1	SENATE BILL NO. 106
2	INTRODUCED BY J. SMALL
3	
4	A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING LAWS RELATING TO PSYCHOLOGY;
5	AUTHORIZING PSYCHOLOGISTS TO PRESCRIBE OR DISPENSE DRUGS OR MEDICINE UNDER CERTAIN
6	CONDITIONS; PROHIBITING A PRESCRIBING PSYCHOLOGIST FROM DIRECTLY OR INDIRECTLY
7	OWNING A COMMUNITY PHARMACY; REQUIRING RECORDKEEPING; PROVIDING FOR INTERACTIONS
8	WITH VARIOUS BOARDS; CREATING A COMMITTEE TO ADDRESS COMPLAINTS; PROVIDING DUTIES
9	AND IMMUNITY FROM LIABILITY FOR CERTAIN PRESCRIBING PSYCHOLOGISTS; EXPANDING THE
10	DUTIES OF THE BOARD OF PSYCHOLOGISTS, INCLUDING EXPANDED RULEMAKING, FEE SETTING,
11	AND REMEDIATION; AND AMENDING SECTIONS 37-2-101, 37-2-311, 37-8-102, 37-17-101, 37-17-102,
12	37-17-103, 37-17-104, 37-17-202, 37-17-313, AND 53-21-165, MCA."
13	
14	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
15	
16	NEW SECTION. Section 1. Authorization to prescribe drugs and medicine. (1) A psychologist
17	certified by the board to be a prescribing psychologist may prescribe drugs or medicine customarily used in the
18	diagnosis and treatment of mental or emotional disorders and in the treatment of related side effects of mental
19	or emotional disorders. The board shall assign an identification number to each prescribing psychologist.
20	(2) A prescription by a prescribing psychologist:
21	(a) must comply with all applicable state and federal law;
22	(b) must be identified as being issued by a prescribing psychologist; and
23	(c) must include the prescribing psychologist's identification number assigned by the board.
24	(3) Records of all prescriptions must be maintained in patient records.
25	(4) A prescribing psychologist may not designate any other person to prescribe drugs or medicine.
26	(5) When a prescribing psychologist is prescribing drugs or medicine for a patient, the prescribing
27	psychologist shall maintain an ongoing collaborative relationship with the medical practitioner who oversees the
28	patient's general medical care and shall maintain records as provided in 53-21-165 or by rule.
29	
30	NEW SECTION. Section 2. Qualifications for prescriptive authority renewal. (1) To qualify for



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1 prescriptive authority, a psychologist: 2 (a) must hold a current license to practice psychology in Montana; 3 (b) (i) must have a master's degree in clinical psychopharmacology that includes training in physical 4 assessment, neuroscience, pharmacology, physiology, pathophysiology, psychopharmacology, clinical 5 management, appropriate and relevant physical and laboratory assessment, and clinical pharmacotherapeutics 6 from an institution accredited by a regional accreditation organization; or 7 (ii) must have successfully completed the United States department of defense psychopharmacology 8 demonstration project or a similar program developed and operated by a branch of the United States armed 9 forces: 10 (c) must have obtained supervised and relevant clinical experience with at least 100 patients preceding 11 the date of application. The board may determine if the supervised and clinical experience under the direction 12 of qualified practitioners is sufficient to attain competency. 13 (d) shall pass a certifying examination developed by a nationally recognized body and approved by the 14 board; and 15 (e) shall submit an application and fees required by the board for certification. 16 (2) A psychologist applying to renew prescriptive authority shall present satisfactory evidence to the 17 board of having completed 20 contact hours of instruction relevant to prescriptive authority during the previous 18 2-year period and shall pay renewal fees as required by the board. 19 20 NEW SECTION. Section 3. Controlled substance prescriptive authority -- recordkeeping. (1) A 21 prescribing psychologist who writes a prescription for a controlled substance as provided in Title 50, chapter 32, 22 shall file in a timely manner all individual federal drug enforcement agency registrations and numbers with the 23 board. 24 (2) The board shall maintain current records for each prescribing psychologist, including federal drug 25 enforcement agency registrations and numbers. 26 27 NEW SECTION. Section 4. Interaction with board of pharmacy. (1) The board of psychologists shall 28 transmit to the board of pharmacy an annual list of prescribing psychologists containing: 29 (a) the name of each prescribing psychologist; 30 (b) the prescribing psychologist's identification number assigned by the board; and

