

MNA The Pulse



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THE OFFICIAL PUBLICATION OF THE MONTANA NURSES ASSOCIATION
Quarterly publication direct mailed to approximately 18,000 RNs and LPNs in Montana.

Montana Nurses Association



Convention Highlights
2018

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Correspondence for the MONTANA BOARD OF NURSING

LICENSE RENEWAL ALERT: Are you an ODD nurse or an EVEN nurse?

The Montana Department of Labor & Industry and Board of Nursing are excited to announce a new, streamlined process for nursing license renewals for 2018 and 2019. With over 22,000 licensees associated with the Board of Nursing, the licensing renewal process requires significant effort in a short amount of time. We recognize previous renewal experiences may not have always met your expectations.

After listening to feedback and suggestions from licensees and stakeholders, the Department and Board feel this new process will provide licensees an improved renewal experience.

Beginning this year, nurses with licenses in the state of Montana will be split into two groups, designated as "Even Year" and "Odd Year." The Department will randomly assign licensees their new renewal group to better streamline the renewal process evenly between even years and odd years. Once assigned, a licensee will remain in that group. During this reassignment, those RNs with APRN licenses will be placed into the same renewal group.

The "Even Year" group will renew as usual this year between Thursday, November 1, 2018 and Monday, December 31, 2018.

During this renewal window, active RN and LPN licensees can renew for a reduced fee of \$50 instead of \$100. APRNs will receive a similar reduction in fees.

Continuing education requirements remain the same; 24 hours of credit obtained in 2017-2018. This group will continue to renew every two years on the even year schedule with the next renewal fee returning to \$100 in 2020.

The "Odd Year" group will have their license expiration date extended through December 31, 2019, with no renewal fee due in 2018 – so this group will also receive a \$50 value for 2018. **LICENSEES ASSIGNED TO THIS GROUP WILL NOT BE REQUIRED TO RENEW THIS YEAR.**

Next year, this Odd Year group will apply for renewal between November 1, 2019 and December 31, 2019 for the standard fee of \$100. Their continuing education requirement will be 24 hours of credit obtained in 2017-2019.

This group will continue to renew every two years on the odd years from that point forward.

Licensees will receive further communication from the Department of Labor & Industry and Board of Nursing as we near the renewal period identifying which group they are assigned to, as well as, a reminder of how to proceed for their specific group.

One way to help the Department of Labor & Industry make this process smoother is by having updated contact information for licensees. Updating contact information is easy through <https://ebiz.mt.gov/pol/>

Remember, renewals are open Thursday, November 1, 2018 for the "Even Year" group and contact information can be updated at <https://ebiz.mt.gov/pol/>.

If you have questions or need more information about the new nursing licensing renewal process, there are three ways to contact the Board of Nursing:

- Visit the web site at Nurse.mt.gov;
- Call (406) 841-2300; or
- Email at Nurse@mt.gov.

The Department of Labor and & Industry and Board of Nursing are excited to streamline the nurse licensing renewal process and providing an improved customer experience for Montana's nurses.



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Executive Director Report

MNA Highlights

As your executive director, now for over four years, I wanted to take this opportunity and let you know that the Montana Nurses Association has the most phenomenal staff and volunteers. The MNA staff fiercely advocates for quality education and nurses' right to collectively bargain, moreover, they are dedicated, loyal, and genuinely passionate regarding your professional nurses association. Your Board of Directors and council members have been completely immersed and supportive of the professional nurses association. I couldn't be more proud of the staff and volunteers that have made MNA so relevant, and now, the sought after voice of the professional nurse in Montana!



**Vicky Byrd,
BA, RN, OCN**

Looking forward, MNA is planning for growth and a step toward that goal was realized this fall in hiring a lead labor organizer. This organizing position is the first of its kind as MNA has not had, to our knowledge, any organizing department positions within the labor program. We are excited to bring this much needed position to MNA and look forward to reporting on the progress.

As we look toward the 2019 legislative session, learn who your state senator and state representatives are. Talk to them, educate them, and let them know your concerns related to the nursing profession and how that relates to patient care. They are often making decisions that impact our profession and it is up to us to be sure they are making informed ones. Thank those lawmakers who are supportive of our nursing issues and hold the others accountable for their non-support. We are grateful for a contract lobbyist to assist our legislative needs.

MNA will again pursue felony legislation addressing violence against nurses and healthcare workers and are unsure what that will exactly look like. MNA is well aware in order to address violence against healthcare workers there needs to be a cultural, legislative, and educational change. MNA is working with some of our facilities in which we have collective bargaining units to bargain into their contracts safety plans and safety committees that have mandatory nurse involvement. Ultimately, it should be a priority for any employer of nurses and healthcare workers to establish safety protocols. It has been proven, with evidence based research printed by the epidemiologist through the DOL, that Montana nurses are assaulted at a higher rate than the national average. As directed by MNA membership, we shall continue to pursue protections for our nurses and healthcare workers which ultimately affect our patients.

MNA, in advocating for our advanced practice nurses, will explore bringing legislation forward in the 2019 session to address global signature authority for APRNs. This in no way expands their scope of practice, but does allow them to sign the appropriate documents and forms within their scope and reinforce Montana's longstanding support of APRNs practicing to the fullest extent of their education.

MNA continues to monitor the Nurse Licensure Compact (formerly the eNLC-enhanced nurse licensure compact) and the rules that will go into effect January 2019. MNA has long been opposed to the NLC in its current form but the NLC (formerly eNLC) passed legislation in 2017 in Montana and we are a party state in the NLC. We continue to work and collaborate with our Board of Nursing (BON) regarding regulatory issues and concerns.

MNA will explore reporting and tracking for the professional nurses in Montana.

With this all said, I would like to formally welcome Missy Poortenga, RN who is the new Executive Officer of the BON. She is an RN and an MNA member. We are excited to have Missy lead our regulatory board for the nursing profession.

The Pulse

CONTACT MNA

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Office Hours: 7:30 a.m.-4:00 p.m. Monday through Friday

VOICE OF NURSES IN MONTANA

MNA is a non-profit, membership organization that advocates for nurse competency, scope of practice, patient safety, continuing education, and improved healthcare delivery and access. MNA members serve on the following Councils and other committees to achieve our mission:

- Council on Practice & Government Affairs (CPGA)
- Council on Economic & General Welfare (E&GW)
- Council on Continuing Education (CCE)
- Council on Advanced Practice (CAP)

MISSION STATEMENT

The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

PROFESSIONAL DEVELOPMENT

Montana Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Montana Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

MNA

MNA Staff:

Vicky Byrd, BA, RN, OCN, Executive Director
Pam Dickerson, PhD, RN-BC, FAAN, Director of Professional Development
Mary Thomas, BA, RN, RN Professional Development Associate
Caroline Baughman, BS, Professional Development Associate
Robin Haux, BS, Labor Program Director
Amy Hauschild, BSN, RN, Labor Representative
Sandi Luckey, Labor Representative
Leslie Shepherd, BSN, RN, Labor Representative
Jill Hindoien, BS, Chief Financial Officer
Jennifer Hamilton, Administrative Assistant

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Board of Directors CAP	John Honsky, APRN
Board of Directors EGW	Jennifer Tanner, BSN, RN, CCRN

Council on Practice & Government Affairs (CPGA)

Jack Preston, BSN, RN	Karen Fairbrother, BSN, RN, DNC, CDE
Abbie Colussi, RN	Anna Ammons, BSN, RN, PCCN
Anita Doherty, RN	

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Gwyn Palchak, BSN, RN-BC, ACM	Sarah Leland, BSN, RN, CMS
Emily Michalski-Weber, MSN, RN-BC	Abbie Colussi, RN
Megan Hamilton, MSN, RN, CFRN, NR-P	Janet Smith, MN, MSHS, RN
Cheryl Richards, MS, BSN, RN-BC	

Council on Advanced Practice (CAP)

Chairperson Elect-CAP	Deborah Kern, MSN, FNP
Secretary-CAP	Nanci Taylor, APRN
Member at Large-CAP	Barbara Schaff, FNP-BC
Member at Large-CAP	Keven Comer, MN, FNP-BC

Council on Economic & General Welfare (EGW)

Delayne Stahl, RN, OCN	Krystal Frydenlund, RN, CCRN
Rachel Huleatt, BSN, RN	Lisa Ross, RN, CCRN

Questions about your nursing license?
Contact Montana Board of Nursing at: www.nurse.mt.gov

**If you wish to no longer receive
The Pulse please contact Monique:
mheddens@aldpub.com**

**If your address has changed please
contact Montana Board of Nursing at:
www.nurse.mt.gov**

PULSE SUBMISSIONS

We are gathering articles that are relevant and appealing to YOU as a nurse. What is happening in your world today? Is there information we can provide that would be helpful to you? *The Pulse* is YOUR publication, and we want to present you with content that pertains to your interests.

**Please submit your ideas and
suggestions to Jennifer.**

Jennifer@mtnurses.org



Enjoy a user friendly layout and access to more information, including membership material, labor resources, Independent Study Library, a new Career Center for Job Seekers & Employers, and more downloadable information.

**Please visit
MNA's constantly updated website!**

www.mtnurses.org

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WRITER'S GUIDELINES:

MNA welcomes the submission of articles and editorials related to nursing or about Montana nurses for publication in *The PULSE*. Please limit word size between 500-1000 words and provide resources and references. MNA has the Right to accept, edit or reject proposed material. Please send articles to: jennifer@mtnurses.org

2018 Convention Highlights

Thank you..

..to all of our members, attendees, delegates, presenters, sponsors, exhibitors and staff for making this year's Convention Great!



Jennifer Miller, RN
District 8 President

The Montana Nurses Association 106th annual convention in Helena was amazing this year! The vendors were as diverse as the speakers and the topics. One of the things that I enjoy the most about going to the convention is being able to sit and network with nurses from all over the state. Due to the size of Montana I think too often we get in the mindset of feeling detached and isolated in our concerns. By networking at the convention I realize that I am truly blessed. There are a variety of nurses, from all walks of nursing that are uplifting and encouraging. Great food, support, education, confidence and conviction to continue to make a difference. That's what I left with from the MNA convention this year!!



Public health saved your life today, you just didn't know it.

— Leana Wen

106th Annual MNA Convention

October 3rd - 5th 2018



Convention Highlights continued on page 4

2018 Annual Silent Auction

at MNA Convention!!

We had a very successful silent auction this year that raised over \$2,500 for our MNAF. Special thank you to everyone who donated baskets and made this event a success. We had 29 baskets ranging from fly poles to the ever so popular liquor, spa, hotel and sports baskets! If anyone would like to donate to our MNAF, please contact the MNA office at 442-6710 or email Jill@mtnurses.org.

MNAF-MISSION

The Montana Nurses Association Foundation (MNAF) is the charitable and philanthropic branch of the Montana Nurses Association (MNA), with a mission to preserve the history of nursing in Montana and contribute, support and empower the professional nurse in Montana.

Purposes: from our articles of incorporation

- Charitable
- Educational
- Grants to licensed registered nurses
- Awards scholarships
- Provide continuing education grants
- Historical record preservation
- Stimulate and promote the professional development of nurses

Areas of Interest

- Elevating the image of nursing
- Improving health
- Strengthening leadership
- Generating new knowledge and policy
- Fostering philanthropy



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REPORT ON MNA LEGISLATIVE PANEL

We have seen and experienced how central lawmaking can affect nurses and patients. Laws impacting our practice and profession range from the nurse practice act, to staffing legislation, access to affordable healthcare, felony assault of a nurse or healthcare worker, licensing regulation, funding for hospitals and nurses, the nurse licensure compact, and so much more. Nurses vote and our vote matters. We are each tasked with the civic duty to cast our ballot and it's important for our profession that we do so with an educated decision.

