



2019 NCSBN Leadership and Public Policy Conference - Panel Discussion Video Transcript

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Event

2019 NCSBN Leadership and Public Policy Conference

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Presenter

Moderators:

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- Rebecca Fotsch, JD, Director, State Advocacy and Legislative Affairs, NCSBN

Panelists:

- Heather O'Hara, MSN, RN, Vice President, Montana Hospital Association
- Pamela C. Hagan, MSN, RN, Deputy Executive Director, Kentucky Board of Nursing
- Cathy Giessel, MS, RN, ANP, FAANP, Senate President, Alaska State Legislature

- [Nicole] It's a pleasure for me to introduce our panelists today. First, I will introduce Heather O'Hara as Vice President of the Montana Hospital Association. Heather advocates for healthcare policies addressing the clinical and workforce challenges faced by MHA member hospitals and healthcare service providers.

Heather has held several nursing leadership positions, including Vice President, Chief Nursing Officer at St. Peter's Health in Helena, Montana, and President of the Montana Board of Nursing. Heather has also served as Professor of Nursing at Carroll College, Helena, Montana and as a clinical nurse educator at St Peter's Health.

Heather started her nursing career as Staff RN at Children's Medical Centre in Dallas, Texas. And over the course of her career, she's provided care in the area of pediatrics, home health, surgical primary care and neonatal intensive care. Heather holds a Master of Science in nursing from Gonzaga University and a Bachelors of Science in Nursing from Carroll College.

She lives in Helena, Montana with her husband, Ted, and children, Carlin and Chloe. Welcome. - [Heather] Thanks.

- Next, it's my pleasure to introduce Pam Hagen. Pam Hagen is the Deputy Executive Director of the Kentucky Board of Nursing. During the 2018, 2019 legislative session, she served 15 months as acting

Executive Director. She joined the board in June of 2013 as APRN Education and Practice Consultant and also covered the practice consultant position during staff transitions.

Pam has practiced in a variety of positions, including as a clinical nurse specialist, nurse educator, nurse executive, and management roles in multiple settings. Previously, Pam was the Executive Director of the Kentucky Nurses Association from 1995 to 1998, and the Chief Programs Officer at the American Nurses Association from 1998 to 2008.

Pam is a graduate of the University of Kentucky with a Master of Science in nursing. Welcome, Pam. And next, a familiar face. We have Senator Cathy Giessel who presides as the President of the Alaska Senate. Cathy has served in the legislature since 2011 and is focused on the development of Alaska's resources.

At the same time, Cathy is a nurse practitioner, passionate about increasing healthcare access and reducing costs. Senator Giessel continues her clinical practice by volunteering in homeless shelters and school-based clinics. Thank you. - [Rebecca] The topic of this panel is misinformation and how to deal with misinformation at the legislative level because we know it can be prevalent, but sometimes it's hard to address that in a meaningful way.

So I was hoping that, as a start, that the panelists can take a few minutes to give a quick overview of their story of their...I guess not a story, but of their experience with misinformation, and then we can go on to some more pointed questions.

And then, at the end, we will open it up to questions from the audience. So, Heather, would you like to start?

- Sure. Good morning. Thank you for having me today. So my role in policy over the last several years as mentioned, I was the President and RN member of the Board of Nursing in Montana. I was appointed in 2012 and then reappointed in 2016. During that time, we were able to bring in the Nursing Licensure Compact, and we did that a couple times.

So I'll tell you a little bit more about that, but that's really the reason why I'm here today and kind of the overview of my background in regards to policy. - [Pam] I'm Pam Hagen. And as the Deputy Executive Director, as was mentioned in my introduction, I was the acting Executive Director for about 15 months.

And this occurred while the legislature was in session this past year. We have had prescriptive authority in Kentucky since 1996 for nonscheduled legend drugs and for controlled substances since 2006. And in the interim periods, multiple times, the professional associations have worked to try to change the laws related to that.

So we were involved with another issue this particular year, and I had to deal with major misinformation and how to address that situation. - [Cathy] Well, I've had the experience with misinformation from the other side, I guess, of the table being a legislator and carrying legislation.

