

## **MINUTES**

### **MONTANA SENATE 53rd LEGISLATURE - REGULAR SESSION**

#### **COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY**

**Call to Order:** By Senator Dorothy Eck, Chair, on January 29, 1993, at 1:00 p.m.

#### **ROLL CALL**

##### **Members Present:**

Sen. Dorothy Eck, Chair (D)  
Sen. Eve Franklin, Vice Chair (D)  
Sen. Chris Christiaens (D)  
Sen. Tom Hager (R)  
Sen. Terry Klampe (D)  
Sen. Kenneth Mesaros (R)  
Sen. David Rye (R)  
Sen. Tom Towe (D)

**Members Excused:** None.

**Members Absent:** None.

**Staff Present:** Susan Fox, Legislative Council  
Laura Turman, Committee Secretary

**Please Note:** These are summary minutes. Testimony and discussion are paraphrased and condensed.

##### **Committee Business Summary:**

Hearing: SB 120, SB 121, SB 165 (additional information)  
Executive Action: none.

#### **HEARING ON SB 120**

##### **Opening Statement by Sponsor:**

Sen. Eve Franklin, Senate District 17, Great Falls, said SB 120 comes from a request from the Department of Corrections and Human Services. SB 120 deletes the requirement of a professional evaluation of patients every ninety days. Joint Committee on Accreditation of Health Care Organization (JCAHO) requirements would be adopted for periodic reevaluation of patients. Requirements will be adopted for contact and progress notes, the "after care plan" would be deleted, calling it a "discharge plan," and the requirement of automatic reexamination of patient commitments after thirty days would also be deleted because they

have their own structure for this.

**Proponents' Testimony:**

Dan Anderson, Administrator of the Mental Health Division of the Department of Corrections and Human Services, provided written testimony. (Exhibit #1) Mr. Anderson went over section 53-21-163 to be repealed in SB 120. (Exhibit #2)

Ed Amberg, Director of Program Development and Evaluation at Montana State Hospital, said SB 120 revises several statutes covering records, treatment review procedures and treatment procedures for patients admitted to public mental health facilities. Few modifications have been made to the 1975 statutes, and since then professional standards have changed significantly. SB 120 is an attempt to merge joint commission standards with existing statute. Mr. Amberg said the treatment plan is the most important component of a patient's medical record because it addresses needs, goals and plans for that patient. Currently, a multi-disciplinary team works on the treatment plan and they feel review of patient's needs should not be evaluated according to a time line or a calendar. SB 120 separates the discharge, or after care plan, from the treatment plan to elevate its status, and the development of a discharge plan is to start when a patient is admitted.

Kelly Moorse, Executive Director of the Board of Visitors, provided written testimony. (Exhibit #3)

Joy McGrath, Executive Director of the Mental Health Association of Montana, said the Association supports SB 120 because the concept of treatment of a patient should be driven by a clinical basis rather than a calendar basis. They also support bringing in the State Hospital more in compliance with JCAHO accreditation standards.

**Opponents' Testimony:**

None.

**Questions From Committee Members and Responses:**

Sen. Klampe asked Dan Anderson why language concerning the requirement for discharge, Page 2, Line 18-19, is removed. Sen. Klampe said with the repealer, it seemed possible for a patient to stay in the hospital longer than necessary. Dan Anderson said Lines 18-19 concerning the treatment plan are redundant. Mr. Anderson said the staff is expected to establish an anticipated date of discharge upon that individual's admission to the hospital. Regarding the repealer, Mr. Anderson said it seemed to be an unnecessary use of staff time to do evaluations

based upon a calendar.

Sen. Klampe said because a treatment plan can occur only every 90 days, because the wording on Page 8 is vague, it would make sense to keep in Lines 18-19 on Page 2 to reassure people that there is no intention to keep them in the hospital longer than necessary. Dan Anderson said he would rather put back the language on Page 2 than to add a 30-day review requirement for each patient.

Sen. Klampe said Lines 18-19 on Page 2 could be reinstated. Mr. Anderson said he would have no objection.

