



MONTANA
ADMINISTRATIVE
REGISTER

BOARD OF PHYSICAL, REHABILITATIVE, AND DEVELOPMENTAL HEALTH CARE PROFESSIONALS
DEPARTMENT OF LABOR AND INDUSTRY

NOTICE OF PROPOSED RULEMAKING

MAR NOTICE NO. 2026-148.1

Summary

Establishing rules for the Board of Physical, Rehabilitative, and Developmental Health Care Professionals

Hearing Date and Time

Monday, June 1, 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/81685139131>

Meeting ID: 816 8513 9131; Password: 4084328227

Dial by Telephone: +1 646 558 8656

Meeting ID: 816 8513 9131; Password: 4084328227

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, June 5, 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 Monday, May 25, 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

House Bill (HB) 438 (2025) effectuates the consolidation of four occupational licensing boards—Physical Therapy Examiners, Speech-Language Pathologists and Audiologists, Occupational Therapy Practice, and Athletic Trainers—into one board—the Board of Physical, Rehabilitative, and Developmental Health Care Professionals (board). As a result of this consolidation, it is necessary to re-adopt administrative rules governing the professions overseen by the board, to ensure authorization and implementation citations are accurate, and to minimize, to the extent feasible, duplication of statutory provisions into rules. Additionally, because four boards once existed, each board has numerous rules which duplicate the provisions of other boards.

This rulemaking establishes the original rules for the board by establishing certain new rules applicable to all licensees. The rulemaking then transfers license-type specific rules from their current codification locations to the new board’s chapter. With this in mind, the board proposes the following subchapters: 1 – Organization; 2 – Procedure; 4 – Applications and Fees; 6 – Athletic Training; 8 – Occupational Therapy; 10 – Physical Therapy; 12 – Speech-Language Pathology and Audiology; 21 – Continuing Education; and, 23 – Unprofessional Conduct. Where feasible, rule numbers have been proposed in this notice. However, these numbers are subject to change based on comments received and necessary adjustments during the adoption process.

Rulemaking Actions

TRANSFER AND AMEND

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

24.165.407 (24.119.803) EXAMINATIONS

- (1) The board adopts the examination and pass/fail criteria administered through the National Board of Certification in Occupational Therapy (NBCOT).
- (2) Applicants must ensure that NBCOT forwards examination scores to the board.

Authorizing statute(s): 37-1-131, ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-24-303, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to set forth the accepted examinations for occupational therapists. There is reasonable necessity to amend the authorization and implementation citations for the new board.

24.165.501 (24.119.805) SUPERVISION

- (1) Supervisors shall determine the required level of supervision based on the supervisee's clinical experience, responsibilities, and competence.
- (2) Occupational therapists do not require supervision except for direct supervision of proctored treatments.
- (3) Except per 37-24-105(2) and 37-24-106(2), MCA, certified occupational therapy assistants must work under the general supervision of an occupational therapist.
- (4) ~~Temporary practice permit~~ Provisional license holders must work under the routine supervision of a certified occupational therapy assistant or an occupational therapist.
- (5) Occupational therapy aides must work under the direct supervision of an occupational therapist or an occupational therapy assistant.

Authorizing statute(s): 37-1-131, 37-1-319, ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): ~~37-1-305~~ 37-1-144, 37-24-103, 37-24-106, 37-24-107, MCA

Reasonable Necessity Statement

There is reasonable necessity to amend and transfer this rule to include the appropriate authorization and implementation citations for the new board. The rule is additionally necessary to define the obligations and parameters of supervision for occupational therapists. There is reasonable necessity to amend temporary practice to provisional license to reflect changes made in HB 414.

24.165.506 (24.119.806) RECOGNIZED EDUCATIONAL PROGRAMS

- (1) For licensure as an occupational therapist, the board recognizes those educational programs approved or recognized either by the American Occupational Therapy Association or the American Society of Hand Therapists.

Authorizing statute(s): ~~37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-303, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. It is additionally necessary to set forth educational programs recognized by the board to achieve licensure.

24.165.507 (24.119.807) STANDARDS OF PRACTICE

- (1) The board adopts by reference the ~~2015~~ 2021 American Occupational Therapy Association's Standards of Practice. A copy of these standards is available at aota.org.

Authorizing statute(s): ~~37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-105, 37-24-106, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. In addition, it is necessary to adopt the 2021 American Occupational Therapy Association's Standards of Practice standards. These are the most current standards.

24.165.509 (24.119.809) APPROVED MODALITY INSTRUCTION

- (1) The board has approved the following sponsors or providers to provide instruction to licensees seeking endorsement to provide superficial physical agent modalities:
 - (a) providers approved or recognized by the American Occupational Therapy Association;
 - (b) providers approved by the National Board for Certification in Occupational Therapy;
 - (c) providers approved or recognized by the American Society of Hand Therapists; or
 - (d) graduate level education course work offered by an accredited college or university, provided that:
 - (i) the course work is taken after the licensee has obtained an undergraduate degree in occupational therapy; and
 - (ii) the course work provides skills and knowledge beyond mere entry level skills or knowledge of the topic.
- (2) The board will approve instruction provided by licensed health care professionals whose competency in teaching the use of superficial physical agent modalities is demonstrated to the satisfaction of the board.
- (3) To be approved by the board, the instructor must be a licensed or otherwise regulated professional allowed to use superficial physical agent modalities and have more than one year of clinical experience in the use of these modalities.

Authorizing statute(s): 37-1-131, ~~37-24-201~~, ~~37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-24-105, 37-24-107, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. In addition, the rule is necessary to set forth the approved instruction for licensees in occupational therapy.

24.165.510 (24.119.810) APPROVED TRAINING

- (1) Approved training includes proctored sessions provided by example and observation of either:
 - (a) an occupational therapist:
 - (i) approved by the board to administer superficial physical agent modalities and sound and electrical physical agent modalities for iontophoresis and phonophoresis; and
 - (ii) who has more than one year of clinical experience in either the use of sound and electrical physical agent modalities or superficial physical agent modalities; or
 - (b) a licensed health care professional with more than one year of clinical experience in the use of sound and electrical physical agent modalities or superficial physical agent modalities as within the professional's licensed scope of practice.

Authorizing statute(s): 37-1-131, ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-24-105, 37-24-107, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. In addition, it is necessary to set forth the board's approval of training for occupational therapists.

24.165.514 (24.119.814) ENDORSEMENT TO APPLY TOPICAL MEDICATIONS

- (1) To obtain an endorsement for the administration or use of topical medications, an occupational therapist shall:
 - (a) complete five hours of instruction or training approved by the board in:

- (i) principles of topical drug interaction;
 - (ii) adverse reactions and factors modifying response;
 - (iii) actions of topical drugs by therapeutic classes; and
 - (iv) techniques by which topical drugs are administered; and
- (b) perform one proctored treatment in direct application of topical medications, and either:
- (i) two proctored treatments in phonophoresis; or
 - (ii) three proctored treatments of iontophoresis.
- (2) All proctored treatments required in (1) must be under the direct supervision of a person offering training per ~~ARM 24.165.510~~.

Authorizing statute(s): ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-106, 37-24-107, 37-24-108, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer ARM 24.165.514 through 24.165.524 to set forth the requirements for endorsement to apply topical medications. Authorization and implementation citations are proposed to be amended to reflect the new statutes of the board. In addition, (2) is proposed to be modified to strike the cross reference to ARM 24.165.510. That citation will no longer be correct with transfer of rules to the board, and the reference is unnecessary.

24.165.516 (24.119.816) USE OF TOPICAL MEDICATIONS

- (1) Topical medication prescribed for a patient on a specific or standing basis by a licensed medical practitioner with prescriptive authority must be obtained by the patient or an authorized representative from a licensed Montana pharmacy.
- (2) All prescribed topical medications:
 - (a) must be stored at the ~~clinician's~~ licensee's place of business in compliance with proper storage guidelines under Title 37, chapter 7, MCA, or as otherwise developed by the Board of Pharmacy, or as noted by the pharmacist;

- (b) must be returned to the patient's possession at the termination of the course of treatment with the patient; and
 - (c) may not be transferred to or used in treatment of any other patient.
- (3) All topical medications must be administered by the ~~clinician~~ licensee as prescribed and in accordance with any pharmacy guidelines given with the topical medication.

Authorizing statute(s): ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-107, 37-24-108, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer ARM 24.165.514 through 24.165.524 to set forth the requirements for endorsement to apply topical medications. Authorization and implementation citations are proposed to be amended to reflect the new statutes of the board. In addition, use of the term "clinician" is modified to be "licensee." "Clinician" is proposed to be removed as a defined term through the repeal of ARM 24.165.302. Moreover, there is no need to distinguish in these rules between a licensee, who must work within their endorsement to apply topical medications, and a clinician, who is a licensee with an endorsement to apply topical medication. Because it is unprofessional conduct for a licensee to work outside the scope of their training and experience, and because endorsement is required by these rules for topical medication, the additional defined term is superfluous.