Political party isn't relevant. Purpose is.

On October 5, 2018 at the MNA Convention, we asked the questions nurses want to ask. Our goal is to help you become more informed when going to the ballot box. We all took notes during the panel presentation and will be prepared for our upcoming Legislative Day on January 31st, 2019. MNA will host this event at the capitol rotunda with our newly elected officials who will be hard at work and *ready to hear from the nurses*.

We invited EVERY candidate, regardless of Party, in EVERY legislative race for the U.S. House and Senate and the Montana Legislature. If you don't see the candidates listed here, then we did not receive a response to our invitation. This is important. We want our lawmakers engaged with MNA, as the collective voice for nurses across the state.

To the candidates that joined us in person, we thank you for your participation. Nurses are public servants too. We know it can be a tireless and thankless job. Thank you for joining us to talk to the nurses from across the state of Montana about nursing and healthcare issues important to them.

U.S. Legislative Panel for Lawmakers working at the National Level

U.S. House of Representatives

Greg Gianforte (incumbent)

no response to MNA invitation,
did not participate in panel questions

Kathleen Williams (candidate)

attended in person and was provided
the opportunity to personally address
the nurses in attendance

U.S. Senate

Jon Tester (incumbent)

sent a prepared statement to address the
nurses (read by MNA Local #5-member,
Bobbie Cross, RN, CPGA Representative
to the MNA Board of Directors)

Matt eRosndale (candidate)

no response to MNA invitation,
did not participate in panel questions

Steve Daines (incumbent not up for re-election this cycle)
sent a staff representative to read
his prepared statement to the nurses

The comments made by these candidates do not necessarily reflect the values or opinions of the MNA. We are simply providing the comments made by each candidate to our members in the words those candidates used. We have attempted to provide footnotes when applicable for factual information related to some comments that relate to issues important to nurses.

Summary of the Questions & Answers with Kathleen Williams

Q1. Access to affordable healthcare for all, while maintaining essential health benefits and coverage for preexisting condition, remains a priority for MT nurses. The nurses support the ACA and understand it is not perfect; but we want to keep what is working and fix what doesn't. What do you envision your role to be as you advocate at the national level for healthcare access and affordability?

Answer: *During campaign became aware healthcare is number 1 concern of MT citizens, need to stabilize market, fund CHIP, allow Medicare to bargain for drug prices, allow those 55+ years of age to buy into Medicare...I am personally, professionally, and policy-minded in support of healthcare.*

Q2. As gun violence is a growing public health issue affecting the safety of our families and communities, what is your perspective on improving ways to promote public health through reducing gun violence?

Answer: *During the primary many stated thoughts and prayers and to me that doesn't show respect needed for the victims and their families, so I said more. I am a gun owner and not afraid to talk about how to keep our kids safe in school. I support the 2nd amendment but we should not be afraid to discuss more deeply how to keep our kids safe. Need to talk about mental health and behavioral health services. Need to have the hard conversations surrounding this issue.*

Q3. Recent federal decisions have stripped away collective bargaining rights to weaken the collective voice of workers, professional nurses included. How will you ensure the collective bargaining rights for registered nurses to form and join a professional nurses union, which allow them to advocate for their nursing practice and safe patient care, are not further weakened?

Answer: *I support collective bargaining. Unions have an opportunity to really showcase their role in achieving a livable wage and jobs with benefits, ensuring families can support their children and communities. I would be open to suggestions from nurses to learn more about how to support these rights.*

Kathleen Williams



Q4. How do you plan to support actions to address the opioid and behavioral health crisis? Do you support focused programs with federal funding to address the opioid crises and the lack of behavioral/mental health programs?

Answer: *Meth is such a big issue and alcohol is a big issue. Cycle of poverty or of disengagement and abandonment all contribute. I am a great supporter of treatment courts. Budget cuts have impacted case workers but we want to help them solve the problem. We need to elect the right people at the state level too.*

Montana Legislative Panel for Lawmakers working at the State Level

State Legislative Panel

(HD = House District, SD= Senate District)

There are 100 members of the Montana House of Representatives and 50 Montana Senators that make up both chambers of the Montana State Legislature. They are citizen lawmakers. We invited every lawmaker, incumbent, and candidate to attend and participate in our legislative program. Below is a list of those who attended our live panel and additionally, those who responded to MNA's invitation. If your state senator or representative is **not** listed, we did not receive a response to our invitation.

MNA legislative panel consisted of 8 attendees:

- Janet Ellis**
current Representative HD 81,
Candidate for SD 41
- Jill Cohenour**
Incumbent Senator SD 42
- Albert Olszewski**
Incumbent Senator SD 6
- Leesha Ford RN**
Candidate HD 32
- Mary Ann Dunwell**
Incumbent Representative HD 84
- Terry Gauthier**
Incumbent Senator SD 40
- James H. Cossitt**
Candidate for SD 7
- Bob Leach**
Candidate for SD 42

MNA Legislative Panel



There were 4 additional participants who had confirmed to attend the panel (a couple with initial thoughts), however they did not show and did not participate:

1. **Frank Smith (Incumbent HD 16)** doesn't know why they couldn't get our (felony) bill through last time
2. **Mary M. Caferro (current Senator SD 40, Candidate for HD 81)**
3. **Marilyn Ryan (Incumbent HD 99)**
4. **Jennifer Merecki (Candidate for SD 22)** hoping to work close with MNA

There were 19 others who responded stating they were unable to attend and thanked us for the invitation and offered their personal comments below:

1. **Anne Giuliani (Candidate HD 46)** physician in Billings, needs support for her campaign
2. **Bob Moretti (Candidate SD 13)** will be out of state
3. **Denise Johnson (Candidate HD 48)**
4. **Edie McClafferty (Incumbent HD 73)** teaching during this event, extends her services anyway she can help
5. **Geraldine Custer (Incumbent HD 39)** interested in our legislative priorities
6. **Kathryn G.H. Nicholes (Candidate HD 30)** interested in us, will keep our information
7. **Kathy Kelker (Incumbent HD 47)** keep her in the loop on nurses legislative priorities
8. **Kristine Menicucci (Candidate HD 67)** can't make it during that time
9. **Laura Garber (Candidate SD 43)** wants to learn more about MNA
10. **Mary Zeiss Stange (Candidate SD 19)** has scheduling conflict
11. **Michael White (Candidate 71)** looks forward to interacting with us in the future
12. **Moffie Funk (Incumbent HD 82)** supports nurses and their issues
13. **Rachel Stansberry (Candidate HD 29)** keep her informed, would like to know what we are working on
14. **Terry Moore (Candidate HD 54)** interested in what issues are important to nurses
15. **Tom Richmond (Incumbent SD 28)** out of state, sorry to miss the event
16. **Thomas Winter (Candidate HD 96)** was going to attend the panel, let MNA know he couldn't make it
17. **Wendy McKamey (Incumbent HD 19)** was going to attend the panel, let MNA know he couldn't make it
18. **Fred Anderson (Incumbent HD 20)** was going to attend the panel, let MNA know he couldn't make it
19. **Robert Petersen (Candidate HD 9)** was going to attend the panel, let MNA know he couldn't make it

THREE questions were asked of each State Representative and Senator that attended our program. All were provided 90 seconds to respond to each question and a summary (from notes taken) of their responses below their individual names:

- Q1. Assault.** Over 38 states have passed legislations addressing violence against nurses, healthcare workers, and first responders. Our "Your Nurse Wears Combat Boots" campaign addressed violence against nurses, healthcare workers, and emergency responders in MT to include an evidence based DOL report that concluded that MT nurses and healthcare workers are assaulted at a higher rate than the national average. As we continue to make cultural, educational, and legislative changes, can we count on your support and assistance to pass felony legislation to keep nurses, healthcare workers and emergency responders safer at work? Why or why not?
- Q2. Union rights.** Mary Munger, retired public health RN, 95 years old and STILL a MNA member, championed the 1960's "Blue Eyed Nurse Bill" (after her beautiful blue eyes), that gave MT professional nurses the right to stick together and bargain collectively. Can we count on you vote down any effort to weaken these rights? Why or why not?
- Q3. Healthcare.** As we are celebrating 100 years of public health in MT at this convention, MNA advocates for affordable and accessible healthcare for all. Will you support MT patients in having access to timely, affordable, safe, and appropriate healthcare by supporting or rejecting any legislation that may reduce this access?

Rep. Janet Ellis

I am running for SD 4. Mine is a union family. My husband is MFPE. My background is in biology and I worked for the Audubon Society before running for the legislature. **Q1. Assault** – I was on appropriations for 2 session so I understand the budget process, I don't believe anyone should be assaulted in the workplace, but I'm all ears so please talk to me about this. **Q2. Union rights.** – You can count on me to vote down any effort to take away your rights. Because of [the Supreme Court decision] Janus, I think we need to strengthen your union rights. You can count on me. **Q3. Healthcare.** – I voted for Medicaid expansion. It does need to be reauthorized. I'm hoping it's reauthorized by I-185. I'm nervous about whether it would pass at the legislature if it doesn't pass the ballot initiative. I have a sister with leukemia and she needs treatments. She has a preexisting condition. If she didn't have healthcare it would be a death sentence for her. I will be a strong supporter of healthcare expansion and access.

Sen. Jill Cohenour

I am running for SD 42 and hospital employees are in my district. I am a Chemist. I'm a union president. Speaking science is my forte in the legislature. We as a union family should be standing beside one another. Your issues are my issues. Things that affect families are important including access to healthcare because a healthy workforce is a successful workforce. Not being one illness away from a bankruptcy is important. **Q1. Assault** – we don't make laws for people who behave. We make laws for people who don't behave. People cross lines because they think they can. We need to put this into law. You need to be able to say to someone that its a felony and be able to back it up. The hospitals need to be able to back it up because there's a law. To be able to say if you hurt me it won't work well for you, will help deter assault. **Q2. Union rights.** – My entire working career I owe to my union. I'm in the legislature because of my union. I interviewed candidates and learned that the candidates didn't know more than me so I got involved. I ran and I had the support of my union to do that. I have taken my union voice to the state level and I've taken it to the national level. The work we do is for all workers. Not just a specific group. **Q3. Healthcare.** – I agree with Janet Ellis. The only reason many healthcare facilities are open today is because of Medicaid expansion. All those outlying areas would be coming to large ERs if

we lose Medicaid expansion. You can count on me for everything than can be done. ER uncompensated care caused all of our insurance to go up so this matters to all of us. 100,000 of our friends and neighbors in MT deserve healthcare and that support.

Sen. Albert Olszewski

My mom is nurse, aunts a nurse, son in law a nurse. I'm a Surgeon. I work on child-family services. I have made a difference for mental health. Got seed money to start a psychiatric residency at Billings Clinic. I can help improve the lives especially in rural Montana. **Q1. Assault** – I jumped in between a nurse and mental patient. I've been assaulted three times. But you'll have to show me that the law will actually reduce the violence in healthcare. 70% of all violence is healthcare workers. 50% of those involve alcohol. Only three percent would be in the law; three out of 10 assaults would fall under actual aggravated assault; needs to see how felony is reducing WPV in the 38 states with legislation. **Q2. Union rights.** – I support the right to freely associate and the right to not freely associate. Why can't just two or three of you do it, why does it have to be a majority? **(See Footnote)** **Q3. Healthcare.** – I'll fight for healthcare for everyone in MT. I opposed I-185. We put that sunset on it so we can review it after four years. I'm on healthcare appropriation and policy. We took money out of the fire fund and put it in the general fund to pay for Medicaid, a blank check with a vacuum. Governor took 50 million. We robbed peter to pay Paul. As long as we can afford it, we'll work on it. **(See Footnote)**

***Footnote:

The law recognizes that all employees of an employer in a similar work group – like RNs – are how the group of union employees is defined. This has been the case since the National Labor Relations Act was passed Congress in 1935 and was signed into law by President Roosevelt. (49 Stat. 449) 29 U.S.C. § 151–169--also known as the Wagner Act after New York Senator Robert F. Wagner). MNA aims to leave no nurse behind. The standard that is set for any nurse becomes the standard that is set for all nurses.