Probably the most egregious example was carrying a bill for the Optometry Board. The ophthalmologists, who are the physician surgeons, were posing any kind of authority given to

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

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

- So did you want them to be blind?

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

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

- So in 2015, the Montana Board of Nursing and myself brought forward the Nurse Licensure Compact before the legislature in Montana. And that was right before...at that time, we were actually talking about the enhanced Nurse Licensure Compact, so this is the original Nurse Licensure Compact I'm talking about in 2015.

So we brought that forward, and you might ask, "Why did you do that knowing that the enhanced Nurse Licensure Compact was coming?" And we were trying to be very strategic at that time, so we brought that forward. And the reason why we wanted to do that is we wanted to have about a year and a half, two years of information if it were to pass. So when the enhanced Nurse Licensure Compact were to come forward in 2017, we would have that data to be able to provide that to the legislators in regards to how well it was working.

At the time that we were doing the Nurse Licensure Compact in 2015, we were also bringing forward a criminal background check bill through the Montana Board of Nursing because that was something that Montana hadn't done either. And again, I know that was going to be included in the enhanced Nurse Licensure Compact, but, again, we were being very strategic. So when we brought forward the enhanced Nurse Licensure Compact hoping that the criminal background check would pass, that we could say, "Now it's working very well. We've been doing it for a year and a half, and it's included in the enhanced Nurse Licensure Compact. We're already there."

So we were very lucky in 2015 with a lot of work from a lot of different people. We were able to pass both of those bills. And then in 2017, we brought for the enhanced Nurse Licensure Compact, and we passed that one as well. I don't think that there wasn't any opposition. We had a fair amount of opposition during that time and a lot of misinformation. And then this year was a unique year, in 2019.

During the legislative session, we had a bill that came forward that wanted to repeal the Nurse Licensure Compact. And to be honest with you, I knew I've had a real good feeling it was coming. It was the same group that was against the Nurse Licensure Compact from 2015. So, again, we tried to be very strategic in regards to how we were going to handle that.

I think one of the most important things that we did prior to the legislation or legislative session starting is we met with the Montana Nurses Association. That was the body that was against the Nurse Licensure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

one of the top three, depending on the stories you read about opioid use disorder or opioid use in the state.

So that became the focal point of, well, all these APRNs are prescribing, we can't let them do this because there'll be more of them, that kind of thing. We have a session every year, and this was our short year, so the session was going to be over by March the 30th. And in January, I received an email from a licenced nurse who had been to some probably political campaign speeches, and had reported this a second time that she'd heard one particular individual espousing the abuse of prescribing by APRNs and that APRNs were the cause of the problem.

The individual happens to be a health care professional who aspires to higher office, so I think it did have a political band. So that was the first information that I had related to that. However, a little over a year ago, the board was summoned to a meeting in the Capitol with several legislators and a meeting afterwards with the legislator who's been supportive of the legislation.

He was quite concerned that the board was not disciplining nurses appropriately or APRNs. Well, the thing is, you know, it's not like we have a neon sign out front, "Three APRNs suspended today." We're quiet about it. We don't advertise it, but we do publish all of our actions in our connection at KBN connection.

So it's readily available. Obviously, you can go to nurses and you can find out. Another backdrop to this is that one of the leaders of the Senate is from a small county in Eastern Kentucky, and there had been a major drug issue in that particular county.

There was a very small population, talking about yesterday, of about 20,000, but there are something like 11 or 13 pharmacies. And then, you know, some of this began to unravel, and he was concerned that, in his own county, he couldn't control it. So, he became, I think, concerned about it as well. So based on the information that we received that this one health care professional who was joined later in the Legislative Assembly in a speech, it became apparent that we needed to counter that.

So what I did, it just kind of made me angry, so I sat down and kind of wrote my thoughts down. And I addressed a letter to the... First, this bill was going through the House, so I addressed the letter to the House Committee leaders and committee members, as well as the House leaders, telling them what the Board of Nursing does, that we are for the safety of the public.

