MONTANA
ADMINISTRATIVE
REGISTER

ALTERNATIVE HEALTH CARE BOARD
DEPARTMENT OF LABOR AND INDUSTRY

NOTICE OF PROPOSED RULEMAKING

MAR NOTICE NO. 2025-128.1

Summary

Revising rules for the Alternative Health Care Board

Hearing Date and Time

Tuesday, November 4, 2025, at 1:00 p.m.

Virtual Hearing Information

A public hearing will be held via remote conferencing to consider the proposed changes to the agency's rules. There will be no in-person hearing. Interested parties may access the remote conferencing platform in the following ways:

Join Zoom Meeting: https://mt-gov.zoom.us/j/89670596727

Meeting ID: 896 7059 6727; Password: 1281553119

Dial by Telephone: +1 646 558 8656

Meeting ID: 896 7059 6727; Password: 1281553119

Comments

Concerned persons may present their data, views, or arguments at the hearing. Written data, views, or arguments may also be submitted at dli.mt.gov/rules or P.O. Box 1728, Helena, Montana 59624. Comments must be received by Friday, November 7, 2025, at 5:00 p.m.

Accommodations

The agency will make reasonable accommodations for persons with disabilities who wish to participate in this rulemaking process or need an alternative accessible format of this notice. Requests must be made by Tuesday, October 28, 2025, at 5:00 p.m.

Contact

Department of Labor and Industry
(406) 444-5466
laborlegal@mt.gov
Montana Relay: 711

General Reasonable Necessity Statement

In furtherance of the Governor's Executive Order 1, establishing a priority for reducing red tape, simplifying administrative rules, and generally ensuring the ease of use by the public of the administrative rules, this rulemaking is reasonably necessary. The Alternative Health Care Board (board) identifies a number of areas where simplification and shortening of the administrative rules is feasible.

Rulemaking Actions

AMEND

The rules proposed to be amended are as follows, stricken matter interlined, new matter underlined:

24.111.415 APPLICATION FOR LICENSURE

(1) Each application for licensure from the board must include:

(a) a completed application form;

(b) the initial license fee; and

(c) verification of applicable educational requirements.

(2) An applicant licensed in any other jurisdiction at any time shall cause the other jurisdictions to submit a current verification of licensure directly to the board.

(3) An applicant may voluntarily withdraw their application by written request if the application has not appeared on a board agenda. Application fees are not refundable.

(4) Incomplete applications expire after one year.

Authorizing statute(s): 37-1-131, 37-13-201, 37-26-201, 37-27-105, MCA

Implementing statute(s): 37-1-131, 37-13-302, 37-26-402, 37-26-403, 37-27-201, 37-27-202, 37-27-203, MCA

Reasonable Necessity Statement

There is reasonable necessity to amend the authorizing and implementing statutes to provide that this rule applies to all license types of the board and proposed amendments to ARM 24.111.502 and 24.111.604. New (4) incorporates the substance of ARM 24.111.604 that is otherwise proposed to be removed, and provides clarity to applicants as to the timelines for completing applications.

24.111.501 ~~MINIMUM~~ NATUROPATHIC MEDICAL EDUCATION STANDARDS

(1) The board may approve a naturopathic medical college degree if it is obtained from a naturopathic medical program which meets substantially equivalent standards to those of the Council on Naturopathic Medical Education. ~~the following minimum naturopathic medicine educational standards:~~

~~(a) The naturopathic medical college is or was incorporated in the United States under the laws of the state of its residence as a nonprofit, nonproprietary institution exempt from taxation by the IRS, due to its devotion to educational purposes. Foreign country naturopathic medical colleges must possess equivalent qualifications to those required of U.S. naturopathic medical colleges.~~

~~(b) The naturopathic medical college has or had formal authority from the appropriate state or provincial governmental agency to grant an N.D. or N.M.D. degree, and has as its major mission the education of naturopathic doctors and their preparation for licensing.~~

~~(c) The naturopathic medical college's objective shall be clearly stated and should address the preparation of naturopathic physicians to provide patient care and for licensing by state or provincial authorities. The curriculum shall~~