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1	(c) the effective date of the prescribing psychologist's prescriptive authority.
2	(2) The board of psychologists shall promptly forward to the board of pharmacy the names and files of
3	prescribing psychologists added to or deleted from the annual list described in subsection (1).
4	(3) The board of psychologists shall notify the board of pharmacy in a timely manner upon termination,
5	suspension, or reinstatement of a prescribing psychologist's prescriptive authority.
6	
7	NEW SECTION. Section 5. Prescribing psychologist oversight committee. (1) There is a prescribing
8	psychologist oversight committee of five members that is attached to the department of labor and industry. The
9	board of psychologists is responsible for committee costs as provided in 2-18-501 through 2-18-503.
10	(2) Appointments include:
11	(a) two physicians appointed by the board of medical examiners;
12	(b) two psychologists appointed by the board of psychologists; and
13	(c) one pharmacist appointed by the board of pharmacy.
14	(3) The members of the committee shall elect a presiding officer from among the members of the
15	committee.
16	(4) A meeting of the committee is subject to a call by one of the represented boards or the department
17	upon receipt of a signed, written complaint regarding the prescribing, administering, or discontinuing of drugs or
18	medicine by a prescribing psychologist.
19	(5) A represented board or the department shall, upon receipt of a complaint, forward a copy of the
20	complaint to members of the committee. Each committee member must, subject to applicable confidentiality
21	requirements, be allowed access to all necessary records related to the complaint.
22	(6) The committee may investigate a complaint it considers valid.
23	(7) Based on the findings of an investigation pursuant to subsection (6), the committee may recommend
24	that the board of psychologists:
25	(a) take no further action regarding the complaint; or
26	(b) initiate disciplinary proceedings.
27	(8) If the committee recommends disciplinary proceedings, the board of psychologists shall take
28	necessary action to begin the disciplinary proceedings and shall respond to the committee's decision in writing.
29	(9) A copy of the committee's decision and, if applicable, the board's written, public findings must be
30	mailed to:
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1	(a) the complainant;
2	(b) the person against whom the complaint was brought; and
3	(c) the board of medical examiners and the board of pharmacy.
4	
5	Section 6. Section 37-2-101, MCA, is amended to read:
6	"37-2-101. Definitions. As used in this part, the following definitions apply:
7	(1) "Community pharmacy", when used in relation to a medical practitioner, means a pharmacy situated
8	within 10 miles of any place at which the medical practitioner maintains an office for professional practice.
9	(2) "Device" means any instrument, apparatus, or contrivance intended:
10	(a) for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans;
11	(b) to affect the structure or any function of the body of humans.
12	(3) "Drug" has the same meaning as provided in 37-7-101.
13	(4) "Drug company" means any person engaged in the manufacturing, processing, packaging, or
14	distribution of drugs. The term does not include a pharmacy.
15	(5) "Medical practitioner" means any person licensed by the state of Montana to engage in the practice
16	of medicine, dentistry, osteopathy, podiatry, optometry, <u>psychology as a prescribing psychologist,</u> or a nursing
17	specialty as described in 37-8-202 and in the licensed practice to administer or prescribe drugs.
18	(6) "Person" means any individual and any partnership, firm, corporation, association, or other business
19	entity.
20	(7) "Pharmacy" has the same meaning as provided in 37-7-101.
21	(8) "Prescribing psychologist" has the meaning provided in 37-17-102.
22	(8)(9) "State" means the state of Montana or any political subdivision of the state."
23	
24	Section 7. Section 37-2-311, MCA, is amended to read:
25	"37-2-311. Report to department of justice by physician. (1) Any physician <u>or prescribing psychologist</u>
26	who diagnoses a physical or mental condition that, in the physician's judgment <u>of the physician or prescribing</u>
27	psychologist, will significantly impair a person's ability to safely operate a motor vehicle may voluntarily report the
28	person's name and other information relevant to the person's condition to the department of justice. The
29	department, upon receiving the report, shall require the person reported to be examined or investigated as
30	provided for in 61-5-207.