There are bosses, and so our role is to educate. We don't have a lobbyist, we don't have a government liaison, and so it's up to us as staff to educate them. Another factor is that you hear this from lobbyists, you know, know your constituency. Well, this particular year, there were 32 new House representatives.

We'd had a major turnover in election. It didn't change the numbers or who was in power if you will. We have a trifecta in Kentucky. Of course, that's based on horse racing, you realize that. So, it didn't change. But there were 32 new people in the House and two new in the Senate who had never sat there through some of these arguments before, these committee meetings.

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

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

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

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

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

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

And so, from 2012, we've been collecting data. And I, you know, got that information. We were able to use an objective analysis of that from NCSBN to look at it. And so we had data from 2012 to 2018 that showed the decreasing use of prescriptions for pain management, obviously, in most cases, and could show that APRNs were not the culprit, that physicians maintain pretty high levels.

In general, they do, but you could see the beginnings of some decreasing in that. So, you know, that's just using the facts. Now, this particular legislator was taking the same data, and he would just pick out portions of it to communicate. And so it was like, "Let's look at the big picture here," because, obviously, every year, there are a certain number of APRNs graduating, and APRNs have to wait one year after licensure to even obtain controlled substance prescribing.

So in any one year, while you've got new graduates coming out a year later, you've got a large number who are now ready to prescribe. So, yes, you can use those numbers in a lot of different ways.

- And that's what I wanted to make sure you touched on, Pam, because I know we hear a lot about, you know, facts, fake news, you know, what is real and what is not. And here's an instance where we had...they were both facts, they were just interpreted or manipulated, if you will, in a different way to, I think, what we would say would be misleading.

So did you adjust that in the memo that you sent out to the legislators? How did you...because that is a large part, I think, of...would you say of the misinformation and confusion?

- Right. In the memo, I did include a graph that showed this prescribing decreasing over the years and where the levels were. So at least they got a picture. And I think that's a key point, is out of 138 legislators, when you look at the whole General Assembly, there are a handful of health care professionals, but the rest are not.

But you got a lot of attorneys, but you have farmers, you have, you know, manufacturers, whatever. So they take information in different ways. So pictures are worth 1,000 words. Facts are important, sometimes just a conversation and interpretation. So you have to appeal to everybody's interest, and how they will take the information.

You know, we also had been part of the Nursing America Campaign with NCSBN, and we were able...well, we didn't have lobbyists. NCSBN did hire a couple lobbyists, and it will tell you that one of the lobbyists that was hired is probably the most seasoned lobbyist in the state of Kentucky.

And she is the only one who was ever allowed, and that was the word that was used by someone else, who was allowed to speak to the lobbyists and to the legislators to talk about how lobbying is to take place. So she gave me her 10 rules. And, you know, one of the things she said is to be truthful, we heard that yesterday.

And you can just as much be untruthful by omitting facts as you can by giving them everything they need.

- Great. Thank you, Pam. Cathy, so we've heard so far from Heather and Pam about how they approach lawmakers about misinformation and how they have they combated that. So, as a lawmaker, what do you find to be most effective to combat misinformation when you're approached?

- Well, that is a big question. First of all, relationships are what matter the most. So, before you have legislation coming before the legislature, have developed a relationship with those legislators so that they know who you are and they trust you.

You aren't that person that is always pounding on their door telling them they're doing a bad job. You found areas, where you can agree with them, where you applaud what they're doing, and they know you. I talked yesterday about money being the lifeblood of politics. That is another venue.

Nursing organizations that want to have influence should get involved in campaigns and show up at fundraisers and, again, introduce yourself. "I'm a nurse practitioner. I know a lot about health care. I see, probably coming down the road, some opioid issues in our state, and I'd like to be a resource to you. My experience is in pain management, and I could offer you information. Here's my card."

So that kind of getting to know people. I have a chief of staff who is invaluable to me, and he's invaluable to me because he tells me things I don't want to hear. It's not that I don't want to know them, I

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

So, the message there is to be proactive. Think about the policy that you want to change and actually sit down with a team of people and consider, what will the opposition say to our points for wanting this bill?

