. This is an integral part of the program to give assurance that the student has achieved clinical competence.

B. Is the Regents College Program accredited?

It is accredited by the National League for Nursing. The program's graduates are allowed to sit for the Montana State Boards (if they are not already RN's).

C. What are the advantages of this program?

It is geared to the adult RN who desires a degree but because of professional or family commitments can not leave home. The program allows the nurse to proceed at her own pace.

Previous nursing experience and education make the nursing examinations much easier. This way the nurse can translate her knowledge into college credits without leaving home for on-campus classes.

The geographical constraints of our large state make it very difficult for the present schools of nursing to meet the needs of the "land locked" RN.

D. How do BSN graduates of the Regents College Degrees do in Masters programs?

Results of a survey conducted in 1983-1984 were consistently favorable, indicating that graduates, their supervisors and the Masters faculty associated with Regents College Degrees graduates are satisfied with their preparation and performance.

E. Does MSU accept graduates of the Regents College Degrees into their Masters program?

RN's who successfully complete a bachelor's degree through the NYS Regents Program can appeal for admission into the Montana State University College of Nursing Graduate Program. Individual consideration will be given to the applicant's background and accomplishments. It may be necessary for applicants to complete some additional pre-requisite coursework prior to admission as a regular

student in the graduate program. Provisional or probationary acceptance may allow the student to begin graduate coursework in the interim.

F. Are there any RN's in Montana who have enrolled or graduated from this program?

As of March 17, 1986:

5 have graduated from the ADN

1 has graduated from the BSN

9 are currently enrolled in the ADN

14 are currently enrolled in the BSN

EDUCATIONAL ACCESS COMMITTEE

IV. GLOSSARY

ACCREDITATION -- A voluntary process of evaluation by which schools/programs are appraised in relation to predetermined criteria and are publicly recognized as being in compliance. The accreditation process assures prospective students of an education program which has met specific standards. National League for Nursing accreditation of a nursing program indicates that faculty members teaching in that program have specific qualifications and that the school/program has met specific criteria related to standards for educating nurses.

ACT PEP -- The American College Testing Program Proficiency Examinations -- The acquisition of credit in many subject areas not covered by the CLEP system, e.g. gerontology. The acceptability of this system should be verified with the institution with which the student is involved.

ASSESSMENT -- A collection and analyzing of data.

ASSOCIATE DEGREE -- The degree conferred after completion of a particular course of study, generally for two years, in a collegiate setting.

BACCALAUREATE DEGREE -- The degree conferred after completion of a four-year course of study in a particular content area, in a college or university setting.

CHALLENGE -- A process whereby students in an academic program may secure credit for a course through an examination process rather than through the usual process of actually taking the course. Registered nurses enrolling in baccalaureate nursing programs may be offered the opportunity to complete challenge examinations in specific basic nursing courses.

CERTIFICATION -- A voluntary form of credentialing where recognition is given for knowledge and skills of nurses in specific areas of practice. Certifying bodies are usually professional/specialty organizations.

CLEP -- College Level Examination Program -- An examination to obtain college credit for knowledge acquired in different ways. CLEP offers the opportunity for the diverse group of students who enter college today to avoid duplicating material they have mastered. There are five general examinations: English Composition, Humanities, Mathematics, Natural and Social Sciences, and History. Each covers material taught in courses that most students take as requirements during the first two years of college. Colleges usually award three or six semester hours (or equivalent) for satisfactory scores on each general examination. The acceptability of this system should be verified with the institution with which the student is involved.

CLINICAL SPECIALIST -- A nurse with advanced preparation, usually a masters degree, in a specialty area (e.g., adult nursing, psychiatric/mental health nursing, maternal-child nursing, emergency nursing, and geriatric nursing). The additional nursing education prepares the nurse specialist to provide advanced levels of patient care, and assist other health professionals in establishing and meeting health goals.

CONCEPT -- An idea, a label or naming of an object. Common concepts are linked to logically explain approaches to nursing care and to predict the outcomes of care. The interrelation of concepts in theory forms the basis for a conceptual framework.

CONCEPTUAL FRAMEWORK -- A theoretical structure that is comprised of concepts or abstract ideas that provide a way of viewing a particular area.

CONSORTIUM -- An organization of educational institutions offering a single nursing program.

DEAN/DIRECTOR/CHAIRMAN -- The official directly responsible for the administrative and instructional activities in the school/program in nursing.

EVALUATION -- A method of determining if nursing interventions are effective.

EXTENDED CAMPUS -- A unit of the school/program in nursing, but located separately from the main campus.

GENERIC NURSING STUDENT -- A student who enters and completes a basic education program in nursing, usually baccalaureate level, in preparation for seeking licensure as an R.N.

GOAL SETTING -- A determination of the questions to be answered in a research project, determination of specific factors, relationships to be studied and appropriate statistical analysis of data.

INTERVENTION -- Nursing actions that are planned to meet stated goals.

LICENSURE -- Legal permit serving as a means to protecting the public from unsafe and incompetent health care delivery.

NURSING PRACTICE ACT -- The law or statute defining or describing the minimal skill and knowledge level needed to practice nursing - both professional (R.N.) and practical (L.P.N.), designed to protect the public from incompetent nurses.

NURSING DIAGNOSIS -- Presenting a problem or problems to be addressed by nursing interventions; a statement of patient's unmet nursing needs that can be resolved.

NURSE PRACTITIONER -- A registered nurse with advanced preparation who usually functions in a primary care setting, e.g. pediatric or adult practitioner and who is recognized by the Montana State Board of Nursing and who functions in ambulatory settings. (As of January 1, 1986, Montana requires a baccalaureate degree and advanced preparation to use the title of nurse practitioner.)

NURSING PROCESS -- The systematic method of approaching patient care that is based on a scientific foundation. It describes steps that the nurse takes in planning and giving care. In using the process the nurse increases the probability of accurate decision-making in the provision of nursing care.

PARENT INSTITUTION -- The agency or institution that has ultimate authority and administrative accountability for the total educational program.

PRACTICE -- The application of nursing theory in the clinical setting for actual or potential health programs.

PSYCHOMOTOR -- Skills that require the application of knowledge and manual dexterity.

QUALITY ASSURANCE -- The organizational structure for evaluation of patient care services. In nursing it involves: 1. establishing a written care plan; 2. nursing rounds; 3. obtaining patient feedback; 4. documentation; and 5. a nursing audit.

REGISTRATION -- A process of credentialling used to demonstrate competency or that certain qualifications have been met.

STANDARDS OF PRACTICE -- The measurement scale or model of behaviors and concepts necessary for the provision of quality patient care.

VOCATIONAL-TECHNICAL SCHOOLS -- Educational programs geared toward vocational/technical training. Under the Montana educational system, these institutions are not authorized to offer college level course work. In Montana they are the present site of the educational programs preparing practical nurses for licensure.

EDUCATIONAL ACCESS COMMITTEE

V. References

- A. Zusy, Mary L., "RN to BSN: Fitting the Pieces Together", American Journal of Nursing, 4/1/86
- B. Illinois Nurses Association, "BSN Completion: What's working for RNs in Illinois", Chart, 1/86

2. Staff Composition by Educational Preparation

Health departments, home health, and other agencies employ the highest proportion of BSNs (54.1%) and MSNs (14.3%) of all agency categories. These agencies employ few associate degree RNs (7.7%), while about one-fourth of their staff (23.9%) is composed of diploma nurses.

Hospital RN staff is made up of 37.9% baccalaureate nurses and 5.3% MSNs. Hospitals employ almost as many diploma nurses (22.7%) as BSN nurses. Associate degree nurses account for almost one-fourth (23.6%) of all RNs in hospitals.

Extended care facilities, convalescent centers, and nursing homes employ twice as many diploma RNs (52.1%) as they do BSNs (23.8%), and they employ almost as many ADNs (19.7%) as BSNs.

It seems that nursing directors are likely to hire nurses with educational backgrounds similar to their own: hospitals and other health care agencies with their higher proportions of baccalaureate nurse directors have higher proportions of baccalaureate staff, while extended care facilities, convalescent centers, and nursing homes, with their higher proportions of diploma-prepared directors, have higher proportions of diploma-prepared staff.

It is also clear that extended care/convalescent/nursing home facilities have vastly different exposure to and experience with RNs (and especially with baccalaureate RNs) than do other agencies. Limited exposure among these facilities to BSN-prepared staff may present a partial explanation for the lack of support found among these facilities for the proposed changes in educational requirements for entry into nursing practice in Montana.