~~encompass a minimum of four academic years of a full-time resident program of academic and clinical study of naturopathic medicine.~~

~~(d) Educational standards shall include instruction in a core program which requires each student to demonstrate competence in each of the following substantive content areas:~~

~~(i) The basic sciences program must include in-depth study and courses on human anatomy, physiology, biochemistry, pathology, pharmacology and pharmacognosy. A basic sciences program may also include, without limitation, courses in public health and naturopathic philosophy. Total hours in basic sciences must be a minimum of 1000 clock hours, with 12 clock hours equal to one quarter credit, or equivalent semester credit.~~

~~(ii) The clinical sciences program must include preparation of the student to diagnose the causes of human ailments and effective treatment of them using naturopathic medications and methods. A clinical sciences program may also include, without limitation, courses in acupuncture and office management. Total hours in clinical sciences must be a minimum of 1200 clock hours with 12 clock hours equal to one quarter credit, or equivalent semester credit. The clinical sciences program must include:~~

~~(A) diagnostic courses, which shall include physical, clinical, laboratory and radiological,~~

~~(B) therapeutic courses, which shall include materia medica (botanical medicine, homeopathy, emergency drugs), nutrition, physical medicine (including but not limited to naturopathic manipulative therapy and hydrotherapy), and psychological counseling,~~

~~(C) specialty courses, which shall include organ systems (cardiology, dermatology, endocrinology, EENT, gastroenterology, orthopedics, neurology), human development (gynecology, natural childbirth, obstetrics, pediatrics, geriatrics), jurisprudence, medical emergencies, and minor surgery.~~

~~(iii) The clinical practicum program shall give the student experience in a clinical setting, under licensed supervision, in all aspects of naturopathic practice. The student shall, at a minimum, have primary care responsibility in the institution's teaching clinic and preceptorships in one or more practicing physician's offices. Total hours in clinical practicum must be a minimum of 1000 clock hours, with 12 clock hours equal to one quarter credit, or equivalent semester credit.~~

~~(e) The naturopathic medical college must have an identifiable faculty. The faculty must have advanced or professional degrees in either the subject being taught or in related areas. The faculty should be involved in continuing education and provisions should exist in teaching loads to encourage academic excellence through research, publication, attendance at conventions and educational symposia.~~

~~(f) The board reserves the right to evaluate individual applications as to their compliance with equivalent naturopathic medical educational standards, on a case-by-case basis, in the sole discretion of the board.~~

Authorizing statute(s): 37-26-201, MCA

Implementing statute(s): 37-26-201, MCA

Reasonable Necessity Statement

There is reasonable necessity to amend this rule to recognize that the national accreditation standards of the Council on Naturopathic Medical Education are applicable to any program seeking recognition for training by the board.

24.111.502 <u>NATUROPATHIC</u> LICENSING BY EXAMINATION

~~(1) Each application for licensure must include:~~

~~(a) a completed application form;~~

~~(b) initial application fee;~~

~~(c) verification of the applicable education requirements; and~~

~~(d) proof of successful passage of the Naturopathic Physician Licensing Examination (NPLEX) as provided in (2).~~

~~(2)~~<u>(1)</u> Except as provided in ~~(3)~~<u>(2)</u>, all applicants for naturopathic physician licensure in Montana must have passed <u>the Naturopathic Physicians Licensing Examination (NPLEX)</u>:

(a) Part I – Biomedical Science;

(b) Part II – Core Clinical Science;

(c) Part II – Clinical Elective Pharmacology Examination; and

(d) Part II – Clinical Minor Surgery Examination.

~~(3)~~(2) An applicant seeking licensure under this rule based upon a licensure examination other than the NPLEX examinations listed in ~~(2)~~(1) may apply to the board for acceptance of a substantially equivalent examination.

(3) Applicants from another jurisdiction who have not passed the NPLEX Part II – Clinical Elective Pharmacology Examination will be required to do so prior to licensing.