What are their points going to be opposing it so that we can proactively state, "This is how this works. This is how nurse practitioners effectively prescribe," rather than wait for that false information to come out and then you have to explain and you're losing because you are rebutting something that's already out there in the public.

In a sense, when you're trying to rebut false information, you're actually repeating it again, and repetition kind of makes things seem true. So that's, that's a challenge, to be proactive and imagine what the opposition is going to say.

You know, Heather talked about knowing what the opposition was going to say and being prepared for that. So that's a really good point. In terms of communication, Pamela talked about having pictures, having the graph to show the decline in prescribing by nurse practitioners. Legislators are deluge with reading stuff, long reports.

I'll tell you personally, I read the beginning, and I read the conclusion. If there's stuff in the middle I might want to see, my interest will have to be piqued by an illustration or something. And that's good.

But keep in mind that the most effective communication on an issue is stories. When you look at how Jesus communicated, he communicated in stories, in parables. Who are the best communicating public officials that we've had?

Abraham Lincoln, for one. He told stories, always had an illustrating story for a point he wanted to make or a challenge he wanted to give someone. Think about this, "I knew a farmer with a field and..." etc. Another effective communicator was Ronald Reagan, again, used stories.

So when I have legislation that's controversial, I want constituents coming forward with their stories. Think about Mothers Against Drunk Driving, all the stories that those mothers came forward with about their children.

That's what moves people, and that's what people remember, and legislators are people. So, stories are incredibly powerful. Facts, of course. We live on facts. We're nurses. We want studies. We want clinical trials.

But legislators have to be moved emotionally, frankly. In terms of lobbyists, I wish I knew more lobbyists that had 10 rules, and one of them was to be truthful. That would be swell. Unfortunately, I've had many bills and the lobbyist will straight-face lie about the impact of whatever my bill is trying to do.

So you can't always count on that. So, that would be my response.

- Thank you, Cathy. Just a quick follow up. You talked about stories and how stories are important, and certainly that they make those connections. We heard about a story from Pam, where a lawmaker, there was a localized incident in their county, and they took that to mean that this applies to all nurse practitioners across the state. How do you, as a lawmaker, or what's your advice about how you seek information to make sure that you're getting the whole picture and not just a small story?

- That's a great question. And in that situation, that's where a relationship with other nurse practitioners, that is, the nurse practitioners in the community, having relationship with those legislators and be able to come to them and say, "Look, you know, I live in your district.

Remember we met at my door," or, "I came to your event, and I'm telling you this lobbyist is distorting that information. This simply doesn't happen." That relationship now is what will have the most impact on that legislator. We, as legislators, know that lobbyists are frankly prostitutes.

They're for sale. They're for sale to the highest bidder. "How much will you pay me to sell your product to legislators?" Right? So, we keep that in mind, but, again, relationship with you will help us ask the right questions of those powerful lobbyists that sometimes are trying to influence us.

And to be honest, those lobbyists do bring contributions to campaigns, and sometimes they do "own," sad to say, legislators. I've had that experience myself. It's very difficult to combat. But, again, relationship with you as the clinical specialist as the constituents and the clinicians really has an impact.

- Thank you, Cathy. Heather, so we heard about resources. We heard about Pam talking about this memo that was prepared. We've heard about stories and anecdotes as being important in communicating your information and creating relationships with lawmakers. What did you find to be the most effective when speaking to legislators about the NLC repeal bill, and specifically, were there any materials that you distributed?

- So you're going to hear a lot of actually what Pamela and Cathy have already said. But in regards to the legislators and developing those relationships, I was very lucky. Montana Hospital Association has a really positive relationship with the legislators in the state of Montana. So when I went before them and talked to them, and talked to them in the hallways, and whatnot, and I am a lobbyist...

I have to pause quit. It was nice to have that in the background in regards to knowing that they knew the information that they would receive from the Montana Hospital Association would be honest, and it would be informational, and it would, you know, just be right.

I think being a registered nurse too, and me going before the legislators and talking to them, and then having also that history with Nurse Licensure Compact when I went and testified because I knew the history. I had been there since the beginning, also gave me a lot of credibility when I was talking before the committee.