TABLE 41. STAFF SIZE, EDUCATIONAL PREPARATION, AND TYPE OF APPOINTMENT

A. HOSPITALS

Educational Preparation/ Nursing License	Number of Staff *				
	Total (Percent)		Full Time	Part Time	On Call
RNs:					
M.S.N.	130 (5.3%)		20	10	0
B.S.N.	854 (37.9%)		266	262	63
Diploma	736 (32.7%)		196	144	39
A.D.N.	531 (23.6%)		196	116	27
TOTAL RNs	2,251 (100.0%)	2,251 (60.8%)	678	532	129
TOTAL LPNs		572 (15.4%)	174	103	55
TOTAL NURSING AIDES		882 (23.8%)	286	205	84
	Total Staff 3,705 (100.0%)				

B. EXTENDED CARE/CONVALESCENT CENTER/NURSING HOME

RNs:					
M.S.N.	4 (1.4%)		3	0	0
B.S.N.	69 (23.8%)		35	23	8
Diploma	151 (52.1%)		81	62	7
A.D.N.	57 (19.7%)		21	21	20
TOTAL RNs	290 (100.0%)	290 (15.3%)	140	106	35
TOTAL LPNs		303 (16.0%)	170	99	10
TOTAL NURSING AIDES		1,297 (68.6%)	791	382	76
	Total Staff 1,890 (100.0%)				

TABLE 41 (Continued)

C. ALL OTHER AGENCIES

Educational Preparation/ Nursing License	Number of Staff *			
	Total (Percent)	Full Time	Part Time	On Call
RNs:				
M.S.N.	37 (14.3%)	5	5	0
B.S.N.	140 (54.1%)	60	64	23
Diploma	62 (23.9%)	26	32	7
A.D.N.	20 (7.7%)	8	10	3
TOTAL RNs	259 (100.0%)	99	111	33
TOTAL LPNs	47 (13.2%)	39	5	10
TOTAL NURSING AIDES	51 (14.3%)	9	26	21
	Total Staff 357 (100.0%)			

*Many nursing directors provided only total numbers for staff and did not indicate breakdowns for full-time, part-time, and on-call staff. In some cases the totals for full-time, part-time, and on-call staff exceeded the total staff figure provided. Therefore, only raw numbers are presented for full-time, part-time, and on-call staff and percentages are not calculated.

MONTANA STATE UNIVERSITY
COLLEGE OF NURSING

EXHIBIT #28
DATE 1-15-87
HB #31

CURRICULUM EVALUATION: EMPLOYER'S QUESTIONNAIRE

This questionnaire has been developed to provide you with an opportunity to evaluate the extent of your satisfaction with the performance of a baccalaureate graduate of MSU College of Nursing. Using the scale below, circle directly on this questionnaire the most appropriate response for each item. The point of reference for your responses should be approximately "one year after graduation" of the specific MSU graduate named on the enclosed signature form.

1=	2=	3=	4=	NO	NA
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	No opportunity to evaluate	Not applicable to setting

(MEAN SCORES)

3.64 a. In general, how satisfied are you with the educational preparation of this graduate by MSU College of Nursing.

To what extent are you satisfied with the preparation of your employee to:

- | | |
|-------------------|--|
| 3.57 | b. Use clinical skills |
| 3.44 | c. Use psychosocial skills |
| 3.70 | d. Develop new skills on the job |
| 3.44 | e. Solve clinical problems |
| 3.46 NOx1
3.46 | f. Work with others: Nurses
Other health care providers |
| 3.54 NOx1 | g. Communicate with physicians |
| 3.52 | h. Communicate with other members of the health care team |
| 3.68 NOx1 | i. Communicate with patients/clients and families |
| 3.44 | j. Use the nursing process in patient/client care |
| 3.44 | k. Base nursing actions on sound rationale |
| 3.22 NOx2 NAX2 | l. Evaluate current trends and issues in nursing |
| 3.61 | m. Function clinically with minimal supervision |
| 3.13 NOx6 NAX2 | n. Participate in research/ committee/ leadership activities |
| 3.33 NOx1 NAX1 | o. Teach patients/clients and families |
| 3.12 NOx2 | p. Teach ancillary staff |

Employer Questionnaire p2

1=	2=	3=	4=	NC	NA
Very	Dissatisfied	Satisfied	Very	No opportunity	Not applicable
Dissatisfied			Satisfied	to evaluate	to setting

(MEAN SCORES)

- 3.41 q. Organize and prioritize work
- 3.21 NAX 1 r. Delegate tasks appropriately
- 3.25 s. Participate in positive change within the agency (e.g. raise questions, suggest solutions)
- 3.70 t. Maintain ethical standards
- 3.68 NOx 1 u. Use learning opportunities for professional growth
- 3.61 v. Document nursing care
- 3.33 w. Contribute to a positive work environment

3.46 = OVERALL MEAN FOR ABOVE ITEMS

Compared to other recent baccalaureate graduates, this nurse's overall performance is:

- a. Less than average (1)
- b. Average (2)
- c. Better than average (3)

3.75 = PERFORMANCE COMPARED WITH OTHER RECENT BACCALAUREATE GRADUATES (Mean of 2.81 converted to four-point scale)

In summary, the above data support very positive response by employers to the job performance of the 1983-1984 baccalaureate graduates at approximately one year after their school graduation.

Following is a discussion of the above results:

The means to the responses indicate that employers are satisfied to very satisfied with the performance of the study sample of students.

The mean score for the question, "In general, how satisfied are you with the educational preparation of this graduate by MSU College of Nursing" was 3.64.

EMPLOYERS

In this pilot study of the Employers Survey Tool, thirty-five questionnaires were sent to supervisors of the 1983-84 baccalaureate graduates who had participated in the graduate survey and provided consent. Twenty-five of these were sent to Montana employers and 11 to out of state employers.

Of those employers surveyed 69% responded. Eighteen or 75% of Montana employers responded and 6 or 55% "out of state" employers responded. Of the 18 Montana employers, 7 were designated small agencies of 60 beds or less. Two respondents were employers who fit neither of these categories. One was a Home Health Agency and the other appears to be a School of Nursing.

Supervisors were asked to provide information about (1) their own preparation and tenure in position; (2) the length and type of orientation program for new graduates provided by the institution; and (3) a description of the clinical setting assignment and role expectations for the new graduate.

Of the 24 supervisors, 4 reported holding master's degrees, 1 a midwifery degree, 11 B.S.N. degrees, 5 diplomas and 2 associate degrees. Their time in position varied from 8 months to 18 years.

Orientation time for new graduates varied from five days with another RN to 6 weeks followed by a 4 week preceptorship. Size of agency was a factor in length of orientation with the small (60 beds or less) agency orientation length an average of 2 weeks and the larger (100-300 beds) agencies providing an average of 4 1/2 weeks of orientation. (Preceptorship or probation time was not figured into these means).

The setting and role expectations for the work of the new graduate included highly specialized intensive care units, neurological and trauma units, oncology units, management, staff nursing, charge nursing, team leading, sole nurse in the agency from 11 PM - 7 AM, extended care unit nurse and psychiatric rehabilitation. In more than one small rural hospital, the new graduate was staffing intensive care units, CCU, obstetrics, labor and delivery, medical/surgical units, pediatrics and emergency room ALONE. In larger agencies, new graduates carried full loads of patients but with other nurses in the areas. One supervisor reported the new graduate to be team leader or charge nurse for a 30-35 bed post surgical unit.

Comments made by supervisors were positive. For example, a supervisor in a small rural Montana hospital reported "IV skills are essential and hers are excellent. I am thankful for the willingness to learn that MSU graduates have demonstrated." Another writes, "She has done an excellent job in her short tenure as a professional RN in adjusting to her role expectations. I have found that she has a sound, comprehensive background as demonstrated by her ability to do an excellent job practicing nursing in a varied and demanding setting of rural health care."

Ratings of graduates by supervisors from small hospitals were very similar to that made by all respondents.

