



Executive Director. She joined the board in June of 2013 as APRN Education and Practice Consultant

Optometry. And so, to counter my bill, they ran ads against me, saying that Senator Cathy Giessel wants your children to be blind.

They ran these ads on radio, TV, movie theatres before the movies, in newspaper ads. So that was probably my biggest, most dramatic example of misinformation.

- So did you want them to be blind?

- Okay, Heather, let's go back to you. So, Heather, your situation involved getting a bill killed, not getting a bill passed. So would you go into a little bit more depth about the background of the NLC in Montana because there is a kind of a long history there?

And then what led up to the bill being filed, the most recent bill to repeal the NLC?

- So in 2015, the Montana Board of Nursing and myself brought forward the Nurse Licensure Compact

Compact, and they were very, very vocal about that. We did meet with them, Montana Hospital Association, now I'm on the Vice President there, and we talked about the legislation that we were going to move forward, how we wanted to support one another, and the different legislative bills that we were going to bring forward.

We didn't talk about the NLC. It was kind of out there. But in listening to the conversations and being involved in that, I had a pretty good idea that that was going to be coming, even though they didn't tell us. So what I did as soon as I got back to the office is I sent an email out to our members. So, you know, in Montana, we're not as big as the rest of you who have a very large state.

We don't have a lot of hospitals and whatnot, but we represent, Montana Hospital Association represents 63 hospitals. Forty-eight of those are critical access, and then we have five PPS hospitals...I'm sorry, 12 PPS hospitals, and then five governmental hospitals. We also represent long term care, hospice home health, and assisted living. So I have a pretty large membership.

So I sent an email out with a survey, and it was geared around around the Nurse Licensure Compact. And I asked questions, very specific questions, and they might have been even more focused about what I knew that the argument was going to be. And I asked those questions. So I gathered all that information, and I wanted that in my back pocket. So if I were to move forward legislatively and had to go and oppose the bill, I had that information from our membership regarding how it was working for them, as well as how well it was working for their nurses.

So that was one of my strategies in regards to working with and opposing that bill. Do you want me to keep going or?

- I just have a quick follow up. So just to talk a little bit more about misinformation then, so how did you...so I see the strategy of sending out a survey so that you can be armed with the data. How did you address it with the legislators or just messaging wise? How did you directly kind of impact that misinformation?

- So one of the other strategies, and I think this will talk to that misinformation, was the Montana Board of Nursing this year, they had a meeting right before the hearing. The hearing was in March. And they were told they were not allowed to go, and they were not allowed to testify.

The Montana Board of Nursing was not allowed to testify, and I knew that. And I go to the Montana Board of Nursing meetings anyway. That's part of my role. But I went there that day with a very, again, very pointed idea what I wanted to do. It was on the agenda that day. So I listened to the conversation, and I took copious amounts of notes during that conversation. And the conversation was extremely positive about the Nurse Licensure Compact that talked about how they felt it was safe for our patients in Montana.

They weren't concerned about, you know, how the process that there was. There hadn't been any increase in complaints to the screening panel in the Montana Board of Nursing, so there was a lot of conversation about it. And then they actually voted as a board unanimously that they were not supporting the repeal of the Nurse Licensure Compact.

So, again, I took copious notes. And when I went before the committee and testified, I brought that information forward to them. So the Montana Board of Nursing wasn't able to testify, but I was there telling them what the Montana Board of Nursing said about the Nurse Licensure Compact. So that misinformation or I guess it was misinformation, but it wasn't, they weren't allowed to speak.

I kind of spoke for them in a sense in regards to give me that information. Now, as far as misinformation from the Montana Nurses Association that they brought forward, I had a pretty good idea what they were going to bring forward. Honestly, it wasn't anything new that they had done in the past. Some of their talking points was about state sovereignty. That was something they started back in 2015, saying that they were concerned that the scope of practice in the state of Montana wasn't going to be followed.

And we all know that that's not true. When enhanced Nurse Licensure Compact goes into another state, they need to follow the scope of practice and the rules in that state. They were also questioning the safety of their nurses and whatnot. You know, are they safe coming from other states? So I spoke about that.

They also spoke throughout their that the educational requirements were different in every state, and they were concerned about that. Really, were these nurses competent to be able to perform in the state of Montana? And then, the last thing, this was new, this was new for this year. They talked about how they didn't know who was practicing in the state of Montana, and they were concerned about that, not knowing who was coming into the state.

So for each one of those, I had a speaking point about that when I went before the panel. And then lastly, I handed out information at the end of my hearing and my testimony to provide to them because they don't typically vote on that day in regards to a bill. They're going to wait to do that. So I wanted to give them information so they could look back at it regarding the Nurse Licensure Compact so when they did vote, whatever it was going to be, the next day or the next week, they would be able to go back and read that information.