Sen. Towe said it was difficult to get the original bill passed in 1975, and the intent was that once an individual is admitted to Warm Springs, that individual should not have to stay any longer than necessary. Sen. Towe asked why Dan Anderson wanted to take out the one method that ensures that patients are not kept longer than necessary. Dan Anderson said that is not the "one method" for a patient to be discharged. The proposed language states that the treatment plan must be reviewed any time the patient is transferred, at the time of discharge, if there is any major change in the patient's condition, at the conclusion of the estimated length of stay, at the conclusion of each subsequent estimated lengths of stay, and no less than every 90 days. Mr. Anderson said the review in the first 30 days seems unnecessary.

Sen. Towe said he was not talking about the treatment plan, but the reexamination of the patient to determine if he requires commitment to the facility, and to determine if the treatment plan has been implemented. Dan Anderson said all of the reviews he mentioned, these examinations are done. If it is determined that an individual should not be in the State Hospital, immediate steps would be taken to discharge that individual.

Sen. Towe said he liked the idea of the discharge plan being elevated to a more prominent position, but he had problems with the deletion of language on Page 7 requiring a detailed summary of each significant contact with a professional person. Mr. Anderson said the proposed substitute language would also require this, but in 1993 staff can be more depended upon to do their jobs and to follow national standards.

Sen. Towe asked Mr. Anderson if the proposed language required noted progress on a periodic language. Mr. Anderson said that it did.

Sen. Towe asked Mr. Anderson if the Committee could be satisfied that conditions at the State Hospital would not deteriorate as they have in the past. Mr. Anderson said he could assure the Committee that conditions would not deteriorate.

Sen. Towe said there is more reliance placed upon the staff now, but the original bill required review by a second professional

person, outside the treatment plan. Sen. Towe asked Mr. Anderson why this language was deleted. Mr. Anderson said that a number of professionals is involved with each patient's treatment at the State Hospital. Requiring special review of patients seemed like a questionable use of staff time.

Sen. Towe said he would not be so objectionable if there was a guarantee that someone other than the professional staff in charge of the treatment plan were involved in periodic review. Dan Anderson said that is currently the case.

Ed Amberg said there are review and quality assurance procedures to assure that standards are being met.

Sen. Towe suggested that there be language that would require involvement of another professional staff person on a regular basis. This would not have to interfere with current procedures. Dan Anderson said he had no objection to this.

Sen. Rye asked Ed Amberg what percentage of the patients at Warm Springs are there for life. Ed Amberg said there are serious mental illness patients, and a "handful" of those who may not get well enough to leave the hospital. There are also a number of geriatric patients who may end their lives at the hospital.

Sen. Rye asked Mr. Amberg how much staff time the discharge plan requires for each patient. Mr. Amberg said it takes a considerable amount of time.

Sen. Rye asked about a patient whose condition is stable, and the excessiveness of the requirement for review every 30 or 90 days. Mr. Amberg said that was a good point, and detailed evaluation may not be necessary for some patients. He said he did not object to a 90-day treatment review plan because this is reasonable and to be expected.

Sen. Towe pointed out that the 30-day review in question was to occur only one time, upon admission.

Sen. Christiaens asked Ed Amberg how often patients are staffed, and if that done by a multi-disciplinary team. Mr. Amberg said it depends upon the patient, but each patient is seen on a monthly basis in a formal treatment team clinic. For new patients, or for changing patients, this may occur more frequently.

Sen. Christiaens asked Mr. Amberg if the staffing were "clinically driven". Mr. Amberg said it is, and always has been.

Chairman Eck asked Dan Anderson how procedures would be altered if there were substantial budget cuts. Mr. Anderson said it would depend upon the cut.

Kelly Moorse said the Board of Visitors is in the second targeted

budget cuts, and the Board would be "totally eliminated."

Chairman Eck said it appears that Ms. Moore's office is responsible for review procedure, and asked Ms. Moore how that would be done. Kelly Moore said their responsibility was one of oversight, to point out laws and policy, and they are not actually involved in the treatment review team at the hospital. Without the Board of Visitors, there would be no one to provide the oversight review.

**Closing by Sponsor:**

Sen. Franklin said she understood Sen. Towe's concerns regarding the original piece of legislation, but we have entered "new phase" of health care and mental health care, and other tools are available to providers. She urged the Committee to not "get caught up in minutia" and to look at the other references made to quality assurances and improvement. Currently, there is a strong focus on moving patients through treatment out of the hospital, and the Committee should be comfortable with the desire for JCAHO compliance.

Chairman Eck recessed the Committee for eight minutes.

