



January 27, 2021

Dear Sponsor Regier and House Judiciary Committee:

My name is Vicky Byrd, MSN, RN. I am a Montana Registered Nurse of 32 years and the CEO of the Montana Nurses Association (MNA). MNA is the recognized leader and advocate for the professional nurse in Montana. MNA promotes professional development, nursing practice, standards, and education; represents professional nurses; and provides nursing leadership in promoting high quality healthcare, safety, and overall public health.

MNA opposes House Bill 236 for the following reasons:

Local boards of health are selected by locally elected leaders, to make decisions to improve and meet our communities' specific health priorities, Montana Code Annotated 50-2-104. Local health boards have the health expertise to make decisions for the community.

HB 236 significantly attacks and undermines the local public health system across Montana. HB 236 replaces the authority of the public health officials, who make evidence-based decisions based on their education, experience, and licensure, and this bill would turn public health decision over to a board of county commissioners who typically do not have health expertise.

This bill asks them to practice healthcare without a license. It is unlawful to practice nursing or medicine in the state of Montana without licensure. To allow a counter to evidence-based public health, medical, epidemiological, or nursing practice to a potential non-licensed public health decision maker, would carry not only significant liability, it is a risk to Montana citizens and their communities.

Also, as elected officials, their decisions will necessarily be made through a political lens. This will place our communities in harm's way by not addressing the public health needs as they lack the evidenced-based decisions made by public healthcare experts. HB 236 appears intended to put business profits before patients and communities. It goes against public health expertise that holds up our community health systems. The overreaction expressed in this bill to the decisions of the public health officers and experts, in relation to Covid, can have dire consequences to our communities' public health in the future.

Another concern is HB 236 attempts to redefine Isolation and Quarantine. These are terms used and defined nationally and worldwide and used in all healthcare settings, whether that is about a patient, family, group, community, or a specific population. These terms are used in long-term care settings, community settings, or hospital setting for specific communicable diseases (which all have different incubation periods) to monitor and control outbreaks, to save lives and improve public health. For example, isolation and quarantine (which are NOT synonymous) are evidence-based public health strategies. I have provided a graph (below) with HB 236 definitions



compared to the Centers for Disease Control (CDC) definitions provided and cited as it appears the Covid pandemic seems to be the driving factor behind this bill.

MNA and all licensed healthcare practitioners practice evidence based healthcare. This bill is attempting to change these long understood best practice and evidence-based data definitions, without a reliable source to cite or the credentials to do so, making it appear that this bill is again putting business profits before patients and our communities.

We all need to take a breath...Montana is still in the midst of a global pandemic. Public health practitioners care for our communities and this profession came about during times of diseases infecting our public places, such as the plague (spread by rats). Public health keeps us safe from these and other diseases so they don't spread in public places. This pandemic appears to be the driving force, not only behind this bill, but two others previously heard, attacking our public health. Have there been concerns in the past? Not that we have been aware of. Has there been similar legislation brought forward in regards to public health diseases in the past that strips those public health experts of their recommendations? Not that we have been aware of.

Why during a global pandemic would we change Montana's public health laws that have worked well since they were instituted? Determine if there is need or concerns for any changes after the COVID dust settles. If these needs or concerns still exist, consider the 2023 session to address any issues that appear to remain.

Let the public health experts make the public health decisions, they are the experts, just as you allow your primary or specialty care provider (who is the expert) make health decisions in your best interest. **NOW IS NOT THE TIME TO MAKE THESE CHANGES.**

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Graph providing definition comparisons of the proposed bill to what exists with the CDC

Proposed Bill	CDC Definition	Source
<p>"Isolation" means the physical separation and confinement of an individual or groups of individuals who are confirmed to be infected or reasonably believed to be infected with a communicable disease or possibly communicable disease from nonisolated individuals to prevent or limit the transmission of the communicable disease to nonisolated individuals.</p>	<p>Isolation is used to separate people infected with COVID-19 from those who are not infected.</p> <p>People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should separate from others, stay in a specific "sick room" or area, and use a separate bathroom (if available).W</p> <p>Who needs to isolate?</p> <p>People who have COVID-19</p> <ul style="list-style-type: none"> • People who have symptoms of COVID-19 and are able to recover at home • People who don't have symptoms but have tested positive for COVID-19 	<p>https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html</p>
<p>"Quarantine" means the physical separation and confinement of an individual or groups of individuals who are or may have been exposed to confirmed to have a communicable disease or possibly communicable disease and who do not show signs or symptoms of a communicable disease from nonquarantined individuals to prevent or limit the transmission of the communicable disease to nonquarantined individuals.</p>	<p>Local public health authorities determine and establish the quarantine options for their jurisdictions.</p> <p>Quarantine is used to keep someone <i>who might have been exposed to COVID-19</i> away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.</p>	<p>https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html</p>



Who needs to quarantine?

People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months.

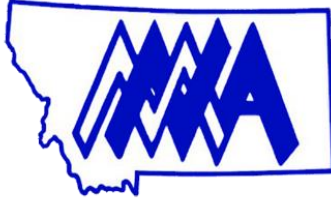
People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. Options they will consider include stopping quarantine

- After day 10 without testing
- After day 7 after receiving a negative test result (test must occur on day 5 or later)

After stopping quarantine, you should

- Watch for symptoms until 14 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.



- Wear a mask, stay at least 6 feet from others, wash your hands, avoid crowds, and take other steps to [prevent the spread of COVID-19](#).

CDC continues to endorse quarantine for 14 days and recognizes that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. CDC will continue to evaluate new information and update recommendations as needed.