1 (2) (a) The physician's or prescribing psychologist's report may be introduced as evidence in any 2 proceeding involving the granting, suspension, or revocation of the person's driver's license, driving privilege, or 3 commercial driver's license before the department or a court. 4 (b) The physician's or prescribing psychologist's report may not be utilized used in a criminal proceeding 5 or in a civil proceeding, other than as provided in this subsection (2), without the consent of the patient." 6 7 NEW SECTION. Section 8. Prescribing psychologist's immunity from liability. A prescribing 8 psychologist who is not employed by or acting on behalf of the state or its political subdivisions is, when reporting 9 in good faith, immune from any liability, civil or criminal, that otherwise might result by reason of the prescribing 10 psychologist's actions pursuant to 37-2-311 except for damages occasioned by gross negligence. An action may not be brought against a prescribing psychologist for not making a report pursuant to 37-2-311. 11 12 13 Section 9. Section 37-8-102, MCA, is amended to read: 14 "37-8-102. Definitions. Unless the context requires otherwise, in this chapter, the following definitions 15 apply: 16 (1) "Advanced practice registered nurse" means a registered professional nurse who has completed 17 educational requirements related to the nurse's specific practice role, in addition to basic nursing education, as 18 specified by the board pursuant to 37-8-202. 19 (2) "Board" means the board of nursing provided for in 2-15-1734. 20 (3) "Department" means the department of labor and industry provided for in Title 2, chapter 15, part 17. 21 (4) "Medication aide I" means a person who in an assisted living facility uses standardized procedures 22 in the administration of drugs, as defined in 37-7-101, that are prescribed by a physician, a prescribing 23 psychologist, a naturopathic physician, a physician assistant, an optometrist, an advanced practice registered 24 nurse, a dentist, an osteopath, or a podiatrist authorized by state law to prescribe drugs. 25 (5) "Medication aide II" means a person who in a long-term care facility licensed to provide skilled nursing 26 care, as defined in 50-5-101, uses standardized procedures in the administration of drugs, as defined in 37-7-101, 27 that are prescribed by a physician, a prescribing psychologist, a naturopathic physician, a physician assistant, 28 an optometrist, an advanced practice registered nurse, a dentist, an osteopath, or a podiatrist authorized by state 29 law to prescribe drugs. 30 (6) "Nursing education program" means any board-approved school that prepares graduates for initial

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1 licensure under this chapter. Nursing education programs for:

2 (a) <u>for professional nursing may be a department, school, division, or other administrative unit in a junior</u>
 3 college, college, or university;

4 (b) <u>for</u> practical nursing may be a department, school, division, or other administrative unit in a
 5 vocational-technical institution or junior college.

6 (7) "Practice of nursing" embraces the practice of practical nursing and the practice of professional7 nursing.

8 (8) (a) "Practice of practical nursing" means the performance of services requiring basic knowledge of 9 the biological, physical, behavioral, psychological, and sociological sciences and of nursing procedures. The 10 practice of practical nursing uses standardized procedures in the observation and care of the ill, injured, and 11 infirm, in the maintenance of health, in action to safeguard life and health, and in the administration of medications 12 and treatments prescribed by a physician, a prescribing psychologist, a naturopathic physician, a physician 13 assistant, an optometrist, an advanced practice registered nurse, a dentist, an osteopath, or a podiatrist 14 authorized by state law to prescribe medications and treatments. These services are performed under the 15 supervision of a registered nurse or a physician, a prescribing psychologist, a naturopathic physician, a physician 16 assistant, an optometrist, a dentist, an osteopath, or a podiatrist authorized by state law to prescribe medications 17 and treatments.

(b) These services may include a charge-nurse capacity in a long-term care facility that provides skilled
 nursing care or intermediate nursing care, as defined in 50-5-101, under the general supervision of a registered
 nurse.

21 (9) "Practice of professional nursing" means the performance of services requiring substantial 22 specialized knowledge of the biological, physical, behavioral, psychological, and sociological sciences and of 23 nursing theory as a basis for the nursing process. The nursing process is the assessment, nursing analysis, 24 planning, nursing intervention, and evaluation in the promotion and maintenance of health, the prevention, 25 casefinding, and management of illness, injury, or infirmity, and the restoration of optimum function. The term also 26 includes administration, teaching, counseling, supervision, delegation, and evaluation of nursing practice and the 27 administration of medications and treatments prescribed by physicians, prescribing psychologists, naturopathic 28 physicians, physician assistants, optometrists, advanced practice registered nurses, dentists, osteopaths, or 29 podiatrists authorized by state law to prescribe medications and treatments. Each registered nurse is directly 30 accountable and responsible to the consumer for the quality of nursing care rendered. As used in this subsection



