



April 26, 2021

Lieutenant Governor Kristen Juras  
1301 E. 6<sup>th</sup> Avenue  
Helena, MT 59601

Dear Lieutenant Governor:

Montana Nurses Association (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 and specialty care roles provided in our rural communities.

MNA is grateful to Representative Caferro for carrying House Bill 495, and her bill has passed both houses and is moving to Governor Gianforte's desk for his signature. House Bill 495 creates a multidisciplinary healthcare task force to address the many discrepancies and inconsistencies in Montana statute, on DPHHS forms and documents, health insurance, and other documents that require a healthcare provider signature. Many APRNs are forced to have to print off SB 94 "Signature Authority for Advanced Practice Registered Nurses" (that was passed and signed into law last session) when a form or document gets denied or returned (due to outdated signature line etc.) and then, attach the law to the returned or denied document, returning it for further review and approval. This adds to cost, access issues, delays in reimbursements and care, and further inconsistencies, moreover, there is frustration for these practitioners and the patients they serve as many Montana citizens rely on them for primary and specialty care in our rural areas and across the state. These healthcare practitioners have had full practice authority now for over 45 years.

Our MNA attorney identified many statutes that needed review. Further, the legislative bill drafter identified over 277 statues that need clear consistent definitions of healthcare provider and healthcare terms. APRN full practice authority updates, per the Board of Nursing, reported that some statutes were last changed in 1995, then some in 2005, however, the statutes have not been clarified/updated since, driving and supporting this need to update statues and documents to reflect current practice and for consistent definitions throughout to eliminate confusion.



Representative Caferro asked that I send what MNA has initially identified within statutes (attached). Please note the list provided is not exhaustive. These statutes mention Physician and Physician Assistant, and APRNs are excluded although an APRN has full practice authority. The initial bill had some of the most egregious examples but was amended out since it was believed the professionals were better to do this review and make suggestions.

Of course, outdated, inaccurate, or inconsistent statutes impact policy, inconsistent practice, billing, and continuity of care. We are optimistic that this “Good Government” process will contribute to high quality health provisions in Montana.

I look forward to MNA contributing to this process over the legislative interim and offering a solid legislative package that will impact the provision of health care in Montana now and in the future.

I had an early conversation (January 15<sup>th</sup>) with Charlie Brenton, Health Policy Advisor about some of these MNA concerns. The letter (attached) may be helpful as you all outline the interim process. We look forward to hearing from you.

Respectfully,

Vicky Byrd, MSN, RN  
[vicky@mtnurses.org](mailto:vicky@mtnurses.org)  
406-459-2915