

HOUSE BILL NO. 544

INTRODUCED BY R. LYNCH

A BILL FOR AN ACT ENTITLED: "AN ACT ALLOWING THE ADMINISTRATION OF MEDICATION BY A MEDICATION AIDE I IN CERTAIN FACILITIES AND PROGRAMS OPERATED BY A MENTAL HEALTH CENTER; REVISING RULEMAKING AUTHORITY; AND AMENDING SECTIONS 37-8-102, 37-8-422, 53-21-1202, AND 53-21-1403, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 37-8-102, MCA, is amended to read:

"37-8-102. Definitions. Unless the context requires otherwise, in this chapter, the following definitions apply:

(1) "Advanced practice registered nurse" means a registered professional nurse who has completed educational requirements related to the nurse's specific practice role, in addition to basic nursing education, as specified by the board pursuant to 37-8-202.

(2) "Board" means the board of nursing provided for in 2-15-1734.

(3) "Department" means the department of labor and industry provided for in Title 2, chapter 15, part 17.

(4) "Medication aide I" means a person ~~who in an assisted living facility uses~~ licensed under this chapter and operating within the scope of practice authorized in 37-8-422 to use standardized procedures in the administration of drugs, as defined in 37-7-101, that are prescribed by a physician, naturopathic physician, physician assistant, optometrist, advanced practice registered nurse, dentist, osteopath, or podiatrist authorized by state law to prescribe drugs.

(5) "Medication aide II" means a person who in a long-term care facility licensed to provide skilled nursing care, as defined in 50-5-101, uses standardized procedures in the administration of drugs, as defined in 37-7-101, that are prescribed by a physician, naturopathic physician, physician assistant, optometrist, advanced practice registered nurse, dentist, osteopath, or podiatrist authorized by state law to prescribe drugs.

(6) "Nursing education program" means any board-approved school that prepares graduates for initial licensure under this chapter. Nursing education programs for:

(a) professional nursing may be a department, school, division, or other administrative unit in a junior



1 college, college, or university;

2 (b) practical nursing may be a department, school, division, or other administrative unit in a
3 vocational-technical institution or junior college.

4 (7) "Practice of nursing" embraces the practice of practical nursing and the practice of professional
5 nursing.

6 (8) (a) "Practice of practical nursing" means the performance of services requiring basic knowledge of
7 the biological, physical, behavioral, psychological, and sociological sciences and of nursing procedures. The
8 practice of practical nursing uses standardized procedures in the observation and care of the ill, injured, and
9 infirm, in the maintenance of health, in action to safeguard life and health, and in the administration of medications
10 and treatments prescribed by a physician, naturopathic physician, physician assistant, optometrist, advanced
11 practice registered nurse, dentist, osteopath, or podiatrist authorized by state law to prescribe medications and
12 treatments. These services are performed under the supervision of a registered nurse or a physician, naturopathic
13 physician, physician assistant, optometrist, dentist, osteopath, or podiatrist authorized by state law to prescribe
14 medications and treatments.

15 (b) These services may include a charge-nurse capacity in a long-term care facility that provides skilled
16 nursing care or intermediate nursing care, as defined in 50-5-101, under the general supervision of a registered
17 nurse.

18 (9) "Practice of professional nursing" means the performance of services requiring substantial
19 specialized knowledge of the biological, physical, behavioral, psychological, and sociological sciences and of
20 nursing theory as a basis for the nursing process. The nursing process is the assessment, nursing analysis,
21 planning, nursing intervention, and evaluation in the promotion and maintenance of health, the prevention,
22 casefinding, and management of illness, injury, or infirmity, and the restoration of optimum function. The term also
23 includes administration, teaching, counseling, supervision, delegation, and evaluation of nursing practice and the
24 administration of medications and treatments prescribed by physicians, naturopathic physicians, physician
25 assistants, optometrists, advanced practice registered nurses, dentists, osteopaths, or podiatrists authorized by
26 state law to prescribe medications and treatments. Each registered nurse is directly accountable and responsible
27 to the consumer for the quality of nursing care rendered. As used in this subsection (9):

28 (a) "nursing analysis" is the identification of those client problems for which nursing care is indicated and
29 may include referral to medical or community resources;

30 (b) "nursing intervention" is the implementation of a plan of nursing care necessary to accomplish defined

1 goals."

2

3 **Section 2.** Section 37-8-422, MCA, is amended to read:

4 **"37-8-422. Medication aide I -- scope of practice.** (1) A medication aide I may:

5 (1)(a) perform services requiring basic knowledge of medications and medication administration under
6 specific circumstances as determined by the board by administrative rule;

7 (2)(b) practice only in ~~a licensed assisted living facility, as defined in 50-5-101~~ the facilities listed in
8 subsection (2); and

9 (3)(c) practice only under the general supervision of a licensed professional or practical nurse.

10 (2) A medication aide I may practice in:

11 (a) a licensed assisted living facility as defined in 50-5-101; and

12 (b) any of the following facilities or programs operated by a licensed mental health center as defined in
13 50-5-101:

14 (i) a facility providing secure detention pursuant to Title 53, chapter 21, part 12;

15 (ii) a facility providing crisis stabilization pursuant to Title 53, chapter 21, part 14;

16 (iii) a mental health group home; or

17 (iv) a program providing community-based mental health treatment, rehabilitation, and support services
18 through use of a multidisciplinary clinical team."

19

20 **Section 3.** Section 53-21-1202, MCA, is amended to read:

21 **"53-21-1202. Crisis intervention programs -- rulemaking authority.** (1) The department shall, subject
22 to available appropriations for the purposes of this part, establish crisis intervention programs. The programs must
23 be designed to provide 24-hour emergency admission and care of persons suffering from a mental disorder and
24 requiring commitment in a temporary, safe environment in the community as an alternative to placement in jail.

25 (2) The department shall provide information and technical assistance regarding needed services and
26 assist counties and federally recognized tribal governments in developing plans for crisis intervention services
27 and for the provision of alternatives to jail placement.

28 (3) The department may provide crisis intervention programs as:

29 (a) a rehabilitative service under 53-6-101(4)(j); and

30 (b) a targeted case management service authorized in 53-6-101(4)(n).

- 1 (4) The department shall adopt rules to:
2 (a) implement the grant program provided for in 53-21-1203;
3 (b) contract for detention beds pursuant to 53-21-1204; and
4 (c) pay for short-term inpatient treatment that is provided pursuant to 53-21-1205.
5 (5) Rules adopted under this part must allow for the use of a medication aide I licensed pursuant to Title
6 37, chapter 8, for administration of medication."

7
8 **Section 4.** Section 53-21-1403, MCA, is amended to read:
9 **"53-21-1403. Crisis stabilization services -- requirements.** (1) In order to qualify for reimbursement
10 under this part, crisis stabilization services must be delivered in a safe environment to an individual in crisis as
11 required under this section.

- 12 (2) Crisis stabilization services must:
13 (a) be delivered by an individual or facility that is enrolled with the department to provide services under
14 this part;
15 (b) be provided in accordance with a plan for crisis stabilization that meets requirements established by
16 the department by rule;
17 (c) include a plan for appropriate followup care; and
18 (d) be medically necessary mental health services that:
19 (i) are delivered in direct response to a crisis in an effort to stabilize the individual in crisis;
20 (ii) provide diagnostic clarity;
21 (iii) are designed to treat symptoms that can be improved during the presumptive eligibility period; and
22 (iv) provide an appropriate alternative to psychiatric hospitalization.
23 (3) Crisis stabilization services include but are not limited to:
24 (a) two psychiatric diagnostic interview examinations during the crisis stabilization period;
25 (b) coordination of care as defined by the department by rule;
26 (c) individual psychotherapy;
27 (d) family psychotherapy conducted with or without the patient;
28 (e) one-to-one community-based psychiatric rehabilitation and support; and
29 (f) crisis management services as defined by the department by rule.
30 (4) The department rules must allow for the use of a medication aide I licensed pursuant to Title 37,

1 chapter 8, for administration of medication."

2

- END -