These data suggest that recent graduates are functioning very capably in rural Montana agencies with a wide range of responsibility and roles after minimal orientation and with minimal or no on-site supervision. These data suggest that graduates working in larger agencies likewise are performing capably in diverse roles and in specialized as well as general settings.

american society
for nursing service
administrators

of the american
hospital association

840 North Lake Shore Drive
Chicago, Illinois 60611
Telephone: 312 220 6410

EXHIBIT # 29
DATE 1-15-87
HB # 36

POSITION OF THE
AMERICAN SOCIETY FOR NURSING SERVICE ADMINISTRATORS
ON
EDUCATIONAL PREPARATION FOR PROFESSIONAL NURSING PRACTICE

Approved by ASNSA
October 29, 1982

Whereas, Nursing administrators must assume leadership responsibility in planning for present and future patient care resource requirements; and

Whereas, Today's complex and multifaceted health care system warrants future nurse professionals prepared within the higher education systems; and

Whereas, Career levels for nurses must be further defined, educational mobility and articulation between nursing programs must be promoted, and a means for financing programs must be found; and

Whereas, There are local, state, and regional variables, such as available staffing resources, and problems related to accessibility of nursing education programs in the community and legislative and private support for financing programs; therefore be it

Resolved, That the American Society for Nursing Service Administrators supports baccalaureate education as becoming the basic preparation for professional nursing practice; and be it further

Resolved, That nursing administrators should actively participate with nurse educators in assessing the need for new nursing educational programs as well as assist with the evaluation of existing programs; and be it finally

Resolved, That the ASNSA work with appropriate nursing associations to identify future levels of nursing practice.

Whereas Nursing Service Administrator recognize their responsibility to continually assess and relate to nursing education the perceived potential and performance of their nursing staff and,

Whereas nursing education is expected to prepare nurses to meet patient needs, and,

Whereas currently there are numerous levels of personnel involved with direct patient care which appears to be neither cost effective nor conducive to quality patient care, and,

Whereas we are faced with the public's demand for higher quality, less expensive health care, increasing costs and budget cuts, and with the expanding knowledge needed to care for the increasingly complex and multifaceted patient problems,

Therefore, be it resolved that,

We propose two categories to deliver direct patient care, one category would be the professional nurse prepared at the baccalaureate level,

And therefore be it further resolved

The other category would be prepared in institutions of higher learning to perform technical tasks delegated to the individual at the direction and under the supervision of the professional nurse who is accountable for total nursing care.



Montana Dental Hygienists' Association

RECEIVED
JAN 8 1987

EXHIBIT # 30

DATE 1-15-87

HB # 36

MONTANA NURSES ASSOCIATION

January 1, 1987

To: Montana Nurses' Association
From: Patti Conroy, MDHA Legislative Chairman
Re: Testimony in support of MDHA proposed legislation

As legislative chairman for the Montana Dental Hygienists' Association, I would like to submit testimony in support of Bill No. 36. A bill for an act entitled: "An act revising the laws relating to the licensure of nurses, amending sections 37-3-102, 37-3-405, and 37-3-415, MCA; and providing a delayed applicability date and a grandfather clause."

The Montana Dental Hygienists' Association has addressed the issue of educational preparation for the practice of dental hygiene. Our profession, as that of the registered nursing profession, includes graduates of associates, baccalaureate, and post-graduate programs. At the June 1986 ADHA Annual Session, the House of Delegates passed a resolution which states, "ADHA supports all aspects of formal dental hygiene education which includes certificate, associate, baccalaureate and graduate degree programs; however, ADHA declares it's intent to establish the baccalaureate degree as the one minimum entry level for practice in the future and to develop the theoretical base for dental hygiene practice." As a constituent of the ADHA, MDHA supports this resolution.

Due to the similarities of the educational background of the registered nurse and that of the registered dental hygienist, MDHA wishes to support the proposed change in 37-3-405. This would provide for the baccalaureate degree as a minimum entry level for the practice of professional nursing. MDHA feels that this change is consistent with the intent our own association has for the future of dental hygiene education. The intent of the gradual increase in minimum entry level preparation is to adequately meet the increasing challenges and responsibilities which are already affecting our two professions. Across the country, the relaxation of supervision clauses in state practice acts, the increase in allowable expanded duties, and the increase in access to care through employment in alternative practice settings, has placed the professions of dental hygiene and nursing in new positions. The dental hygienist and nurse of both the present and future must be prepared to assume many new and diversified roles to accommodate the changes in the medical professions. Only through increased educational preparedness will we become competent to meet these challenges. MDHA urges your support of this bill.

Sincerely,

Patti Conroy
Patti Conroy, MDHA Legislative Chairman

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SUPREMACY YEAR

JUNIOR YEAR

SENIOR YEAR

*Fulfills General Liberal Arts Requirements	Nursing:	60
	Liberal Arts:	65
	Program Total:	125

5/85

ENTRY TO PROGRAM: Lower Division: Admission to Carroll College
Upper Division: Admission to Nursing Major following completion
of all lower division prerequisites.

DEGREE GRANTED: Bachelor of Arts

LICENSING: Upon graduation, eligible to write the Montana State Board of Nursing
Examination to become a Registered Nurse.

CLINICAL EXPERIENCES: Begin in the Sophomore year in a variety of community
settings both locally and in neighboring communities.

FEES AND EXPENSES: In addition to the general college fees and expenses, a
special nursing laboratory fee will be charged. Students will also be expected
to purchase uniforms and other items needed for clinical experiences. Students
are responsible for providing their own transportation to and from clinical
experiences. Professional liability insurance coverage is required.

NURSING MAJOR ADMISSIONS CRITERIA

Applicants to the nursing major (the Junior year) are reviewed and acted upon
by the Admissions Committee of the Department of Nursing. The Department of
Nursing reserves the right to admit to the nursing major the number of students
for whom a quality educational program can be provided.

CRITERIA:

1. Students wishing to enter the nursing major make application to the Department of Nursing following completion of all lower division prerequisites.
2. An interview with the Head, Department of Nursing, is required. Each applicant assumes responsibility for requesting an appointment for the interview mid-way through the semester preceding application.
3. A grade of "C" or better is required in all courses.
4. Progression through the nursing major requires a grade of "C" or better in all courses.
5. Policy regarding repeating courses.
Any required course in the nursing curriculum may be repeated only once, either because of withdrawal or a failing grade, regardless of where taken. In addition, a total of only two courses may be repeated. Formal petition for consideration to continue may be made to the nursing faculty via the department chairperson. (This policy is effective for all incoming freshman and transfers of 1986).

montana public health association

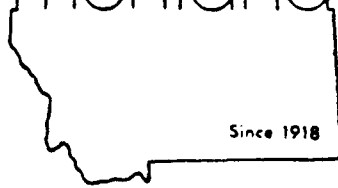


EXHIBIT # 31

DATE 1-15-84

HB # 36

Whereas nursing practice today demands independent judgement and leadership skills which are a part of the baccalaureate degree requirement for entry into nursing, and,

Whereas the need for a scientific base for nursing in the area of prevention is needed, and,

Whereas there is support by hospitals and Home Health Agencies in Montana for the baccalaureate degree as a requirement for entry into practice;

Therefore, be it resolved that the Montana Public Health Association supports the Montana Nurse's Association legislative bill requiring the baccalaureate degree as the minimal degree for entry into the practice of Professional Nursing.

Montana Consortium of Schools of Nursing
and
Montana Society of Nursing Service Administrators
October 9, 1979

RESOLUTION

The Resolution is as follows:

Whereas Nursing Service Administrators recognize their responsibility to continually assess and relate to nursing education the perceived potential and performance of their nursing staff and,

Whereas nursing education is expected to prepare nurses to meet patient needs, and,

Whereas currently there are numerous levels of personnel involved with direct patient care which appears to be neither cost effective nor conducive to quality patient care, and,

Whereas we are faced with the public's demand for higher quality, less expensive health care, increasing costs and budget cuts, and with the expanding knowledge needed to care for the increasingly complex and multifaceted patient problems,

Therefore, be it resolved that,

We propose two categories to deliver direct patient care, one category would be the professional nurse prepared at the baccalaureate level,

And therefore be it further resolved

The other category would be prepared in institutions of higher learning to perform technical tasks delegated to the individual at the direction and under the supervision of the professional nurse who is accountable for total nursing care.

EXHIBIT #33
DATE 1-15-87
HB #36

The Association of

Operating Room Nurses, Inc.

HELENA, MONTANA CHAPTER 59601

1407 Highland

Oct 18, 1935

The National Association of Operating Room Nurses
has a position supporting the Entry into Practice proposal.

Our Helena Chapter recently voted to support the
Montana attempt also.