**HEARING ON SB 121**

**Opening Statement by Sponsor:**

Sen. Eve Franklin, Senate District 17, Great Falls, said SB 121 comes from a request of the Board of Nursing to address certain issues including allowing registered nurses and licensed practical nurses to take written orders from nurse specialists with the authority to prescribe drugs. SB 121 also changes the title Board Secretary to Executive Director, provides for the termination of licenses that have not been renewed for three years, and authorizes the Board of Nursing to delegate nursing tasks to unlicensed individuals. Sen. Franklin went over the amendments to SB 121. (Exhibit #4).

**Proponents' Testimony:**

Diane Wickham, Executive Secretary/Director of the Board of Nursing, said the intent of SB 121 regarding the delegation of nursing tasks "is to make what is already happening, happen safely." The nurse would be responsible for documenting that the teaching of tasks is done, and that individual is able to carry out those functions, for example, administering medication to a grade school student. The nurse would be unable to turn over assessment skills and is responsible for supervision. Regarding the termination of licenses, this is an issue of public safety,

and the Board would like the opportunity to test nurses seeking to renew a license after a break. Ms. Wickham said the Board of Nursing supports the amendments. The Board would like to use the currently unused licensing funds to pay for investigations.

Barbara Booher, Executive Director of the Montana Nurses Association, said the Association feels it is absolutely necessary for the Board to be able to protect the public. The Board now has no access to a special revenue fund made up of licensing fees, currently \$500,000, in order to pay for investigations. This can be remedied without tapping into the general fund. Ms. Booher provided written testimony from Teresa Henry, Chair of the Legislative Committee of the Montana Nurses Association. (Exhibit #5) Ms. Booher noted that the delegation of nursing tasks to an unlicensed individual would not happen in an acute care setting, but in settings where it is appropriate.

Steven Shapiro, former Attorney for the Board of Nurses, 1990-1992, said he was the senior prosecutor for the Licensing Bureau and he drafted SB 121 in its original form. Mr. Shapiro said it is important that the Committee know about the investigations, and he went over a case of a man who had two cases of assault against him who wanted to keep his nursing license. This particular case took a lot of time, which didn't leave much time to work on other disputes. Other investigations include medication diversion, patient abuse, and nurses exceeding the scope of their abilities. Mr. Shapiro said it is important that the Board of Nurses be able to use the special revenues to "police" the profession.

Terry Minnow, representing Montana Federation of Teachers and the Montana Federation of State Employees, said they support SB 121, particularly the delegation of nursing tasks to nonlicensed individuals. To provide for public safety, the Board should have the authority to adopt rules relative to the delegation of nursing tasks.

Doug Blakely, State Long-Term Care Ombudsman, provided written testimony. (Exhibit #6)

Jerry Loendorf, representing the Montana Medical Association, said Board of Nursing properly delegated the authority over the amount and type of supervision and the scope of the delegation. Regarding the amendments, it important that the licensing funds now unavailable be made available for investigations by the Board of Nursing.

Robert Runkel, Director of Special Education representing the Office of Public Instruction (OPI), said the Office of Public Instruction supports SB 121, specifically regarding the delegation of nursing tasks because that is the statute in which OPI is directly involved. If SB 121 is passed, the students' health care will be properly protected, schools will have a

manageable means of delivery for students with need, and that proper discretionary authority will be given to nurses so that they can judge the delegation of certain tasks.

Laura Weir, Montana Association of School Nurses, said the Association supports SB 121 because it provides a means for students' health care needs to be met in a correct and safe manner.

Kathy Kelker, Parents Let's Unite for Kids, said they support SB 121, particularly the delegation of tasks to unlicensed individuals because they want their children to be able to receive their medication at school without interference. Currently, administering medication has already been delegated to the family.

**Opponents' Testimony:**

None.

**Questions From Committee Members and Responses:**

Sen. Mesaros asked Diane Wickham about a laundry list of specific duties regarding the delegation of nursing tasks. Ms. Wickham said there is a very specific "laundry list" which is only oral medication at this point. However, the list can be expanded.

Sen. Mesaros asked Ms. Wickham about the supervising nurse being liable for the trained individual's actions. Ms. Wickham said the individuals are responsible for their own actions, but the nurse will be accountable for choosing, training and delegating tasks to that particular individual.