24.165.517 (24.119.817) PROTOCOLS FOR USE OF TOPICAL MEDICATIONS

- ~~(1) Only those classes of topical medications approved for use by 37-24-108, MCA, and prescribed for the patient by a licensed medical practitioner with prescriptive authority, may be applied by a clinician to a patient.~~
- ~~(2)~~(1) Each clinician licensee endorsed to administer topical medications must:
- (a) understand the use of approved topical medications;
 - (b) read and understand the medication package inserts for indications, contraindications, and actions;
 - (c) consult the Physician's Desk Reference (PDR) when necessary; and
 - (d) maintain appropriate records of all topical medication(s) applied or administered. The records must:
 - (i) be included in the patient's chart;

- (ii) verify proper labeling and packaging;
 - (iii) demonstrate purchase from a licensed Montana pharmacy; and
 - (iv) include a record of the written prescription specifying the topical medication to be applied and the method of application (direct application, phonophoresis, or iontophoresis).
- (3) ~~The following classes of topical medications are approved for use by the clinician:~~
- (a) ~~bactericidal agents (see ARM 24.165.523);~~
 - (b) ~~debriding agents (see ARM 24.165.518);~~
 - (c) ~~anesthetic agents (see ARM 24.165.519);~~
 - (d) ~~anti-inflammatory agents (see ARM 24.165.520);~~
 - (e) ~~antispasmodic agents (see ARM 24.165.521); and~~
 - (f) ~~adrenocortico-steroids (see ARM 24.165.522).~~
- (4) ~~Occupational therapists working at facilities with different protocols for the use of topical medications may apply for board authorization to use the facility protocols. The board will not authorize the use of any topical medication not authorized by 37-24-108, MCA.~~

Authorizing statute(s): ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-108, 37-24-109, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. In addition, the board must set forth the protocols for use of topical medications. Section (1) is proposed to be stricken because it is duplicative of 37-24-108, MCA. Section (3) is proposed to be stricken because it sets forth unnecessary cross references. Section (4) is proposed to be stricken because it sets forth unnecessary business process. Those seeking to expand protocols for the board may request the same and it can be considered in future rulemaking.

24.165.518 (24.119.818) DEBRIDING AGENTS PROTOCOLS

- (1) Within the class of debriding agents, only the following subclasses are approved for use by a clinician licensee on a patient:

- (a) papain-based ointments;
 - (b) papain with urea additives;
 - (c) anti-inflammatories;
 - (d) collagenases;
 - (e) endogenous platelet-derived growth factors; and
 - (f) fibrinolytics.
- (2) ~~Clinicians~~ Licensees may use papain-based ointments as directed by a licensed medical practitioner with prescriptive authority.
- (a) Papain-based ointments act via a proteolytic enzyme that digests nonviable proteins, but which is harmless to viable tissues.
 - (b) Papain-based ointments are indicated for debriding necrotic tissue and liquefying slough in acute and chronic lesions, trauma wounds, or infected lesions.
 - (c) Papain-based ointments are contraindicated for patients with known sensitivities to papain or any other ingredient of the medication.
- (3) ~~Clinicians~~ Licensees may use papain with urea additive agents as directed by a licensed medical practitioner with prescriptive authority.
- (a) Papain with urea additive acts as a denaturant to proteins, helps expose papain's activators by a solvent action, rendering them more susceptible to enzymatic digestion.
 - (b) Papain with urea additive indications ~~are~~ is for treating acute and chronic lesions including but not limited to:
 - (i) venous ulcers;
 - (ii) diabetic and decubitus ulcers;
 - (iii) burns;
 - (iv) postoperative wounds;
 - (v) pilonidal cyst wounds;
 - (vi) carbuncles; and
 - (vii) traumatic or infected wounds.
 - (c) Papain with urea additive has no known contraindications.
- (4) ~~Clinicians~~ Licensees may use anti-inflammatory agents as directed by a licensed medical practitioner with prescriptive authority.