Sincerely,

Diane Williams, Pres.

RESOLUTION

Montana Association of School Nurses

Entry Into Practice

WHEREAS baccalaureate programs in nursing emphasize nursing administration, health education and public health are essential components of school nursing; and

WHEREAS elective course sequences in baccalaureate programs allow nursing students to pursue courses in school administration, school law, health education, learning process, counseling and community health resources;

WHEREAS school nurses are required to have an education commensurate with the other disciplines involved in education;

THEREFORE, BE IT RESOLVED that The Montana Association of School Nurses unanimously supports a Baccalaureate degree qualification for entry into practice; and

BE IT FURTHER RESOLVED that The Montana Association of School Nurses will support a legislative committee designated toward the above stated resolution during the 1986 legislature.

ADOPTED OCTOBER 18, 1985

EXHIBIT

DATE

HB

American Nurses Association (December 1, 1986)

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS
ALABAMA	Adopted action supporting implementation of baccalaureate consistent with ANA.	Consistent with ANA. Prof - R.N. Tech - A.N.	Consistent with ANA. RNs grandfathered LPNs grandfathered	No timetable targeted.	No formal plan adopted; have begun activities to educate nsg community; have addressed accessibility to education programs including need for financial aid; working with State Commission on Nsg which is made up of nsg groups.	*opposition expected from Jr colleges on issues of titling once implementation plan is formalized; *no organized opposition or media attention at this time; *SNA progressing cautiously mild opposition.
ALASKA	Two categories: Bacc-Professional Assoc-Technical	Professional-RN Technical-Associate Nurse	No official action.	No official timetable; to be decided at later date.	Introduce legislation targeted for 1988; developed and distributed brochure on need for change; working on educating public, soliciting input from nsg community; collaboration with State Board of Nursing.	*no opposition reported; assoc degree educators working with SNA. *no media attention
ARIZONA	Two categories: Bacc-Professional Assoc-Technical	Support ANA's 1985 House of Delegates Position	RNs grandfathered to prof category;	No dates identified	None at this time	*Community college educators have organized state chapter of NOAIDN *hospital assoc concerned about cost but SNA working closely with them. *Mild media attention; opposition
ARKANSAS	Two categories: Bacc-Professional Assoc-Technical	No consensus or official action.	No consensus or official action.	1995	Plan to pursue legislative route; meeting with state Attorney Genl to discuss feasibility of regulatory change; have adopted competency statements for two categories; working on consensus on grandfathering and titling issues; meeting with LPN representatives.	*Mild opposition from assoc degree educators who oppose grandfathering of LPNs. *No organized group of AD interests.
CALIFORNIA	Endorsement of bacc for entry into professional practice.	No official action.	Support grandfathering as means to achieve goal of implementing bacc. for professional practice.	No official target.	Progressing cautiously; working to develop areas of consensus with nsg groups including: Bd. of Registered Nsg., Bd. of Vocational Nsg., Calif. Society of Nsg. Service Admin., Assoc. degree Dir's North & South, Deans & Dir. of Bacc. Program and the L.V.N. Assoc.	Identify & trying to work with the opposition.

EXHIBIT # 35

DATE 1-15-87

HB # 334

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (2)
COLORADO	Two categories: Bacc-Professional Assoc-Technical	Support for RN and AN titles at SNA level but no official action in regulatory arena.	Support for grand-fathering all currently licensed nsg personnel into two categories, but no official action in regulatory arena	No official target date established.	Statewide task force formed in June 1986 to develop implementation plan including recommended actions for change and time frame; task force includes representatives from AD education; statewide survey conducted to elicit responses from nurses; updated information communicated to membership on regular basis.	*AD opposition to any official action on titles; support retention of RN title for AD grads.
CONNECTICUT	Two categories: Bacc-Professional Assoc-Technical	No official action.	No official action.	No official target date established.	SNA Cabinet on Nursing Education studying issues of manpower and access; cabinet to recommend establishment of and framework for governor's task force to project manpower resources in consideration of fact that funding for back colleges comes from state primarily and to address projected manpower needs for Connecticut at all levels to meet the needs of the public.	*Diploma opposition mild; majority of existing diploma programs are joining w/ community colleges.
DELAWARE	Two categories: Bacc-Professional Assoc-Technical	No official action.	No official action	No official target date established.	No definite plans	*No media attention as yet. *SNA progressing slowly and cautiously.
DISTRICT OF COLUMBIA	Two categories: Bacc-Professional Assoc-Technical	No official action.	SNA action to date taken on grand-fathering of RNS only does not address other licensed personnel.	No official target date established.	No specific plan as yet developed; An SNA resource committee made up of RSN program representatives is compiling info on educational programs; no diploma schools remain; SNA holding forums to articulate position.	*Minority issues and access are of great concern to city govt and must be addressed strongly by SNA. *Directors of Nsg support increased numbers of BSN grads. *Hospitals not supportive of position; SNA calculates strong opposition as plans progress. *NOAADN does not appear to have organized as yet.

ASSOCIATION	POSITION	TITLES	GRANDFATHERING	FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (1)
FLORIDA	Supports ANA's position that minimum preparation for entry into practice be bacc; supports ANA's workplan for identification and titling of two categories; supports establishment of competency statements for two categories; supports increasing accessibility of flexible career programs in nsg.	Supports natl exam for minimal safe practice to be given to all grads eligible for initial licensure as registered nurse; an additional examination be developed to test discreet competencies of graduates w/ bacc. and higher degrees; individuals passing basic natl exam to be titled <u>Registered Nurse Technologist</u> ; individuals passing bacc. competency exam <u>Registered Nurse Professional</u> .	No official action.	No official target established.	SNA Education Study committee is developing strategies to assure optimal utilization of nurses in hospitals, nsg homes and home health, by developing a research plan designed to 1) identify scope of practice of nurses educated at LPN, ADN, BSN, and MSN levels of nsg 2) identifying perceptions of what nurses, educators and services believe scope of practice for each level should be 3) identifying nsg needs of patients and which educational level is most appropriate to meet identified nsg needs. In 1986 FNA volunteered to serve as facilitator for Commission on Future of Nsg in Florida. Goal of the commission is to develop plan to determine and meet future nsg needs of citizens in FL. Commission will: *investigate the scope of nsg practice, the current and that proposed; *determine kind and structure of educational programs to meet future needs; *determine future nsg manpower needs for state in various health care settings; *plan for implementation of commission recommendations. *State Board of Nsg & Dept of Education are represented on commission along with possible representatives from FL OAAIN but no formal position on commission. FL OAAIN may be on Commission by virtue of being representatives of other groups or functional categories in nursing. First mtg scheduled for Feb. 1987	*Opposition by AD educators and community colleges not strong at this time; representatives of FL OAAIN involved in SNA as members. *No strong media attention at present.
GEORGIA	Supports nsg's education for new professional nurses. AD-technical practice	Prof - R.N. Tech - A.N.	Supports grandfathering to achieve goal of bacc. preparation for new professional nurses.	1992	Official position calls for GNA to work with GA Board of Nsg, NCSBN and ANA to develop two state board exams for two clearly defined and titled levels of nsg practice and that GNA work with other nsg and health care organizations in GA to ensure utilization of two levels of nsg practice. *GA has dual boards of nsg for LPNs & RNs which will be somewhat of a problem in making changes necessary to implement 2 categories; GA Nse Prac Act up for sunset in 1988. *Issue receiving considerable media attention initiated by LPNs. *HEAVY opposition from state LPN Assoc; group has put out information that GNA will attempt to introduce legislation in 1986 which is not true.	
GUAM	Two categories: Bacc-Professional Assoc-Technical	No official action.	Supports concept of grandfathering; no official action on specific provisions.	Position recommended by 1990. Dep-on attitude of new Admin.; need to look at supply & demand & curriculum nsg.	Plan is to take legislative route; President to check into forming a core group of nsg, Guam Bd of Nse Examiners & reps from different agencies that employ nurses. *Unknown at this time; Feb. 1985 letter from Guam states that momentum for change is favorable.	