Sen. Rye asked Sen. Franklin if she were the only Registered Nurse in the Legislature. Sen. Franklin said there are several.

**Closing by Sponsor:**

Sen. Franklin said the testimony was instructive. The nursing profession has always maintained a high level of public trust, and Sen. Franklin said that comes from the profession's desire to police and to aggressively protect practice. Sen. Franklin asked the Committee to look at the delegation of nursing tasks as the willingness of nurses to spread their knowledge.

Chairman Eck said the Committee does not have the authority to make appropriations, but the testimony given regarding the need for spending authority is important.

ADDITIONAL INFORMATION ON SB 165

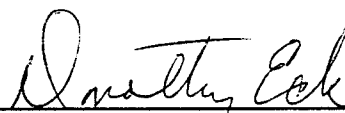
Informational Testimony:

Adrian Howe, Chief of the Occupational and Radiological Health Bureau with the Montana Department of Health and Environmental Sciences, said he was not present when the Committee heard testimony for SB 165, but he feels there may have been some misleading testimony given concerning the rules of the Department of Health's radiation control program and the Board of Radiologic Technologists. The Department of Health and Environmental Sciences does inspect licenses, but with current resources, they are able to get to the facilities to give inspections once every eight years. There is a bill currently in the Legislature which will provide fees for radiology equipment and users that would establish a special revenue account for the Department. With this, they intend to get to all facilities at least one time per year which would be adequate. Mr. Howe and his assistant have over 20 years of experience of evaluating x-rays. The equipment manufacturers only check the equipment, not the calibration of film which can lead to misdiagnosis and over exposure. The manufacturers do not look at licenses.

Chairman Eck said no executive action would be taken on SB 165 today.

ADJOURNMENT

**Adjournment:** Chairman Eck adjourned the hearing.

  
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SENATOR DOROTHY ECK, Chair

  
\_\_\_\_\_  
LAURA TURMAN, Secretary

DE/LT

## ROLL CALL

SENATE COMMITTEE Public Health DATE 1-29-93

[illegible]

Testimony on SB 120

Dan Anderson, Administrator  
Mental Health Division  
Department of Corrections and Human Services

The Mental Health Division has been working over the past several years to improve the quality of inpatient and outpatient services which are provided to adults with serious mental illness through our public mental health system. One of our most important projects has been an attempt to clearly focus the role of the Montana State Hospital Warm Springs Program within the mental health system and to assure that the services we're providing at Warm Springs meet the treatment needs of those individuals who are appropriately served in an inpatient environment. We have looked very critically at our treatment planning process at the State Hospital and have paid particular attention to it since Judge McCarter's ruling in the Ihler lawsuit which included her instructions to improve the quality of those treatment plans.

State law describes what must be included in treatment plans at the State Hospital. Those laws were originally enacted in 1975 and, with the exception of minor amendments, have not been substantially reviewed since then. What we are attempting to accomplish in SB 120 is to update the language in the requirements for treatment planning to eliminate some aspects of treatment plan review which we feel are redundant and unnecessary. We also want to highlight the importance of the discharge plan as part of the clinical record at the State Hospital. I would like to take a few minutes to discuss some of the more significant changes.

Starting on bottom of page 2, 3 subsections are deleted and replaced with 2 new subsections. The new language is taken from Joint Commission on Accreditation of Health Care Organizations standards in its description of how treatment plans should be reviewed within mental health facilities. Subsection 4, starting on line 21 of page 3 describes much more explicitly than in current law the occasions on which treatment plans must be reviewed by the professional person.

This legislation also eliminates the requirement that the treatment plan be reviewed by a professional person other than the professional person responsible for supervising the plan. This requirement goes beyond Joint Commission standards and is an inefficient use of our professional staff. We believe there is adequate

supervision of professional staff and also an adequate quality assurance program to assure that there is oversight of professional decisions made by our staff.

Part of the language deleted at the bottom of page 2 is the requirement that there be an aftercare plan as part of the treatment plan. SB 120 proposes to move language dealing with discharge or aftercare plans to a new section which begins on page 8 of the bill. This section describes the requirement that there be a discharge plan and the minimum requirements for what must be included in that plan. This change, we believe, gives proper emphasis to the importance of the discharge plan and, by removing the discharge plan from the treatment plan, makes the treatment plan more focused.