The State of Montana's office of Budget and Program Planning concluded that ongoing cost-savings associated with Medicaid Expansion and the premium income generated by the program, along with the additional revenue from I-185, will fully cover the costs of continuing Medicaid Expansion. The Fiscal Note for I-185 demonstrates that in the first partial year upon enactment it will generate approx. \$7M. In the first full year it generates approx. \$29M and in each following year it generates approx. \$22M per year. The tax is expected to reduce tobacco use, fund cessation programs, fund Medicaid expansion and veterans' services including suicide prevention, and provide long term care services for seniors and those with disabilities. MNA supports the passage of I-185. (<https://budget.mt.gov/Portals/29/docs/I-185%20Final%20FN.pdf?ver=2018-10-03-091946-453> for official Fiscal Note) (<https://www.healthymontana.org/> and https://missoulian.com/opinion/columnists/clear-the-smoke-around-ballot-initiative-i/article_c10f59c9-3559-5d51-a1e6-8a16f962140c.html)

Leesha Ford

I am running for HD 2, I am a member of MNA and a nurse and a member of MFPE as a nurse educator.

Cuts in health and human services...short cited... cut in home care... cut mental health... I was mad. It's time for me to get involved, I first tried to bring a union to Benefis and now I want to serve in the legislature. Bring mental healthcare to all Montanans bring healthcare to fire fighters. **Q1. Assault** – yes absolutely I'm in favor of getting that bill through the legislature. We need to come home safe. We should not be hit, bit, grabbed, scratched, and stabbed. We all have stories or close calls and no one has done a whole lot for us. We have three other candidates in GF. They are female candidates and we are all on the same page about this legislation. **Q2. Union rights.** – I will vote down any legislation that takes away your rights. We all know it's not about pay. It's about working conditions and patient safety. We know unions help patient safety. I will support all of our union efforts. **Q3. Healthcare.** – I support Medicaid expansion. We need to fully fund it. We now have 16 centers and that wouldn't be possible without Medicaid

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expansion. Our APRNs need full reimbursement for seeing patients. VA Medicaid and all should be paying at full relief. We have mental health, alcohol, and drug problems. Lets educate the nurses who are already in those areas. We're never going to import psychiatrists. We need to support the nurses so they can provide those services in all rural areas.

Rep. Mary Ann Dunwell

I am running for my third term unopposed. My priorities are mental health and suicide prevention. We worked in a really good bipartisan way to get good bills done but there's much work to do. Medicaid expansion is a priority. Restoring our budget. **Q1. Assault** – We need a multipronged approach. Yes, I support penalties for assailants. But we need to hold employers accountable to keep employees safe. You should be guaranteed a safe and healthy workplace; multipronged approach; need increased staffing also to keep RN safe; safe work environment must be provided. **Q2. Union rights.** – Yes. I will go to the mat to support and protect your rights to join and grow your union. I'm a lifetime union member, my mom was a nurse and wasn't allowed to organize, and my dad was a union miner. I went to stand with the workers at the lock out in Three Forks a couple times. Go unions! **Q3. Healthcare.** – Medicaid expansion is why I decided to get into politics. Healthcare is a human right. Humans should not have to prove themselves to get healthcare. Life is priceless. I'm knocking doors for I-185. I will push the green button for everything that provides access to affordable care and push the red button for anything that chips away at it.

Sen. Terry Gauthier

20-year retired marine. I own McDonalds. My daughter is nurse practitioner. Passed sex trafficking bill last session and want to pass more next session. I work across the aisle. **Q1. Assault** – My daughter was a CNA and a nurse. As a Dad to think that my daughter could be hurt for doing her job it really brings out the marine in me. I don't understand why we don't already have this legislation. **Q2. Union rights** – I work for 741 International Brotherhood of Teamsters, son is IBEW – International Brotherhood of Electrical Workers, and daughter was union. You need to be rewarded. Teachers union needs to be rewarded through collective bargaining. Not every job needs a union but you guys do. **Q3. Healthcare.** – I own McDonald's in Helena. 36% of my staff is on Medicaid expansion. You have to have a decent wage (over \$12 per hour at McDonalds). I love seeing my taxes work for me. Medicaid expansion dollars are right on target. I don't like I-185 for cigarette money alone. We need to take it to the legislature and fund it long term. I will work very hard to keep Medicaid expansion.

James H. Cossitt

HD 7-running against Frank Garner – bankruptcy lawyer for 32 years. When I see healthcare it's usually medical debt bankruptcy. I'm heavily opposed to economic income inequality, I worked for US agency for international development ...made transition from communist society from market economy to democracy. Hold profit makers accountable for not protecting you. **Q1. Assault.** – We don't need another law. You're entitled to equal protection under the law. We can't arrest and incarcerate our way out of this. Education and consistent enforcement and you enforce your boundaries. Say I'm done with this patient. Sue them if they don't prosecute. We don't need more laws on the books; sue your hospital (ER 0 if they don't prosecute. **Q2. Union rights.** – Yes, clearly and unequivocally I support collective bargaining rights. Everyone that isn't on the top 10% has seen income decline. We need incentives for people to work hard and get ahead but living wage is cornerstone. Over the last 30- or 40-years Koch Brothers and others squashed rights, the service economy is not as heavily unionized and it needs to be. **Q3. Healthcare** – It's a human right. I support I-185. Conversation has been about cost. How will we pay for it? Are healthcare markets competitive? It well exceeds the rate of inflation. We have predatory pricing. Not transparent pricing. Need to look at Sherman Act. Anticompetitive behavior gobbling up clinics, need Attorney General who uses Consumer Protection Act.

Bob Leach

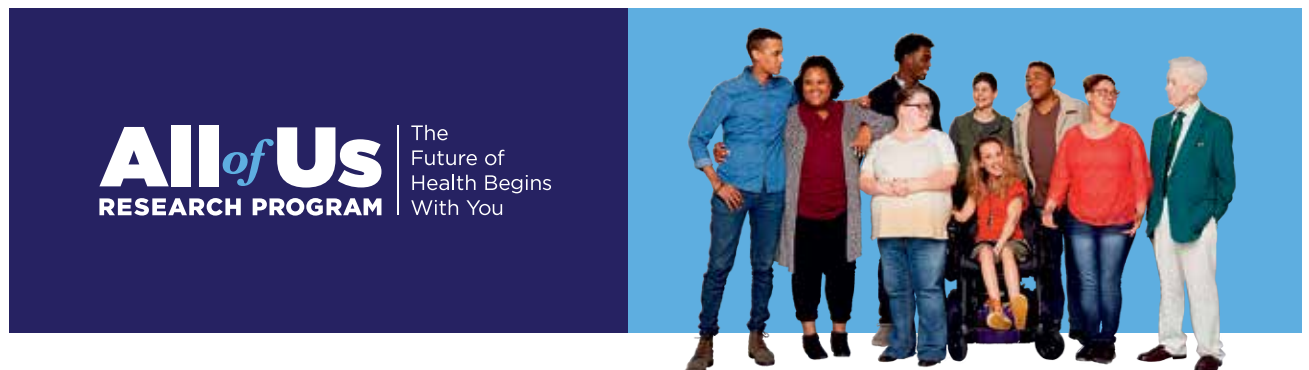
SD 42 – I'm retired. Spent last 30 years at Colonial as maintenance manager under eight managers so I'm flexible and work well with others. My son is disabled vet so I'm aware of problems with VA and other mental health issues. **Q1. Assault** – I worked in ER as security at St. Pete's. I spent most time in ER helping to control drunks and people on drugs and also domestic partners when you try to separate them so the Dr. can do their job. Carried a big flashlight as a persuader. Violence in workplace is common thing. As repairman I've been accosted by housewives. **Q2. Union rights.** – I have tried to join a union many times. Plumbers used to picket us but they wouldn't let us join. **(See Footnote)** Colonial was union and was voted out. Unions are wonderful things as long as they work for employees. I pray your union continues to do that. Law had to do with you making candidate decisions not the union making the choice for you. **(See Footnote)** **Q3. Healthcare.** – I had wonderful insurance. Company paid the whole thing. They paid 3.4 of family insurance. The more the government gets involved in healthcare, pretty soon insurance rates went up so high I had to cover more and more. Under Obamacare I couldn't keep my doctor. St. Peter's Hospital made sure the Great Falls clinic closed up in Helena here so they didn't have any more competition. **(See Footnote)** Healthcare is not a right. It's a responsibility. You don't expect the government to pay the insurance on your car, do you? If you can

read I-185 and understand it vote for it. It's nothing but double talk and you can twist it any way you want.

***Footnote:

- By definition unions are for employees. Supervisors who can hire, fire, evaluate, discipline, etc. cannot be members of the employee union. ((49 Stat. 449) 29 U.S.C. § 151–169--also known as the Wagner Act after New York Senator Robert F. Wagner).
- Unions do not make decisions for members. MNA is a member driven organization where the decisions of the membership drive the work of the staff. See Montana Nurses Association ByLaws originally adopted in 1946 and as amended by the membership October 2018 (www.mtnurses.org)
- "MNA has no knowledge or information substantiating any claims or connection between St. Peter's Hospital and the Great Falls Clinic". – Vicky Byrd, RN– MNA Executive Director

The comments made by these candidates do not necessarily reflect the values or opinions of the MNA. We are simply providing the comments made by each candidate to our members in the words those candidates used. We have attempted to provide footnotes when applicable for factual information related to some comments that relate to issues important to nurses.



We're calling on one million people to lead the way toward better health.

What is precision medicine?

Precision medicine is health care that is based on you as an individual. It takes into account factors like where you live, what you do, and your family health history. The goal is to be able to tell people the best ways to stay healthy. If someone does get sick, precision medicine may help health care teams find the treatment that will work best.

What is the All of Us Research Program?

The All of Us Research Program is a large research program. The goal is to help researchers understand more about why people get sick or stay healthy. People who join will give us information about their health, habits, and what it's like where they live. By looking for patterns, researchers may learn more about what affects people's health.

How do I join the All of Us Research Program?

There are three ways to join:

- Visit the All of Us website JoinAllofUs.org.
- Download the All of Us app.
- If you get health care at one of our affiliated health care provider organizations, you can join there.

Because the All of Us Research Program is research, you will be asked to complete an informed consent process. This process tells more about what is involved, and the risks and benefits of joining.

What will you ask me to do?

If you decide to join All of Us, we will ask you to share different kinds of information. We will ask you basic information like your name and where you live, questions about your health, family, home, and work. If you have an electronic health record, we may ask for access. We might also ask you to give samples, like blood or urine.

How long will the All of Us Research Program last?

All of Us may last for at least 10 years. We hope you will stay involved over time. If you join, you can withdraw at any time for any reason without penalty.

Why should I join the All of Us Research Program?

You will be contributing to research that may improve health for everyone. Here are some examples of what researchers might be able to discover:

- Better tests to see if people are sick or are at risk of getting sick.
- Better mobile apps to encourage healthy habits.
- Better medicine or information about how much of a medicine is right for each person.