Authorizing statute(s): 37-1-131, 37-26-201, MCA

Implementing statute(s): 37-1-131, 37-1-304, 37-26-402, 37-26-403, MCA

Reasonable Necessity Statement

There is reasonable necessity to amend the catchphrase to clarify applicability of the rule to naturopathic physicians. There is reasonable necessity to strike (1) because all applicants will be subject to ARM 24.111.415. Proposed new (3) incorporates the relevant provision of ARM 24.111.503, which is proposed to be repealed. This proposal aims to place all examination requirements applicable to naturopathic physicians in a single rule. The implementation citations are proposed to be updated to incorporate reciprocal licensure.

24.111.606 MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS FOR DIRECT-ENTRY MIDWIFE APPLICANTS ~~AFTER JANUARY 1, 2020~~

(1) ~~An~~ In addition to those requirements set forth in 37-27-201, MCA, an applicant must be a NARM Certified Professional Midwife, demonstrated by:

(a) graduation from a MEAC-accredited program; or

(b) completing the Portfolio Evaluation Process through NARM; and

(c) passing the NARM examination with a scaled score of 75.

(i) Applicants must have the examination score reported to the board from NARM.

(ii) Applicants who have failed the examination twice must file a remedial plan with the board, which includes arrangements for securing further professional training and experience prior to each examination attempt.

~~(2) In addition to NARM certification, applicants must show:~~

~~(a) observation of ten births; and~~

~~(b) participation as the primary birth attendant at five continuous care births, shown by the signed birth certificate as primary birth attendant, an affidavit from the birth mother; or documented records from the person who supervised the births to include prenatal records, birth records, and postpartum records.~~

Authorizing statute(s): 37-27-105, MCA

Implementing statute(s): 37-27-105, 37-27-201, 37-27-202, MCA

Reasonable Necessity Statement

There is reasonable necessity to strike the clause "after January 1, 2020" from the title of the rule because it is applicable to all applicants due to the passage of time. There is reasonable necessity to strike (2) because the NARM certification requirements have changed since the adoption of this rule, leading to confusion among license applicants as to the correct observation and attendance numbers required. As a result, while NARM certification is required, applicants must also comply with the statutory obligations. Section (2) is repealed to the extent its requirements were in conflict with the statutory requirements.

24.111.607 DIRECT-ENTRY MIDWIFE APPRENTICESHIP REQUIREMENTS ~~AFTER JANUARY 1, 2020~~

(1) Applicants who are acquiring practical experience shall apply for an apprentice license.

(2) Applicants must provide proof of enrollment in a MEAC-accredited program or enrollment in NARM's Portfolio Evaluation Process at the time of application.

(3) Midwife apprentices must work under the supervision of a currently licensed direct-entry midwife, a certified nurse midwife, a licensed naturopathic physician who is certified for the specialty practice of naturopathic childbirth attendance, or a physician.

(a) Apprenticeship supervisors must be registered with NARM as preceptors.

Authorizing statute(s): 37-27-105, MCA

Implementing statute(s): 37-27-105, 37-27-201, 37-27-205, MCA

Reasonable Necessity Statement

There is reasonable necessity to strike the phrase “after January 1, 2020” from the title due to the passage of time and because of other amendments proposed in this rulemaking. In particular, this rule is proposed to apply to all apprentices moving forward, as it does due to the passage of time, while ARM 24.111.602 is proposed for repeal because it is no longer applicable.

24.111.612 VAGINAL BIRTH AFTER CESAREAN (VBAC) DELIVERIES

(1) A licensed direct-entry midwife shall not assume primary responsibility for prenatal care and/or birth attendance for women who have had a previous cesarean section, unless all of the following conditions are met:

(a) An informed consent statement, on a form furnished by the board, shall be signed by all prospective VBAC parents and the licensee, and retained in the licensee's records. The form shall include:

(i) VBAC educational information, including history of VBAC and client's own personal information;

(ii) associated risks and benefits of VBAC at home;

(iii) a workable hospital transport plan;

(iv) alternatives to VBAC at home;

(v) other information as required by the board.