On page 7 of the bill, lines 5, 6, and 7, the language provides that when the professional person reviews the treatment plan, he or she makes recommendations for changes but does not necessarily direct the changes. We use treatment teams at the State Hospital. Consequently, it is important that, while a professional person should take the lead in supervising the treatment plan, he or she must consult with colleagues before making modifications to the treatment plan. Also on page 7, language is deleted which described the kinds of progress notes and contact notes that must be kept. The new language is taken directly from the Joint Commission requirements. This significantly updates the requirements we have for record keeping.

Finally, I would like to direct your attention to page 9, lines 8 and 9, which is a repealer of Section 53-21-163. This section required an examination and review of every patient thirty (30) days following admission to determine whether they require additional inpatient care. As we focus the State Hospital on active treatment, appropriate discharge planning and timely discharge to appropriate community services, we believe that the additional requirement of a 30 day review of all patients is an unnecessary use of our professional staff time. We propose that in line with changing the statute to describe state-of-the-art treatment plan review as required by the Joint Commission, this requirement be eliminated.

**Compiler's Comments**

1991 Amendment: Inserted (6), (7), and (8) granting patient certain rights relative to treatment plan.

**53-21-163. Examination following commitment.** No later than 30 days after a patient is committed to a mental health facility, the professional person in charge of the facility or his appointed, professionally qualified agent shall reexamine the committed patient and shall determine whether he continues to require commitment to the facility and whether a treatment plan complying with this part has been implemented. If the patient no longer requires commitment to the facility in accordance with the standards for commitment, he must be released immediately unless he agrees to continue with treatment on a voluntary basis. If for sound professional reasons a treatment plan has not been implemented, this fact shall be reported immediately to the professional person in charge of the facility, the director of the department, the mental disabilities board of visitors, and the patient's counsel.

**History:** En. 38-1325 by Sec. 25, Ch. 466, L. 1975; amd. Sec. 14, Ch. 546, L. 1977; R.C.M. 1947, 38-1325.

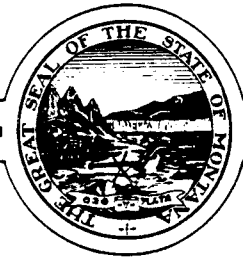
**53-21-164. Repealed.** Sec. 15, Ch. 14, Sp. L. June 1986.

**History:** En. 38-1327 by Sec. 27, Ch. 466, L. 1975; R.C.M. 1947, 38-1327; amd. Sec. 13, Ch. 363, L. 1983.

**53-21-165. Records to be maintained.** Complete patient records shall be kept by the mental health facility for the length of time required by rules established by the department of health and environmental sciences. All records kept by the mental health facility shall be available to any person authorized by the patient in writing to receive these records and upon approval of the authorization by the board. The records shall also be made available to any attorney charged with representing the patient or any professional person charged with evaluating or treating the patient. These records shall include:

- (1) identification data, including the patient's legal status;
- (2) a patient history, including but not limited to:
  - (a) family data, educational background, and employment record;
  - (b) prior medical history, both physical and mental, including prior hospitalization;
- (3) the chief complaints of the patient and the chief complaints of others regarding the patient;
- (4) an evaluation which notes the onset of illness, the circumstances leading to admission, attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation, and an inventory of the patient's assets in descriptive rather than interpretative fashion;
- (5) a summary of each physical examination which describes the results of the examination;
- (6) a copy of the individual treatment plan and any modifications thereto;
- (7) a detailed summary of the findings made by the reviewing professional person after each periodic review of the treatment plan which analyzes the

OFFICE OF THE GOVERNOR  
MENTAL DISABILITIES BOARD OF VISITORS



STAN STEPHENS, GOVERNOR

CAPITOL STATION

STATE OF MONTANA

(406) 444-3955  
OR TOLL FREE 1-(800)-332-2272

HELENA, MONTANA 59620

January 29, 1993

Senator Dorothy Eck, Chairman  
Senate Public Health Committee  
State Capitol  
Helena, MT 59620

SENATE HEALTH & WELFARE

EXHIBIT NO. #3

DATE 1-29-93

BILL NO. SB 120

RE: SB 120

Senator Eck and Members of the Committee:

For the record, my name is Kelly Moorse and I am the Executive Director of the Board of Visitors. The Board, an advocate for persons who are mentally disabled, reviews patient care and treatment at Montana State Hospital, the Center for the Aged and the community mental health centers.