In regards to stories, you know, I wasn't the only one testifying when I went before the committee. And I have to be honest with you, like you said, Cathy, as a lobbyist and whatnot, you expect me to say what I'm going to say. I mean, that's my job at MHA is to get that information. But I had called again, all of those individuals that we represent, all of our members, and I asked them, "Please come to Helena. I need

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

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

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

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

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

So bulleted information was very important.

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

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

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

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

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

way, we each have our area of specialty. And so I often will rely on my colleagues if it's an issue related to fisheries, for example.

I am not a commercial fisherman, but I have members of my body that are commercial fishermen and so I go to them to bounce information off. So that's how I clarify information and make sure that I've got the straight scoop.

That, and if there's a reliable lobbyist in that particular subject area, or if I have a citizen in my community that I know is in that profession, and, again, I trust that individual, I'll ask them, "This is what I'm hearing. How much of this is fact, how much of this is fiction?" So, again, it does, frankly boil down to relationships and that relationship being founded on trust.

- Thank you. Pam, what was the response to the memo? What happened after the memo, not only legislatively if you want to give us an update on the bill and what happened last session, but also, you know, did you hear from lawmakers who received the letter? Did you meet with lawmakers?

Where was the...or what happened in the aftermath?

- Well, to pick up on a couple of other things, I will say that I did violate, and knew that I did at the time, the one-page flyer. But it was like, this was the first time that I had had the opportunity and the position I had to get some information out. And I hated it with those questions.

I thought, "If they don't read, maybe they'll turn to the last page and see, 'How do we discipline?'" You know, that was the header, even though it was a little bit longer than a page. So did we hear? One of the other things I would build foundation on what Cathy said is that relationships are important. Since that time, and since I'm no longer the acting, we have a new executive director, and she comes with relationships that she built from the other side of the table.

And so, that is going to be helpful for the Board of Nursing to be able to continue in this effort and make sure that we can go to the Senate President, we can go to the House Chair, and any of those committees and continue to build on that. Looking back and reflecting, I would say that, well, you know, the board is an agency of state government and were there.

You call us, we'll be happy to tell you. But we were not maybe proactive. And I would say, as an agency of state government, it's just as much our role to educate the legislators. They're going to be legislating back on you. So I would say that's one thing. So while the bill didn't pass, it made it further through the legislative process than ever before.

The champion of this particular bill, and he spent out a couple of three sessions now, has been a senator. And, it's typically started in the senate because of his activity. And I will tell you, he has his own "APRN" She's his ear. She has his ear, and she has helped him become much more educated over the legislative sessions in the past to bring that bill forward.

But this year, the bill started in the House. And again, that's where that greater turnover was. I think there was an all-out effort from the Association for APRNs to be visible, and they wanted us to have the

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

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

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

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

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

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

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

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

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

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

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

Though I'd had it in the Senate, I also know had it in the House, and the House body was much less affected by the lobbyists who were working against the bill. So the bill sped right along on the House side. I never addressed the blindness issue. They started running ads against the House member also. So, they were running ads against two women, one of which was a nurse, right?

And so the absurdity of the ads weighed...they weighed themselves down. But that was how the bill actually was passed. It moved so quickly on the House side that the senator on my side that had been holding it up for all those years was forced to let the bill out of her committee and the bill passed.

Sometimes ignoring bad information is just as effective as addressing it.

- Yes, go on. - [Everlyn] I'm Everlyn Duffy from Case Western Reserve University in Cleveland, Ohio, and I have two questions. The first one is actually to you, Senator. Could you explain your comment that explain, "If you're explaining, you're losing?"

Just a little more detail about that?

- Right, right. What he's conveying is, if you haven't clearly thought through what the opposition will be doing and addressing that, there's no way you can go back and try to pick up those pieces after negative information has come out that seems credible. It becomes much more difficult.

And so the challenge is always that anticipation of what the opposition will be, exactly what Heather had executed.

- So be on the options rather than finding yourself on the defence.

- That's a good like...definitely.