What will you do to protect my privacy?

We will take great care to protect your information. Here are a few of the steps we will take:

- Information we have about you will be stored on protected computers. We will limit and keep track of who sees the information.
- We will remove your name and other direct identifiers (like your Social Security number) from your information and replace them with a code.
- Researchers must promise not to try to find out who you are.
- We will tell you if there is a data breach.
- The All of Us Research Program has Certificates of Confidentiality from the U.S. government. This will help us fight legal demands (such as a court order) to give out information that could identify you.

Please visit JoinAllofUs.org for more information.

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Montana Nurses Association 2018 Elected Leaders

Treasurer
Jan 2019 - Dec 2020



Audrey Dee
RN

Director at Large
Jan 2019 - Dec 2020



Anna Svendsen-Ammons
BSN, RN, PCCN

**Rep to the Board
Proj. Develop**
Jan 2019 - Dec 2020



Cheryl Richards
MS, BSN, RN-BC

**Council of Prof.
Development**
Jan 2019 - Dec 2020



Kim Reynen
BSN, RN

**Council of Prof.
Development**
Jan 2019 - Dec 2020



Brenda Donaldson
BA, RN, CAPA

**Council of Prof.
Development**
Jan 2019 - Dec 2020



Emily Michalski-Weber
PMHNP

**Council of Prof.
Development**
Jan 2019 - Dec 2020



Abbie Colussi
BSN, RN

**Council of Prof.
Development**
Jan 2019 - Dec 2020



Deborah Lee
BSN, RN-BC, CCRP

**Council of Practice
& Gov Affair**
Jan 2019 - Dec 2020



Loni Conley
BSN, RN

**Council on Practice
& Gov Affair**
Jan 2019 - Dec 2020



Lisa Ash
RN, CNOR

**Council on Practice
& Gov Affair**
Jan 2019 - Dec 2020



Jennifer Miller
RN

**ANA Membership
Assem Rep 2 Yr**
Jan 2019 - Dec 2020



Jennifer Tanner
BSN, RN, CCRN

**ANA Membership
Assem Rep 2 Yr**
Jan 2019 - Dec 2020



Brandi Breth
BSN, RN-BC

**ANA Membership
Assem Rep 1 Yr**
Jan 2019 - Dec 2019



Gwyn Palchak
BSN, RN-BC, ACM

**Nominations
Committee**
Jan 2019 - Dec 2019



Lela Tillotson
RN

**Nominations
Committee**
Jan 2019 - Dec 2019



Deborah Lee
BSN, RN-BC, CCRP

**Nominations
Committee**
Jan 2019 - Dec 2019



Melissa Anderson
BSN, RN

**Elections
Committee**
Jan 2019 - Dec 2019



Lorie VanDonsel
BSN, RN

**Elections
Committee**
Jan 2019 - Dec 2019



Penny Haughian
RN

**Elections
Committee**
Jan 2019 - Dec 2019



Paula Roman
BSN, RN

**Chairperson Elect
CAP Council**
Jan 2019 - Dec 2021



Keven Comer
MN, FNP-BC

**Rep to Board
CAP Council**
Jan 2019 - Dec 2019



John Honsky
APRN

**Member at Large
CAP Council**
Jan 2019 - Dec 2020



Emily Michalski-Weber
PMHNP

**Rep to Board
E&GW**
Jan 2019 - Dec 2020



Brandi Breth
BSN, RN-BC

Legislative and Government Relations

Laws Matter-Join us for Legislative Day, January 31st, 2019

Did you know as part of their daily practice, APRNs provide comprehensive health care to patients within the scope of their licensure, education, and certification? Outdated MT signature laws may direct that some of the 'paperwork' associated with this care include a physician's signature in order to be recognized, even though the physician did not provide the care to the patient.

Did you know the qualifications and standards that guide the practice of nursing are the result of state law and that can be amended by a Legislature made up of farmers and business owners and retired people that have never worked as a nurse and may have never spoken to one? Did you know sports officials and police dogs have more protection from assault under Montana law than nurses, paramedics, and fire fighters? Did you know some states have laws that mandate minimum staffing levels and/or committees that ensure nurses won't become desperately overwhelmed by understaffing?

Laws matter.

Nurses should always be a part of the discussion when laws are being drafted that are related to nurse regulation, nursing practice and standards, healthcare, and employment conditions and protections. The Montana Nurses Association, as the recognized voice and advocate for the professional nurse in Montana, works to ensure that laws evolve with the practice of nursing and the needs of nurses. Moreover, when it comes to impacting the perception of lawmakers,

nurses are the most trusted profession and no opinion is more valuable than that of a nurse living or working in each lawmakers' district.

On Thursday, January 31st, 2019, we welcome you to attend MNA's biennial Legislative Day! You'll learn how the Montana State Legislature works, how a bill becomes a law, who represents you in the Montana House and Senate, and you'll get the opportunity to have lunch with fellow nurses and your lawmakers from all over the state in the rotunda of our State's Capitol Building. It's possible that it is one of the most attended lunches during the legislative session because so many lawmakers look forward to hearing and learning from Montana's Registered Nurses. If you're looking for a meaningful way to make a difference, please mark your calendars to join us in Helena for a really eye-opening experience!

**Council on Econ
& Gen Welf**
Jan 2019 - Dec 2020



**Adrienne Harrison
RN**

**Council on Econ
& Gen Welf**
Jan 2019 - Dec 2020



**Delayne Stahl
RN-OCN**

**AFL-CIO Conven.
Delegate**
Jan 2019 - Dec 2020



**Melissa Finley
RN-CCRN**

**AFL-CIO Conven.
Delegate**
Jan 2019 - Dec 2020



**Jennifer Miller
RN**

**AFL-CIO Conven.
Delegate**
Jan 2019 - Dec 2020



**Adrienne Harrison
RN**

**AFL-CIO Conven.
Delegate**
Jan 2019 - Dec 2020



**Jessica Sneddon
RN**



**Sandi Luckey
Labor
Representative**



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Please contact Sarah Nordlund, Director of Nursing @ 406-557-2372 or email @ sarah_nordlund@hotmail.com



Labor Reports and News

My first year!

Well folks, I did it! I've successfully made it through my first year as a Labor Representative. How have I faired? To be completely honest, I haven't stopped learning. I came from a union family; Laborers, Teamsters; Ironworkers, but I don't think you can really understand Labor until you are entrenched in it. I never know what is going to happen when I answer a call or open my email. I am very thankful for all the amazing nurses I have been working with and I'm excited for the work we are continuing to do.



Leslie Shepherd, BSN, RN, Labor Representative

I am astounded at how different each bargaining experience can be. Every group of nurses and every administration team is so different, each with a unique working relationship. During my time working at the negotiations table, I have been able to witness the power of nurses' voices. When nurses speak to their administrative team about their issues, the impact it has is impressive. I can speak until I'm blue in the face, but when the nurses speak, administration really listens and that is when change happens.

I have also discovered that just because a collective bargaining agreement exists, doesn't mean an employer is going to work within its guidelines. It is up to the nurses to know and understand their contracts and to bring any violations of the contract forward. As a labor rep, I have no idea how any nurse's day-to-day work experience is until they tell me. I am a fierce advocate for nurses and to ensure a contract is enforced, which is why communication between nurses, their Local leaders, and their Labor Representative is so important.

When nurses stand together, they can be a powerhouse for transformation. It is so inspiring to see nurses uniting for improvement in working conditions and patient care. As nurses we are all advocates for our patients and I count myself lucky to be a small part of the process that helps nurses gain their voice and advocate for positive change. Thank you all for what you do every day and for standing together to be powerful advocates!

MARK YOUR CALENDARS TODAY! MNA Annual Labor Retreat April 7th, 8th & 9th, 2019

The MNA Labor Retreat is an event no local unit nurse should miss! Held at Chico Hot Springs, the relaxed casual-chic atmosphere creates a wonderful backdrop for your labor training. Bargaining unit nurses from all over the state meet and network, collaborate and learn right alongside nurses just like themselves. The local units are able to assist with costs, please mark your calendars today! See you in Chico where the "wada is hot," so the local's say!



Amy Hauschild, BSN, RN, Labor Representative

Collective Bargaining Nurses Unite for Better Staffing

Each year at the annual MNA Convention, your Collective Bargaining Assembly (CBA) delegates come together to discuss union matters, share stories, and perform business of our union nurses. At the 2018 CBA, an idea (and draft resolution) on creating a special staffing taskforce was presented to the delegates. Staffing Taskforce Resolution was reviewed, a motion was made and passed, to move the Taskforce Resolution to the entire House of Delegates. It was then voted on and passed by our nurse delegates!



Robin Haux, BS Labor Program Director

Earlier this year, at the 2018 American Federation of Teachers (AFT) Biannual Convention, our elected nurse delegates participated in numerous sessions that allowed for networking and discussions with

other RNs across the country. As staffing is, and continues to be, one of the top issues acute care nurses are facing, we found it interesting with so many states passing staffing laws, why are acute care nurses still facing staffing problems? It was more interesting to hear from a few of our sister states who have current staffing legislations, they wondered the same question!

As MNA is both affiliated with the National Federation of Nurses (NFN) Coalition (which includes MNA, Ohio Nurses Association, Washington State Nurses Association, and Oregon Nurses Association) and with American Federation of Teachers-Nurses and Health Professionals (AFTNHP), it was discussed that with so many available resources, why don't we, as affiliates, research to provide evidence-based data on the positives and negatives of these existing staffing bills. Find what works best and where the loop holes exist and create a report.

Here is the full resolution to **Develop, Participate, and Report on a Safe Staffing Task Force** passed by the 2018 MNA House of Delegates:



CBA Resolution #1

Develop, Participate, and Report on a Safe Staffing Task Force

September 25, 2018

WHEREAS, Patient outcomes are directly affected by staffing of registered nurses (RN); and

WHEREAS, Referenced Research shows that inadequate RN to patient staffing ratios increases patient falls, infections, readmissions, morbidity, and mortality, all of which are directly related to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores and Medicare reimbursement rates to hospitals.

WHEREAS, Referenced studies show that adequate RN staffing, including the nurse-to-patient ratios adjusted to account for unit census, acuity, and shift level factors lead to achievements in clinical and economic improvements in patient care.

WHEREAS, Across Montana current Labor Management Committees and Professional Conference Committees do not ensure safe staffing.

WHEREAS, Across Montana current language contained in our collective bargaining agreements does not always ensure safe nurse to patient staffing ratios.

WHEREAS, Approximately 15 states currently have legislation related to safe acute care staffing ratios, the effectiveness and consequences of these various legislations continue to be examined.

RESOLVED, That Montana Nurses Association (MNA), through our national affiliates, the National Federation of Nurses (NFN) Coalition and the American Federation of Teachers - Nurses and Health Professionals (AFT-NHP) develop a Safe Staffing Taskforce focused on Montana RN to patient ratios.

RESOLVED, The Safe Staffing Taskforce will conduct research on all current registered nurse staffing legislation across the United States to provide evidence-based data on the positives and negatives, as well as consequences, of these bills.

RESOLVED, The MNA Safe Staffing Task Force Chairperson, and participating members, will share documented findings on a regular basis to both the Economic and General Welfare (E&GW) Council and the Board of Directors (BOD).

RESOLVED, That MNA Safe Staffing Task Force Chair Person will develop and present an annual report to the MNA Annual Convention.

RESOLVED, MNA members are to be encouraged to participate through the MNA Council on Practice and Government Affairs (CPGA).