The historical context of the bill I feel provides an important reference for the committee. The foundation of this legislation was based on a landmark mental health case known as Wyatt v. Stickney, which established a constitutional right to treatment for people confined against their will in state mental institutions and facilities which serve people with developmental disabilities. The court defined the minimum standards for treatment, patient protection for environment, rights and other intrusive measures. Within the past year, the Wyatt Consultants Committee, advocates, consumers and family members participated in drafting revisions to the standards set by the Wyatt decision. The defendants initiated the revision process because that wanted to see the standards more consistent with the Joint Commission on the Accreditation of Hospital Organizations (JCAHO) standards. On May 14, 1992, the court accepted revisions, in the following areas: consumer involvement, treatment planning, discharge planning, utilization review, seclusion and restraint, electroconvulsive therapy, and quality assurance.

Our Board and staff have reviewed and support the changes proposed by Senate Bill 120. We feel these proposed changes to treatment planning and discharge planning are in line with the recent revisions made to the Wyatt standards.

We do oppose the repeal of Section 53-21-163 (page 9, line 8-9). We would argue that this section "Examination following commitment" is necessary because it require a review of whether the standards

Page two  
29 January 1993  
Testimony re: SB 120

for commitment continue to be met. The opinion of the Board's attorney is that this section is essentially a codification of a constitutional requirement. The statute should help protect the state from being sued for confining a person after they are no longer mentally ill and dangerous. While the Department may argue that this concern is covered within the treatment plan revisions, we feel this section has more specific language which requires a persons release, if they do not meet the standards for commitment.

With the minor change of maintaining Section 53-21-163, we urge your support of SB 120.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kelly Moore", with a long horizontal flourish extending to the right.

Kelly Moore  
Executive Director

Amendments to Senate Bill No. 121  
First Reading CopyRequested by Sen. Franklin  
For the Committee on Public Health, Welfare, and SafetyPrepared by Susan B. Fox  
January 27, 1993

1. Page 3, line 10.

Following: "physician,"

Insert: "nurse specialist"

2. Page 3, line 14.

Strike: "nurse specialist,"

3. Page 7, line 25.

Strike: "and"

Following: "nurse-anesthetists"

Insert: ", and clinical nurse specialists"

4. Page 8, line 18.

Following: line 17

Insert: "(8) The board may fund additional staff, hired by the  
department to administer the provisions of this chapter.  
Licensing fees must be used to fund additional staff and  
must be increased as necessary."



# Montana Nurses' Association

P.O. Box 5718 • Helena, Montana 59604 • 442-6710

SENATE HEALTH & WELFARE

EXHIBIT NO. 5

DATE 1-29-93

SEN. NO. SB121

January 29, 1993

Senators,

My name is Teresa Henry and I represent the Montana Nurses' Association. We ask that you support SB121 with the amendments introduced by Senator Franklin.

Specifically, we support the change allowing LPN's and other RN's to administer medications prescribed by nurse specialists. Nurse specialists provide safe health care in a variety of settings in Montana - hospitals, birth centers, clinics, nursing homes and home care settings, to name a few. With this legislation, nurse specialists with prescriptive authority in Montana would be allowed to use their advanced skills to provide needed care to Montanans.

Additionally, we support the change allowing nursing tasks to be delegated to unlicensed personnel, according to rules adopted by the Board of Nursing. A large task force, composed of representatives from home health and hospice groups, school nurses, group home organizations, prisons and educational settings came together to identify and address problems related to unlicensed persons performing nursing tasks. That group will work to develop the necessary rules, if this legislation is passed.

Finally, we support authorizing the Board of Nursing to utilize funds from license fees to fund additional staff for the purpose of complaint investigation. This funding would not take monies from the general fund to address this important need.

Please pass SB121. Thank you.