- And then my other question is, because of gerrymandering and our partisan society right now, in general, if you're going to your own representative who is the one that cares about you because he's the one you can, or she's one that you can vote for, you're probably preaching often to the choir. And so that's kind of frustrating. Like, you already have the same view of the world.

How do you get to those people that don't have the same view of the world and listen to their constituency that are that opposition of whatever it is you're... And that's a question for any of you. Thank you.

- I would say that, certainly, I mean, it's not the board's purview. But again, what the association did in this place was they engaged their members to go and build those relationships. And so, while maybe I'm not in the senator's district, I can call my friend, Susan, and she can go talk to her or talk to a different legislator and say, like, "Here's what I told Senator Giessel, so, you know, pass this on."

- And we did the same in regards to when I had the email out and conversations with our members. We asked them to talk to their representatives that were in their districts and give them information. The individual that sponsored the bill to repeal the NLC, we definitely reached out to that hospital that was

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

And so they came in, they met with the board. And a week or so or two weeks later, I read on their website that the Executive Director had written up her interpretation of what transpired from that meeting, and it was very misleading. And so I worked with our general counsel to email her and let her know that what she wrote really was misleading and not what the Board said.

So just some thoughts on what might come out of a meeting that ends up on a website that really is not factual or it's... I don't know what you'd call it because it was factual, but it just was misleading.

So, thank you.

- I could speak a little bit to that. So, even though we might not always agree with the Montana Nurses Association in regards to what their stances and in regards to the Nurse Licensure Compact, we are continuing to meet. And so I'd encourage you to continue to meet with those individuals that maybe you have a rub with.

But in addition to meeting with the Montana Nurses Association, we're now developing a council of nurse leaders and educators across the state along with MNA. And what I what I learned a lot about in this last legislative session is that a lot of us go before the session, and we do things in silos, and we all have our own agendas.

And the legislators look at you and go, "Do you guys not talk to one another? I mean, come on. Get with it." And then all of your bills fail because you're not talking to one another. So what we're doing in the state of Montana now is we're bringing everyone together, and maybe we're not always going to agree on things, but we can have open and honest dialogue and discussions.

And next time when I go before the legislature in 2021, and they ask me, "Do you guys not talk?" I can say, "No, we did talk, and we've agreed to disagree on this. But we have talked, and this is how we're going to move forward." So I would just continue. Just make them your friends and continue talking with them. -

[Woman] Yeah, she gets some hugs when she needs everything so [inaudible 00:57:07]

- I don't know about hugs, but...

- Cynthia? This will be the last question. - [Cynthia] Good morning. Cynthia Labonte, ED of Wyoming. My question is for Pam.

And it's a quick question, but can you please tell me if the gentleman who was running for election and was spewing misinformation about APRNs was elected?

- That is still in play. Our election will be in about six weeks. Maybe not that long, November 5th.

- And is he going to win?

- It's a toss-up. He's actually running for lieutenant governor. And he's a different candidate than the current governor has as a lieutenant, so it'll be interesting to see. And that could change this story next year as to whether that team gets elected and what his role is in the state.

And I thought you were going to ask me a different question that I was ready to say yes to the credentials. But anyway.

- Thank you.

- I will say too, another way to educate. I don't know how your all sessions are. But between sessions, we have interim session, and the legislators use that as educational opportunities. So rather than being in the spotlight and having to testify before the committee in a real, formal way, there's more of an educational approach. So things like mental illness, mental health services, maybe six different groups are asked to come and give their views like you were talking about.

And that did occur last fall in preparation of this bill moving forward in the spring by the Association, that there was some education that went on. But remember, there were 32 new members, so it's an ongoing kind of process.

- Could I just add one last thing too, just a reminder? I don't know how many of you are aware but Gallup does a poll every year on trustworthiness and honesty. And nurses, for 20 years, have been number one. The exception was 2001 when firefighters and police were number one and we were number two.

So you enter a legislator's office identifying yourself as a nurse with a leg up, so don't be intimidated.

- Thank you very much to our panelists. Thank you for sharing your story and expertise.