References to be provided at a later date

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Dr. Mary Pappas Receives Emeritus Status

Printed from MSU-Northern News Service-
<http://www.msun.edu/news/>
September 21, 2018



On Wednesday, September 12, 2018 the Montana University system Board of Regents passed item number 180-2801-R0918. This item titled "Request for authorization to confer the title of Professor Emeritus of Nursing on Mary Pappas, Montana State University Northern."

As per the MSU-Northern Policy & Procedures manual which states, "The title of "Professor Emeritus" shall be awarded for outstanding and meritorious service as well as individual distinction to Montana State University-Northern.

Such service shall have been demonstrated by scholarship, meritorious teaching and contributions to the institution. Emeritus status shall be a capstone to one's academic career." To see the entire MSU-Northern policy go to <https://www.msun.edu/admin/policies/500/502-2.aspx>

In the 89 year history of Northern Dr. Pappas becomes only the 38th person to receive the title of Emeritus.

The MSU-Northern Chancellor Greg Kegel and the Faculty Senate submitted the following for the Board of Regents consideration

"THAT

Upon the occasion of retirement of Professor Mary Pappas from the faculty of the Department of Nursing, the faculty wishes to express its appreciation for her 30 years of dedicated and valued service by requesting the rank of Professor Emeritus be conferred upon her by the Board of Regents of Higher Education

EXPLANATION

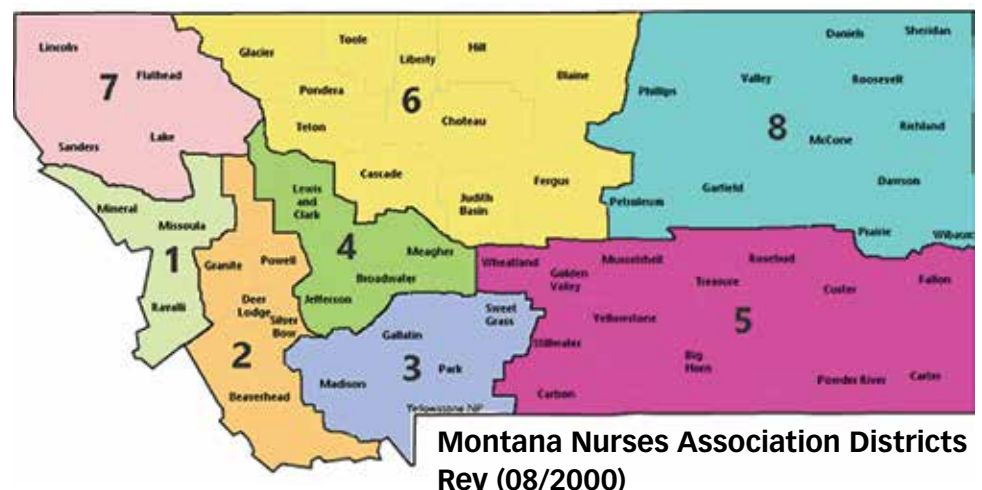
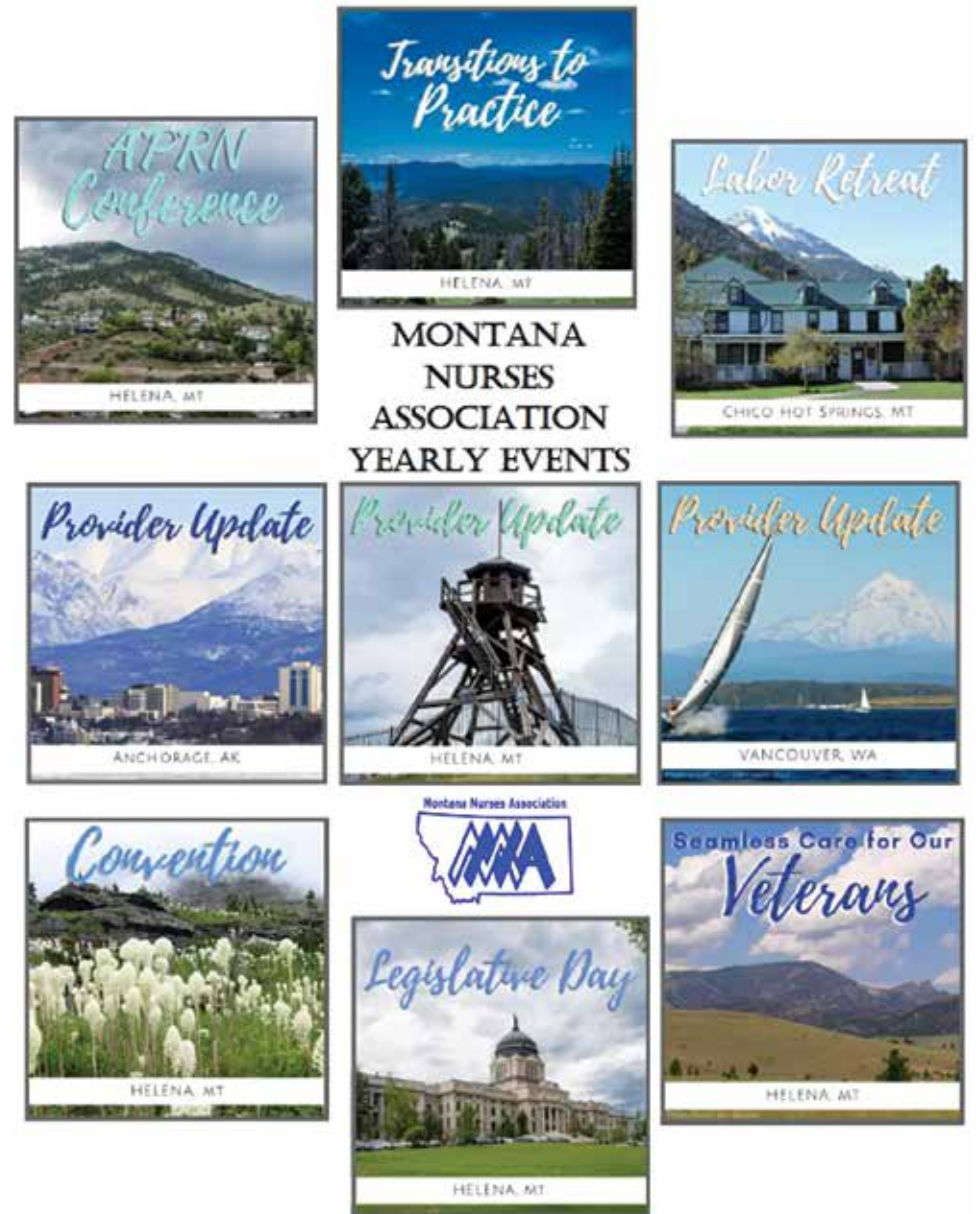
Dr. Pappas served as a tenured Professor in the Department of Nursing at MSU-Northern and worked in various roles as a Professor, Director, and RS-BSN chair. She was instrumental in assisting the Department of Nursing in receiving national accreditation in 2005, and was a key member of the accreditation process in 2015. Dr. Pappas was integral in the development and planning of the BSN program at MSU-Northern in 1987-88, and later helped to move that program online with a grant from ECollege. Dr. Pappas most recently participated in developing the new statewide curriculum, especially in regard to the RN-BSN courses.

In addition to her roles mentioned above, Dr. Pappas has served MSU-Northern as a member of various committees including Academic Senate, General Education, Curriculum, and the Executive Board of the Faculty Union. Dr. Pappas has represented nurses and the MSU-Northern Department of Nursing both in Havre and across Montana as a member of the Montana Nurses Association, as a board member of Bullhook Clinic, and as a member of Northern Montana Hospital Home Health Care Professional Committee. She has presented both formally and informally to various community groups about health care issues.

Dr. Pappas has been a nurse for over 40 years, which is an accomplishment in and of itself, and nursing is built on the premise of helping people. She brought her knowledge and love of nursing to students and faculty here at MSU-Northern and then became an example of ongoing educational pursuit and scholarship by pursuing her Master of Science in Nursing as a nurse practitioner, and then her Doctorate in Education. Most recently, in 2015, she completed requirements as a Certified Nurse Educator per the National League of Nursing.

The Faculty Senate is pleased to submit this heartfelt nomination of Dr. Pappas for Emeritus status based on her time, effort, and service to MSU-Northern, its students, and the community that has benefitted from her knowledge and expertise."

Congratulations to Professor Emeritus, Dr. Mary Pappas for your lifetime of accomplishments and thank you for your dedication and service!



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#2 MNA is a member driven organization led by elected nurses from across our state.

#3 MNA is the ONLY Premier Accredited Approver & Premier Accredited Provider of professional development and nursing education in Montana.

#4 MNA is nationally affiliated with:

- American Nurses Association (ANA), the voice for over 3 million registered nurses.
- American Federation of Teachers-Nurses and Health Professionals (AFT-NHP) who collectively represent over 75,000 RNs and over 150,000 healthcare workers across the U.S.
- National Federation of Nurses Coalition (NFNC), which includes MNA along with the Washington State Nurses Association (WSNA), Oregon Nurses Association (ONA), and the Ohio Nurses Association (ONA).

#5 Building RN power in Montana impacts Montana families, our patients, and our collective voice as MNA nurses as we advocate for the best working conditions for all Montana nurses and the best care for our patients.

Professional Development Department

106th MNA Convention

October 3rd through the 5th, MNA celebrated their 106th MNA Convention with over 100 nurses attending! It was fabulous to celebrate 100 years of Public Health in Montana. Susan Reeser RN, treated us with a power point on where Public Health Nursing has come from and where we are now. We enjoyed pictures of Nurses delivering care to Montana's rural patients, one nurse in snow shoes! Susan is a Nurse Consultant with the Montana Department of Public Health Immunization Program as well as Perinatal Hepatitis B Coordinator. Kristi Aklestad MSN, RN who is the director of the Toole County Health Department walked us through a typical day in the life of a Public Health Nurse. Their work is "never done!"



**Mary Thomas, BA, RN
RN Professional
Development**

The Director of ANCC's Pathway to Excellence program, Christine Pabico, MSN, RN, NE-BC, gave all attending assistance and tools to help create a positive practice environment. Discussed were the increasing rates of nurse dissatisfaction, burnout and turnover that has a profound negative impact on nursing and patient outcomes. Maggie McCright MSN, RN, NE-BC, a Senior Program Analyst for the ANCC Pathway to Excellence and Pathway to Excellence-Long Term Care Programs, led a session about creating and sustaining a positive practice environment. Learners had an opportunity to assess their own organization's readiness for Pathway designation. As one learner stated, "this activity gave me a reconnection to my purpose in nursing, creating an environment/culture at work of team, and the importance of leadership."

From Complementary and Alternative Medicine Integration into the Nursing Model to How to Recover after a Traumatic Event as a Responder/Survivor to Human Trafficking awareness in Montana, the sessions were fabulous and provided a path for leadership and improved patient care to all the nurses.

Other comments were: "I am excited to bring shared governance to my unit and start a unit council. This is the best thing I will take from this conference. I am excited to see what changes can be made and if morale can be boosted!" Another was "This was my 1st Conference with MNA and won't be my last;" and "Best conference I have ever been to. It helped me to realize I need to grow more and further my education. It helped to renew my joy and energy for my career."

Great leaders inspire everyone to take action. Mark your calendars and attend the 2019 MNA Annual Convention on October 2nd through the 4th. See you next year!

What is a Learning Environment?

When you think of a "learning environment," what comes to mind? Is it the classroom where you listen to lectures, the sim lab where you practice skills, the internet that allows you to look up interesting information, or something else? The term tends to mean different things to different people, which is part of the problem in trying to create a "learning environment" that is positive, productive, and supportive in today's healthcare environment.