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1	(9):
2	(a) "nursing analysis" is the identification of those client problems for which nursing care is indicated and
3	may include referral to medical or community resources;
4	(b) "nursing intervention" is the implementation of a plan of nursing care necessary to accomplish defined
5	goals."
6	
7	Section 10. Section 37-17-101, MCA, is amended to read:
8	"37-17-101. Purpose. The legislature finds and declares that the practice of psychology in Montana
9	affects the public health, safety, and welfare and should therefore be subject to regulation and control in the public
10	interest in order to protect the public from the unauthorized and unqualified practice of psychology and from
11	unprofessional conduct by persons licensed to practice psychology. <u>The practice of psychology does not include</u>
12	prescribing drugs, unless the psychologist has a current certificate from the board as a prescribing psychologist."
13	
14	Section 11. Section 37-17-102, MCA, is amended to read:
15	"37-17-102. Definitions. Unless the context requires otherwise, in this chapter, the following definitions
16	apply:
17	(1) "Accredited college or university" means a college or university accredited by the regional accrediting
18	association for institutions of higher learning, such as the northwest commission on colleges and universities.
19	(2) "Board" means the board of psychologists provided for in 2-15-1741.
20	(3) "Collaborative relationship" means a cooperative working relationship, within the respective scope
21	of practice, between a prescribing psychologist or a psychologist with a prescription certificate and a medical
22	practitioner in the provision of patient care. The collaborative relationship may include diagnosis, treatment, and
23	management and delivery of a patient's health care.
24	(3)(4) "Department" means the department of labor and industry provided for in Title 2, chapter 15, part
25	17.
26	(5) "Drug" has the meaning provided in 37-7-101 and, additionally, means a drug customarily used in
27	the diagnosis or treatment of mental or emotional disorders or for side effects related to the treatment of mental
28	or emotional disorders.
29	(6) "Medicine" has the meaning provided in 37-7-101 and, additionally, means medicine that is
30	customarily used in the diagnosis or treatment of mental or emotional disorders.
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1	(4)(7) (a) "Practice of psychology" m	eans the observation,	description, interpretation, and modification
2	of human behavior by the application of psyc	chological principles, r	nethods, and procedures for the purpose of
3	eliminating symptomatic, maladaptive, or unde	esired behavior and im	proving interpersonal relations, work and life
4	adjustment, personal effectiveness, and men	ital health.	
5	(b) The practice of psychology inclu	des but is not limited t	o <u>:</u>
6	(i) psychological testing and evaluati	on or assessment of p	ersonal characteristics such as intelligence,
7	personality, abilities, interests, aptitudes, and	l neuropsychological f	unctioning;
8	<u>(ii)</u> counseling, psychoanalysis, psy	chotherapy, hypnosis	, biofeedback, and behavior analysis and
9	therapy;		
10	(iii) diagnosis and treatment of ment	al and emotional diso	rders or disabilities, chemical dependency,
11	substance abuse, and the psychological asp	ects of physical illness	s, accident, injury, or disability; and
12	(iv) psychoeducational evaluation, th	erapy, remediation, a	nd consultation.
13	(5)(c) A person represents to the pu	blic that the person is	a "psychologist" engaged in the practice of
14	psychology when the person uses a title of	r description of servic	es incorporating the words "psychologist",
15	"psychological", "psychologic", or "psychology	y" and offers to render	or renders psychological services described
16	<u>referred to</u> in subsection (4) <u>subsections (7)</u>) <u>(a) and (7)(b)</u> to indiv	viduals, groups, corporations, or the public,
17	whether or not the person does so for compe	ensation or <u>a</u> fee.	
18	(8) "Prescribing psychologist" me	ans a licensed psyc	chologist who has undergone specialized
19	postdoctoral training in psychopharmacology,	has passed an examin	ation accepted by the board of psychologists,
20	and has received from the board a current ce	ertificate granting pres	criptive authority that has not been revoked
21	or suspended.		
22	(9) "Prescription" has the meaning p	rovided in 50-32-101 a	nd includes an order for a drug, a laboratory
23	test, a medicine, a device, or a treatment.		
24	(10) "Prescriptive authority" means th	e authority to prescribe	e, administer, or discontinue the use of drugs
25	or medicine customarily used in the diagnosis	and treatment of men	tal or emotional disorders or other treatment
26	procedures within the scope of the practice of	psychology in accorda	ance with regulations adopted by the board."
27			
28	Section 12. Section 37-17-103, MC	A, is amended to read	l:
29	"37-17-103. Limitation of license a	authority. Nothing in t	his <u>This</u> chapter shall <u>may not</u> be construed
30	as permitting psychologists to prescribe drug	js, perform surgery , or	administer electroconvulsive therapy. <u>Only</u>
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Section 13. Section 37-17-104, MCA, is amended to read:

psychologists with prescriptive authority may prescribe drugs."