(b) A workable hospital transport plan must be established for home VBAC. The plan shall include:

(i) provision for physician/hospital backup, e.g., through the physician/hospital policy on backup;

(ii) place of birth within 30 minutes of transport to the nearest hospital able to perform an emergency cesarean;

(iii) readily available phone numbers for physician backup and nearest hospital, in writing, in client's records;

(iv) phone contact with nearest hospital at onset of labor and prior to any transport to notify that transport is in progress; and at conclusion of home birth if no transport is necessary.

(c) Licensee shall obtain prior doctor/hospital cesarean records, in writing, prior to acceptance of the woman as a client, and shall analyze the indication for the previous cesarean, and retain the records and a written assessment of the physical and emotional considerations in licensee's files. Records which show a previous classical uterine/vertical incision, any other uterine scars into the endometrium, or less than 18 months between last surgery to the next delivery are contraindications to VBAC at home, and shall require immediate transfer of care of the client. If a licensee is unable to obtain written records, the licensee shall not retain the woman as a client.

(d) VBAC deliveries shall be performed by a fully licensed midwife (not an apprentice licensee), skilled with VBAC support, able to assess true complications and emergencies, to be present from the onset of active labor, throughout the immediate postpartum period.

~~(2) The board shall conduct a "sunset" review, including the necessity for and safety of the VBAC rule, on or about May, 2001, or five years from the effective date of this rule.~~

Authorizing statute(s): 37-27-105, MCA

Implementing statute(s): 37-27-105, 37-27-311, MCA

Reasonable Necessity Statement

There is reasonable necessity to strike (2) because it is no longer applicable. The board must review its rules periodically.

24.111.2102 NATUROPATHIC PHYSICIAN CONTINUING EDUCATION REQUIREMENTS

(1) Naturopaths must obtain 15 continuing education credits each renewal period, except as provided in ~~(8)~~ ARM 24.111.817 (24.111.2110). At least five of the credits must be in naturopathic pharmacy. If the naturopath holds a naturopathic

childbirth specialty certification as provided in ARM 24.111.510, an additional five credits per renewal period must be obtained in obstetrics. One hour of education (excluding breaks) equals one continuing education credit.

(2) No more than three continuing education credits per renewal period will be approved for preparation of and for a single presentation of a program meeting the requirements of this rule.

~~(3) Continuing education programs will not be preapproved by the board or staff.~~

~~(4) In order to be approved, a continuing education program must:~~

~~(a) have significant intellectual or practical content;~~

~~(b) relate to substantive naturopathic medicine topics within the scope of practice for naturopaths in Montana, except as otherwise provided herein;~~

~~(c) be presented by person(s) qualified by practical experience and academic credentials; and~~

~~(d) issue certificates of completion (except nonlive programs) and program agendas/syllabi containing the following information:~~

~~(i) title and date(s) of program;~~

~~(ii) name(s) and qualification of presenter(s);~~

~~(iii) outline of program content;~~

~~(iv) credit hours of instruction;~~

~~(v) description of presentation delivery (i.e., live or nonlive); and~~

~~(vi) identification of sponsoring organization.~~

~~(5) Continuing education programs from other professions or academic disciplines are eligible for approval if substantially related to the role of naturopaths.~~

~~(6)~~(3) In accordance with 37-1-131, MCA, compliance with this rule shall be attested to by the naturopath on the renewal application. ~~The board will conduct random audits after each renewal period closes of 20 percent of all naturopaths with renewed licenses, for documentary verification of compliance. Documentary evidence of program completion must be maintained by the naturopath for a period of two years for audit purposes. Documentary evidence of completion of nonlive programs (e.g., internet, videotape, audiotape, DVD) may be in the form of proof that the naturopath passed an exam on the program content, a certificate of completion, or the naturopath's notes summarizing the program content.~~

~~(7) No continuing education credits are required for a naturopath renewing the naturopath's Montana license for the first time.~~

~~(8) Continuing education credit will not be approved for programs:~~

~~(a) relating to general business or economic issues other than workers' compensation; or~~

~~(b) primarily intended to educate the general public such as CPR and first aid other than programs relating to public health issues.~~

Authorizing statute(s): 37-1-131, 37-1-319, 37-26-201, MCA

Implementing statute(s): 37-1-131, 37-1-141, 37-1-306, MCA

Reasonable Necessity Statement

Sections (3) through (5), portions of (6), and (7) and (8) are proposed to be stricken because they are substantively proposed to be incorporated into ARM 24.111.817 (24.111.2110), applicable to all license types.