**Pam A. Dickerson,
PhD, RN-BC, FAAN
Director of Professional
Development**

This issue is so important that a national panel was convened in April of this year to explore healthcare learning environments and make recommendations about how to create and sustain them. The Josiah Macy Jr. Foundation conference on learning environments addressed the importance of a consistent definition of the term, and determined that a learning environment is "the social interactions, organizational cultures and structures, and physical and virtual spaces that surround and shape participants' experiences, perceptions, and learning." The report also identified that "in a continuously learning and improving health system, every participant is both a learner and a teacher." Creating a positive and productive learning environment requires that learning be values-driven, inclusive, relationship-oriented, aligned with the mission and values of the organization, transparent, and focused on creating passion and purpose in learning, with the outcome being improved teamwork, collaboration, and outcomes.

Think about the ways our recent (October 3-5, 2018) MNA Convention supported these components of a learning environment. MNA's mission includes supporting the professional development of members and other nurses in our state, and convention is a wonderful way to combine continuing education activities with networking, mentoring, and sharing. Convention participants had a physical space designated for

learning; took advantage of breaks, meal times, and visits with exhibitors to network with colleagues and establish new relationships; viewed posters created by students with exemplary research into a myriad of healthcare issues; and shared with colleagues unable to attend through Twitter and Facebook. The environment, then, was both physical and virtual in nature; there were multiple opportunities for participants to address their individual and collective learning needs; and numerous situations emerged where participants were both teachers and learners.

What did you learn at convention that will make a difference in your practice? How did the convention's learning environment help you meet your professional development needs? What can you do to help create positive, productive, and meaningful learning environments in your organization? Share your convention experience with your colleagues in your home facilities, local units, and districts! Be a teacher as well as a learner, and make a commitment to start doing one new thing you learned!

Thank you for sharing with us this year, and we look forward to seeing you at convention 2019! October 2nd - 4th 2019!!



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Holiday Greetings

from the Board & Staff of the Montana Nurses Association

Statewide Nursing News

Tired of being bullied at work? #metoo

(Are you busy January 31st, 2019?)

It has been two full years of some of the most tumultuous political fighting I have ever seen. Just this week, the political battles raged on in the fight to get Brett Kavanaugh to the Supreme Court even as he was being accused of sexually assaulting someone in his teenage years. The arguments were brutal and the damage will last well beyond the news cycle, no matter what "side" you are on.

All this infighting and scandal happened about the same time the Montana Nurses Association was conducting its Annual Convention in Helena.

(Author's caveat: I am REALLY sad I missed it this year. I was on kid patrol as my wife was out of town)

I wondered what the conversations around the tables must have been like given the spirit of activism that exists with our members. I can't imagine that ANYone was passive or without an opinion regarding the ongoing confirmation process. The current climate to help prevent harassment of ANY kind has been a huge change from "business as usual." The #metoo movement has provided an opportunity for victims to raise their voices and tell their stories. It reminds me of another movement, one that is local and grassroots in nature and whose time has indeed come.

You see, next year the Montana Legislature will convene once again. Last year, the MNA took the powerful message of YOUR NURSE WEARS COMBAT BOOTS to Helena. We made the case that victims need a voice and that being assaulted at work is NOT okay. If you would like to hear my story about my very personal experience in Helena two years ago making this argument to a legislator on the floor, check out my article from early 2017. It's a doozy.

At any rate, I know I am really excited to write articles based on nurses taking good care of themselves. Many times that means my subject matter sticks to the basics, like not smoking or drinking too much or getting more exercise or your flu shot...

(Author's Caveat: I will always be an advocate for those VERY things, dear colleague!)

However, according to Maslow's Hierarchy of Needs, one needs to be SAFE before we can discuss wellbeing. So, before we can dive in to getting our health in line, we need to make sure we are SAFE where we work. Do you agree?

Then join us as we make another attempt to put forward the idea that NO ONE deserves to be abused or assaulted. Join the MNA on January 31st, 2019 in Helena to make it known that we will defend and protect healthcare workers here. If the recent political turmoil makes you want to DO SOMETHING about the current state of affairs - #metoo.



**Joey Traywick,
CMSRN,
BS Kinesiology**

Montana Nurses Association Approved Providers

MNA thanks all of the Approved Provider Units we work with for their commitment to advancing and promoting quality nursing practice through continuing nursing education.

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APRN Corner

Opioid addiction has affected us all in some way. We see the day to day struggles in our patients, or their family members. We all have either been personally affected or know friends and family members that have lost loved ones or battled with opioid addiction. So figuring out ways to help our patients is always at the forefront.



**Keven Comer
 MN, APRN, FNP-BC**

I don't know about you, but I sometimes find myself frustrated regarding the lack of bipartisan accomplishment in Washington. However, I was jumping up and down, in early October when the U.S. House of Representatives and the U.S. Senate passed comprehensive opioid legislation thus showing their bipartisan commitment to combat the opioid crisis. The final bill, advancing to President Trump for signature, contains a vital provision that makes **permanent** the temporary authorization granted nurse practitioners (NPs) and PAs under the *Comprehensive Addiction Recovery Act of 2016* (CARA) to provide lifesaving medication assisted treatments (MATs) for patients battling addiction.

A little history for you all, on July 22, 2016 President Obama signed the Comprehensive Addiction and Recovery Act (CARA), into law. One of the important provisions of that law expanded access to substance use treatment services and overdose medications. This was a full spectrum of services from prevention to medication-assisted treatments (MAT) and recovery support. The law allowed NPs and PAs to prescribe buprenorphine in office based settings. Prior to this only physicians could prescribe buprenorphine. CARA had a provision that NPs and PAs would be able to prescribe and have a DATA-waiver for up to 30 patients, but for only five years. Since 2016, data has been collected to show the success of the program, the safety of NPs and PAs prescribing buprenorphine and how many patients have been helped by the addition of NPs and PAs prescribing. AANP, other nursing organizations and PA organizations have been lobbying tirelessly to get this to become a permanent law. Currently over 7000 NPs have prescribing waivers.

In 2016, The Association of Substance and Abuse Medicine (ASAB) with AANP and AAPA formed a collaboration to provide the 24-hour waiver training free of charge for NPs and PAs. The content satisfies the educational requirements described in CARA. There are also other organizations that provide the content required to prescribe buprenorphine. These include: The American Society of Addiction Medicine,

the American Academy of Addiction Psychiatry, American Medical Association, American Osteopathic Association, American Nurses Credentialing Center, American Psychiatric Association, American Association of Nurse Practitioners, and American Academy of Physician Assistants. NPs and PAs take both the eight-hour DATA-waiver course for treatment of opioid use disorder, designed by national experts, that physicians currently take, and the additional 16 hours course offered for free by SAMHSA through AANP.

Part I- an eight hour course: The ASAM Treatment of Opioid Use Disorder Course: Includes Waiver Qualifying Requirements - will ensure that participants are exposed to the highest quality, evidence-based practices when using buprenorphine to treat opioid use disorders. This is the same course physicians take.

Part II: NP/PA 16-Hour Waiver Training - The 16-hour product training was developed to include all additional education required by the Comprehensive Addiction and Recovery Act (CARA) for nurse practitioners to successfully apply for a waiver to prescribe buprenorphine for office-based treatment of opioid use disorders.

Go to the website, <https://aanp.inreachce.com> and learn all about the waiver and the free classes to become a prescriber. You do not need to be a member of AANP to utilize this resource. Even if you don't want to prescribe buprenorphine, the knowledge that you gain after completing the modules about addiction treatment is tremendous.

Best to you all, contact me with any questions or concerns. keven.comer@gmail.com

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Excerpts from ANA

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Why do adolescents engage in non-suicidal self-injury?

By Kimberly A. Williams, DNS, PMHNP-BC, PHNA-BC, ANP-BC; Hannah Monsman; Jara Chadwell

SBIRT training

Screening, brief intervention, and referral to treatment (SBIRT) is one approach you can take when you suspect your adolescent patient may be using nonsuicidal self-injury to cope with stress. Before implementing it in your care setting, access these opportunities for training.

Course	Website	Format
SBIRT	samhsa.gov/sbirt	Face-to-face and online
Improve clinical skills in SBIRT for substance use problems	sbirttraining.com	Online
Ohio Mental Health Addiction Services (MHAS): SBIRT	http://mha.ohio.gov/Treatment/SBIRT	Face-to-face and online
Community Catalyst: Training resources for the implementation of screening, brief intervention, and referral to treatment (SBIRT)	communitycatalyst.org/resources/publications/document/SBIRT-Training-Options-December-2015.pdf?1451325946	Face-to-face and online
Institute for Research, Education & Training in Addictions (IRETA): SBIRT for adolescents	ireta.org/improve-practice/addiction-professionals/online-courses/sbirt-for-adolescents/	Online
Adolescent SBIRT curriculum	sbirt.webs.com/curriculum	Online
Massachusetts Health Promotion Clearinghouse: Adolescent SBIRT toolkit for providers	massclearinghouse.ehs.state.ma.us/BSASSBIRTPROG/SA1099.html	Booklet
Pacific Southwest ARRC eLearning: 4 hour SBIRT training (continuing education)	psattcelearn.org/courses/4hr_sbirt/	Online
SBIRT: A brief clinical training for adolescent providers	http://hospitalsbirt.webs.com/adolescent-providers	Online

American Nurse Today; August 2018, Volume 13, Number 8; Pages 37-40

Excerpted From

Suicide among nurses: What we don't know might hurt us

By Leah Heather Rizzo, MSN, RN-BC, CENP

Troubling numbers



In the United States, suicides and intentional self-inflicted injuries are officially calculated through the Web-based Injury Statistics Query and Reporting System (WISQARS), which is maintained by the Centers for Disease Control and Prevention (CDC).

- **44,965** people died by suicide in the United States in 2016 (American Association of Suicidology).
- Suicide was the **10th** leading cause of death in 2016 with a national rate of **13.9** per 100,000 (CDC).
- There were **395,000** intentional self-inflicted injuries in 2013 (CDC).
- In 2016, an estimated **2.7 million** adults made a suicide plan and **1.3 million** made a suicide attempt (Substance Abuse and Mental Health Services Administration [SAMHSA] National Survey on Drug Use and Health).
- **54%** of those who died by suicide didn't have a known mental health condition (CDC)
- Suicide rates increased in nearly every state from 1999 through 2016 (CDC)

Data from both the American Association of Suicidology and the CDC demonstrate that suicide is a serious public health issue. Many experts believe the official suicide statistics are understated and don't illustrate the full scale of the problem.

Taking action

When you spot these red flags, consider taking these actions:

- Call the National Suicide Prevention Lifeline at **1-800-273-8255**.
- Suggest the employee contact the organization's employee assistance program.
- The Mayo Clinic suggests asking direct questions while also being open and sensitive (mayoclinic.org/2MriUw5):
 - How are you coping with what's been happening in your life?
 - Do you ever feel like just giving up?
 - Are you thinking about dying?
 - Are you thinking about hurting yourself?
 - Are you thinking about suicide?
 - Have you ever thought about suicide before or tried to harm yourself before?
 - Have you thought about how or when you'd do it?
 - Do you have access to weapons or things you can use to harm yourself?

Note: Asking about suicide intention will not prompt the person to take action, as some erroneously believe. Extensive research, including a 2014 literature review, shows that asking if someone is thinking about suicide doesn't increase the risk and may, in fact, decrease it.

