



Legislative Background Brief

for the
Economic Affairs Interim Committee

January 2012

Board of Nursing

Prepared by Pat Murdo, Legislative Research Analyst

Board (2-15-1734, MCA) = 9 members appointed by the governor with the consent of the Senate. Of these:

- 4 members must be registered nurses (RNs) with at least one of these having had at least 5 years of administrative, teaching, or supervisory experience in a school of nursing, another of the 4 must be an advanced practice registered nurse (APRN), another must be engaged in nursing practice in a rural health care facility, and at least one must be currently engaged in administration, supervision, or provision of direct client care
- 3 members must be licensed practical nurses (LPNs).
- 2 members represent the public and may not be medical practitioners or involved in the practice or employment of nursing or administration of a health care facility.
- All nurses must be licensed in their practice in this state and have had at least 5 years' experience in nursing. The RNs must be graduates of an approved school of nursing. The practical nurses must be graduates of a school of practical nursing.
- Citizenship and 1 year residency are required before appointment.
- Members serve staggered, 4-year terms.

Board Members (end of term in parentheses)

<p>Licensed Representatives:</p> <ul style="list-style-type: none"> • Heather Onstad, Helena, RN/Educator (7/1/2012) • Barbara Lundemo, Sidney, APRN (7/1/2013) • Laura Weiss, Great Falls, RN (7/1/2015) • Lanette Perkins, Missoula, RN (7/1/2014) • Kathy Hayden, Missoula, LPN (7/1/2012) • Patsy Reece, Rexford, LPN (7/1/2015) • Kathleen Sprattler, Billings, LPN (7/1/2014) 	<p>Public Members:</p> <ul style="list-style-type: none"> • N. Gregory Kahn, Billings (7/1/2014) • Brenda Schye, Fort Peck (7/1/2014)
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Number of Licensees, FY2011 ... 18,457 FY 2010 ...19,940 FY 2009 ... 18,211

By Type of License, FY 2011 and License Renewal Costs (for two-year period):

Advanced Practice Registered Nurses	781	\$ 50 for each specialty
Registered Nurses	14,346	\$100
Licensed Practical Nurses	3,330	\$100
Medication Aides	7	\$ 20

Revenues/Expenditures FY2009-2010 and Budgets for FY2012-2013

	Revenues		Expenditures	
	Licensing	Other	Personal Services	Operating
FY 2009	\$1,286,431		\$909,146	
FY 2010	\$853,414 (base budget in HB 2)		\$891,703 actual	

		Budgeted in HB 2
FY 2012		\$907,804
FY 2013		\$986,849

Expenditures, FY 2010	Direct	Indirect	
		Admin	Div. IT/Bureau
Personal Services, incl. per diem	\$306,428	\$21,107	\$38,831
Operating Expenses			
Consulting, Printing, IT, Other	\$144,973	\$11,669	
Supplies, incl. Computer	\$48,569	\$7,321	
Postage, mailing, IT network, voice srv	\$16,948	\$11,531	
Travel for Board Members	\$32,526	--	
Rent and other expenses*	\$27,827	\$37,536	
Legal and hearings	\$186,435	--	

*Includes office equipment and meeting room rent of \$18,873, computer/equipment repair of \$870, and dues, education & training and fee collection expense of \$8,084 for direct expenses and DLI OIT expense of \$11,517, indirect agency of \$25,947, and \$72 other for indirect expenses.