24.111.2103 DIRECT-ENTRY MIDWIVES CONTINUING EDUCATION REQUIREMENTS

(1) Midwives must obtain 14 continuing education credits each renewal period except as provided in ~~(7)~~ ARM 24.111.817 (24.111.2110). One hour of education (excluding breaks) equals one continuing education credit.

(2) No more than three continuing education credits per renewal period will be approved for preparation of and for a single presentation of a program meeting the requirements of this rule.

~~(3) Continuing education programs will not be preapproved by the board or staff.~~

~~(4) In order to be approved, a continuing education program must:~~

~~(a) have significant intellectual or practical content;~~

~~(b) relate to substantive midwifery topics within the scope of practice for direct-entry midwives in Montana, except as otherwise provided herein;~~

~~(c) be presented by person(s) qualified by practical experience and academic credentials; and~~

~~(d) issue certificates of completion (except nonlive programs) and program agendas/syllabi containing the following information:~~

~~(i) title and date(s) of program;~~

~~(ii) name(s) and qualification of presenter(s);~~

~~(iii) outline of program content;~~

~~(iv) credit hours of instruction;~~

~~(v) description of presentation delivery (i.e., live or nonlive); and~~

~~(vi) identification of sponsoring organization.~~

~~(5) Continuing education programs from other professions or academic disciplines are eligible for approval if substantially related to the role of midwives.~~

~~(6) Documentary evidence of completion of nonlive programs (e.g., internet, videotape, audiotape, DVD) may be in the form of proof that the midwife passed an exam on the program content, a certificate of completion, or the midwife's notes summarizing the program content. Documentary evidence of program completion must be maintained by the midwife for a period of two years for audit purposes.~~

~~(7) No continuing education credits are required for a midwife renewing his/her Montana license for the first time.~~

~~(8) Continuing education credit will not be approved for programs:~~

~~(a) relating to general business or economic issues other than workers' compensation; or~~

~~(b) primarily intended to educate the general public such as CPR and first aid other than programs relating to public health issues.~~

Authorizing statute(s): 37-1-131, 37-1-319, MCA

Implementing statute(s): 37-1-131, 37-1-141, 37-1-306, 37-1-319, MCA

Reasonable Necessity Statement

Sections (3) through (8) are proposed to be stricken because they are substantively proposed to be incorporated into ARM 24.111.817 (24.111.2110), applicable to all license types.

24.111.2301 UNPROFESSIONAL CONDUCT

(1) ~~It is unprofessional conduct for a licensee or applicant to violate any statute, rule, or standard of care governing their scope of practice. In addition, the~~ The following is unprofessional conduct:

~~(a) failing to cooperate with an investigation of the board by failing to respond in full or in part;~~

~~(b)~~(a) failing to adequately supervise auxiliary staff to the extent that the patient's physical health or safety is at risk;

~~(c) practicing while the license is suspended, revoked, or expired;~~

~~(d) offering, undertaking or agreeing to cure or treat disease or affliction by a secret method, procedure, treatment, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand from the board;~~

~~(e)~~(b) abandoning, neglecting, or otherwise physically or emotionally abusing a client or patient requiring care;

~~(f) intentionally or negligently causing physical or emotional injury or abuse to a client or patient in a clinical setting, or sexual abuse, sexual misconduct, or sexual exploitation by the licensee, whether or no related to the licensee's practice;~~

~~(g)~~(c) operating under unsanitary conditions after a warning from the board or consistently maintaining an unsanitary office.~~;~~

~~(h) failure by a midwife to maintain current and valid certifications in adult and infant cardiopulmonary resuscitation and neonatal resuscitation as provided by 37-27-201 , MCA;~~