STATE NURSES' ASSOCIATION

POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (4)
HAWAII	Two categories: Bacc-Professional Assoc-Technical	No official action.	No official target date.	SNA attempted legislative change in 1979-80 without success; State Bd of Nsg is supportive of position & has established a task force to study means & process to implement educational changes; SNA addressing issues related to educational programming needs; SNA anticipates change in rules & regulations to implement once educational system is in place; SNA conducting sample survey of practice areas using NLN competencies to see where & how AD & BSN prepared nurses are functioning.	*AD educators anxious about possibility of grand-fathering LPNs; no organized opposition against position. *No media attention at this time.
IDAHO	Two categories: Bacc-Professional Assoc-Technical	Prof - R.N. Tech - L.P.N.	1990	All existing personnel grandfathered with no addtl requirements. Plans to pursue changes in rules & regulations beginning in 1988 or 1989. INA is member of statewide Commission on Nsg & Nsg Education. Commission includes representatives from AD education, State Bd of Education, State hospital association, State Bd of Nsg & other nsg groups. Education briefings on the issue are planned for 1987.	*Idaho Hospital Assoc has circulated questionnaire addressing questions on education but has taken no position at this time. *No organized AD or LPN opposition detected at this time. *No media attention as yet.
ILLINOIS	Two categories: Bacc-Professional Assoc-Technical	Consistent with ANA: Registered Nurse Associate Nurse	1995	All RNs grandfathered. All LPNs with pharmacology grandfathered to Associate Nurse. LPNs without pharmacology may continue to practice. No new LPNs licensed. Legislation to be introduced in late January or early February 1987. Community college presidents have sent out sample resolution for action by their respective Bds of Trustees to oppose any or all changes in Illinois Nurse Practice Act. INA has countered by sending packets of information to nurses throughout the state w/ materials to correct misinformation including sample press releases, letters to legislators, letter to editor and letter to local community college president; INA has hired staff project coordinator to work full time on implementation of position; project coordinator and public relations staff work closely. Facts about minority nurses have been collected and used in media along with other demographic data on nurses and areas where they practice. SNA moving full speed ahead on proactive basis.	*Heavy opposition from community college presidents and some AD educators; other AD educators have formed support group w/in INA. *Heavy media attention primarily in small urban and rural areas. *Opposition from the Black Nurses Assoc. *Medical association remaining neutral to this point. *No union opposition; SNA communicating with. *Hosp. Assoc has appointed task force to review the proposed nurse practice act; task force is expected to bring a resolution to the hosp assoc for action to endorse two categories of nsg practice and to become involved in implementation. *Membership holding; INA putting forth strong effort to keep membership informed of progress via newsletter & regular communication.

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (5)
INDIANA	Two categories: Bacc-Professional Assoc-Technical	Registered Nurse Associate Nurse	No official action.	1995	SNA task force remains active in planning for implementation with projected date of 1989 for introduction of legislation. Task force expects to work with consortium representing all nsg organizations in Indiana.	*LPNs working w/SNA now. *No appreciable media attention as yet. *SNA proceeding slowly and cautiously.
IOWA	Two categories: Bacc-Professional Assoc-Technical	No official action.	Position supportive of grandfathering existing nsg personnel w/ no additional requirements.	No official target date established.	Plans to introduce legislation in 1988. Task force established in 1982. SNA planning statewide forums in early 1987 to present SNA position and answer questions; working w/comm college deans to identify liaison to work w/SNA task force in attempt that comm college deans will assist in working w/AD educators.	*Iowa chapter of NOAADN has been formed and is very active; meetings are well attended (AD students are bussed to meetings); OAADN efforts to reach media have been successful; moderate media attention at this time.
KANSAS	Two categories: Bacc-Professional Assoc-Technical	Registered Nurse Associate Nurse	All existing nsg personnel would be grandfathered. RNs - RN LPNs - AN	Not yet determined.	Plans are to introduce legislation but no date projected as yet. State Bd of Nsg is analyzing state education opposition of position; system. SNA has developed scope of practice statements.	*AD educators have received attention in media in opposition of position; oppose loss of RN license. *State chapter of NOAADN has been formed.
KENTUCKY	Two categories: Bacc-Professional Assoc-Technical	Registered Nurse Associate Nurse	Position supports concept of grandfathering.	1992	Planning to introduce legislation in 1988; working to educate state legislators and identify sponsor for legislation. 1986 KY Gen'l Assembly, House & Senate bills asking governor to appoint a blue ribbon panel to study issue of education for nurses failed to be approved. KY Bd of Nsg considering appointment of panel to study nsg ed but bd seems likely to adopt position of neutrality similar to NCSBN.	*AD opposition around titles; want retention of RN title. *Moderate media attention has been given to both sides of issue. *No opposition expected from hospitals or physicians at this time.

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (6)
LOUISIANA	Two categories: Bacc-Professional Assoc-Technical	Registered Nurse-Professional category No official action on title for technical category	Being studied by SNA Commission on Nsg Education	Tentative 1992	Official action targets 1988 as date to make decision on specific plans for implementation. Louisiana has separate state boards for LPNs & RNs. SNA beginning discussions w/LPNs on implementation of changes; LPNs are perceived as desiring to maintain current title and educational system. SNA Commission on Nsg Education composed of broad representation from RN community including AD educators. Q&A brochure has been developed and is being distributed to all RNs in state.	*Ratio of RNs to LPNs is almost one-to-one in state so LPN discussion is critical to movement. *AD opposition has not organized to this point; AD community has been kept involved in discussions along w/diploma educators who are still fairly strong.
MAINE	Two categories: Bacc-Professional Assoc-Technical	Consensus: Registered Nurse Associate Nurse	Consensus on grandfathering all currently licensed nsg personnel.	1995	Legislation passed in 1986 directing that by 1995 or "as soon as possible thereafter" Maine Nsg Practice Act would be revised to provide for two categories of nsg practice. Governor has just appointed a 15 member commission on nsg supply and educational accessibility to study availability and educational accessibility for both AD and BSN programs in Maine. SNA immediate past president will represent Maine on commission which will hopefully meet once before the end of 1986. At least 7 of the remaining seats on the commission are SNA members. Commission is to report to the state legislature by Jan. 1, 1990.	*Legislative action in 1986 served to educate nsg community, legislature and public about profession's efforts and serve as framework to facilitate implementation. *Issues of supply of nurses and accessibility of educational programs and student financial aid are issues that continue to need to be addressed.
MARYLAND	Two categories: Bacc-Professional Assoc-Technical	Official action to work to gain consensus in MD on titles for 2 categories; consensus does not exist on titles adopted by ANA	All existing nsg personnel to be grandfathered into 2 categories	Three yrs after passage of legislature	Plans to pursue legislative route. Official action supports participation to facilitate interstate mobility, to define functions, standards and qualifications of 2 categories and to urge LPN programs to develop articulation programs w/AD programs by 1990. State Bd has Ad Hoc Committee on Credentialing which has systematically raised education question with representatives of selected groups.	*MD Assoc of AD Programs is well organized and well funded *Active chapter of NOAARDN has been formed w/in state & a steering committee has been formed; issues focus on titling & scope of practice. *No active media attention now.
MASSACHUSETTS	Two categories: Bacc-Professional Assoc-Technical	Registered Nurse Associate Nurse Still under discussion.	Grandfathering of all existing nsg personnel into 2 categories.	1995	The Mass Nurses Assoc plans to introduce legislation Dec 1988. A nurse practice committee is made up of MNA members with representatives from nsg serv, AD, diploma, LPN & BS education. They are working on second draft of the practice act. They are seeking endorsement of 36 specialty nurse groups in the state. They are seeking input & cooperation of the MHL, MACN, MONE. There are plans to meet with the Bd of Registration in Nsg. They have met with the LPN Assoc. A mtg with Mass Chapter of NOAARDN is scheduled. There are plans to meet with...	*Organized opposition but not very effective at this time. *Opposition from LPN association. *NOAARDN has formed active chap w/in state. *Some media attention focused on future of LPN but

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (7)
MICHIGAN	Two categories: Bacc-Professional Assoc-Technical	Registered Nurse Associate Nurse	Grandfathering of all existing nsg personnel.	No official date targeted.	Plans to introduce legislation in 1990 or 1991. MNA HOD recently took action to form task force specifically for purpose of implementation of legislative & educational changes. SNA describes strained relationships w/State Bd of Nsg; Bd recently concluded informational hearings on 3 categories of nsg practice including Registered Professional Nurse, Registered Technical Nurse & Licensed Practical Nurse. SNA task force will be establishing efforts to address relationship w/state board.	*Michigan Community College presidents issued position in May 86 stating opposition to establishment of new professional title of Registered Professional Nurse. Presidents' group has attempted to have state bd of education take position supporting current educational system for nsg practice; proposal was narrowly defeated at subgroup level. *Community College Presidents have exerted pressure on AB educators to oppose MNA position; MNA bd has recently acted to have AB educators meet w/SNA leadership to discuss concerns. *State chapter of NOAADN has been formed but organized opposition has not yet emerged.
MINNESOTA	Two categories: Bacc-Professional Assoc-Technical	Registered Nurse Licensed Practical Nurse	Grandfathering of all existing nsg personnel.	No official date targeted.	Task force has been established to develop plan to introduce legislation in 1987. Final decision to proceed w/legislation will be made by SNA Govt Affairs Committee.	*State chapter of NOAADN has been formed to oppose position and has launched moderate media campaign; portions of the state have been heavily hit. *SNA monitoring opposition closely, proceeding cautiously.