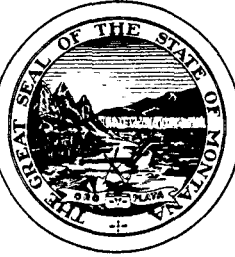
# GOVERNOR'S OFFICE ON AGING

SENATE HEALTH & WELFARE

EXHIBIT NO. 6

DATE 1-29-93

BILL NO. SB 121



MARC RACICOT, GOVERNOR

(406) 444-3111

STATE OF MONTANA

PO BOX 200801  
HELENA, MONTANA 59620-0801

January 29, 1993

TO: Senate Public Health, Welfare and Safety Committee  
FROM: Doug Blakley, State Ombudsman  
RE: In support of SB 121

As State Long-Term Care Ombudsman, I serve as an advocate for resident of the state's long-term care facilities, including nursing homes and personal care homes. Our program assists residents and consumers in resolving concerns and problems regarding health, safety, welfare and rights issues affecting residents.

In my capacity as Ombudsman, I have worked with the Board of Nursing for several years on the complaints about the inappropriate administration of medications to residents of personal care homes, retirement homes and other similar residences. This has been an on-going issue of serious concern. Medication administration in facilities such as personal care homes are routinely being done by unlicensed and untrained aides without nursing or medical supervision. Such situations pose a substantial health risk to residents, the majority of whom are not mentally able to catch errors. A substantial number of the complaints we receive about this problem actually come from aides who are uncomfortable with being required to pass medications they have no knowledge or training to do.

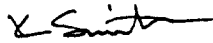
The proposal to allow the Board of Nursing to delegate a task such as medication administration has several benefits to consumers. First and foremost, it addresses safety concerns in the administration of medications. Additionally, it provides increased placement options for seniors, especially those that are less restrictive than institutional placement. Finally, for many residents, it may also mean a financial savings.

Based on these considerations, I would urge the committee to take favorable action on this bill.

# Montana Primary Care Association, Inc.

January 29, 1993

TO: Senator Dorothy Eck, Chair  
Public Health, Welfare and Safety Committee

FROM: Kip Smith   
Director of Development

RE: SB 121

Unfortunately, I can not be present at your hearing today on SB 121. The Montana Primary Care Association would like to go on record as supporting this legislation.

As the representative of medical providers that use mid-level practitioners extensively in providing primary health care to Montana's medically unserved and underserved, we are concerned, however, that this bill does not include providing the same privileges to physician assistants that will be given to nurse specialists. We are unsure whether this was an oversight or a specific omission, but we would strongly encourage amendment of SB 121 to expand this new delegation authority to physician assistants as well as nurse specialists.

We encourage the committee to Pass SB 121. Thank you.

1-29-93  
SB-121

TESTIMONY FOR SB 121  
SENATE PUBLIC HEALTH COMMITTEE

My name is Lucia Dirkes and I am a student in the College of Nursing at Montana State University. I am writing this testimony in an effort to gain your support for "An Act Amending the Nurse Practice Act."

Authorizing registered professional nurses and licensed practical nurses to take orders from a nurse specialist who has prescriptive authority is important and I support it. Nurse Practitioners are a crucial part of Montana's rural health care system. In order to function in their role, Nurse Practitioners need the support of Registered Nurses and Licensed Practical Nurses. If Registered Nurses and Licensed Practical Nurses are authorized to take orders from Nurse Practitioners, rural Montanans can receive better health care at a lower cost than seeking out a physician.

I also support the authorization of the Board of Nursing to adopt rules for delegation of nursing tasks to unlicensed persons. The Board of Nursing is the most appropriate body to make decisions that relate to the scope of nursing practice as it governs nursing in this state. Nurses are well trained and know, better than anyone else, what their job entails.

These two issues that I have addressed are very important for the future of both nursing and rural health care in Montana. As a future nurse, I would like to urge the committee to pass SB 121.

Sincerely Yours

*Lucia Dirkes*  
Lucia Dirkes MSU NS

DATE 1-29-93

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 120, SB 121

Name	Representing	Bill No.	Check One		Other
			Support	Oppose	
Debbie Hagener		121	✓		
Joan Broadhurst		121	✓		
Brenda Romine		121	✓		
Lucia Dirkes		121	✓		
Jana Shelbourn		121	✓		
Andrea Fink		121	✓		
Vicki A. Conn		121	✓		
Tam Rushing		121	✓		
Thylis Pollock		121	✓		
Michelle Campbell		121	✓		
Gale Jacobson		121	✓		
Barbara Wickham		121	✓		
Cathy Campanelli		121	✓		
Steven Shapiro		121	✓		
Marion D. Nelson	Int. LPH Assoc.	121			✓
Lora Win	Mont. Assoc. School Nurses	121	✓		

## VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY