



MONTANA
ADMINISTRATIVE
REGISTER

BOARD OF MEDICAL EXAMINERS
DEPARTMENT OF LABOR AND INDUSTRY

NOTICE OF PROPOSED RULEMAKING

MAR NOTICE NO. 2025-446.1

Summary

Implementation of Senate Bill 518 pertaining to the transfer of emergency medical providers

Hearing Date and Time

Wednesday, December 17, 2025, at 2:00 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/81386394648>

Meeting ID: 813 8639 4648; Password: 2610548028

Dial by Telephone: +1 646 558 8656

Meeting ID: 813 8639 4648; Password: 2610548028

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, December 19, 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 Wednesday, December 10, 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

The 2025 Montana Legislature passed Senate Bill (SB) 518 which was signed by the Governor on May 5, 2025, and will become effective January 1, 2026. The bill transferred oversight of the emergency care provider license from the board to the department. The proposed rules will become effective on January 1, 2026.

Although the proposed amendments to the rules remain under the jurisdiction of the board, they currently contain references to the emergency care provider license, which the board no longer regulates. Amending these rules to remove references to the emergency care provider license is necessary to ensure regulatory clarity, eliminate confusion for licensees, and align the board's administrative rules with current statutory authority. Emergency care provider licensing types include emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics.

Rulemaking Actions

AMEND

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

24.156.403 DEFINITIONS AND ABBREVIATIONS

- (1) As used in this chapter, the following terms are defined:
 - (a) "Act" means the statutory provisions governing the licensee's scope of practice.

- (b) "Applicant" means a person who has applied to take a licensing examination in Montana or who has applied for licensure in Montana.
- (c) "Board" means the Board of Medical Examiners created by 2-15-1731, MCA.
- (d) "Foreign medical graduate" means a graduate of a medical school that is listed in the World Health Directory of Medical Schools but is not located in a state or territory of the United States or the District of Columbia.
- (e) "Health corps physician" means a physician who has applied to participate in the health corps and completed the registration requirements set by the board.
- (f) "Intern," "in post-graduate year 1" or "PGY-1" means a person who:
 - (i) has graduated from an approved medical school;
 - (ii) is enrolled in a training program approved for first year post-graduates;
 - (iii) has passed USMLE Steps 1 and 2 or the AOA equivalent or holds a certificate from the ECFMG; and
 - (iv) is preparing for or awaiting the results of USMLE Step 3 or the AOA equivalent.
- (g) "Licensee" means the current holder of an active license issued by the board.
- (h) "Medical director" means a physician or physician assistant who holds a current unrestricted Montana license and is professionally and legally responsible for training, providing medical direction, and oversight of licensed ECPs under the medical director's supervision.
- ~~(h)(i)~~ (i) "Medical student" means a person currently enrolled in or who has graduated from an approved medical school who has not yet entered PGY-1.
- ~~(i)~~ "Paramedic" means a level of emergency care provider as established in 50-6-202, MCA.
- (j) "Postgraduate clinical experience" means the delivery of health care directly to patients, after licensure as a physician assistant, pursuant to a collaborative agreement with a physician or physician assistant.
- (k) "Resident" means a person who:
 - (i) has the degree of medical doctor or doctor of osteopathy from an approved medical school;
 - (ii) is in post-graduate year 2 (PGY-2) or above;
 - (iii) has either completed the USMLE Steps 1 and 2 or the AOA equivalent or holds a certificate from the ECFMG; and

- (iv) is enrolled in an approved residency program.
- (l) "Retired," applicable to the Montana Health Corps Act, means no longer maintaining a private, institutional, or governmental practice for the purposes of monetary remuneration within the United States. Occasional locum tenens work for monetary remuneration will not disqualify a physician from retired status.
- (m) "Standards of dietetic practice" means Academy of Nutrition and Dietetics Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists and the Academy of Nutrition and Dietetics/Commission on Dietetic Registration Code of Ethics for the Nutrition and Dietetics Profession.
- (n) "Supervision" may be of the following types:
 - (i) "Direct supervision" means the supervisor is physically present with the person being supervised;
 - (ii) "On-site supervision" means the supervisor must be in the facility and quickly available to the person being supervised.
- (o) "Surgery" means any procedure in which human tissue is cut or altered by mechanical or energy forms, including electrical or laser energy or ionizing radiation.
- (2) As used in this chapter, the following abbreviations are identified:
 - ~~(a)~~ "AEMT" means a licensed advanced emergency medical technician.
 - ~~(b)~~(a) "ABMS" means the American Board of Medical Specialties.
 - ~~(c)~~(b) "ACGME" means the Accreditation Council for Graduate Medical Education.
 - ~~(d)~~(c) "AOA" means the American Osteopathic Association.
 - ~~(e)~~(d) "CIHC" means community-integrated health care, as defined under 37-3-102, MCA.
 - ~~(f)~~(e) "ECFMG" means the Educational Commission for Foreign Medical Graduates.
 - ~~(g)~~(f) "ECP" means a licensed emergency care provider.
 - ~~(h)~~ "EMR" means a licensed emergency medical responder.
 - ~~(i)~~ "EMS" means a licensed emergency medical service.
 - ~~(j)~~ "EMT" means a licensed emergency medical technician.
 - ~~(k)~~(g) "NPDB" means the National Practitioner Databank established by Public Law 99-660 (42 U.S.C. 11101, et seq.).

- (l) ~~"NREMT" means the National Registry of Emergency Medical Technicians.~~
- ~~(m)~~(h) "USDOT" means the United States Department of Transportation.
- ~~(n)~~(i) "USMLE" means the United States Medical Licensing Examination or its successor.

Authorizing statute(s): 37-1-131, 37-3-203, 37-3-301, 37-3-802, 37-13-201, 37-25-201, ~~50-6-203~~, MCA

Implementing statute(s): 37-1-131, 37-3-102, 37-3-201, 37-3-203, 37-3-301, 37-3-305, 37-3-307, 37-3-325, 37-3-326, 37-3-802, 37-3-804, 37-13-201, 37-13-302, 37-25-201, 37-25-302, ~~50-6-101, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-301, 50-6-302~~, MCA

Reasonable Necessity Statement

The proposed amendment is necessary to remove reference to emergency care provider licensing related definitions. The board no longer regulates the definitions associated with emergency care provider licensing following the passage of SB 518 by the 2025 Montana Legislature. Emergency care provider licensing types include emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics.

24.156.405 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.
- (2) In addition, the following is unprofessional conduct:
 - (a) failure to cooperate in any investigation of the board or to provide any information requested by the board or its agents;
 - (b) failure to report to the board within thirty days from the date of a final judgment, order, or agency action, all information related to malpractice, misconduct, criminal, or disciplinary action in which the licensee or applicant is a party;
 - (c) abusive billing practices;
 - (d) testifying in court on a contingency basis;
 - (e) administering, dispensing, prescribing, ordering, or otherwise diverting a controlled substance as defined by the federal Food and Drug Administration

or its successors, otherwise than in the course of legitimate or reputable professional practice;

- (f) regarding patient records, to fail to:
 - (i) appropriately secure records;
 - (ii) appropriately document patient care; or
 - (iii) transfer records to another licensed health care provider, the patient, or the patient's representative when requested to do so by the patient or the patient's legally designated representative;
- (g) termination of an existing relationship with a patient for whatever reason without verifiable written notice prior to terminating the relationship, and sufficiently far in advance to allow other medical care to be secured;
- (h) sexual abuse, sexual misconduct, or sexual exploitation by the licensee, whether or not related to the licensee's practice;
- (i) failure to supervise, appropriately direct, or train individuals under the licensee's supervision according to applicable law, rule, or standards;
- (j) failure to comply with an agreement entered into by the licensee with the medical assistance program;
- (k) for physician assistants with fewer than 8,000 hours of postgraduate clinical experience, practicing without a collaborative agreement meeting the requirements of 37-20-203, MCA;
- (l) while under investigation or during a pending complaint, in Montana or elsewhere, but prior to a determination:
 - (i) withdrawing an application for licensure, certification, or registration; or
 - (ii) voluntarily relinquishing or surrendering of professional or occupational license, certification, registration, or privileges;
- (m) engaging in practice under a license issued by the board as the partner, agent, or employee of, or in joint venture with, a person who does not hold an equivalent license for practice. However, this rule does not prohibit:
 - (i) the incorporation of an individual licensee or group of licensees as a professional service corporation under Title 35, chapter 4, MCA, a professional limited liability company under Title 35, chapter 8, MCA, or a professional limited liability partnership under Title 35, chapter 10; or
 - (ii) practicing medicine as the partner, agent, or employee of, or in joint venture with, a licensed health care facility or other licensed health care provider; however:

- (A) there must be a written agreement that the relationship may not affect the independent judgment of the licensee;
- (B) the independent judgment of the licensee must, in fact, not be affected by the relationship; and
- (C) the licensee may not be required to refer any patient to a particular provider or supplier or take any other action that the physician or physician assistant determines not to be in the patient's best interest;
- (n) for physicians and physician assistants, involuntary loss of or failure to report to the board any involuntary loss of privileges, which exceeds 30 days, within 30 days;
- (o) when used, failure to maintain a collaborative practice agreement meeting the requirements of 37-20-203, MCA;
- ~~(p) for emergency care providers, violation of facility patient care policy or procedure while providing services in a health care facility.~~

Authorizing statute(s): 37-1-131, 37-1-319, 37-3-202, 37-6-106, 37-13-201, 37-25-201, ~~50-6-203~~, MCA

Implementing statute(s): 37-1-131, 37-1-316, 37-1-319, 37-3-323, 37-3-401, 37-3-405, 37-6-311, 37-25-201, ~~50-6-203~~, MCA

Reasonable Necessity Statement

The proposed amendment is necessary to remove reference to unprofessional conduct that relates specifically to emergency care provider licensees. The board no longer regulates the unprofessional conduct or discipline of emergency care providers following the passage of SB 518 by the 2025 Montana Legislature.

24.156.409 FEE SCHEDULE

- (1) Initial and active license renewal application fees:
 - (a) Physician license application fee \$375
 - (b) Physician letter of qualification for interstate compact 300
 - (c) Resident 75
 - (d) Podiatrist 375

(e)	Podiatrist ankle surgery certification	75
(f)	Nutritionist	75
(h) (g)	Physician assistant	375
(i)	Emergency medical responder	20
(j)	Emergency medical technician	35
(k)	Advanced emergency medical technician	55
(l)	Paramedic	75
(m)	Emergency care provider endorsement per submission	10
(A single submission may include multiple endorsement applications from a single applicant.)		
(2)	Inactive status license renewal application fees:	
(a)	Physician	190
(b)	Podiatrist	190
(c)	Physician assistant	115
(3)	Inactive to active status conversion fees:	
(a)	Physician	185
(b)	Podiatrist	185
(c)	Physician assistant	75
(4)	Montana Health Corps Registration	25
(5)	Additional standardized fees to be charged are specified in ARM 24.101.403.	
(6)	All fees are nonrefundable.	

Authorizing statute(s): 37-1-134, 37-3-203, 37-3-307, 37-3-308, 37-3-356, 37-3-802, 37-3-804, 37-6-106, 37-20-202, 37-25-201, ~~50-6-203~~, MCA

Implementing statute(s): 37-1-134, 37-1-141, 37-3-305, 37-3-307, 37-3-308, 37-3-309, 37-3-313, 37-3-356, 37-3-804, 37-6-302, 37-20-302, 37-25-302, ~~50-6-203~~, MCA

Reasonable Necessity Statement

The proposed amendment is necessary to remove reference to emergency care provider licensing fees. The board no longer regulates the fees associated with emergency care provider licensing types following the passage of SB 518 by the 2025 Montana Legislature.

TRANSFER AND AMEND

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

24.156.2732 (24.156.425) MEDICAL DIRECTION

- (1) Within 60 days of taking on the responsibilities of providing medical oversight as a medical director to an individual or group of ECPs, a physician or physician assistant shall:
 - (a) notify the board they are providing medical direction to ECPs on a form provided by the board; and
 - (b) provide proof of completion of a board-approved medical director training program or a board-approved exemption from the training on a form provided by the board.
- (2) The medical director shall be responsible for the overall medical care provided by the ECPs for whom the director agrees to provide medical oversight.
- (3) The medical director overseeing an ECP may grant or restrict the ECP's practice or utilization of any endorsement.
- (4) The medical director must maintain and have access to records of all ECPs for whom the director provides medical oversight. These records must document:
 - (a) the name, address, and current Montana licensure of the ECP, including any endorsements;
 - (b) date when medical oversight began and at what level the ECP is authorized to practice; and
 - (c) any changes to limit or approve the ECP's authorization to function at the ECP's current licensure level including endorsement(s).
- (5) The medical director must develop a process to continuously meet the applicable standard of medical practice and patient care. This process may include regular review of patient care reports (PCR), direct observation of care, skills demonstrations, and ongoing involvement in ECP education. Documentation of these activities must be maintained by the medical director.

- (6) The medical director is responsible for assessing competency of skills required for endorsements held by ECPs under the medical director's supervision and shall sign an affidavit stating such competence as required under ARM ~~24.156.2718~~ [24.112.2101].
- (7) A medical director may assign duties where appropriate, but retains the responsibility for all assigned duties. This includes delegation of:
 - (a) local offline medical direction responsibilities to another unrestricted Montana licensed physician or physician assistant; and
 - (b) maintenance of records required under (4).
- (8) The medical director will approve and review the offering of online medical control which must be provided by any unrestricted Montana licensed physician or physician assistant who has been contacted for this purpose.
- (9) A medical director shall provide written notice to the ECP and the board upon discontinuing medical oversight.
- (10) The medical director shall be responsible for and approve a system to assure the inventory, storage, and security of all the medications utilized by the ECPs to whom the medical director provides medical oversight. The medical director may delegate the day-to-day duties where appropriate but retains overall responsibility.
- (11) A medical director may not unilaterally alter a patient care plan developed by a physician, PA, or APRN for care provided by an ECP with a CIHC endorsement.

Authorizing statute(s): 37-3-203, ~~50-6-203~~, MCA

Implementing statute(s): 37-3-102, 37-3-203, 50-6-101, 50-6-105, 50-6-201, ~~50-6-202~~, ~~50-6-203~~, 50-6-301, 50-6-302, MCA

Reasonable Necessity Statement

The proposed transfer and amendment is necessary to transfer the rule into the board's general provisions subchapter as medical direction applies to both physician and physician assistant license type. Although the board no longer regulates rules regarding emergency care provider licensing, the board licenses physicians and physician assistants which may provide medical oversight as a medical director to emergency care providers.

The amendment in (6) updates the reference to reflect the correct location of the rule, which will be transferred to the department from the board. The proposed transfer of the emergency care provider rules is outlined in MAR Notice No. 2025-149.1.

Small Business Impact

Pursuant to 2-4-111, MCA, the Montana small businesses that will probably be affected by the proposed amendments are emergency rooms, ambulance services, and emergency services, and there are no changes to any requirements of those businesses. The board has determined that the proposed rule changes will not create a significant and direct impact on these small businesses.

Bill Sponsor Notification

The bill sponsor contact requirements do not apply.

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

Jennifer Stallkamp

Approval

Sarah Swanson, Commissioner

Approval

Ashleigh Magill, M.D., Chair, Board of Medical Examiners