~~(i) prescribing a scheduled drug without a current DEA registration.~~

Authorizing statute(s): 37-1-131, 37-1-319, 37-13-201, 37-26-201, 37-27-105, MCA

Implementing statute(s): 37-1-141, 37-1-316, 37-1-319, 37-13-201, 37-26-201, 37-27-105, MCA

Reasonable Necessity Statement

There is reasonable necessity to amend this rule because it is duplicative of statutory provisions, particularly as amended by House Bill 435 (2025). The lead phrase is duplicative of 37-1-316(1)(v), MCA. Subsection (1)(a) is duplicative of 37-1-316(1)(p), MCA. Subsection (1)(c)

duplicates 37-13-301, MCA (acupuncture), 37-26-401, MCA (naturopathy), and 37-27-301, MCA (midwifery), all of which require licensure to engage in the practices defined by statute. Subsection (1)(d) duplicates 37-1-316(1)(p), MCA, to the extent it violates the requirement to respond to requests from the board; it may additionally duplicate 37-1-316(1)(f) and (g), MCA, to the extent a treatment is based on false information. Subsection (1)(f) is duplicative of 37-1-316(1)(b), MCA. Subsection (1)(h) duplicates 37-27-201, MCA. Subsection (1)(i) is duplicative of 37-1-316(1)(v), MCA.

TRANSFER AND AMEND

The rules proposed to be transferred and amended are as follows, stricken matter interlined, new matter underlined:

24.111.815 (24.111.2115) CONTINUING EDUCATION FOR ACUPUNCTURISTS

(1) Each acupuncture licensee shall earn 30 ~~clock~~ hours of accredited continuing acupuncture education during each two-year licensing period. ~~Clock hours or contact hours~~ Hours shall be the actual number of hours during which instruction was given.

(2) Aside from training hours, acupuncturists may obtain CE as follows:

(a) ~~A~~a maximum of eight ~~clock~~ hours may be given for the first-time preparation of a new course, in-service training workshop, or seminar which is related to the enhancement of acupuncture practice, values, skills, and knowledge; or

(b) a maximum of eight ~~clock~~ hours credit may be given for the preparation by the author or authors of a professional acupuncture paper published for the first time in a recognized professional journal; or given for the first time at a statewide or national professional meeting.; and

(c) a licensee may claim five hours of self-study.

(3) If a licensee completes more than 30 hours of continuing education in a two-year licensing period, excess hours in an amount not to exceed 15 hours may be carried forward to the next two-year licensing period.

(4) Approved continuing education includes:

(a) courses accredited by the National Certification Commission for Acupuncture and Oriental Medicine;

(b) courses sponsored by a state acupuncture association or an acupuncture school; and

(c) teaching acupuncture in an accredited academic or continuing education program.

~~(4)~~(5) Any licensee may apply for a hardship exemption from the continuing acupuncture education requirements of these rules by filing a statement with the board setting forth good faith reasons why he or she is unable to comply with these rules and an exemption may be granted by the board.

~~(5) Continuing education is not required for licensees renewing their license for the first time.~~

Authorizing statute(s): 37-1-131, 37-1-319, 37-13-201, MCA

Implementing statute(s): 37-1-131, 37-1-306, 37-13-201, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to subchapter 21 so that all continuing education rules of the board are located together. References to "clock hours" are proposed to be removed in favor of simple hours of training or study. Recognition of approved training providers and self-study are proposed to be transferred to this rule so that a single rule governs CE requirements. This should ease the use of the rules for licensees. Section (5), concerning CE requirements for first time renewers, is proposed to be included in ARM 24.111.817 (24.111.2110), so that the requirements for obtaining and auditing CE are in a single rule.

24.111.817 (24.111.2110) ~~ACCREDITATION, APPROVAL, AND~~ STANDARDS AND AUDITS

(1) Continuing education programs must:

(a) have significant intellectual or practical content, and the primary objective shall be to increase the participant's professional competence as an acupuncturist; and

(b) constitute an organized program of learning ~~dealing with~~ in matters directly related to the practice of ~~acupuncture~~ the licensee, professional responsibility, or ethical obligations of ~~acupuncturists~~ the licensee.