STATE NURSES'

ASSOCIATION

TARGETED DATE
FOR CHANGE

PLANS TO IMPLEMENT

GRANDFATHERING

TITLES

POSITION

POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	COMPOSITION/COMMENTS (R)
MISSISSIPPI	Two categories: Bacc-Professional Assoc-Tech	Registered Nurse Registered Nurse Associate	1995	Plans to hold 5 forums in 1987. SNA attempting to develop plans in midst of very heavy opposition from AD educators & community college presidents. Monitoring development of ANA scope of practice statements & reviewing competency statements. Have attempted to meet w/AD educators and community colleges presidents to no avail.	*Strong opposition from AD educators; state chapter of NNAAPN very active. *Opposition from state hospital assoc & community college presidents who are supportive of AD educators & support no changes in the state's current system. *AD educators receiving considerable media attention; using misleading & erroneous info on ANA/SNA position stmts on entry & increased cost of health care as major rationale to oppose position. *Efforts by SNA to counteract AD media attention have been unsuccessful. *SNA experiencing loss of AD & AD educator members
MISSOURI	Two categories: Bacc-Professional Assoc-Technical	No official action.	1995	Task force formed to develop plans for implementation w/representation from all nsg groups in state including Mo League for Nsg, State Bd of Nsg, AD, Bacc. and Practical Nurse educators. Task force has agreed to support implementation to this point.	*The Council of Assoc Degree Nurse Educators is meeting w/legislators but SNA does not expect attempts to introduce opposing legislation as yet. *Diploma schools moderately vocal but seem to be moving toward linking w/bacc. programs. *No opposition from medical society or hospital assoc as yet. *SNA progressing slowly and cautiously.
MONTANA	Two categories: Bacc-Professional	Registered Nurse Grandfathering of all existing nsg personnel.	1992	Plans to introduce legislation in 1987. SNA attempting to build coalitions w/other allied health care organizations in state to assess opposition/support.	*LPN organization has formed to actively oppose position; LPNs have gone to legislators & physicians; group has stated they want LPNs removed from any proposed ¹⁹⁹² leg. *State Hosp. Assoc. wanted to delay implementation date to 1995 & has opposed stating the position will create RN shortage & that access to nsg education programs must be addressed first *State Bd of Nsg and State Medical Society remain neutral. *Concerned nurse organization continues to oppose legislation.

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (9)
NEBRASKA	Two categories: Bacc-Professional Assoc-Technical	No official action.	Grandfathering of all existing nsg personnel.	No targeted date.	Open letter has gone to all nurses explaining position; beginning to meet w/nsg and health care groups to discuss changes; SNA hope that changes can be made by revision in rules and regulations; State Bd of Nsg is supportive of working together.	*No organized opposition from AD community. *Some LPN's have strengthened to oppose. *Hospital Assoc has circulated general memo on issues which contain some misinformation.
NEVADA	Two categories: Bacc-Professional Assoc-Technical	Professional Nurse Associate Nurse	Grandfathering of all existing nsg personnel.	1992	NNA has initiated a Nursing Commission for further study & to address supply needs.	*Scattered vocal opposition from few AD educators; no strong organized opposition to this point. *No media attention as yet.
NEW HAMPSHIRE	Support bacc for entry into prof nsg practice.	No official action.	No official action.	No target date established.	SNA preparing for Nurse Practice Act Sunset Review in 1987. After Sunset review SNA will probably look to legislative efforts to implement educational changes in 1989. SNA is working to build consensus on educational changes; addressing issues of access and availability to bacc programs; last remaining diploma program has announced it will close in 1989.	*No organized opposition to this point.
NEW JERSEY	Two categories: Bacc-Professional Associate category	Professional Nurse Associate Nurse	Opposed to grandfathering LPNs to associate category.	Start 15 yr plan 1987.	Three phase plan; Phase I- Preliminary: 0-5 yrs. Summarize facts, establish intra prof & interdisciplinary task forces, address mobility, articulation, grandfathering, finalize Scope of Practice Statement estab. in 1984; Phase II- legislative: 6-10 yrs; Phase III- implementation: 11-15 yrs.	*Diploma opposition has diminished considerably. *Hospital assoc has taken no position. *AD educators have become involved in NOAADN. *No media attention; SNA has established good working relationships w/media. *1199 using education issue to recruit members but has not launched full scale opposition.
NEW MEXICO	Two categories: Bacc-Professional Assoc-Technical	Registered Nurse Associate Nurse	Support for grandfathering RNs; no official action on other nsg personnel.	No date targeted.	SNA has formed committee to plan for implementation; likely that SNA will pursue legislation at some point altho specific strategies have not been adopted. Plans include establishment of statewide group to include Commission on Higher Education and groups in opposition to educate all interested parties and to develop consensus.	*Opposition from comm college presidents & 1199. *Ad educators support 2 levels of practice but want to retain RN title for AD grads. *No media attention as yet.

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (10)
NEW YORK	Two categories: Bacc-Professional Assoc-Technical	Nurse Associate Nurse	Grandfathering of all existing nsg personnel.	4 years after legislation adopted.	Adopted action plan in 1985 to expedite enactment of legislation and establish scope of practice for two categories. Ongoing meetings with AD & BSN educators to resolve concerns.	*Diploma opposition has waned. *AD educators well organized and active as they have been for past several years. *Scattered media attention continues.
NORTH CAROLINA	Two categories: Bacc-Professional Assoc-Technical	No official action.	No official action.	1985	SNA Steering Committee has recomm. to Bd that task force be estab. w/ reps from entire nsg community to include but not limited to community college presidents, medical society & hosp assoc to develop specific plans for implementation. State Bd of Nsg has announced plans to hold one or more forums in the state in near future to explore congruence of nsg, of RN & LPN w/ current practice in NC.	*Strong opposition from AD community who has organized in opposition. *LPN community is supportive of SNA position to this point. *NCNA proceeding cautiously
NORTH DAKOTA	Two categories: Bacc-Professional Assoc-Technical	Registered Nurse Licensed Practical Nurse	Existing practitioners will not be required to meet new requirements.	1987	Rules & regulations change proposed in 1985 and adopted in 1986; Nsg programs operating after 1/1/87 must offer a curriculum leading to an AD for LPNs and a baccalaureate degree for RNs.	*Two ND hospitals brought suit against the ND Bd of Nsg charging the Bd w/ exceeding its authority by adopting revised rules. ND Supreme Court heard oral arguments on 10/2/86 and a decision is expected w/in the next few months. *No other opposition active at this point.
OHIO	Two categories: Support two levels of nsg. However, at this time use non-legislative strategies for delivery goal.	RN=professional level, Assoc Nurse=technical level.	No official action.	No target date established.	Introduced bill in 1985 to revise state nurse practice act to update and broaden definition of nsg practice; legislation did not include changes in educational requirements. Proposed Bill amended to such an extent that nursing killed bill in committee. Coalition of Nsg Organizations is continuing to meet & to draft new legislation for 1987 session.	