- Thank you. Great. Thank you, Heather. Pam, you alluded to a major misinformation campaign that happened in Kentucky this last legislative session. And I witnessed part of it, and it definitely was major. Can you give us a little bit of background on what the misinformation was, who were the actors involved in speaking about this misinformation?

- Okay. Let me give you just a little bit of history that I didn't elaborate on. So I mentioned that prescriptive authority has been in place for controlled substances since 2006. And that's what this issue was about, was allowing more opportunity for prescribing controlled substances.

In Kentucky, nurses prescribe, APRNs prescribe with a collaborative agreement. And so the issue on the bill that was before the legislature was to allow, after four years of practice, that that collaborative agreement for controlled substances would be given up as it had previously been legislated in 2014 for the nonscheduled.

And so it was the same model. Four years of experience, and then let us prescribe, even within the limits that are legislated. This bill came up. And, of course, if you read the stories, you know that Kentucky is



So that was another point to consider. So I wrote a memo and then just light out, "This is what the board does. This is what it takes for APRNs to have prescriptive authority." I went through the regulations and identified 15 additional steps. You know, you have to have your DEA.

You have to do this, you have to do that to make them aware. And I posed each of these paragraphs with the question, "And how do we discipline?" So that piece was addressed there so that they were well aware of how we conducted discipline.

- Pam, you mentioned that the Board of Nursing doesn't have a lobbyist or legislative liaison, and I think that it depends for the board. But there's many boards that are in that similar circumstance. As a regulator, was that a challenge to combating the information or were there any additional challenges in that you are a regulator, you know, not a lobbyist, and that there may be some restrictions as to what you can say and do?

- Well, I think that if we filter everything that we want to communicate, that we are educating the public, and particularly educating the legislators. And I didn't frame it, I didn't pose it as if I was trying to lobby the issue. I was trying to put the facts out. Because, again, people were...we hear it today, a lot of offhand comments that get carried on and passed on.

And so it was a means to counter that. And when you have a key leader with a large voice, who, you know, is in the public eye and is casting aspersions, if you will, without using the facts or using them inappropriately. Another thing that...

Kentucky led the way several years ago with the prescription drug monitoring program database. And while there are concerns about its accuracy, and the purpose, and things like that, in 2012, because of this opioid issue, the legislature did impose even more strict laws about monitoring patients and things like that.

So



don't want to hear them because they're hard things. And one of the things he keeps reminding me is, "If you're explaining, you're losing."



you to come, and I need you to talk about the Nurse Licensure Compact. I need you to tell your story in regards to how this is helping your institution, how it's helping the patients in Montana."

And they came forward. I had several people all over the state that drove hours and hours to come to Helena, and they told their story. And I think that made a huge impact to the legislators because it was real life, it was boots, you know, on the ground in regards to how this was impacting patient care. And I think when we get down to it at the end of the day, we have to remind the legislators, especially when it comes to health care policies and whatnot, who is this about?

It's about the patient. And I kept reminding the legislators, this is about the patient, and this is about access to care. It's not about all the other stuff that you're hearing today. So I think always bringing that back to center in regards to what the important thing is is very important too because we get really caught up in all the other stuff and misinformation that is brought out there. And then I think it's really important to know your legislators, know who the leaders are in the legislator and go and talk to them.

Know the committee that you're going to go before to testify. They all have their personalities on those committees, and that committee has their own personality too. It's important to know who you're speaking to, how they want the information, how they want you to testify, and what their history has been in regards to how they voted.

I think that's also very important. And like I said earlier at the end of your question, I did hand out information. It was bulleted. It wasn't paragraphs because, again, like Cathy said, they get bombarded by so much information. It's really important to give them information that's very easy for them to read and follow. They're not going to read a dissertation. I can promise you that.

So bulleted information was very important.

- Cathy, in our current client political climate, there seems to be sometimes a war over facts. We touched on this a little bit with Pam's story as well. Do you find it difficult to be a politician in the current environment where, not only do we have, you know, kind of the fake news rhetoric, but also just nonstop media?

With Twitter, with cable TV, does that pose some new challenges for legislators? And, how can our members address that and make it easier for you?

- That is a really important question. So, first of all, I'll add a caveat to my lobbyist's comments for Heather's benefits, you know. There are lobbyists that I trust. And again, this develops over time with relationships and them proving themselves to be honest brokers.

I have several people that I actually turn to verify information. So not all lobbyists are crooks. Big Pharma, yeah, they fall into that category. But fake news, it is part of our job as legislators to hear both sides of an issue and to sort it out.

Now, each legislator, as you've heard Heather and Pamela refer to, legislators come from a variety of backgrounds. Most legislators are citizens, right? Most legislators are citizen legislators. And so, in a



facts. They knew that just saying, "But the board does better than that. They just don't talk about what they do."

So it made it through House committee, and through a vote, and to the Senate, and it did get a hearing in the Senate. And, you know, it didn't get passed this time, and I'm not sure exactly. I think the efforts are continuing into the next legislative session. But I would say that the Board of Nursing will be much more proactive in following up and having those relationships and providing education to the legislators instead of just waiting to be summoned.