~~(2) Approved continuing education includes:~~

~~(a) courses accredited by the National Commission for the Certification of Acupuncture and Oriental Medicine;~~

~~(b) courses sponsored by a state acupuncture association or an acupuncture school; and~~

~~(c) teaching acupuncture in an accredited academic or continuing education program.~~

~~(3) Licensees may claim five hours of self-study toward meeting the requirements of ARM 24.111.815.~~

(2) Continuing education credit will not be approved for programs:

(a) relating to general business or economic issues other than workers' compensation; or

(b) primarily intended to educate the general public such as CPR and first aid, other than programs relating to public health issues.

(3) The department is authorized to audit CE requirements and shall determine the percentage to audit based on a statistically relevant sampling of the total number of licensees and the compliance rate of past audits.

(4) All CE must be documented to show proof of completion. The licensee is responsible for maintaining CE records for one year following the renewal cycle reporting period and for making the records available upon request. Documentation must include the following information:

(a) licensee name;

(b) course title and description of content;

(c) presenter or sponsor;

(d) course date(s); and

(e) number of CE hours earned.

(5) No continuing education is required for a first license renewal.

Authorizing statute(s): 37-1-131, 37-1-319, 37-13-201, 37-26-201, MCA

Implementing statute(s): 37-1-131, 37-1-306, 37-13-201, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule so that all continuing education requirements of the board are located together. Sections (2) and (3) are proposed to be removed from this rule and adopted into the rule for continuing education for acupuncturists. New proposed (2) is incorporated from the generally applicable requirements of ARM 24.111.2102 and 24.111.2103. New proposed (3) and (4) are proposed to be incorporated from ARM 24.111.819

and applicable to all license types of the board. New proposed (5) incorporates the requirements from all rules of this board that those renewing their licenses for the first time need not obtain CE. This rule is proposed to be the rule of general applicability for standards and audit of continuing education.

ADOPT

The rules proposed to be adopted are as follows:

NEW RULE 1 (24.111.420) SUBSTANTIAL EQUIVALENCY

(1) The board adopts and incorporates by reference the 2025 substantial equivalency list for the Alternative Health Care Board publication. The publication is available on the board's website.

(2) The board intends to review the publication annually. However, failure to review or adopt a new list does not change the effectiveness of the adoption in this rule.

(3) License applications from individuals licensed in substantially equivalent states are routine applications as to the education, examination, and experience requirements for licensure. Applications may be nonroutine on other bases.

Authorizing statute(s): 37-1-131, MCA

Implementing statute(s): 37-1-304, MCA

Reasonable Necessity Statement

The 2025 Montana Legislature passed House Bill (HB) 246 which was signed by the Governor April 3, 2025, and will become effective October 1, 2025. The bill standardizes substantial equivalency determinations in professional licensing and eliminates duplicative statutory sections regarding equivalency and reciprocity.

While historically available to applicants licensed in other states or jurisdictions, licensure by substantial equivalency has never been consistent among the professional licensing boards and programs. HB 246 creates a standard definition for determining substantial equivalency to be uniformly utilized by all the boards and programs when processing endorsement applications. This will create overall efficiencies in processing endorsement applications and reduce licensing wait times for applicants and employers.

To implement the legislation and further the endorsement licensing process, the board is proposing to adopt NEW RULE 1. The board has compared current licensure standards of the fifty United States for board licensees and determined those that are substantially equivalent per the definition in 37-1-302, MCA. This new rule will adopt and incorporate by reference the board's initial approved list of states having substantially equivalent licensing standards. The list will be published on the board's website. The board will analyze other states' licensing standards annually, and update the published list as needed.

REPEAL

The rules proposed to be repealed are as follows:

24.111.409 INACTIVE STATUS

Authorizing statute(s): 37-1-131, 37-1-319, 37-26-201, 37-27-105, MCA

Implementing statute(s): 37-1-131, 37-1-319, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is rarely used and not needed. As a result, maintaining the inactive license type is costly to other licensees, without marked benefit. There are currently three licensees in inactive status under the provisions of this rule. Those licensees will have the option to regain active status or give up their licenses.

