MONTANA
ADMINISTRATIVE
REGISTER

BOARD OF NURSING
DEPARTMENT OF LABOR AND INDUSTRY

NOTICE OF PROPOSED RULEMAKING

MAR NOTICE NO. 2026-114.1

Summary

Amending rules on education and unprofessional conduct pertaining to the Board of Nursing

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Hearing Date and Time

Thursday, August 27, 2026, 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/86253965885

Meeting ID: 862 5396 5885; Password: 8002379340

Dial by Telephone: +1 646 558 8656

Meeting ID: 862 5396 5885; Password: 8002379340

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, September 4, 2026, 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 Thursday, August 20, 2026, at 5:00 p.m.

Contact

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

General Reasonable Necessity Statement

Based upon the Board of Nursing (board) meetings and needs, and due to requests from staff and other stakeholders, rules have been modernized and language changed for rule construction, grammar, text flow, and reader clarity. In addition, rule changes will reduce unnecessary barriers for Montana's programs and amend citations to repealed statutes and/or administrative rules. Proposed changes will also clarify requirements for licensed practical nurses (LPN) providing IV therapy, allow additional health care professionals to supervise LPN hemodialysis practice, update rules on patient record security and dissemination, and add a requirement to voluntarily surrender Drug Enforcement Administration registration to the board.

Rulemaking Actions

AMEND

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

24.159.301 DEFINITIONS

(1) "Accrediting organization" means a professional organization that establishes standards and criteria for continuing education programs.

(2) "Advanced practice registered nurse" or "APRN" means a registered nurse licensed by the board to practice as an advanced practice registered nurse pursuant to 37-8-202, MCA. Four APRN roles are recognized by Montana law:

(a) certified nurse practitioner (CNP);

(b) certified nurse midwife (CNM);

(c) certified registered nurse anesthetist (CRNA); and

(d) clinical nurse specialist (CNS).

(3) "Allowable routes" means oral, sublingual, topical, ophthalmic, otic, nasal, and inhalant methods of administration, except as otherwise provided by rule.

(4) "Assistive person" or "AP" means any person, regardless of title, who is not a licensed nurse and who functions in an assistive role to the nurse and receives delegation of nursing tasks.

(5) "Certifying body" means a board-recognized national certifying organization that uses psychometrically sound and legally defensible examinations for certification in APRN roles and population focus.

(6) "Charge Nurse" means the nurse who is in charge of patient and/or resident care during a nursing shift. An LPN may serve as a charge nurse in the absence of an RN in a long-term care facility, pursuant to 37-8-102, MCA.

(7) "CNOR" means the documented validation of the professional achievement of identified standards of practice by an individual registered nurse providing care for patients before, during, and after surgery.

(8) "Competency" means performing skillfully and proficiently the functions that are within the role of the licensee, and demonstrating the interrelationship of essential knowledge, judgment, and skills.

(9) "Contact hours" means the time period of instruction determined by the continuing education provider and indicated on the participant's certificate of completion. One academic semester credit equals 15 contact hours; one academic quarter credit equals 12.5 contact hours.

(10) "Continuing education" means a planned learning activity that occurs in a classroom, online, audio-conference, video-conference, or as independent study. All continuing education must be approved by an accrediting organization or provided by an accredited academic institution of higher learning, a continuing education provider, or a certifying body.

~~(11) "Continuing education provider" means an entity approved by an accrediting organization to provide continuing education programs.~~

~~(12)~~(11) "Delegation" means the act of authorizing and directing an AP to perform a specific nursing task in a specific situation in accordance with these rules.

~~(13)~~(12) "Direction" means a communication of a plan of care based upon assessment of a patient by a registered nurse or a licensed independent health care provider pursuant to 37-8-102, MCA, that sets forth the parameters for the provision of care or for the performance of a procedure.

~~(14)~~(13) "Direct supervision" means the supervisor is on the premises and is quickly and easily available.

~~(15)~~(14) "Drug" means a substance defined by 37-7-101, MCA.

~~(16)~~(15) "Focused nursing assessment" is conducted by a licensed practical nurse and is an appraisal of an individual's status and situation at hand, contributing to the comprehensive assessment by the registered nurse, supporting ongoing data collection, deciding who needs to be informed of the information, and when to inform.

~~(17)~~(16) "Health team" means a group of health care providers which may, in addition to health care practitioners, include the client, family, and significant others.

~~(18)~~(17) "Immediate supervision" means the supervisor is on the premises and is within audible and visual range of the patient.

~~(19)~~(18) "Independent study" means a self-paced learning activity directed by a continuing education provider that includes both a mechanism for evaluation and feedback to the learner.

~~(20)~~(19) "National accreditation" means the ongoing review, evaluation, and approval of nursing education programs by a national nursing accrediting agency ~~that is recognized by the U.S. Department of Education~~. Nursing education programs without national accreditation are nonaccredited programs.

~~(21)~~(20) "National professional organization" means a board-recognized professional nursing membership organization that delineates nursing practice standards and guidelines.

~~(22)~~(21) "New nursing education program" means the initiation or addition of a new terminal degree or certificate in nursing education that prepares graduates for initial licensure.

~~(23)~~(22) "Nursing assessment" means a systematic collection of data to determine the patient's health status and to identify any actual or potential health problems.

~~(24)~~(23) "Nursing procedures" means those nursing actions selected and performed in the delivery of safe and effective patient/client care.

~~(25)~~(24) "Nursing process" means the traditional systematic method nurses use when they provide:

(a) nursing care including assessment;

(b) nursing analysis;

(c) planning;

(d) nursing intervention; and

(e) evaluation.

~~(26)~~(25) "Nursing task" means an activity that requires the use of nursing knowledge, skills, and/or abilities.

~~(27)~~(26) "Ordering" means authorizing durable medical devices and equipment, nutrition, diagnostic, and supportive services, including, but not limited to, home healthcare, hospice, and physical and occupational therapy.

~~(28)~~(27) "Peer review" means the process of evaluating the practice of nursing, conducted by a peer-reviewer.

~~(29)~~(28) "Peer-reviewer" for APRN practice means a licensed APRN or physician whose credentials and practice encompass the APRN's scope and type of practice setting. The peer-reviewer may be a consultant working for a professional peer review organization.

~~(30)~~(29) "Population focus" for APRN practice means the section of the population which the APRN is certified to practice within. The categories of population focus are: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related, or psychiatric/mental health.

~~(31)~~(30) "Practical nurse" means the same thing as "licensed practical nurse," "PN," and "LPN," unless the context of the rule dictates otherwise. The practice of practical nursing is defined at 37-8-102, MCA.

~~(32)~~(31) "Preceptorship" for APRN education means supervised training in the role, population focus, or specialty area of APRN practice.

~~(33)~~(32) "Prescriber" as defined in 37-7-502, MCA, means a medical practitioner as defined in 37-2-101, MCA, licensed under the professional laws of the state to administer and prescribe medicine and drugs.

~~(34)~~(33) "Prescribing" means specifying advanced nursing intervention(s) intended to implement the defined strategy of care.

~~(35)~~(34) "Prescription drug" as defined in 37-7-101, MCA, means any drug that is required by federal law or regulation to be dispensed only by a prescription subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 353.

~~(36)~~(35) "PRN medication" ("pro re nata," Latin for "according as circumstances may require") means medication taken as necessary for the specific reason stated in the medication order, together with specific instructions for its use.

(36) “Program” means a practical nursing education curriculum and/or a professional nursing education curriculum approved by the Montana Board of Nursing to be delivered by a school.

(37) "Registered nurse" means the same thing as "RN" and "professional nurse," unless the context of the rule dictates otherwise. The practice of professional nursing is defined at 37-8-102, MCA.

(38) "Routine medication" means medication taken regularly at the same time each day using the same route, or on the same days of the week, at the same time, using the same route.

(39) “School” means an educational institution such as a university, college, community college, or tribally controlled community college that houses a nursing education program.

~~(39)~~(40) "Simulation" means instructional techniques designed to replace or amplify real clinical nursing experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. The evidence-based learning shall replicate patient care scenarios and are designed to foster clinical decision-making and critical thinking. Scenarios may include the use of medium or high-fidelity ~~mannequins~~ manikins, standardized patients, role playing, and computer-based critical thinking simulations. An instructional simulation scenario shall include the elements of pre-briefing, replication of a patient care scenario, and debriefing. Skill acquisition and task training alone, as in the traditional use of a skills laboratory, do not qualify as simulated client care and therefore do not meet the requirements for ~~direct client care~~ clinical hours.

~~(40)~~(41) "Stable" means a situation in which the patient's clinical and behavioral status is determined to be non-fluctuating or in which the fluctuations are expected and the interventions planned.

~~(41)~~(42) "Standard" means an authoritative statement by which the board can judge the quality of nursing education or practice. A standard is established by authority, custom, or general consent as a model or example; something set up for the measure of quantity, weight, extent, value, or quality. A standard is substantially well established by usage in speech and writing and widely recognized as acceptable.

~~(42)~~(43) "Standardized procedures" means routinely executed nursing actions for which there is an established level of knowledge and skill.

~~(43)~~(44) "Strategy of care" means the goal-oriented plan developed to assist individuals or groups to achieve optimum health potential. This includes initiating and maintaining comfort measures, promoting and supporting human functions and responses, establishing an environment conducive to well-being, providing health counseling and teaching, and collaborating on certain aspects of the medical regimen, including, but not limited to, the administration of medications and treatments.

~~(44)~~(45) "Supervision" or "general supervision" means provision of guidance by a qualified nurse or a person specified in 37-8-102, MCA, for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

~~(45)~~(46) "Supervisor" means the health care professional identified by these rules as the person qualified to supervise another in the performance of nursing procedures and care.

~~(46)~~(47) "Verification" of licensure, education, or prior disciplinary action against a license must be submitted to the board in writing, from a primary source.

Authorizing statute(s): 37-1-131, 37-8-202, MCA

Implementing statute(s): 37-1-131, 37-8-101, 37-8-102, 37-8-202, 37-8-422, 37-8-424, MCA

Reasonable Necessity Statement

This rule is amended to remove the definition of “continuing education provider” as it is no longer relevant; the board no longer requires continuing education credits. The amended rule updates the definition of “national accreditation” to remove the requirement of recognition by the U.S. Department of Education for national nursing accrediting agencies due to its changing structure and status. This rule was also amended to define “school” and “program” to distinguish between the terms and clarify responsibilities of these terms as used elsewhere in rule. The definition for “simulation” was amended, and the term “mannequins” was replaced with “manikins” to reflect the difference between the first, used for displaying clothes, and the second, used for medical or scientific training. In addition, “direct client care hours” was amended to “clinical hours” to better reflect the current terminology nursing programs use for practical education experiences whether in a real-world or simulated setting.

24.159.422 LPN AND RN APPLICATIONS

(1) In addition to the requirements of ARM 24.159.420, an applicant for LPN or RN licensure must provide:

(a) license verification and, if not in English, a certified translation, from the state, territory, or country in which the applicant holds now, or has held previously, any professional license or credential; and

(b) detailed explanation and supporting documentation for each affirmative answer to background questions on application.

(2) Endorsement applicants for LPN or RN licensure must currently hold the same license in good standing in another state, territory, or country.

(3) Examination applicants for LPN or RN licensure by examination ~~shall~~ must transmit:

(a) proof of educational attainment:

(i) an official transcript, sent to the board directly from the educational institution, verifying date of graduation and degree or credential conferred; or

(ii) if educated internationally, results of a credentials review by a board-specified credentials review agency or another board of nursing that verifies the equivalency of the international LPN or RN education program to LPN or RN education programs in the United States; and

(b) proof of successful passage of NCLEX-PN or NCLEX-RN, completed in English, as applicable:

(i) applicants must complete all educational requirements and the board must receive all credential prior to determining the applicant eligible to test; and

(ii) candidates failing the examination are not eligible to retest for a period determined by the testing entity and must submit an examination retake fee.

(4) Applicants for LPN or RN licensure, if a graduate of an international prelicensure education program not taught in English or if English is not the individual’s native language, must successfully pass an English proficiency examination that includes the components of reading, speaking, writing, and listening.

Authorizing statute(s): 37-1-131, 37-1-141, 37-8-202, 37-8-405, 37-8-415, MCA

Implementing statute(s): 37-1-131, 37-1-134, 37-1-141, 37-8-202, 37-8-405, 37-8-406, 37-8-409, 37-8-415, 37-8-416, 37-8-418, MCA

Reasonable Necessity Statement

This rule has been amended to require English versions of the National Council Licensure Examination (NCLEX). In addition, the amended rule requires licensed practical nurse or registered nurse applicants to take and pass an English-proficiency test if the applicant either graduated from an international program not taught in English or English is a second language for the applicant. This is necessary because of the increased volume of internationally educated applicants over the past eight years demonstrating an increased lack of English proficiency which may present a risk to public safety in Montana.

24.159.604 PROGRAM STANDARDS

(1) All programs ~~shall~~ must meet these standards:

(a) The ~~purpose and~~ end-of-program student learning outcomes ~~of~~ and the program ~~shall~~ outcomes must be consistent with accepted standards of nursing practice appropriate for graduates of the type of program offered and must be made available to prospective and current students in public documents.

(b) The program ~~identifies~~ must identify the national nursing standards it uses as the basis for ~~the purpose and expected~~ its end-of-program student learning outcomes ~~of the~~ and program outcomes.

(c) The program's director and administration must consider the input of stakeholders ~~shall considered~~ in developing and evaluating the ~~purpose and~~ end-of-program student learning outcomes ~~of~~ and the program outcomes.

(d) Program information communicated by the program ~~shall~~ must be accurate, complete, consistent, and readily available.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule has been amended due to feedback received by Montana's Board of Nursing and Department of Labor and Industry regarding potential barriers to the profession. The proposed changes clarify program standards to focus on end-of-program student learning outcomes instead of outcomes in general. The current program standards rule has created difficulty in interpretation and compliance and needed simplification and clear direction for the public, profession, and board oversight. In addition, rulemaking language has been modernized for improved reader comprehension.

24.159.605 ORGANIZATION AND ADMINISTRATION OF PROGRAMS

(1) ~~Parent institutions conducting a program must be accredited by an accrediting agency that is recognized by the U.S. Department of Education.~~ A nationally recognized accrediting agency must accredit parent institutions conducting a program.

~~(2) The organizational structure of the program must be comparable to similar programs of the parent institution.~~

~~(3)~~(2) Institutional policies governing the program must be consistent with those policies governing other educational programs of the parent institution.

~~(4)~~(3) Policies governing ~~faculty employment~~ the employment of nursing instructional personnel must be in writing ~~and consistent with those of the parent institution~~.

~~(5)~~(4) The program must provide students with written policies and demonstrate evidence of following these policies regarding:

(a) admission, readmission, progression, dismissal, and graduation requirements;

(b) personal health practices, designed to protect students, clients~~,~~ and ~~faculty members~~ nursing instructional personnel, and requiring student compliance;

(c) information regarding the process of obtaining a license; and

(d) access to the institution/program catalog.