Number of Complaints

FY 11 235
 FY 10 191
 FY 09 227

Disciplinary Action (may be from other years)

2 licenses revoked, 6 suspended, 156 dismissed
 45 other sanctions, and 56 investigations

Scope of Practice

According to 37-8-102(8)(a):	Practice of practical nursing (LPN) means the performance of services requiring	Practice of professional nursing (RN) means the performance of services requiring
Education	basic knowledge	substantial specialized knowledge
	of the biological, physical, behavioral, psychological, and sociological sciences and of nursing procedures (for LPNs) and "theory as a basis for the nursing process" for RNs .	
Using	standardized procedures in the observation and care of the ill, injured, and infirm, in the maintenance of health, in action to safeguard life and health, and in the administration of medications and treatments	nursing process, which "is the assessment, nursing analysis, planning, nursing intervention, and evaluation in the promotion and maintenance of health, the prevention, casefinding, and management of illness, injury, or infirmity, and the restoration of optimum function. The term also includes administration, teaching, counseling, supervision, delegation, and evaluation of nursing practice and the administration of medications and treatments

	prescribed by a physician, naturopathic physician, physician assistant, optometrist, advanced practice registered nurse, dentist, osteopath, or podiatrist authorized by state law to prescribe medications and treatments.	
Supervision vs. Being Directly Accountable	Under the supervision of a registered nurse or a physician, naturopathic physician, physician assistant, optometrist, dentist, osteopath, or podiatrist authorized by state law to prescribe medications and treatments."	Directly accountable and responsible to the consumer for the quality of nursing care rendered.

Other References in Nursing Practice in Montana Statutes:

- 20-5-420, MCA, refers to prescriptions by an advanced practice registered nurse
- Advanced practice registered nurses with clinical specialty in psychiatric mental health nursing referenced among mental health professionals in 27-1-1101, MCA, 46-1-202, MCA, and Title 53, chapter 21.
- Advanced practice registered nurses listed among practitioners for which there is freedom of choice under the health insurance laws, 33-22-111, MCA, 33-30-1013, MCA, and 33-31-102, MCA.
- Advanced practice registered nurses with specialties listed in 37-8-202, MCA, included among medical practitioners who may be authorized to administer or prescribe drugs under Title 37, chapter 2, part 1, and who are included under the quality assurance confidentiality laws under Title 37, chapter 2, part 4.
- Nurses licensed under Title 37 are health care providers for medical malpractice, 25-9-411, MCA.
- Advanced practice registered nurses are allowed to sign a certificate indicating a person is eligible for a special parking permit under 49-3-301, 49-4-303, and 49-4-305, MCA.
- Advanced practice registered nurses are defined under the Rights of the Terminally Ill Act and the chapter regarding "Do Not Resuscitate" laws, Title 50, Chapters 9 and 10, as well as the chapter on vital statistics, Title 50, chapter 15, and for purposes of health care information under Title 50, chapters 16.

2011 Bills Affecting Nursing Profession

- HB 25, sponsored by Rep. Roberts at request of Economic Affairs Interim Committee, revises assistance program for impaired medical professionals.
- HB 334, sponsored by Rep. Scott Reichner, revising workers compensation and expanding as well as revising the duties of a treating physician, which by definition in 39-71-116 includes advanced practice registered nurses licensed in Montana.
- HB 416, sponsored by Rep. Harry Klock, which provides general confidentiality of material discussed/available to quality assurance programs in medical practice groups, including those covering advanced practice registered nurses.
- HB 547, sponsored by Rep. Ken Peterson, provides insurance coverage for RN specialists who assist surgeons.

Summary of Responses from Survey as made through January 4, 2011:

- *# of Responses from Board of Nursing licensees - 132 (mix of those licensed by the board).*
- Most have few complaints about the board. Lack of information topped the complaint list.
- The board was most appreciated for its ability to monitor the profession on licensees' behalf, along with appreciation for a board's importance in protecting both licensees and public through standards for professionalism.
- Most are satisfied with the scope of practice. Those few with concerns about overlapping scopes cited the Board of Medical Examiners as a concern. Some of those who feel the scope is too narrow includes LPNs and others who feel there could be an expansion through use of certificates to do additional procedures that may help address rising health care costs by expanding the number of professionals able to do a procedure.
- Among rules/regulations that raise concern, there appears to be a problem with implementation of required continuing education, particularly related to a disconnect between specialties and overall requirements.