"37-17-104. Exemptions. (1) Except as provided in subsection (2), this chapter does not prevent:

(a) qualified members of other professions, such as physicians, social workers, lawyers, pastoral
counselors, professional counselors licensed under Title 37, chapter 23, marriage and family therapists licensed
under Title 37, chapter 37, or educators, from doing work of a psychological nature consistent with their training
if they do not hold themselves out to the public by a title or description incorporating the words "psychology",
"psychologist", "psychological", or "psychologic";

(b) the activities, services, and use of an official title clearly delineating the nature and level of training
on the part of a person in the employ of a federal, state, county, or municipal agency or of other political
subdivisions or an educational institution, business corporation, or research laboratory insofar as these activities
and services are a part of the duties of the office or position within the confines of the agency or institution;

(c) the activities and services of a student, intern, or resident in psychology pursuing a course of study
 at an accredited university or college or working in a generally recognized training center if these activities and
 services constitute a part of the supervised course of study of the student, intern, or resident in psychology;

17 (d) the activities and services of a person who is not a resident of this state in rendering consulting 18 psychological services in this state when these services are rendered for a period which does not exceed, in the 19 aggregate, 60 days during a calendar year if the person is authorized under the laws of the state or country of 20 that person's residence to perform these activities and services. However, these persons shall report to the 21 department the nature and extent of the services in this state prior to providing those services if the services are 22 to exceed 10 days in a calendar year.

(e) a person authorized by the laws of the state or country of the person's former residence to perform
 activities and services, who has recently become a resident of this state and who has submitted a completed
 application for a license in this state, from performing the activities and services pending disposition of the
 person's application; and

27 (f) the offering of lecture services.

(2) Those qualified members of other professions described in subsection (1)(a) may indicate and hold
 themselves out as performing psychological testing, evaluation, and assessment, as described referred to in
 37-17-102(4)(b)(7)(b), provided that they are qualified to administer the test and make the evaluation or

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1	assessment.
2	(3) The board of behavioral health shall adopt rules that qualify a licensee under Title 37, chapter 22,
3	23, or 37, to perform psychological testing, evaluation, and assessment. The rules for licensed clinical social
4	workers, professional counselors, and licensed marriage and family therapists must be consistent with the
5	guidelines of their respective national associations. A qualified licensee providing services under this exemption
6	shall comply with the rules no later than 1 year from the date of adoption of the rules."
7	
8	Section 14. Section 37-17-202, MCA, is amended to read:
9	"37-17-202. Powers <u> rulemaking</u> . (1) The board may make <u>adopt</u> reasonable and necessary rules
10	for the proper performance of its duties and for the regulation of proceedings before it.
11	(2) In addition to the other powers and duties set forth, the board may:
12	(a) revoke and suspend licenses;
13	(b) conduct hearings upon complaints concerning persons licensed under this chapter;
14	(c) cause the prosecution and enjoinder of all persons violating this chapter, by the complaint of its
15	secretary signed with the county attorney, in the county where the violation took place and incur necessary
16	expenses for the prosecution; and
17	(d) study and review new developments in research, training, and the practice of psychology and make
18	recommendations to the governor and other state officials regarding new and revised programs and legislation
19	related to psychology which that could be beneficial to the citizens of the state of Montana.
20	(3) The board shall:
21	(a) certify prescribing psychologists to prescribe and dispense drugs or medicine in accordance with
22	applicable state and federal laws;
23	(b) develop and implement procedures for reviewing educational and training credentials for the process
24	of certifying prescribing psychologists in accordance with current standards of practice. The qualifications must
25	include evidence provided by the applicant for prescriptive authority of official transcripts that show the applicant
26	meets the qualifications for prescriptive authority as provided in [section 2].
27	(c) adopt rules describing the renewal process for prescriptive authority in conjunction with a
28	psychologist's license renewal and any other rules necessary to oversee the prescriptive authority process in
29	[sections 1 and 2]."
30	