~~(6)~~(5) Programs must maintain current records of student achievement within the program and provide students with evaluations based on expected student learning outcomes.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule has been amended to modernize educational language from “faculty members” to “nursing instructional personnel” and focus on student learning outcomes not just generalized “outcomes” for programs. It also has been amended to reflect Montana’s nursing programs’ move to receive national nursing education accreditation rather than solely those approved by the U.S. Department of Education. Accreditation bodies use similar, but differing language and requirements, and the proposed amendments allow for flexibility to facilitate the accreditation process. These changes are a result of the board’s recognition that the nursing programs are best poised to understand community’s needs and should be able to determine the best credentials for their instructional and administrative personnel while maintaining a high-quality program. The proposed rule changes are not substantive in nature. Additionally, this rule has been rewritten to give simplicity and clear direction to new programs and better oversight for the board.

24.159.606 EDUCATIONAL FACILITIES FOR PROGRAMS

(1) ~~There must be~~ Educational facilities for programs must have safe and accessible physical facilities and resources for students ~~and faculty~~, nursing instructional personnel, and administrative personnel.

(2) Physical facilities must be appropriate to meet the educational and clinical needs of the program. Classrooms, laboratories, offices, and conference rooms in the physical facilities must be of adequate size, number, and type according to the number of students and purposes for which these areas are to be used.

(3) The program must ensure:

(a) adequate supplies and equipment necessary to achieve program and student learning outcomes; and

(b) ~~adequate and convenient access by~~ students and ~~faculty~~ nursing instructional personnel have adequate and convenient access to library and information resources necessary to achieve program and student learning outcomes.

(4) All clinical agencies with which the program maintains cooperative agreements for use as clinical learning experiences must ~~have licensure,~~ be licensed and have approval~~,~~ or accreditation appropriate to each agency.

(a) Cooperative agreements between nursing programs and clinical agencies must be current, in writing, signed by the responsible officers of each, and must ~~set forth the following~~ identify:

(i) ~~faculty~~ nursing instructional personnel responsibilities for teaching and clinical supervision of students, including responsibilities for planning and supervising learning experiences;

(ii) a reasonable time frame for contract termination to ensure completion of the current ~~semester or quarter~~ academic term of student clinical experiences;

(iii) agency's roles and responsibilities for student oversight and communication with ~~faculty~~ nursing instructional personnel and administrative personnel; and

(iv) student and nursing instructional personnel health requirements ~~of students and faculty~~.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule has been amended to modernize educational language to reference nursing instructional personnel and "academic term" rather than academic semester or quarter to align with terminology in other states. The rule also clarifies that programs should ensure student learning outcomes rather than the more generalized term "outcomes." In addition, the rule has been amended to clarify roles and responsibilities of educational facility staff and improve grammar for modern reader comprehension.

24.159.608 PLACEMENT OF AN OUT-OF-STATE NURSING STUDENT IN A MONTANA CLINICAL PRACTICE SETTING

(1) The placement of a student enrolled in an out-of-state pre-licensure program for clinical practice in a Montana facility must be approved by the Montana Board of Nursing or by ~~its~~ the board's executive director.

(2) The student's nursing program may request ~~for~~ placement of an out-of-state student in a Montana clinical practice setting. This request must be submitted to the board in writing~~. The request must~~ and be signed by the director of the out-of-state nursing education program. The request for a clinical placement in Montana must include:

(a) documentation of an out-of-state program's unconditional state board or nursing regulatory body approval ~~and accreditation by a national nursing accrediting agency approved by the U.S. Department of Education~~;

(b) name, address, and contact information of the student seeking placement in a Montana clinical practice setting;

(c) name and location of the Montana clinical practice setting where the out-of-state nursing education program seeks to place the student;

(d) name and contact information of the person employed at the Montana clinical practice setting who will serve as the primary liaison between the out-of-state nursing education program, the Montana board, and the Montana clinical facility;

(e) names, contact information, and educational credentials for Montana clinical preceptor(s) and out-of-state ~~faculty member(s)~~ nursing instructional personnel who will participate in the student's clinical experience in Montana;

(f) detailed description of the preceptorship, including the specific practice area that will be the focus for the out-of-state student's clinical experience;

(g) explicit plan for out-of-state ~~faculty~~ nursing instructional personnel supervision of the preceptor and out-of-state student in the Montana clinical practice setting;

(h) verification from relevant directors of Montana programs that placement of the out-of-state student in the identified Montana clinical practice setting will not displace a Montana nursing student;

(i) copy of the written agreement between the out-of-state program and the facility where the Montana clinical practice setting is located, which identifies preceptor(s), primary liaison, and out-of-state ~~clinical faculty~~ nursing instructional personnel. The agreement must specify the responsibilities and delineate the functions of each entity in ensuring a quality educational experience for the out-of-state student; and

(j) any out-of-state ~~faculty member~~ nursing instructional personnel who is involved in the direct care of a patient in Montana must hold an unencumbered Montana license.

(3) The clinical preceptors, working with the out-of-state nursing ~~faculty~~ instructional personnel and the student in the Montana clinical practice setting, must meet the qualifications outlined by ARM 24.159.665. The preceptor is responsible for ensuring that the out-of-state student complies with all Montana laws and rules related to nursing.

(4) Out-of-state ~~faculty member(s)~~ nursing instructional personnel are responsible for ensuring safe, accessible, and appropriate preceptor supervision of the out-of-state student's Montana clinical practice experience.

(5) Montana board staff may conduct a site visit at the proposed clinical practice setting, either before or during the out-of-state student placement.

Authorizing statute(s): 37-8-202, MCA

Implementing statute(s): 37-8-202, MCA

Reasonable Necessity Statement

This rule has been amended to clarify responsibilities of the board and nursing programs. It has also been revised to modernize nursing education language, i.e., "nursing instructional personnel" instead of current faculty titles, Certified Rehabilitation Registered Nurses (CRRNs), or Clinical Resource Licensed Practical Nurses (CRLPNs). "Faculty" does not have a universal meaning across various educational institutions which house nursing programs. The change allows administrative personnel to facilitate hiring, continued evaluation, and retention of qualified nurses as instructional personnel according to their own institution's structure.

24.159.609 PROGRAM EVALUATION

(1) All nursing programs must have and follow a written, systematic plan for evaluation and ongoing assessment of ~~student learning, published program outcomes, and compliance with board rules~~ end-of-program student learning outcomes and program outcomes. The plan must effectively support the achievement of the expected ~~program~~ outcomes and provide evidence of a system of continuous quality improvement.

(2) The plan must include:

(a) measurable end-of-program student learning outcomes ~~of student learning~~;

(b) measurable aggregate program outcomes, including:

(i) NCLEX pass rate with five-year trend data (as available);

~~(ii) student and alumni satisfaction with the program;~~

~~(iii) employer satisfaction with graduates of the program; and~~

~~(iv)~~(ii) program completion rates, including the program entry point and time period to completion as specified by the program~~.~~; and

(iii) job placement data as specified by the program;

(c) processes to obtain evaluation data;

(d) time frame for data collection and analysis;

(e) evidence of a system of continuous quality improvement; and

(f) opportunities for participation in the evaluation process by students, ~~faculty~~ nursing instructional personnel and administrative personnel, clinical ~~staff~~ agency personnel, and employers of graduates~~; and~~.

~~(g) a process for measuring student attrition and analysis of the reasons.~~

(3) Program revisions must be based on evidence collected through the evaluation process.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule has been amended to modernize language relating to program outcomes, curriculum, and program personnel. The board has also removed rules requiring program plans to include student, alumni, and employer satisfaction with the program or program graduates as measurable aggregate program outcomes because "satisfaction" is difficult to measure. Instead, the amendments allow program evaluation to include job placement data, which is quantifiable. Subsection (2)(g) was removed because it duplicates the analysis required in (2)(b)(ii) and (2)(d).

24.159.611 PROGRAM CLOSURE AND RECORDS STORAGE

(1) A program may close voluntarily or may be closed involuntarily due to withdrawal of board approval. Prior to closure, the program must:

(a) maintain the standards for nursing education during the transition to closure;

(b) prepare and execute a plan that addresses the transition or placement of students who have not completed the program; and

(c) ~~make arrangements~~ arrange for the secure storage and access to academic records and transcripts.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, 37-8-302, MCA

Reasonable Necessity Statement

This rule has been amended to modernize language based upon current administrative rule-writing standards.

24.159.612 PROGRAM ANNUAL REPORT

(1) ~~An~~ A program must submit an annual report ~~for the academic year ending June 30 must be submitted by September 1 of~~ each year~~, except in the year in which the program submits a self-study report to the board or a national nursing accrediting agency~~ for each NCLEX code a school is assigned.

(2) The purpose of the annual report is to provide the board with current data for its ongoing program evaluation ~~by the board. The annual report must be submitted using the template posted to the board web site on July 1 of each year~~. The report must include:

(a) enrollment and graduation data for the academic year, including:

(i) number of students in each program ~~track if more than one track~~; and

(ii) student demographic data, including in-state and out-of-state residency~~, race/ethnicity, and gender.~~;

(b) number of unfilled student positions and number of qualified applicants not accepted;

(c) names and qualifications of ~~full-time and part-time faculty, Clinical Resource Registered Nurses (CRRNs), and Clinical Resource Licensed Practical Nurses (CRLPNs)~~ nursing instructional personnel and non-nursing instructional personnel;

~~(d) names of faculty on board waiver and dates of each waiver period;~~

~~(e)~~(d) summary of substantive changes reported to the board during the past year, pursuant to ARM 24.159.635;

~~(f)~~(e) description of progress made by program on improvements recommended by the board or program's accrediting body;

~~(g)~~(f) ~~use of clinical simulation~~ accreditation status of the program by a national nursing accrediting agency; and

~~(h)~~(g) other information as requested by the board.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, 37-8-302, MCA

Reasonable Necessity Statement

This rule was amended to modernize language used to describe instructional personnel and increase reader clarity by identifying parties responsible for certain acts or requirements. The rule was also updated to clarify necessary report items, including accrediting and NCLEX, and remove requirements no longer considered necessary or which were repealed elsewhere so that the rule accurately reflects the process of the board. As “school” and “program” are now defined under proposed amendments to ARM 24.159.301, this rule was updated to clarify the NCLEX code is assigned to the “school” and not the “program.” As Montana is one of the only states which requires a report per academic year on July 1st, this rule has been amended to standardize its annual report to match other states.

24.159.625 ESTABLISHMENT OF A NEW PROGRAM

(1) The applicant ~~shall~~ must notify the board of the intent to establish a new program by providing the following information ~~for a Phase I application~~ in a written report

for an initial application which includes a narrative addressing each item listed below and appendices for supporting documentation:

(a) ~~results of a needs assessment, including identification of potential and available students and employment opportunities for program graduates~~ type of program and delivery method for the program, timeline for initiating the program, proposed total student enrollment for the first three years, program outcomes, end-of-program student learning outcomes, and brief outline of the total curriculum;

(b) ~~commitment by the governing institution of sufficient financial and other resources necessary for the planning, implementation, and continuation of the program~~ results of a detailed needs assessment specifying how the new program would meet local and regional nursing education needs not currently being met by existing Montana nursing programs, including identification of potential and available students and employment opportunities for program graduates;

(c) evidence of the program's governing institution's approval, ~~and~~ support, and commitment of sufficient financial and other resources necessary for the planning, implementation, and continuation of the program, including the program's initial three-year budget;

(d) evidence of ~~community~~ local support from the proposed site of the new program with rationale for the choice of each clinical site including a description of anticipated student experiences, and letters of commitments from the agencies offering clinical opportunities;

(e) ~~type of program proposed~~ a description of the physical resources for the program including classroom and office space, clinical and simulation laboratories, equipment, library and information resources, and any other resources to meet the unique needs of the program;

(f) ~~description of proposed clinical opportunities and availability of resources~~ availability or commitment from a qualified program director and availability or commitments from the proposed types of qualified nursing instructional personnel needed;

(g) ~~availability of a qualified faculty and program director~~ a draft of the program evaluation plan;

(h) ~~total proposed student enrollment~~ a draft of student policies for admission, progression, retention, and graduation; and

(i) ~~a proposed timeline for initiating the program;~~ evidence that detailed plans and the needs assessment regarding the proposed program have been shared with the directors of all programs in Montana.

~~(j) description of how the proposed program may affect existing programs that share the proposed clinical sites; and~~

~~(k) indication that plans and the needs assessment regarding the proposed program have been shared with the directors of all programs in the state.~~

(2) ~~Board approval of a Phase I application permits the applicant to continue planning, but does not assure subsequent approval of Phase II.~~ <u>The initial application will be reviewed by the board's executive director and an education consultant selected by the department. As part of the application process, the board's executive director and/or the education consultant will visit with the applicant to verify the program information in the application and determine the program's readiness to admit students. The type of visit will be appropriate to the program setting.</u>

(3) ~~The next step is Phase II application for initial approval for admission of students. The applicant shall provide the following information to the board:~~ <u>Following board approval of the initial application, the program may admit students. The board must notify the National Council of State Boards of Nursing (NCSBN) for NCLEX testing purposes. Students that graduate from a program under initial approval are eligible to sit for the NCLEX examination.</u>

~~(a) name of a qualified nurse administrator who has been appointed to administer the program;~~

~~(b) list of sufficient qualified faculty, CRRNs, CRLPNs, and administrative staff to develop and initiate the program;~~

~~(c) overview of total curriculum, including:~~

~~(i) course descriptions appropriate to each level of education provided; and~~

~~(ii) course sequence and schedule.~~

~~(d) contracts for each clinical site;~~

~~(e) description of use of each clinical site by other programs;~~

~~(f) numbers of students to be placed at each clinical site;~~

~~(g) rationale for choice of each clinical site, including description of anticipated student experiences;~~

~~(h) initial program evaluation plan; and~~

~~(i) student policies for admission, progression, retention, and graduation.~~

~~(4) Prior to Phase II approval, the board shall conduct an onsite program inspection visit to verify the information in the written report and ascertain the readiness of the program to admit students.~~

~~(5)~~ ~~Following board approval of Phase II application, the program may admit students. The board shall notify NCSBN for NCLEX testing purposes. Students graduating from a program under Phase II approval are eligible to sit for the NCLEX examination.~~

~~(6)~~(4) ~~The last step is Phase III, full approval of the program.~~ The board ~~shall~~ must grant full approval of a program ~~upon~~ after:

(a) ~~submission by the program of~~ the program submits a self-study report, pays any applicable fees per ARM 24.159.401, and ~~completion~~ the board completes ~~of~~ a site survey ~~by the board that~~ and verifies that the program is in compliance with the board's nursing education standards. The visit ~~is to be held following~~ must occur after the program's graduation of the first class of students.

~~(7)~~(5) The board may grant full or conditional approval~~, conditional approval,~~ or may deny approval, as outlined in ARM 24.159.640 and this rule.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, 37-8-302, MCA

Reasonable Necessity Statement

This rule has been amended to modernize both instructional language and rulemaking language in general. It also clarifies responsibilities of applicants, and others involved in the establishment of a new program, including the board. The rule has been amended to combine Phases I, II, and III of the establishment of a program into two phases to reduce barriers to establishing such programs and allow the board to consider how a new program will positively impact a community without requiring it to hire staff it may not need. The rules have been amended to improve the standard of quality instruction, including to address NCLEX testing.

24.159.630 CONTINUED APPROVAL OF PROGRAMS

(1) The board ~~shall~~ must evaluate approved programs for continued approval by monitoring and analyzing program performance through:

(a) periodic survey visits and reports;

(b) accreditation visits and reports;

(c) annual reports; and

(d) other sources of information regarding achievement of program outcomes, including:

(i) student retention and attrition;

(ii) ~~faculty~~ nursing instructional personnel or program director turnover;

(iii) complaints about the program from students, graduates, or ~~faculty~~ nursing instructional personnel, the program director, or community of interest members regarding program issues; and

(iv) data regarding NCLEX performance.

~~(2) Programs shall maintain annual NCLEX pass rates for first-time test takers that are no less than ten percentage points below the national average. If a program's pass rate is ten percentage points or more below the national average pass rate, the program must submit a report analyzing the variance and a plan to meet the pass rate requirement.~~

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, 37-8-302, MCA

Reasonable Necessity Statement

This rule has been amended to update terminology for rulemaking and education instruction. The rule removed the requirement for programs to maintain NCLEX pass rates as requirements to gather information on NCLEX pass rates exist under ARM 24.159.609 or can be requested by the board under ARM 24.159.612.

24.159.632 PROGRAM SURVEYS

(1) To ensure ongoing compliance with the board's statutes and rules, those approved programs not accredited by a national nursing accreditation agency ~~recognized by the U.S. Department of Education~~ must be surveyed onsite and reevaluated for continued approval at least every five years. Each time a program survey is performed, the entire program is evaluated for all components under board jurisdiction. For schools with RN and PN programs for which only the RN program holds national nursing accreditation ~~from an agency recognized by the U.S. Department of Education~~, PN program continued approval will be contingent upon the RN program accreditation visits and reports and an onsite survey at least every five years will not be required.

(2) Before an onsite survey, a school must submit a self-study report to the board providing evidence of compliance with the appropriate nursing education rules ~~45~~ 30 days before the scheduled onsite survey.

(3) The onsite survey is performed by the board's executive director ~~or~~ and the department-selected education consultant ~~and a qualified site visitor~~ on date(s) mutually agreeable to the board and the program. ~~The site visitor must have expertise in relation to the type of program being reviewed.~~

(a) The surveyors' report should be made available to the program within 20 days of the onsite survey.

(b) The program may submit a written response to the survey report within 14 days from the date the board sent the report to the program's mailing address of record with the department or, if the program allows electronic service, to the program's e-mail address.

(4) The board ~~shall~~ must review the final survey report and any program response and make a finding regarding the program's compliance with the rules.

(5) Following the board's review and decision, the program director and the leadership of the parent institution will be notified of the finding, and the program status will be placed on the board web site.

(6) The board may site visit a program at any time, as deemed necessary by the board or at the request of the school.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, 37-8-302, MCA

Reasonable Necessity Statement

This rule was amended to remove the requirement that the accreditation agency be recognized by the U.S. Department of Education due to the Department of Education's changing structure and status. The rule was also amended to clarify program responsibilities of various individuals or positions and to clarify program responses. The rule was also amended to reflect modern rulemaking language.

24.159.635 REQUIREMENTS FOR REPORTING SUBSTANTIVE CHANGES

(1) The program director or academic chief officer ~~is required to~~ must report to the board any proposed substantive change that may affect the program's compliance with the nursing education rules. Substantive changes include, but are not limited to:

(a) changes in legal status, control, or ownership of the parent institution;

(b) change in accreditation or approval status of the program or the program's parent institution;

(c) major curriculum revisions;

(d) change in degree offerings or program options;

(e) additional geographic sites or locations;

(f) change in program director;

(g) major reduction in financial or other program resources; or

(h) additional enrollment changes that require increases to the program's resources or that may affect the availability of clinical settings.

(2) Board approval is required prior to additional enrollment changes that require increases to the program's resources or that may affect the availability of clinical settings. Only programs in full approval status may make such a request. The program director or academic chief officer must submit the request ~~must be submitted~~ a minimum of 30 days prior to the board meeting, at which the additional enrollment changes will be considered. For proposed additional enrollment changes, the following information must be included:

(a) purpose and classification of program;

(b) the anticipated number of students;

(c) evidence of adequate clinical and academic facilities to support the additional enrollment;

(d) evidence of adequate financial resources for the planning, implementation, and maintenance of the enrollment changes;

(e) evidence of the need for the additional enrollment changes;

(f) evidence of adequate ~~faculty resources~~ nursing instructional personnel faculty and supporting resources;

(g) tentative timetable for planning and initiating the enrollment changes;

(h) description of how the additional enrollment may affect the existing nursing programs in the state, and indication that plans and the feasibility study regarding the additional enrollment have been shared with the directors of existing Montana programs;

(i) curriculum modifications required to accommodate the targeted student population; and

(j) a plan for continued assessment using the program evaluation plan.

(3) ~~Any~~ The program director or academic chief officer must submit to the board any additional information the board requested ~~by the board must be provided by the program~~ in the period and manner specified by the board.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, 37-8-302, MCA

Reasonable Necessity Statement

This rule was amended to modernize rulemaking language, language of educational instruction, and clarify responsibilities of various program personnel in submitting reports or changes in the program.

24.159.640 CONDITIONAL APPROVAL, WITHDRAWAL OF APPROVAL, OR DENIAL

(1) The board ~~shall~~ must make a change in approval status when a ~~school~~ program does not meet the requirements of the applicable statutes and rules to the board's satisfaction ~~of the board~~. The board ~~shall~~ must notify the ~~school~~ program of a change in approval status and the time and manner in which the ~~school~~ program must correct the deficiencies.

(2) The board may place a program on conditional approval when the board determines that an approved program is not in compliance with the board rules. The board may require the submission of an action plan, subject to board approval, to correct the identified program deficiencies.

(3) The board ~~shall~~ must withdraw approval if a program fails to correct deficiencies within the time specified or in accordance with a board-approved action plan. When approval is withdrawn, the board ~~shall~~ must remove the program from the list of approved programs and notify the applicable national accrediting body and the NCSBN testing services that the program is no longer approved. Whenever approval has been withdrawn, the program may not recruit or admit students prospectively without specific board approval.

(4) ~~A program denied~~ If the board denies a program approval or ~~given~~ gives less than full approval status, the program is entitled to notice and a hearing to contest the decision under the same procedures provided licensees, in accordance with the Montana Administrative Procedure Act and Title 37, chapter 1, part 3, MCA.

(5) A program must verify it has corrected deficiencies through its written report to the board and/or an onsite survey conducted by the board. The board, not the program, has discretion to determine the method the program must use to verify corrected deficiencies. Once a program corrects deficiencies, verified by the board,

the board ~~shall~~ must reinstate the program to conditional or approval status~~,~~ as ~~deemed~~ it determines appropriate ~~by the board~~.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, 37-8-302, MCA

Reasonable Necessity Statement

This rule was amended to modernize rulemaking language, clarify what will occur if the board denies a program, and clarify how to verify deficiencies which a program has corrected.

24.159.650 PROGRAM DIRECTOR

(1) A program must be administered by a full-time employed program director who ~~shall~~ possesses the following qualifications:

(a) a current unencumbered license to practice as a registered nurse in the state of Montana;

(b) ~~a graduate degree in nursing from a nationally recognized accredited program~~ academic preparation in nursing as required by the parent institution of the program;

(c) at least two years of experience in nursing practice; and

~~(d)~~ ~~at least two years of experience in nursing education; and~~

~~(e)~~(d) educational preparation or experience in curriculum development and administration.

(2) The program director is responsible for:

(a) oversight of the nursing program curriculum to facilitate achievement of the program outcomes and the end-of-program student learning outcomes;

~~(a)~~(b) ensuring that all ~~faculty, CRRNs, CRLPNs, and preceptors~~ nursing instructional personnel meet the ~~requisite~~ necessary qualifications and maintaining current records of those qualifications and performance evaluations;

~~(b)~~(c) ensuring that clinical agency contracts are executed periodically, according to institutional or program policy;

~~(c)~~(d) ~~faculty~~ nursing instructional personnel assignments and evaluations;

~~(d)~~(e) managing educational resources; and

~~(e)~~<u>(f)</u> compliance with board rules.

(3) All program directors ~~shall~~ <u>must</u> have ~~appropriate rank, position and~~ authority <u>from the program's parent institution</u> to carry out the duties ~~set forth above~~ <u>stated in this rule</u>.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule was amended to modernize administrative rulemaking language and grammar and update terms to reflect modern educational instruction terms. It also removes the requirement for a program director to have at least two years of experience in nursing education because the board deemed nursing programs are best suited to determine whether a program director needs nursing education experience. This change will not change program accreditation requirements for those programs which are nationally accredited but, for smaller programs not pursuing national accreditation, it removes barriers by allowing the parent school to define appropriate academic preparation of a program director. The rule updates program director responsibilities because previously, there was not a delineation of how program curriculum and personnel help the program achieve its outcomes.

24.159.655 ~~PROGRAM FACULTY~~ <u>NURSING INSTRUCTIONAL PERSONNEL</u>

(1) There must be a sufficient number of qualified ~~faculty~~ <u>nursing instructional personnel</u> to meet the ~~purposes and objectives of the~~ program <u>outcomes and student learning outcomes</u>. ~~Faculty~~ <u>Nursing instructional personnel</u> includes all nurses employed by the program to provide didactic ~~and/or~~ clinical<u>,</u>~~/~~laboratory ~~experiences. Clinical resource nurses (CRRNs and CRLPNs) and preceptors are not considered faculty~~<u>, and/or simulation instruction</u>.

(2) ~~Clinical and didactic faculty shall hold unencumbered Montana nursing licenses to practice nursing.~~ <u>Nursing instructional personnel must have:</u>

<u>(a)</u> <u>an unencumbered Montana nursing license to practice nursing;</u>

<u>(b)</u> <u>an academic degree in nursing that meets the program's requirements; and</u>

<u>(c)</u> <u>nursing work experience that meets the program's requirements.</u>

(3) ~~Faculty shall~~ <u>The program's nursing instructional personnel must</u> have ~~primary~~ <u>shared</u> responsibility for the development and provision of the academic program(s), including participation in program policy development.

(4) ~~Faculty shall~~ Nursing instructional personnel must maintain continuing professional development ~~in each area of academic responsibility~~ as required by the program.

~~(5) Faculty involved in simulations, both didactic and clinical, shall have training in best practices in the use of simulation.~~

~~(6) Faculty members who have responsibility for clinical teaching shall have relevant education and/or experience and meet all of the faculty qualifications for the program level in which they are teaching.~~

~~(7)~~(5) ~~Faculty member titles should be consistent with faculty functions and the same as or equivalent to titles of faculty of other units of the parent institution.~~ Nursing instructional personnel, as assigned by the program director, may be responsible for:

- (a) planning, implementing, and evaluating student learning experiences;
- (b) participating in student advising;
- (c) student and peer evaluation of teaching effectiveness;
- (d) program evaluation and performance improvement; and
- (e) participation in the parent institution's personnel organizations and committees.

~~(8) Faculty members shall be responsible for:~~

- ~~(a) planning, implementing, and evaluating learning experiences;~~
- ~~(b) participating in academic student advising;~~
- ~~(c) student and peer evaluation of teaching effectiveness; and~~
- ~~(d) participating in the selection of new faculty and the promotion and tenure of existing faculty.~~

~~(9) Faculty workloads should be equitable, and must allow time for:~~

- ~~(a) class and lab preparation;~~
- ~~(b) didactic and clinical teaching;~~
- ~~(c) program evaluation and performance improvement;~~
- ~~(d) improvements of teaching methods;~~
- ~~(e) student advising;~~
- ~~(f) participation in faculty organization and committees;~~
- ~~(g) attendance at professional meetings; and~~
- ~~(h) participation in continuing education activities, as required by these rules.~~

~~(10)~~(6) When providing direct patient care, no more than ten students may be supervised at a time by a ~~faculty member~~ nursing instructional personnel member.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule has been amended to modernize grammar, administrative rulemaking language, and terms related to education instruction. This rule has also been amended to include requirements nursing instructional personnel must hold based on board and stakeholder outreach. In addition, requirements for faculty providing simulations and continuing education requirements were removed after board and stakeholder outreach determined they were not necessary to ensure quality of instructional personnel. Requirements for faculty members and workloads were removed after determining that programs are best suited to determine such responsibilities and workloads.

24.159.665 CLINICAL PRECEPTORS

(1) Clinical preceptors may be used to enhance, but not replace, ~~faculty~~ nursing instructional personnel directed clinical learning experiences.

(2) When utilizing preceptors, ~~faculty members~~ nursing instructional personnel are responsible for:

(a) ensuring safe, accessible and appropriate supervision based on client health status, care setting, course objectives, and student level of preparation;

(b) ensuring appropriate preceptor qualifications and scope of responsibility; and

(c) ensuring that the preceptor demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student~~; and~~.

~~(d) providing the lecture and laboratory portions of a course.~~

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule has been amended to modernize nursing instructional language and remove the requirement that such personnel provide lecture and laboratory portions of the course after board and stakeholder outreach determined programs are best suited to determine who provides lecture and lab course portions.

24.159.670 CURRICULUM GOALS AND GENERAL REQUIREMENTS FOR PROGRAMS

(1) A curriculum is the content and learning experiences designed to facilitate ~~student~~ achievement of the ~~educational objectives~~ end-of-program student learning outcomes and the program outcomes.

(2) The ~~faculty shall~~ program director and nursing instructional personnel must develop, review, and update the curriculum on an ongoing basis. The curriculum must meet the following general criteria:

(a) reflect the guiding principles, ~~organizational framework, purpose, and educational objectives of the~~ program outcomes, and end-of-program student learning outcomes, and be consistent with the statutes and rules governing the practice of nursing, as well as the national standards and codes of ethics for nursing practice;

(b) contain content, clinical experiences, and strategies of active learning directly related to program ~~or course goals and objectives, in order~~ outcomes and the end-of-program student learning outcomes to develop safe and effective nursing practice; and

~~(c) demonstrate that simulation activities are linked to programmatic outcomes; and~~

~~(d)~~(c) contain evidence of current trends and professional nursing standards and practice guidelines.

~~(3) The curriculum must include concepts related to the care of individuals across the lifespan including, but not limited to:~~

~~(a) health maintenance promotion and restoration;~~

~~(b) risk reduction;~~

~~(c) disease prevention; and~~

~~(d) palliative care.~~

~~(4) The length, organization, sequencing, and placement of courses must be consistent with the guiding principles and objectives of the program and assure that previously learned concepts are further developed and extend throughout the program.~~

~~(5)~~(3) ~~For each clinical credit, there shall be at least two hours of applied experience.~~ Clinical hours include direct patient care and simulation. The minimum number of clinical direct patient care hours must be at least 400 hours for an RN program and at least 200 hours for an LPN program.

~~(6)~~(4) For each program utilizing simulation, no more than 50 percent of clinical hours shall be replaced with simulation hours. Upon request by a program, the board may temporarily allow all programs to exceed the 50 percent cap on simulation due to extenuating circumstances such as a state or national emergency.

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule has been amended to modernize instructional language, clarify standards and requirements, and remove requirements of curriculum concepts and guiding principles and objectives and replace them with a requirement for clinical hours, including a minimum number of direct patient care hours. Stakeholder outreach and board consideration have determined that removing these requirements allows programs to address community needs and interests and increase practical skills prior to entering the Montana job market. The addition of minimum hours is not anticipated to create new barriers for current programs which currently already meet this standard but instead provide minimum requirements for programs entering Montana and to aid the board in processing nonroutine applications.

24.159.915 STANDARDS RELATED TO THE RESPONSIBILITIES OF A MEDICATION AIDE I

(1) The medication aide I shall:

(a) practice under the general supervision of a nurse with an unencumbered Montana license;

(b) practice only in an assisted living facility as defined by 50-5-101, MCA;

(c) administer only medications that are in:

(i) a unit dose package; or

(ii) a prefilled medication holder;

(d) administer only PRN and routine medications as defined in ARM 24.159.301;

(e) administer medications only by allowable routes as defined in ARM ~~24.159.901~~ 24.159.301, except:

(i) insulin may be subcutaneously injected from a labeled and preset or predrawn insulin delivery device; and

(f) notify the supervising nurse if:

(i) the patient has a change in medication and the medication is not available as described in (1)(c); or

(ii) the medication aide has observed a change in the patient's physical or mental condition.

(2) "General supervision" for purposes of this rule means at least quarterly onsite review by a supervising nurse of a medication aide I's medication administration skills, and the guidance of a supervising nurse to include a written plan addressing questions and situations that may arise when the supervising nurse is not available. Such a plan must include access to a health care professional.

Authorizing statute(s): 37-1-131, 37-8-202, MCA

Implementing statute(s): 37-8-202, 37-8-422, MCA

Reasonable Necessity Statement

This rule has been amended to replace a reference to a previously repealed administrative rule and replace it with the current rule number.

24.159.916 STANDARDS RELATED TO THE RESPONSIBILITIES OF A MEDICATION AIDE II

(1) The medication aide II shall:

(a) practice only in a long-term care facility licensed to provide skilled nursing care as defined by 50-5-101, MCA;

(b) practice under the supervision of a professional or practical nurse who holds an unencumbered Montana nursing license and is on the premises;

(c) administer medications only by allowable routes as defined in ARM ~~24.159.901~~ 24.159.301, except insulin may be subcutaneously injected from a labeled and preset or predrawn insulin delivery device;

(d) notify the supervising nurse if the medication aide II has observed a change in the patient's physical or mental condition; and

(e) follow the conduct rules as found in ARM 24.159.2301.

(2) A medication aide II cannot:

(a) administer PRN medication as defined in ARM 24.159.301;

(b) convert or calculate dosages;

(c) accept and process medication order changes; or

(d) provide information or education to a patient beyond basic knowledge of medications and medication administration.

(3) "Supervision" for purposes of this rule means a provision of general supervision by a professional or practical nurse who is on the premises for the accomplishment of medication administration.

Authorizing statute(s): 37-8-426, MCA

Implementing statute(s): 37-8-424, MCA

Reasonable Necessity Statement

This rule has been amended to replace a reference to a previously repealed administrative rule and replace it with the current rule number.

24.159.1010 STANDARDS RELATED TO INTRAVENOUS (IV) THERAPY

(1) Prior to performing IV therapy, the practical nurse must have successfully completed a course of study that includes a process for evaluation, demonstration, and documentation of the knowledge, skills, and abilities required for safe administration of IV therapy procedures. Education ~~and competency~~ may be obtained through a board-approved, prelicensure nursing education program or a course of study utilizing appropriate education methods and qualified ~~faculty~~ <u>nursing instructional personnel</u>.

(2) The practical nurse who has met the education and competency requirements of this rule may perform the following functions with venous access devices (central, midline, and peripheral) under the appropriate level of supervision:

(a) calculate and adjust IV infusion flow rate, including monitoring and discontinuing infusions;

(b) observe and report subjective and objective signs of adverse reactions to any IV administration and initiate appropriate nursing interventions;

(c) draw blood;

(d) monitor access site and perform site care and maintenance;

(e) monitor infusion equipment;

(f) change administration set, including add-on device and tubing;

(g) perform intermittent flushes for line patency maintenance;

(h) convert a continuous infusion to an intermittent infusion;

(i) insert or remove a peripheral venous access device, except central or midline catheters;

(j) initiate and administer IV medications and fluids with the exception of the medications specifically prohibited in ARM 24.159.1011;

(k) administer the following classifications of medications for adult clients via push or bolus:

(i) analgesics (including opiates);

(ii) antiemetics;

(iii) analgesic antagonists;

(iv) diuretics;

(v) corticosteroids;

(vi) standard flush solutions (heparin or saline); or

(vii) glucose~~.~~;

(l) administer, monitor, and discontinue parenteral nutrition, fat emulsion solutions;

(m) assume monitoring of the administration of blood, blood components, or plasma volume expanders after the registered nurse has initiated and monitored the client for fifteen minutes; and

(n) discontinue the infusion of blood, blood components, or plasma volume expanders.

(3) Under ~~the~~ direct supervision of a ~~dialysis registered nurse~~ licensee listed in 37-8-102(8)(a), MCA, the following hemodialysis procedures may be performed by a ~~competent~~ practical nurse:

(a) insert an arterio-venous fistula/graft needle;

(b) administer prescribed local anesthesia as needed prior to dialysis needle insertion;

(c) access, draw blood, flush with a normal saline solution or a specific heparin flush solution~~,~~ and change dressings of hemodialysis central venous catheters; and

(d) administer prescribed doses of routine dialysis heparin.

Authorizing statute(s): 37-1-131, 37-8-202, MCA

Implementing statute(s): 37-1-131, 37-8-202, MCA

Reasonable Necessity Statement

This rule has been amended to modernize educational instruction language. In addition, "competency" in (1) has been removed because of the difficulty for programs directors or employers to ensure a program's competency; that is the role of the licensee. Section (3) was amended to address industry feedback that outpatient clinical settings do not always have a practical nurse; this change allows a broader range of trained medical professionals to provide such procedures and does not remove the requirement of direct supervision. The term "competent" under (3) was removed to reflect consistency in rules.

24.159.2301 CONDUCT OF NURSES

(1) Professional conduct for nurses is behavior including acts, knowledge, and practices, which through professional experience, has become established by practicing nurses as conduct which is reasonably necessary for the protection of the public interests.

(a) While working as a nurse, the nurse will identify himself or herself with a name badge disclosing, at a minimum, first name, first initial of last name, and license type. The identification badge will be written in a standard bold face font with a font size of no less than 18 point.

(b) All nurses shall notify the board ~~office~~ of any change in address within ten days of the change. Failure to notify the board of an address change may result in a fine.

(c) All nurses are required to report unprofessional conduct of nurses to the board.

