Montana Nurses Association

January 15, 2021

Charlie Brereton,
Health Policy Advisor
Governor Greg Gianforte
1301 E. 6th Avenue
Helena, MT 59601

Dear Mr. Brereton,

MNA is the recognized leader and advocate for the professional nurse in Montana. MNA promotes professional nursing practice, standards, and education; represents professional nurses; and provides nursing leadership in promoting high quality healthcare. MNA looks forward to working with Governor Gianforte and his administration to expand access and continue to provide quality healthcare in Montana.

Advance Practice Registered Nurses (APRNs) in Montana have had, for many decades, full practice and prescriptive authority, allowing for them to practice to the fullest extent of their education. APRNs include Nurse Practitioners, Certified Nurse Midwives, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists. The healthcare these groups provide to our Montana citizens is vital, especially the primary care role provided in our rural communities.

APRNs provide primary and specialty care in Montana but had their signature declined on many required documents or certifications for patients, insurance companies, and health referrals, even though these documents are within their scope of practice, due to outdated forms, documents, or verifications, they still stated that they "required" a physician's signature. APRNs practice independently while Physicians Assistants must practice under supervision of a physician. In rural communities, the APRN may be the only provider within miles.

Because of the inaccuracy and inconsistency in this bureaucratic process, patients were forced to see physicians unfamiliar with their health care history when their own provider, an APRN was more than qualified to sign, moreover, some patients chose not to seek further care. This unnecessary step added stress, anxiety, and cost to the patient and health care system. Further and most importantly, the APRN is often the sole provider in many rural communities so the confusion complicates an already limited access issue.

Hence comes SB 94 "Signature Authority for Advanced Practice Registered Nurses." Signature authority of certified registered nurse practitioners. – When a provision of law or administrative rule requires a signature, certification, stamp, verification, affidavit, or endorsement by a physician, the requirement may be fulfilled by an advanced practice registered nurse practicing within the scope of the advance practice registered nurse's certification.; provided, however, that nothing in this section shall be construed to expand the scope of practice of nurse practitioners.

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This SB 94 passed in 2017 which has helped immensely however, some of the paperwork, rules, policy, and procedures still reflect that a signature is needed by a physician or MD. Removing and updating these bureaucratic issues and paperwork adds consistency, streamlines healthcare (preventing delays and added costs) and would improve access, timely reimbursement, and patient ease to choose and continue with their own qualified provider.

To overcome this bureaucratic problem both in statute, ARM, and practice, many thoughtful APRNs have printed MCA 37-8-410 and attached it to the form or document after that has been rejected and resubmitting, however, this seems unnecessary. The MCA leaves out APRNs in many statutes so MNA is considering a cleanup bill that would add APRNs in all statutes that match their full practice authority. But, perhaps realistically, putting the MCA changes aside, we believe that much of these burdensome issues can easily be cleared up with an internal review at DPHHS, rule change, or through administrative review ultimately improving continuity and access and simply adding or changing "physician signature" to "healthcare provider" signature.

Sincerely,

Vicky Byrd, MSN, RN
CEO, MNA
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