24.111.503 LICENSING OF APPLICANTS BY ENDORSEMENT

Authorizing statute(s): 37-1-131, 37-26-201, MCA

Implementing statute(s): 37-1-131, 37-1-304, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is duplicative of 37-1-304, MCA, with the exception of the requirement to take the Clinical Elective Pharmacology Examination. That requirement is proposed to be included in ARM 24.111.502.

24.111.512 NATUROPATHIC SCOPE OF PRACTICE

Authorizing statute(s): 37-1-131, 37-26-201, MCA

Implementing statute(s): 37-26-201, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is not necessary for the board to have a rule which adopts a governing statute or another of its own rules.

24.111.601 MINIMUM DIRECT-ENTRY MIDWIFE EDUCATION STANDARDS

Authorizing statute(s): 37-27-105, MCA

Implementing statute(s): 37-27-201, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is no longer necessary. The substance of licensing applications is retained in ARM 24.111.606, which is more simply written and has been in place for applicants after January 1, 2020. As a result, in the interest of shortening, simplifying, and easing the use of the administrative rules, this rule is proposed to be repealed.

24.111.602 DIRECT-ENTRY MIDWIFE APPRENTICESHIP REQUIREMENTS

Authorizing statute(s): 37-1-131, 37-27-105, MCA

Implementing statute(s): 37-1-131, 37-27-105, 37-27-201, 37-27-205, 37-27-321, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is no longer necessary because of ARM 24.111.607.

24.111.603 DIRECT-ENTRY MIDWIFE PROTOCOL STANDARD LIST REQUIRED FOR APPLICATION

Authorizing statute(s): 37-1-131, 37-27-105, MCA

Implementing statute(s): 37-1-131, 37-27-201, MCA

Reasonable Necessity Statement

See the statement of reasonable necessity for ARM 24.111.601.

24.111.604 LICENSING BY EXAMINATION

Authorizing statute(s): 37-27-105, MCA

Implementing statute(s): 37-27-201, 37-27-202, 37-27-203, MCA

Reasonable Necessity Statement

See the statement of reasonable necessity for ARM 24.111.601.

24.111.605 LICENSURE OF OUT-OF-STATE APPLICANTS

Authorizing statute(s): 37-1-131, 37-27-105, MCA

Implementing statute(s): 37-1-304, 37-27-201, 37-27-202, 37-27-203, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because its substance duplicates 37-1-304, MCA, and applications are governed generally pursuant to ARM 24.111.415.

24.111.819 AUDIT AND CE REPORTING REQUIREMENTS

Authorizing statute(s): 37-1-131, 37-1-319, 37-13-201, MCA

Implementing statute(s): 37-1-131, 37-1-306, 37-1-319, 37-1-321, 37-13-201, MCA

Reasonable Necessity Statement

Reasonable necessity exists to repeal this rule because it is proposed to be incorporated into ARM 24.111.817 (24.111.2110) with applicability to all license types.

Small Business Impact

This rulemaking is proposed to impact the licensees of the Alternative Health Care Board. The rules are primarily intended to simplify, shorten, and clarify the administrative rules of the board to permit easier use by licensees and the public. This is accomplished by striking duplicative and unnecessary language and through reorganization.

Bill Sponsor Notification

The bill sponsor contact requirements apply and have been fulfilled. The primary bill sponsor for HB 246 (2025) was contacted on July 29, 2025, and the primary bill sponsor for HB 435 (2025) was contacted on August 19, 2025, both by electronic mail.

Interested Persons

The agency maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by the agency. Persons wishing to have their name added to the list may sign up at dli.mt.gov/rules or by sending a letter to P.O. Box 1728, Helena, Montana 59624 and indicating the program or programs about which they wish to receive notices.

Rule Reviewer

Quinlan L. O'Connor

Approval

Sarah Swanson, Commissioner

Approval

Sheehan Ednie-Rosen, DEM, Chair, Alternative Health Care Board