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (11)
OKLAHOMA	Two categories: Bacc-Professional Assoc-Technical	Professional Nurse Associate Nurse	All existing nsg personnel grand-fathered.	1990		
OREGON	Two categories: Bacc-Professional Assoc-Technical	No official action taken.	In 1976, the ONA Bd of Dir took action to move to protect the professional status of all existing licensed RNs at such time as entry is implemented.	no target date identified	In 1985 legislation was passed to prohibit the state Bd of Nsg from making any changes in entry level, education or licensure w/out prior legislative approval; legislation was backed by AD educators and community college presidents. ONA was successful in amending the legislation to include that a master plan for nsg be developed for the state by a commission assigned to the state bd. ONA has had input into work of commission and the group will release report to the state legislature in 1987. ONA continuing to monitor climate for change and planning w/in SNA.	*AD community continues to oppose any change in title from RN for AD grads; heavy organized opposition; state chapter of NOAADN active. *No media attention at this time.
PENNSYLVANIA	Supports bacc education for professional nsg practice.	No official action	No official action.	No target date established.	In 1986 an amendment was introduced and passed by state legislature prohibiting Bd of Nurse Examiners from implementing through changes in rules & regs basic educational requirements for RNs & LPNs; legislation was backed by 199 & AD educators. PNA has commission on Nsg education that is currently examining strategies for future.	*Heavy opposition from AD educators and 1199. *Opposition got considerable media attention during legislative attempts.
RHODE ISLAND						
SOUTH CAROLINA	Supports bacc as basis for entry into professional nsg practice	No official action	In 1986 referred issue of grand-fathering to SNA exec committee for study and consideration.	No official date targeted.	SC Bd of Nsg plans to begin public hearings on titling & licensure in 1987. SNA working closely w/state Bd. SNA has also been actively involved in development of statewide master plan for nsg education which currently calls for two categories of nsg education in state.	*AD community appears to be organizing heavily in opposition. *No media attention as yet; SNA progressing cautiously.

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (12)
SOUTH DAKOTA	Two categories: Bacc-Professional	Registered Nurse	Grandfathering of all existing nsg personnel.	To identify target date by 1988	Has statewide t.f. convened by SNA w/rep. of SDNA, SDHON, LPN Assn, Hosp. Assn, State Dept of Hlth., Nsg educ programs in state & specialty nsg orgs. Steering committee appointed from this group & now developing plan for imp. to be presented to statewide t.f. Jan 1987.	*Number of LPN programs has decreased from 6-1 in last year. LPN Assn (NAPNES) opposes the position
	Assoc-Technical	Associate Nurse				
TENNESSEE	Two categories: Bacc-Professional	R.N.	Support of Grandfathering of all existing personnel.	5 years after date of passage of legislation.	Plans to possibly introduce legislation in 1987 which would include titles and grandfathering. Governor appointed commission to study issue w/final report due in Jan 1987. Outcome of state commission will influence progress on strategies.	*Heavy opposition from community college presidents.
	Assoc-Technical	R.N. Associate				*AD educators organized in opposition. *Hosp assoc has organized in opposition and is circulating misinformation to RNs using nsg shortage to oppose. *LPNs disagree w/title and believe educational programs should remain in technical schools.
TEXAS	Two categories: Bacc-Professional	R.N.	No official action	No target identified	Plans to move legislatively possibly in 1995. SNA progressing slowly and cautiously in light of opposition. Conducting membership recruitment effort.	*Heavy AD opposition including community college presidents who issued press release urging nses to not join TNA; press release received attention from media.
	Assoc-Technical	Associate Nurse				*BSN student enrollment dropping. *SNA membership dropping *Received media attention.
UTAH	Two categories: Bacc-Professional	R.N.	No official action	No target identified	Legislation passed in 1985 limiting authority of state bd to deny access to RN licensure by AD, BSN & diploma grads. Legislation also limited bd's ability to deny access to LPN exam. Legislation was backed by RNs involved in LPN education. Task force appointed during same 1985 legislative session to study grandfathering, accessibility to nsg programs, financing of nsg education and manpower supply of nurses. Recommendations from the task force are due in Sept, 1987. These recommendations will be used to develop a plan for implementation of educational directions. Task force includes representatives from SNA, LPN educators and	*Extensive media attention particularly during legislative session.
	Assoc-Technical	Associate Nurse				

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (13)
VERMONT	Two categories: Bacc-Professional Assoc-Technical	No official action	Supportive of concept of grandfathering	No target established	SNA proceeding slowly, plans not yet developed.	*No overt opposition at this time but some beginning activity in AD community to promote the program
VIRGIN ISLANDS	Constituency has twice endorsed concept of bacc as basis for entry into professional practice.	No official action	No official action	Target date not yet established.	Plans to meet w/trustees and university faculty to discuss educational program needs. Successful in blocking efforts to reinstitute an LPN program. VINA studying costs of nsg education. Might expect to introduce legislation in next two years.	*VN group affiliated w/ NARNES in opposition.
VIRGINIA	Two categories: Bacc-Professional Assoc-Technical	No official action	No official action	No target date	Currently looking at revising definition of nsg in nurse practice act as 1st step. Governor's task force has been appointed to study the need for changing the definition of nsg (holding hearings around the state) Alliance of nsg formed including SNA, LPNs, ADs & other nsg & prof. organizations. SNA working closely w/state bd of nsg.	*No heavy opposition to this point. *LPNs expressing concerns about change in title.
WASHINGTON						
WEST VIRGINIA	Supports bacc for entry into prof. nsg practice & assoc. degree for entry into technical nsg. practice.	R.N. No action on title for other category	Grandfathering of current RNs No official action on second category	No target date	In May 1985 the WV RN Bd of Examiners filed changes to the current rules/regs with the support of WVNA) which would have estab a BSP as requirement to sit for RN exams beginning 1992. The proposed change was tabled by the WV House Health Comm. A statewide t.f. on Nsg Ed. met monthly in 1985 to address the related issues.	*Opposition during leg. session from AFL-CIO, & small but vocal group of mainly LPNs led by RN which had support from key senator. This small group continues to be active.

STATE NURSES' ASSOCIATION	POSITION	TITLES	GRANDFATHERING	TARGETED DATE FOR CHANGE	PLANS TO IMPLEMENT	OPPOSITION/COMMENTS (14)
WISCONSIN	Two categories: Bacc-Professional Assoc-Technical	R.N. Associate Nurse	All RNs to be grand-fathered into new category; current LPNs will be grand-fathered to associate nurse after completion of courses or competency exams. this process must be completed within 10 years.	No target date identified	Plans to introduce legislation in 1987. Legislation currently being drafted.	*Chapter of NOAANIN has been organized & is very active; SNA has some reason to project that AD group may link w/119 and APT to oppose. *SNA has worked to form effective ties w/media & has been successful in having both sides of issue put before public.
WYOMING	Two categories: Bacc-Professional Assoc-Technical	R.N. Associate Nurse SNA action only no regulatory action.	Grandfathering of all existing nsg personnel. SNA action only no regulatory action.	No target date identified.	Wyoming Bd of Nsg formed task force w/representation from nsg community & employers of nsg; task force put forth recommendations to state bd in August 1986 supportive of bacc as basis for prof nsg practice; state bd however favored formal adoption of neutral position similar to that of NCSBN. Statewide commission of nsg & nsg education has been put into place to act as clearinghouse for information on entry into practice and education issues. Commission included AD leadership who are supportive of SNA efforts. Commission plans to distribute information to increase understanding of issues.	*Concern being raised by nurses who do not understand this issue; no organized opposition *No media attention to this point *SNA has taken official position of supporting entry into practice, consistent with ANA.

EXHIBIT # 36
DATE 1-15-87
HB # 36

PREPARATION FOR NURSING EMPLOYMENT IN MONTANA:
PERSPECTIVES OF MONTANA'S NURSING ADMINISTRATORS
ON ENTRY INTO PRACTICE

EXECUTIVE SUMMARY

JULY 1, 1986

By

BARBARA C. BADER, PH.D., AND STEVEN CARR, M.S.W.
COMMUNITY SYSTEMS
Post Office Box 516
BOZEMAN, MONTANA 59771-0516
TELEPHONE (406) 587-8970



WITNESS STATEMENT

EXHIBIT # 37
DATE 1-15-87
HB # 36

NAME Linda E. Fager BILL NO. HB 36
ADDRESS 1111 Phillips Dr. Helena DATE 1/15/87
WHOM DO YOU REPRESENT? Staff member
SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

EXHIBIT # 38
DATE 1-15-87
HB # 31

WITNESS STATEMENT

NAME Kathleen Marion BILL NO. HB 36
ADDRESS Box 334 E. Helena DATE 1-15-87
WHOM DO YOU REPRESENT? Nt. Assn of School Nurses
SUPPORT X OPPOSE 0 AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