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1	Section 15. Section 37-17-313, MCA, is amended to read:
2	"37-17-313. Injunction for unlawful practice <u> board authority</u>. <u>(1)</u> The practice of psychology in any
3	way other than as defined in this chapter may be enjoined by the district court on petition by the board. In the
4	proceeding, it is not necessary to show that any person is individually injured by the actions complained of. If the
5	respondent is found to have practiced improperly, the court shall enjoin the respondent from practicing unless
6	and until the respondent has been licensed <u>or takes the appropriate action</u> . Procedure <u>The procedure</u> in these
7	cases is the same as in any other injunction suit. The remedy by injunction is in addition to criminal prosecution
8	and punishment.
9	(2) The board shall prescribe by rule the criteria for disciplining, suspending, or revoking the prescriptive
10	authority or license of a prescribing psychologist. The board may require remediation, suspension, or revocation
11	of a prescribing psychologist's prescriptive authority for a specified period to be determined by the board."
12	
13	Section 16. Section 53-21-165, MCA, is amended to read:
14	"53-21-165. Records to be maintained. Complete patient records must be kept by the mental health
15	facility for the length of time required by rules established by the department. All records kept by the mental health
16	facility must be available to any person authorized by the patient in writing to receive these records and upon
17	approval of the authorization by the board. The records must also be made available to any attorney charged with
18	representing the patient or any professional person charged with evaluating or treating the patient. These records
19	must include:
20	(1) identification data, including the patient's legal status;
21	(2) a patient history, including but not limited to:
22	(a) family data, educational background, and employment record;
23	(b) prior medical history, both physical and mental, including prior hospitalization;
24	(3) the chief complaints of the patient and the chief complaints of others regarding the patient;
25	(4) an evaluation that notes the onset of illness, the circumstances leading to admission, attitudes,
26	behavior, estimate of intellectual functioning, memory functioning, orientation, and an inventory of the patient's
27	assets in descriptive rather than interpretative fashion;
28	(5) a summary of each physical examination that describes the results of the examination;
29	(6) a copy of the individual treatment plan and any modifications to the plan;
30	(7) a detailed summary of the findings made by the reviewing professional person after each periodic
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1	review of the treatment plan, required under 53-21-162(4), that analyzes the successes and failures of the
2	treatment program and includes recommendations for appropriate modification of the treatment plan;
3	(8) a copy of the individualized discharge plan and any modifications to the plan and a summary of the
4	steps that have been taken to implement that plan;
5	(9) a medication history and status that includes the signed orders of the prescribing physician, the
6	prescribing psychologist as defined in 37-17-102, or the advanced practice registered nurse. The staff persor
7	administering the medication shall indicate by signature that orders have been carried out.
8	(10) a summary of each significant contact by a professional person with the patient;
9	(11) documentation of the implementation of the treatment plan;
10	(12) documentation of all treatment provided to the patient;
11	(13) chronological documentation of the patient's clinical course;
12	(14) descriptions of any changes in the patient's condition;
13	(15) a signed order by a professional person for any restrictions on visitations and communications;
14	(16) a signed order by a professional person for any physical restraints and isolation;
15	(17) a detailed summary of any extraordinary incident in the facility involving the patient, to be entered
16	by a staff member noting that the staff member has personal knowledge of the incident or specifying any other
17	source of information. The summary of the incident must be initialed within 24 hours by a professional person
18	(18) a summary by the professional person in charge of the facility or by an appointed agent of the
19	determination made after the 30-day review provided for in 53-21-163."
20	
21	NEW SECTION. Section 17. Notification to tribal governments. The secretary of state shall send
22	a copy of [this act] to each tribal government located on the seven Montana reservations and to the Little Shel
23	Chippewa tribe.
24	
25	NEW SECTION. Section 18. Codification instruction. (1) [Sections 1 through 5] are intended to be
26	codified as an integral part of Title 37, chapter 17, and the provisions of Title 37, chapter 17, apply to [sections
27	1 through 5].
28	(2) [Section 8] is intended to be codified as an integral part of Title 37, chapter 2, part 3, and the
29	provisions of Title 37, chapter 2, part 3, apply to [section 8].
30	- END -
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