American Nurse Today; October 2018, Volume 13, Number 10; Pages 10-14

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Non-Verbal Communication: The Silent Giveaway

Carolyn Taylor, Ed.D. M.N. R.N.
(carolynrtaylor21@yahoo.com)

President, leadershippoweronline.com



Carolyn Taylor
Ed.D, MN, RN

Of all the communication that a person witnesses (verbal or non-verbal) the non-verbal silence is the most interesting and informative, by far. Albert Mehrabian (1960) researched silent/non-verbal communication and found it to be *more believable than verbal communication*. It is an independent messaging system that is used differently by every person. How good are you at reading people? We are all constantly sending messages, whether we realize it or not!

The content of this article is to encourage thoughtful and accurate consideration of unspoken attributes of mankind. By increasing our personal and researched knowledge about unspoken body language, we increase our potential understanding and appreciation of human physical and behavioral attributes.

Not intentionally learned, but so very revealing is blushing, shaking, sweating, smiling, laughing, crying, and similar behaviors that show nervousness. Think of "The Look!" (whatever that is!), a pat on the back, a pat on the "rear," and even a drop (or no drop or elevation) in the voice at the end of a sentence. Add to these examples just a very few of the many non-verbal behaviors—voice tone while moving the hands, shrugging the shoulders, wearing a certain color, decorating a home in a certain color, listening to a specific type of music, or even having a scented candle in the room. Our unspoken silence makes up our non-verbal communication.

Non-verbal (silent) communication has been, also, called the "transparency effect." This says that we are all more transparent than we realize! However, the key in recognizing the "transparency effect" in others is to *correctly interpret* the non-verbal communication we witness.

Territoriality (Primary, Secondary, Public)

Humans have a sense of territoriality. This enables us to invite or disinvite social interaction. We have all sorts of signs, signals, and effects to establish our territory without saying a word. This comes from two types of learning—biological and social. For instance, in regard to biology, male animals often fight off other males to defend females. Socially, humans declare possessions and spaces of their own and set boundaries on possessions and spaces within the environment. Our social spaces and possessions might include our side of the bed, our desk, our wallet, our closet space, our car, etc.

The expression of PRIMARY territoriality can be represented as non-verbal and verbal. We use non-verbal "markers" to remind others as to what is "ours." For instance, we place a sign of our name on the desk, put numbers on our house, and we often put our initials on items. Oh yes, we all say, "This is MINE!"

SECONDARY territoriality involves belongings we have for a limited time. We borrow books, have special food items for a snack, put your name on a pencil, etc. They are actually or figuratively borrowed or soon to be used up. They usually require a marker of some kind that allows for a temporary access to the item.

PUBLIC territoriality involves items that are shared by the public. That is, buses, roads, park benches, grass and trees in the park, etc.

"Territorial Invasion" is when someone else takes over a part or all of our territory. "Contamination" occurs when someone *destructively* takes over your territory—and that often becomes a legal matter.

Remember when you were in a crowded room and someone keeps staring at you? If you were led to believe that the person doing the staring is a "difficult person" the invasion becomes a "Psychological Territorial Threat" that causes stress—therefore, this nonverbal threat causes stress and an increase in blood cortisol excreted by the adrenal glands. Our body, in that type of situation, can become stiff, we pull in our elbows, and turn our bodies so that our back faces the threat in an attempt to reestablish our territory.

Determine another's comfortable space by watching their behavior (e.g. a hand shake or a

hug) and allow that person to nonverbally tell you their personal acceptable closeness. The amount of extension of the arm to your extended hand for a hand shake, the closeness (or not) of a hug, or even the desire for a private desk or cubicle are a few of the "little things" that tell "big stories."

As a leader in a work setting, it is best to encourage, when you can, the flow of group conversation between people in an open non-curtailing environment rather than in a cubicle or confined work space.

Proxemics is the study of personal space, as a part of territoriality. It determines what we do, think, and how we react. Such as—

INTIMATE ZONE is for our family, close friends, and spouse. It is about 18 inches from us.

CASUAL-PERSONAL ZONE is for normal conversation. It is about 18 inches to 4 feet from us.

CIVIL INATTENTION is for the person with whom you have eye contact for a fraction of a second, then avert your eyes/gaze away from that person.

SOCIAL CONSULTATIVE is for most day-to-day activities while recognizing personal autonomy and privacy while conducting discussion. This ranges from 4 to 12 feet from us—known as an area of formal discussion.

PUBLIC is from about 12 feet from us to what you can see or hear. This includes observable activities.

Differences in Cultures and Subcultures

Some cultures require distancing the person from strangers; whereas, other cultures value closeness. For example, in Tanzania being too far away from another person as a matter of personal choice means the given message is that you reject that person; therefore, it is best to sit close to another person. Other cultures, such as the Arab culture, desire to be as close as possible when conversing—close enough to feel a person's breath (bad breath or otherwise).

Space, Colors, and Mood

Research shows that we shape our own environment through determining our space, color, and mood. The physical management of these factors in our environment help to determine our personal behavior and the behavior of other people. The environment, in general, also triggers conscious and unconscious perceptions. Our personal perceptions, in turn, determine our behavior.

Space—

There are three factors that determine the non-verbal spaces created by people. They are—

1. The flow of traffic: The requirements of personal movement within buildings are an example. Studies have shown that in an apartment house, the people living near the stairwells are more likely to boost the interpersonal interactions with others. (MIT 1950 study) Another example are the exits within certain buildings that are somewhat hidden—take as an example, the casinos that are laid out in a manner that often discourages finding your way out until you become aware of the layout.
2. The direction people face: Obviously when people face each other there is an increase in the possibility of social interaction. The family table usually requires people to face each other, which increases the opportunity for verbal and nonverbal communication. The bar stool, in comparison, does not face another person, thereby, decreasing verbal and nonverbal communication.
3. The location of the leader: The "leader" (or someone in charge) is usually at the head of the table— and is the person more likely to be in charge. If this person is not at the head of the table, he/she is located somewhere in a central location of the involved persons. (Remember that leadership means the encouragement and active involvement of others; so, where do you currently sit, as the leader, to encourage the nonverbal participation and involvement of others?)

Colors—

All colors have meaning and cause an influence a person's impressions and behaviors. When different colors are studied, some colors have consistencies in their interpretations, and some do not. Even color brightness has significant meaning.

The color of white seems to impart a feeling of goodness; whereas, black seems to give a negative feeling. Bright colors give a feeling of intensity. Whereas, passive feelings can be related to black, white, blue, and pink. In the sports world, research tends to show that white uniforms or uniforms with white seem to be more positively responded to by referees than totally black uniforms. According to some studies, more penalties for teams wearing all black were reported to have occurred. Physical aggressiveness was reported to increase by merely wearing black.

(The question for you is related to how do people see you if you wear **black**? Do you see *yourself* as more aggressive—or not? In this case, more likely, the way YOU FEEL when you wear a certain color usually results in you *acting the way you feel*. Your behavior related to how you feel most often identifies your degree of aggressiveness, or lack thereof.)

The color of black is not always associated with death in some cultures. Blue and white in Asia are often the colors of a funeral. In Ghana, red is often combined with black for this occasion.

Red is a lucky color in Asia. International research has found that ovulating women will unpredictably often wear red. Red, being a bright color, is an attention seeking color. The color has been found to attract a male's attention toward females. Research has determined that men have the same effect on women if they (males) wear red—and women found that men wearing red were more sexually desirable and of higher social status.

Mood—

A nice warm cup of "something" or a hand warmer helps to promote a personal feeling of warmth and trust toward another person. If you provide a cold drink or cold pack to another person, there is reported to be an increase in the recipient's loneliness.

(Perhaps this knowledge can be used by safe houses and disaster shelters in times of community stress and should be an example of the fact that, "*all behavior has meaning*" as a universal concept!!

Body Types—

Body and faces can send many different messages. In regard to the static features of the body and face, research tells us that:

Body Shapes (Identified by William Sheldon)—

1. Endomorph is a heavier (fat) body type. He claimed that the digestive system probably works slowly. This person, usually, is known to be relaxed and sociable.
2. Ectomorph is a skinny body type. He claimed that the nervous system of this person probably dominates.
3. Mesomorph is a more muscular body type. He claimed that the muscular system probably is predominate.

Body Height—

1. The world-wide income for males is two percent more per one inch of height than females. Females over 5' 8" earn about 15% more than shorter females.
2. In romantic relationships, women seem to prefer taller men—especially if the female lives in a dangerous neighborhood.
3. Men often lie about their height on dating profiles—a tendency to exaggerate. Females frequently minimize (lie) about their weight on dating profiles.

Non-Verbal Communication: The Silent Giveaway
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Non-Verbal Communication: The Silent Giveaway
continued from page 17

Why has height become important? It has been speculated that, maybe, it is because in the animal kingdom height is a dominant factor and they tend to be bigger and stronger. The dominant animals lead the pack, the herd, or the group.

Waist-To-Hip Ratio in Women—

1. Men appear to be more attracted to women that have a waist to hip ratio of 0.70. Fertility seems to be increased with, at least, this ratio.
2. If the waist to hip ratio gets to 0.85 or higher, health issues are more likely to occur—diabetes and heart disease. These diseases often cause women to be less fertile.
3. It appears that men are more attracted to women who have a hip-ratio that signals fertility—and maybe the fact that they are, also, more attractive.

Weight—

1. The shift to an approval of increased weight has increased in the past 125 years in the U.S. There could be a connotation that heavier means more wealth and the availability to food.
2. In some Arabic cultures the fathers like to boast about their “heavier” daughters as evidence of the father’s ability to provide food.

Faces—

1. The neutral face (without expression) is determined by others to identify the personality of the person.
2. In 1950, there was an agreement that a personality can be identified by the neutral face. Research findings indicated that people who wore glasses were seen as smarter because it suggests, to some, that a person reads a lot.

Broad-set eyes became a metaphor for broad mindedness. Conversely, narrow set eyes became a metaphor for narrow-mindedness. If the corners of your mouth turn up, it was thought that you must be a happy person.

Where some of the neutral face research findings appear, sometimes to be true, it is also true that health conditions could be the reason for what is seen.

Personality Traits—

Social scientists assume that we all have varying amounts of five personality traits. These are conscientiousness, agreeableness, neuroticism, openness to experience, and extroversion. Assessments of photos show a *significant correlation* between the person’s photo personality assessment and the person’s formal/actual personality assessment.

Romantic Relationships—

John Gottman, a psychologist, noted a pattern of behavior in couples. He called them the four horsemen of the apocalypse: criticism, contempt, defensiveness, and withdrawal. Criticism and defensiveness are verbal signs that relate to sarcasm. Contempt is a nonverbal sign expressed in the face. Withdrawal occurs when the couple no longer talks to each other—and that is *extremely toxic*. Staying happy in a marriage requires a couple to do the little non-verbal “things.” They include, gentle squeezes, smiles, showing attentiveness—OFTEN!

Silent Signs of Pain—

One of the many responsibilities of a nurse is the recognition of pain. Nurses are expected to recognize pain just by looking at a patient. The grimace, tenseness, moaning, being combative, and many other non-verbal symptoms and vital sign changes can reveal

pain intensity. Some patients will deny pain while their non-verbal says, without doubt, they are in pain.

It has been widely reported that nurses often do not assess non-verbal evidence of pain correctly. We need to remember that every person/patient is different and their diagnosis (medical or psychiatric) can cloud the accurate recognition of pain. Some patients think they “deserve pain” as if it were a redemption quality for their stated personal sins.

The message, here, is to increase awareness of the many unspoken behaviors that require an astute nurse to pay attention to the suffering patient. Do not ignore the symptoms. Narcotics are not known to addict when a person needs true pain relief. How many times have many of us ignored the silent signs of obvious pain and reported that the patient is resting without pain?