WITNESS STATEMENT

EXHIBIT # 39
DATE # 1-15-67
HB # 36

NAME Mr. Sullivan BILL NO. 26
ADDRESS 100 N. Grand Canyon DATE 1/15/67
WHOM DO YOU REPRESENT? Porting Committee of Solid of Mass
SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

EXHIBIT 44
DATE 1-15-87
HB #36

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

1772

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HUMAN SERVICES AND AGING COMMITTEE

BILL NO. HB 36

DATE JANUARY 15, 1987

SPONSOR REP. DOROTHY BRADLEY

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
MERRI CULLETT	Billings, MT	HB 36	
MARLENE STELLMAN	418 Lash - Helena	HB 36	
Janet Russell	2029 Ave C, Missoula, MT	HB 36	
Carolyn Hunt	1306 Woodside Dr	HB 36	
Stephanie Marshall	710 E 30th Ave, Billings	HB 36	
Larry Musick	1411 Cherry Dr, Bozeman	HB 36	
CATHERINE LITTON	Postville, IA	HB 36	
Janet Wiegman	1100 E 7th, Bozeman, MT	HB 36	
Wynne Jones	Box 152, Helena, MT	HB 36	
Gracie Pankham	Missoula	HB 36	
Cheryl Lane	Missoula	HB 36	
Karen Smith	Billings	HB 36	
William W. Smith	Bozeman, MT	HB 36	
John Smith	Bozeman, MT	HB 36	
John Smith	Bozeman, MT		
John Smith	34 W 1st - Helena		
Dana Smith	Bozeman, MT	HB 36	
John Smith	400 W 1st, Bozeman, MT	HB 36	
John Smith	150 Oakfield Ave, Bozeman, MT	HB 36	

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PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. HB#36

DATE

JANUARY 15, 1987

SPONSOR REP. DOROTHY BRADLEY

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Delma Gregory	Missouri	X	
Beryl Garcia	3353 Lanning Rd. East Helena		X
Dr. Anna ...	Bozeman		X
Margaret Chachmar	Missouri		X
...	Helena		X
Linda Schumann	Elliotson	X HB#36	X
Barbara		X
...	...	HB#36	
...	...		X
Terri ...	1000 W. 1st St. Helena	HB#36	
Pat B. ...	1000 W. 1st St. Helena	HB#36	
Tom ...	1000 W. 1st St. Helena	HB#36	
Gaela ...	Women's ... Fund		
Thane ...	Women's ... Fund		
...	...	X	

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COMMITTEE

DATE _____

Raymond Braden

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HUMAN SERVICES AND AGING

BILL NO.

DATE _____

SPONSOR, Am. Nat. Soc. 3230 W. 12th St.

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VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. 0DATE 7/10/1SPONSOR Russell B. Brame

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Vernice J. Brame	2055 M. L. Brame		✓
David L. Brame	2055 M. L. Brame		
David L. Brame	117 Public Health	X	
Bill Blackburn	East 4th St		✓
Donna Brame	East 4th St		✓
Dr. M. L. Brame	117 Public Health	X	
David L. Brame	117 Public Health	X	
William Brame	117 Public Health		
William Brame	117 Public Health		hoy
Tracy Brame	117 Public Health		X
William Brame	117 Public Health		✓
William Brame	117 Public Health		
William Brame	117 Public Health		hoy
William Brame	117 Public Health		
William Brame	117 Public Health		
Sharon A. Pettit	721 Heller	H336 ✓	
William Brame	117 Public Health		
William Brame	117 Public Health	X	
William Brame	117 Public Health		

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COMMITTEE

DATE 1-25-87

SPONSOR _____

[illegible]

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VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. H.R. 36DATE June 10, 1979SPONSOR Rep. [unclear]

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
<i>Teresa S. [unclear]</i>	<i>121 F. [unclear]</i>	<i>HB 36</i>	
<i>Karen Gauthier</i>	<i>1409 Broadwater, Helena MT</i>	<i>HB 36</i>	
<i>Elizabeth [unclear]</i>	<i>1312 N. [unclear] Helena MT</i>	<i>HB 36</i>	
<i>Ann [unclear]</i>	<i>1783 Sylvan Lane [unclear]</i>	<i>HB 36</i>	
<i>Sharon [unclear]</i>	<i>1604 [unclear] Ave So</i>	<i>HB 36</i>	
<i>Yvonne H. [unclear]</i>	<i>500 [unclear] N. C. Tr.</i>		<i>HB 36</i>
<i>[unclear]</i>	<i>5 [unclear] [unclear]</i>	<i>HB 36</i>	
<i>[unclear]</i>	<i>2007 31 [unclear] [unclear]</i>	<i>✓</i>	
<i>[unclear]</i>	<i>[unclear] [unclear] [unclear]</i>		<i>HB 36</i>
<i>[unclear]</i>	<i>122 [unclear] [unclear]</i>	<i>HB 36</i>	
<i>Arlene Moll</i>	<i>2125 9th Ave [unclear]</i>		<i>✓</i>
<i>[unclear]</i>	<i>[unclear] [unclear]</i>	<i>HB 36</i>	
<i>[unclear]</i>	<i>[unclear] [unclear]</i>	<i>HB 36</i>	
<i>[unclear]</i>	<i>[unclear] [unclear]</i>	<i>HB 36</i>	
<i>[unclear]</i>	<i>[unclear] [unclear]</i>		<i>✓</i>
<i>[unclear]</i>	<i>[unclear]</i>	<i>HB 36</i>	<i>✓</i>
<i>[unclear]</i>	<i>[unclear]</i>	<i>[unclear]</i>	<i>[unclear]</i>
<i>[unclear]</i>	<i>212 [unclear] [unclear]</i>		<i>HB 36</i>
<i>[unclear]</i>	<i>[unclear] [unclear]</i>		<i>HB 36</i>

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COMMITTEE

DATE _____

REP. DOROTHY BRADLEY

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VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. 5DATE June 15, 1987SPONSOR Rep. Dorothy Bradley

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Wendell K. K.	El Zil		
Steve & Beth	211-10-100 Hillside, Ill.		
Patricia A. Brown	Helena, MT	✓	
Andy Brown	Helena, MT	✓	
Kathleen S. Brown	Helena, MT	✓	
Mary Catherine	Helena	✓	
Mike L. Brown	Helena		✓
Denny L. Brown	Helena		✓
Edna V. Brown	West Valley, UT	X	
John L. Brown	Helena		✓
John L. Brown	MEER, CT		X
John L. Brown	Helena, MT		
Bill L. Brown	MT-H. Helmer		X
Bill L. Brown	Bozeman, MT		✓
John L. Brown	MT-Bozeman	OPPOSE	
John L. Brown	Bozeman	✓	
John L. Brown	Bozeman	✓	
John L. Brown	Bozeman		
John L. Brown	Bozeman		
John L. Brown	Bozeman		

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VISITORS' REGISTER

HUMAN SERVICES AND AGING

COMMITTEE

BILL NO. 31DATE 11/1/76SPONSOR Paul D. Smith

NAME (please print)	RESIDENCE	SUPPORT	OPPOSE
Thomas Smith, Jr.	1111 S. 2nd St. Helms	✓	
W. H. Dames, Jr. 2510	3101 SE Ave No 6-1005	✓	
Paul J. Smith	1454 Broadwater Co Helms	✓	
Peter J. Smith	2000 S. 2nd St. Helms	✓	
Kathleen A. Smith	2100 Sunlight Circle Helms	✓	
Robert A. Smith	1137 E. 1st St. Helms	✓	
Shirley A. Smith	1000 21st St. Helms	✓	
John A. Smith	2010 S. 2nd St. Helms		✓
W. H. Dames, Jr.	3101 SE Ave No 6-1005	✓	
Laura L. Smith	1825 Main St. Helms		✓
Kathleen A. Smith	2100 Sunlight Circle Helms	✓	
Pat J. Smith	1111 S. 2nd St. Helms		✓
Shirley A. Smith	1000 21st St. Helms		✓
W. H. Dames, Jr.	3101 SE Ave No 6-1005		✓
John A. Smith	2010 S. 2nd St. Helms		✓
Paul J. Smith	2000 S. 2nd St. Helms	✓	
Robert A. Smith	1137 E. 1st St. Helms	✓	
Shirley A. Smith	1000 21st St. Helms	✓	
John A. Smith	2010 S. 2nd St. Helms	✓	

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HUMAN SERVICES AND AGING COMMITTEE

DATE 1-15-86

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