(2) Unprofessional conduct, for purposes of defining 37-1-307, MCA, in addition to unprofessional conduct listed at 37-1-316, MCA, the following being unique, is determined by the board to mean behavior (acts, omissions, knowledge, and practices) which fails to conform to the accepted standards of the nursing profession and which could jeopardize the health and welfare of the people and shall include, but not be limited to, the following:

(a) failing to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which the individual is licensed;

(b) failing to exercise technical competence in carrying out nursing care;

(c) failing to follow policies or procedures defined in the practice situation to safeguard patient care;

(d) failing to safeguard the patient's dignity and right to privacy;

(e) verbally or physically abusing patients;

(f) performing procedures beyond the authorized scope of the level of nursing and/or health care for which the individual is licensed as defined by rules;

(g) altering and/or manipulating drug supplies, narcotics, or patients' records;

(h) falsifying patients' records, intentionally charting incorrectly or failing to chart;

(i) regarding patient records, to fail to:

(i) appropriately secure records;

(ii) appropriately document patient care; or

(iii) for licensees in private practice and in accordance with applicable law, 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;

~~(i)~~(j) diversion of a medication for any purpose;

~~(j)~~(k) violating state or federal laws relative to drugs;

~~(k)~~(l) intentionally committing any act that adversely affects the physical or psychosocial welfare of the patient;

~~(l)~~(m) delegating nursing care, functions, tasks and/or responsibilities to others contrary to the Montana laws and rules governing nursing and/or to the detriment of patient safety;

~~(m)~~(n) failing to exercise appropriate supervision over persons who are practicing under the supervision of the licensed professional;

~~(n)~~(o) leaving a nursing assignment without properly notifying appropriate personnel;

~~(o)~~(p) practicing professional or practical nursing as a registered or practical nurse in this state without a current active Montana license or permit;

~~(p)~~(q) failing to report to the board information known to the individual regarding any possible violation of the statutes or rules relating to nursing;

~~(q)~~(r) a license or certificate in a related health care discipline in Montana, another state or any jurisdiction denied, revoked, suspended, placed on probation or voluntarily surrendered for any reason that would constitute a basis for disciplinary action in this state;

~~(r)~~(s) failing to comply with the contract provisions of the nurses' assistance program;

~~(s)~~(t) refusing to sign for or accept a certified mailing from the board ~~office~~; or

~~(t)~~(u) failing to participate and cooperate in a Department of Labor and Industry investigation;

~~(u)~~(v) failing to report to the board ~~office~~ within 30 days of the date of the final judgment, order, or agency action, any malpractice, professional misconduct, criminal, or disciplinary action in which the nurse or the nurse's employer, on account of the nurse's conduct, is a named party; ~~and~~

~~(v)~~(w) ~~violating a state or federal statute while performing or attempting to perform the practice of nursing.~~ failing to report voluntary surrender of a DEA registration to the board within 30 days of the date of the voluntary surrender; and

(x) violating a state or federal statute while performing or attempting to perform the practice of nursing.

Authorizing statute(s): 37-1-319, 37-8-202, MCA

Implementing statute(s): 37-1-316, 37-1-319, 37-8-202, MCA

Reasonable Necessity Statement

This rule has been amended to update terminology and improve readability and to address questions from licensees regarding patient record maintenance when the licensee either changes offices, retires, or closes their practice and aligns with the standard set for medical examiners under already-existing administrative rule.

ADOPT

The rule proposed to be adopted is as follows:

NEW RULE 1 PROVISIONAL LICENSE

(1) The board may grant graduates of approved practical or professional United States' nursing education programs a provisional license to engage in practical or professional nursing if:

(a) the applicant submitted a complete application for a provisional license which includes their supporting credentials;

(b) the applicant paid all required application fees;

(c) the applicant is registered for the applicable licensing examination;

(d) the application for a provisional license is made no later than 90 days from the date of the applicant's graduation from the education program referenced in this rule;

(e) the application is routine as defined in ARM 24.101.402; and

(f) the applicant meets all requirements of 37-1-144, MCA.

(2) A provisional license granted by the board to a graduate becomes null and void three days after the board notifies the provisional licensee of the following:

(a) the provisional licensee has failed the exam referenced in (1)(c); or

(b) the provisional licensee does not take the exam within 90 days of the board issuing the provisional license.

(3) The provisional licensee must immediately return the provisional license to the board and not engage in any act of practical or professional nursing upon notice from the board that the provisional license has become null and void. Notice is considered complete when the applicant has been electronically notified of exam results and provisional license termination.

(4) Failure of the licensee to comply with this rule is grounds for denial of any subsequent license application and other remedies as provided by law.

(5) Upon the provisional licensee's passage of the exam referenced in this rule, a provisional license remains valid until the board grants a full and unrestricted license or until two weeks after the board mails the provisional licensee notice of their exam result, whichever occurs first. The notice is deemed mailed when the board delivers it to the United States Postal Service or any other agent of U.S. mail.

(6) A practical or professional nurse employed under a provisional license must function under the direct supervision of a registered nurse, advanced practice registered nurse, physician, naturopathic physician, physician assistant, optometrist, dentist, osteopath, or podiatrist. The supervisor must be physically onsite of the provisional licensee's actual physical location and have direct responsibility for supervising the provisional licensee's performance. The supervisor must hold an unencumbered Montana license unless exempt as provided in Title 37, MCA, relative to the supervisor's profession or occupation.

Authorizing statute(s): 37-1-319, 37-8-202, MCA

Implementing statute(s): 37-1-144, 37-8-103, 37-8-421, MCA

Reasonable Necessity Statement

This rule was created to address 2025 Legislative Session House Bill (HB) 414 which repealed 37-1-305, MCA, pertaining to temporary practice permits and adopted 37-1-144, MCA, allowing for provisional licenses.

REPEAL

The rules proposed to be repealed are as follows:

24.159.659 FACULTY FOR REGISTERED NURSING PROGRAMS

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule should be repealed as it is no longer necessary due to the proposed amendments to ARM 24.159.655.

24.159.662 FACULTY FOR PRACTICAL NURSING PROGRAMS

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule should be repealed as it is no longer necessary because of the proposed amendments to ARM 24.159.655.

24.159.663 WAIVER OF FACULTY QUALIFICATIONS

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, MCA

Reasonable Necessity Statement

This rule should be repealed as it is no longer necessary due to the proposed amendments to ARM 24.159.655.

24.159.666 USE OF CLINICAL RESOURCE REGISTERED NURSES (CRRNS)

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, 37-8-302, MCA

Reasonable Necessity Statement

This rule should be repealed as it is no longer necessary due to the proposed amendments to ARM 24.159.655.

24.159.667 USE OF CLINICAL RESOURCE LICENSED PRACTICAL NURSES (CRLPN)

Authorizing statute(s): 37-8-202, 37-8-301, MCA

Implementing statute(s): 37-8-202, 37-8-301, 37-8-302, MCA

Reasonable Necessity Statement

This rule should be repealed as it is no longer necessary due to the proposed amendments to ARM 24.159.655.

24.159.1021 TEMPORARY PRACTICE PERMIT

Authorizing statute(s): 37-1-319, 37-8-202, MCA

Implementing statute(s): 37-1-305, 37-1-319, 37-8-103, MCA

Reasonable Necessity Statement

The board proposes to repeal this rule as the 2025 Legislative Session HB 414 repealed 37-1-305, MCA, pertaining to temporary practice permits and adopted 37-1-144, MCA, allowing for provisional licenses. Proposed NEW RULE 1 replaces the need for this rule.

24.159.1221 TEMPORARY PRACTICE PERMIT

Authorizing statute(s): 37-1-319, 37-8-202, MCA

Implementing statute(s): 37-1-305, 37-1-319, 37-8-103, MCA

Reasonable Necessity Statement

The board proposes to repeal this rule as the 2025 Legislative Session HB 414 repealed 37-1-305, MCA, pertaining to temporary practice permits and adopted 37-1-144, MCA, allowing for provisional licenses. Proposed NEW RULE 1 replaces the need for this rule.

Small Business Impact

Pursuant to 2-4-111, MCA, the Montana small businesses that will probably be affected by the proposed rule changes are independent medical practices and/or advanced practice registered nurse practices, as well as small nephrology clinics. The proposed rule changes will not create a negative significant and direct impact on these small businesses. The proposed changes will positively impact businesses by providing clearer guidance.

Bill Sponsor Notification

The primary bill sponsor was notified on July 24, 2026, by email.

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

Russ Motschenbacher, RN, Presiding Officer, Board of Nursing