Your challenge—watch for the numerous and individual signs of non-verbal pain, treat that pain in an appropriate manner, evaluate the intervention, and teach other nurses the individualized reaction to the patient’s existing pain. Treat it as such, because you are the nurse! And—we know that no one deserves (and need not be) in unspeakable pain.

Suggested Reading:

“UNDERSTANDING NONVERBAL COMMUNICATION” (Great Courses Course Guidebook)

By Mark G. Frank, Ph.D.

Professor and Department Chair,
Department of Communication;
Director, Communication Science Center
University of Buffalo,
The State University of New York

www.mdcalc.com/nonverbal--pain--scale--nvps-nonverbal-patients

Behavioral Pain Scale (/behavioral-pain-scale-bps-pain-assessment-intubated-patients)

CPOT Pain Scale (/critical-care-pain-observation-tool-cpot)

Notice**PROCEDURES FOR OBJECTING NON-MEMBERS TO FILE WITH MNA OBJECTIONS AS TO THE EXPENDITURES OF DUES FOR PURPOSES NOT GERMANE TO COLLECTIVE BARGAINING PROCESS**

This notice is for all employees working under a Montana Nurses’ Association collective-bargaining agreement that contains a union security clause. A union security clause requires, as a condition of employment, that an employee pay MNA membership dues and fees. MNA membership is a valuable asset for working nurses.

Federal and state labor laws grant employers and union the right to enter into agreements requiring workers to join and maintain their membership in a union as a condition of employment. This right is consistent with the democratic principle of majority rule and it ensures that everyone who benefits from a union’s representation shares the union’s financial support.

Over the years, the courts and administrative agencies that enforce the labor laws have limited the enforcement of union security clauses. Specifically, the U.S. Supreme Court has held that individuals covered by a collective-bargaining agreement containing a union security clause may not be required to join the union and may only be required to pay that percentage of full union dues and fees that are germane to the collective bargaining process. In other words, workers can be required to financially support a union but they cannot be required join the union and they can only be required to pay that percentage of the union’s customary dues and fees that is germane to the union’s role as the collective-bargaining representative.

MNA spends the vast majority of its funds on activities related to the representation of its members. These expenditures are considered to be germane to the collective-bargaining process and must be paid for by all individuals working under MNA contracts containing

union security clause language. MNA also has spent funds on activities such organizing new bargaining units and legislative lobbying. MNA believes that money spent on these activities advances one of our fundamental purposes – nurses helping nurses to better their lives. However, the U.S. Supreme Court does not consider these activities to be germane to the collective-bargaining process.

Employees employed under a contract containing a union security clause who choose not to join MNA or who resign their membership from MNA lose benefits, rights and privileges to which they would have been or were entitled to as MNA members. For example, these employees lose the right to vote on the acceptance of agreements negotiated with their employer, the right to vote on any dues increase, and the right to run and vote in the election of MNA officers. They lose the right to attend, speak and vote at any MNA meeting.

In short, non-members elect to give up important rights, benefits and privileges. Moreover, it is illegal for an employer to compensate such workers in any way for the loss of these valuable rights. However, non-member are still members of the collective-bargaining unit in which they work, they are entitled to the benefits of the collective-bargaining agreement covering their employment and MNA and its officers and employees will provide them with the representation required by the law.

Individuals employed under a union security clause maintain the right to object to being a member of MNA and may resign their membership at any time. However, those who either object to ever being a member or who were once members and then later resign must pay MNA an amount equal to the percentage of dues paid by members of MNA which are germane to collective bargaining process. That percentage includes the expenditures necessarily or reasonably incurred for the purpose of performing the duties of an exclusive representative of the employees in dealing with the employer or labor-management issues including not only the direct costs of negotiating and administering collective-bargaining contracts and of settling grievances and disputes, but also the expenses of activities or undertakings normally or reasonably employed to implement or effectuate the duties of MNA as the exclusive representative of the employees in a bargaining unit. The percentage of nonchargeable expenses for MNA which will be effective for the months of January 2019 through December 2019 is based on the experience from the 2017 calendar year. In other words, those who are covered by a collective-bargaining agreement containing a union security clause and who elect not to be members and who elect to pay the reduced

fee must pay the fair share percentage of the dues assessed members of MNA employed in the same bargaining unit.

In addition to other avenues of relief available under the law, a non-member may challenge MNA’s classification or calculation of expenditures used by MNA to determine the percentage of chargeable expenses germane to the collective-bargaining process before a neutral arbitrator appointed by the American Arbitration Association pursuant to its Rules for Impartial Determination of Union Fees. Any objection a non-member makes may be coordinated or consolidated with other objections from other non-members before a single arbitrator.

In such a challenge, MNA has to justify its calculations and determinations. All hearings will be conducted in Helena or Clancy, Montana. The arbitrator’s fees and expenses will be paid by MNA. However, an objector will have to pay his for his or her own expenses and the fees, costs and expenses of his or her witnesses and attorneys.

Once a written objection is received from an individual, MNA will adhere to the rules established by the courts and by the administrative agencies that enforce the labor laws as to the handling of the objector’s fees until the arbitrator has issued his or her ruling. Generally, the objector must pay the fees as determined by MNA’s calculations. Those fees will be placed in a separate interest bearing account. If the arbitrator’s decision increases the percentage of non-chargeable expenditures, the appropriate portion of the fees will be refunded to the objector, plus interest earned. All reduced service fee payers will then pay the adjusted amount as determined by the arbitrator. If the arbitrator’s decision approves the MNA’s calculation, no adjustment will be made in the amount of the fee and the total fees paid and placed in the separate interest-bearing account will be released to MNA.

Individuals who choose to file objections to MNA’s fee calculations must file the objection in writing addressed to MNA, 20 Old Montana State Hwy, Clancy, Montana 59634. The written objection must include the objectors name, address, phone number, social security number, employer and work location. In order for MNA to understand the nature of the objector’s challenge, the objector is urged to also include a brief statement concerning the nature of the objection, including the objector’s opinion as to the appropriate percentage for non-chargeable expenses. This requirement to file a letter of objection and request for a hearing is an annual requirement. Objection will not be presumed. Agency fee payers who do not file a timely notice of objection shall be deemed to have waived any right to a hearing to challenge the estimated percentage of reduction of that year’s agency fee.

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Nurses Leading on Climate and Health

Elizabeth Schenk, PhD, MHI, RN-BC
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Nursing is rooted in the principles of health promotion and disease prevention. Nurses help individuals achieve optimal health by educating how to engage in healthy lifestyle choices, ensuring appropriate medication management, and assisting in accessing preventative care. Nurses have also been vital to addressing environmental hazards that affect health.

Now the health sector is experiencing a new challenge. A growing body of evidence indicates the rise in global temperatures over the past decades is contributing to environmental changes that threaten human health. Health risks include more acute and chronic cases of respiratory and cardiac illness; increased risk of vector-borne disease; food and

water-borne illness; and mental health stressors.¹ In Montana, for instance, expected health issues are those associated with heat, wildfires, and changes to food and water supply.²

As front-line caregivers for people impacted by climate-related events, understanding the connection between climate change and health is important for nurses. Nurses can also drive change within the health sector to reduce emissions. Hospitals are large users of energy and resources and create substantial amounts of waste, contributing to pollution that worsens climate change.³ As trusted professionals, nurses hold an immense ability to make a difference, reach many people, and push for action to address climate change.

The Alliance of Nurses for Healthy Environments (ANHE) is a national nurse-led organization working to tap into the power of nurses to address climate change. ANHE has developed a variety of resources specifically for nurses. These resources are available free of charge at envirn.org and include a Climate and Health Toolkit, an online repository of resources and tools for nurses to learn about climate and health and how to take action. Read more about how co-author Dr. Elizabeth Schenk is helping nurses understand the connection between human health and the environment, and how she is working to move nursing and healthcare in a more environmentally sustainable direction: <https://bit.ly/2NmyjSU>.

Recognizing the potential of nurses as change agents, ANHE has partnered with Health Care Without Harm, an international organization working to transform

healthcare by promoting environmentally sustainable practices. This partnership has launched an exciting new campaign called the Nurses Climate Challenge, a nationwide effort to educate 5,000 health professionals on climate and health, with nurses leading the education.

Nurses can visit nursesclimatechallenge.org and register to become a Nurse Climate Champion. Champions will then have access to a comprehensive set of tools including:

- Outline and suggested steps for planning educational events (e.g. grand rounds, lunch and learn programs, staff meetings)
- Sample emails to engage hospital leadership
- Resources for educational events, including promotional posters, sample slides for presentations, regional data, and tips and strategies for talking about climate change
- Easy to use guide for taking climate action in practice and home settings

Champions are able to track the amount of people educated and see progress in reaching the challenge goals on the online platform. By acting to address climate change, nurses have an opportunity to improve health on a global scale. Join us in the Nurses Climate Challenge!

¹USGCRP. (2014). *Climate change impacts in the United States: The third national Climate assessment*. J.M. Melillo, T.C. Richmond & Yohe, G.W. (Eds.). Washington, DC: U.S. Global Change Research Program.

²Whitlock, C., Cross, W.F., Maxwell, B., Silverman, N., & Wade, A.A. (2017). *2017 Montana climate assessment: Stakeholder driven, science informed*. <http://montanaclimate.org/sites/default/files/thumbnails/image/2017-Montana-Climate-Assessment-Executive-Summary-lr.pdf>

³Eckelman, M.J. & Sherman, J. (2016). Environmental impacts of the U.S. health care system and effects on public health. *PLOS ONE*, 11(6), 1-14. <https://doi.org/10.1371/journal.pone.0157014>



Montana Nurses Association

SAVE THE DATE

Transition To Practice
 Helena, MT ~ January 27th & 28th, 2019

Legislative Day
 Helena, MT ~ January 31st, 2019

2019 APRN Pharmacology Conference
 Helena, MT ~ March 1st & 2nd, 2019

Labor Retreat
 Chico, MT ~ April 7th, 8th & 9th, 2019

MNA Convention
 Helena, MT ~ October 2nd, 3rd, & 4th 2019

Has your contact information changed?

**New name? New address?
 New phone number?
 New email address?**

To update your contact information, please email or call
 Montana Nurses Association:
jill@mtnurses.org or 406-442-6710



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**Applications also available on our website.
mtnurses.org**

LEGISLATIVE DAY AT THE CAPITOL

Capitol Rotunda
 8:30 am - 3:30 pm
 January 31, 2019



- MNA is pursuing felony legislation for assault against a nurse or healthcare worker including emergency responders while on duty with the intent to harm.
- Advocate for Nursing
- Meet with your legislators
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- Lunch Provided

<http://leg.mt.gov>

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 (406)442-6710 or jennifer@mtnurses.org



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- Supervisory Clinical Nurse

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Indian Health Service (IHS), is the largest integrated provider of health services for American Indians and Alaska Natives.

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IHS Nurses serve a critical role in clinics, hospitals and public health outreach programs that are vital to the health of American Indians and Alaska Natives individuals, families and communities.

Nurses live and work in some of the most beautiful areas of the country, in communities with deep traditions, located mainly, but not exclusively in rural settings. If you are a new graduate nurse or experienced nurse looking for new challenges, we have a place for you!

Recruitment and/or Relocation Incentive(s) may be authorized. Opportunities for Student Loan Repayment Program.

To contact the Indian Health Service Nursing, please visit us at www.ihs.gov/nursing/ or contact us by email at: ihsrecruiters@ihs.gov



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