And I will tell you, I don't think I finished the story a while ago, about a year and a half ago, when several boards were summoned to talk about the opioid crisis. And suddenly, the Board of Nursing was, like, on the hot seat. We didn't even know what was happening, and that was a different group of people, but I happened to be there.

And in this small meeting afterwards, these legislators said, "We've got to know that you all are disciplined. We want some hands chopped off." Whoa, I mean, you know, that's like Old Testament stuff right there. So, you know, they wanted something visible that they could...I think they value, the legislators value what APRNs bring in prescriptive authority, etc.

But they hear so much about, "It's easy to throw a doctor under the bus," you know. Well, yeah, there's some bad actors out there. It's hard to throw APRNs because, you know, we're nurses, and we're regulating that kind of thing. But, you know, there are APRNs who were made examples of, and that's exactly another phrase. They wanted to know that, "Nancy nurse, APRN. License suspended for five years."

They want to see that as a headline. So I'm not sure if that really answered your question, but, I think, I've been reflecting back on this and where we're going to hit now.

- We have about a little over 10 minutes left, so we certainly can keep asking questions. But we also want to open it up to the audience to ask any specific questions that they may have. -

[Woman] I'd like to ask Senator Giessel to finish your story about your blindness campaign. So how did you combat that from the legislator's perspective?

- You know, sometimes that fake information is better ignored because it's so dramatically faults that it's not even worth addressing. And so I did.

I just ignored it. Now, that particular bill had been offered in the legislature for eight years prior to those kinds of ads coming out against me. And so, the next year, a House member and I joined together, and she carried in the House, and I carried in the Senate. So there were two identical, simultaneous bills.

That's another tip, by the way. Instead of relying on just one body, have companion bills so that one could move faster than the other. And that's actually what happened in the next year. The House member was of a different political party, and so now I had bipartisan support.



in that area and said, "Will you please go and talk to that sponsor and make sure that they're informed in regards to the information that they've been receiving and know what's really going on?"

So, yeah, use your associations and use your members throughout the whole state.

- And I would just add, you know, yesterday, our first speaker, and I'm forgetting his name right now, but he autographed the book for us. But I don't know if you heard him, but when he talked about the difference between conflict and combat, you know, conflict is when we disagree about a policy.

Combat is when that disagreement turns into, "Destroy the enemy." And that feels like where our political scene is going these days. And so I have, and I would encourage you to talk to your own legislators, I've made an effort to dispel that combat concept and look to the other party and the other body for areas that we agree on.

We don't disagree on everything. So finding those common ground, as I said, the woman House member that helped me with the Optometry bill, we are in complete different polls on other subjects. But on this, we care deeply the cost and access to health care. And so we joined forces.

We likely will find very few other things we agree on, but that's okay. We agreed on that, and that's what we amplified. - [Woman 2] I just have a quick question. Heather said in her example, the Montana Nurses Association as an umbrella board was not able to speak to that bill in opposition because we have a Department of Labour and a governor that has to approve our legislative activities.

So some people told me, "Well, you can talk as a citizen. You can go there and testify as a citizen, but I feel, in the honest, any legislator there could Google me and tell that I'm not just a citizen. So can you talk about that, about how those of us that are members of the board, volunteer members, Governor-appointed, how can we, if we want to testify, do that in a way that is honest but also isn't going to cause trouble with the umbrella structure?"

- I know from the Kentucky Board of Nursing that our members are members of the board, have their own legislators, and they will have, and we have encouraged them on, "You're a citizen. You have the right to speak with your legislator."

And several of them said, "I spoke to Senator so-and-so, and I spoke to Representative so-and-so." But they did that because they live in their district. They didn't say, "I'm the President of the Board," but they also didn't go and testify before a committee. That's a staff role in most situations, you know, to have your president with you if that were the case.

And then that would be because you were asked to go, not because you saw the opportunity.

- And I would add that, on some situations, I've actually requested of the committee chair, "Could we ask the Board of Nursing for information on this?" Or, "Could you have the Board of Optometry Chairperson or Exec come and speak to the Committee on this subject?" -

[Phyllis] Phyllis Mitchell from Vermont. Thank you. This is some good information and also those of us that are taking the credit course for leadership and public policy or hearing some information that was in

the readings that we had too about negotiation and false information. So it's really good to see that what we're reading is also happening in the real world from your examples.

We have an organization in Vermont. It's a Chamber of Commerce organization called Vermont Talent Pipeline who is hearing from employers and from four colleges of nursing that they can't find faculty members. And so they met with our office, and then they wanted to present to the board about our rules, that our regulations are too strict.

And they want us to reduce... you know, either continue to waive, and we only have waived a couple of times for BSN versus some MSN or BSN enrolled in a program for clinical faculty.