- (a) Anti-inflammatory agents act to decrease histamine reactions to peri-wound areas, decreasing inflammation, and encouraging remodeling.
 - (b) Anti-inflammatory agents are indicated for relieving inflammation and pruritis caused by dermatosis.
 - (c) Anti-inflammatory agents are contraindicated for patients with known sensitivity to any components of the preparation.
- (5) ~~Clinicians~~ Licensees may use collagenase agents as directed by a licensed medical practitioner with prescriptive authority.
- (a) Collagenase agents act by digesting collagens in necrotic tissues, without destroying healthy granulation, and by encouraging epithelialization.
 - (b) Collagenase agents are indicated for debriding chronic dermal ulcers and severely burned areas.
 - (c) Collagenase agents are contraindicated for patients with local or systemic hypersensitivity to collagenases.
- (6) ~~Clinicians~~ Licensees may use endogenous platelet-derived growth factor agents as directed by a licensed medical practitioner with prescriptive authority.
- (a) Endogenous platelet-derived growth factor agents act by promoting chemotactic recruitment and the proliferative stage of healing. They enhance formation of granulation tissue.
 - (b) Endogenous platelet-derived growth factors are indicated for diabetic neuropathic ulcers that extend into subcutaneous tissue with an adequate blood supply.
 - (c) Endogenous platelet-derived growth factor agents are contraindicated for patients with known hypersensitivity, including but not limited to parabens. Endogenous platelet-derived growth factor agents are not for use with wounds that close by primary intention because they are a nonsterile, low bioburden, preserved product.
- (7) ~~Clinicians~~ Licensees may use fibrinolytics as directed by a licensed medical practitioner with prescriptive authority.
- (a) Fibrinolytics act by contributing to collagen synthesis, where over-production of collagen can cause poor remodeling of the wound.
 - (b) Fibrinolytics are indicated in patients who exhibit painful, indurated wounds. Fibrinolytics are also indicated in slow healing venous wounds. Fibrinolytics are only used adjunctively in therapy.

- (c) Fibrinolytics are contraindicated in patients who are allergic or exhibit a sensitivity to steroids. Fibrinolytics are also contraindicated when used alone in the treatment of wounds.

Authorizing statute(s): ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-108, 37-24-109, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer ARM 24.165.514 through 24.165.524 to set forth the requirements for endorsement to apply topical medications. "Clinicians" is proposed to be stricken for the reasons set forth in the reasonable necessity statement for ARM 24.165.516. Authorization and implementation citations are proposed to be amended to reflect the new statutes of the board.

24.165.519 (24.119.819) ANESTHETIC AGENTS PROTOCOLS

- (1) ~~Clinicians~~ Licenseses may use anesthetic agents as directed by a licensed medical practitioner with prescriptive authority.
- (2) Anesthetic agents act by blocking both the initiation and conduction of nerve impulses by decreasing the neuron membrane's permeability to sodium ions.
- (3) Anesthetic agents are indicated for relief of pain and inflammation associated with minor skin disorders and for acute inflammatory conditions.
- (4) Anesthetic agents are contraindicated if there is sensitivity to the topical anesthetic. Anesthetic agents are also contraindicated if there are abrasions, openings, or a local infection at the site of application.
- (5) The specific anesthetic agents permitted by this rule are:
 - (a) fluoromethane compounds:
 - (i) dichlorofluoromethane 15 percent;
 - (ii) trichloromonofluoromethane 85 percent;
 - (iii) lidocaine hydrochloride;
 - (iv) lidocaine;
 - (v) ethyl chloride;
 - (vi) hydrocortisone menthol (~~See also ARM 24.165.522(4)~~); and

(vii) lidocaine hydrocortisone.

Authorizing statute(s): ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-108, 37-24-109, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. "Clinicians" is proposed to be stricken for the reasons set forth in the reasonable necessity statement for ARM 24.165.516. The cross-reference contained in (5)(a)(vi) is proposed to be stricken because it will no longer be correct with the rule transfers, and because it is an unnecessary cross reference.

24.165.520 (24.119.820) NONSTEROIDAL ANTI-INFLAMMATORY AGENTS PROTOCOLS

- (1) ~~Clinicians~~ Licensees may use nonsteroidal anti-inflammatory agents as directed by a licensed medical practitioner with prescriptive authority.
- (2) Nonsteroidal anti-inflammatory agents act by blocking the formation of prostaglandins.
- (3) Nonsteroidal anti-inflammatory agents are indicated for acute inflammation including but not limited to tendonitis, arthritis, and bursitis.
- (4) Nonsteroidal anti-inflammatory agents are contraindicated when there is a local infection or abrasion at the site of application. Nonsteroidal anti-inflammatory agents are also contraindicated when there is sensitivity to topical anti-inflammatory agents.
- (5) The specific nonsteroidal anti-inflammatory agents permitted by this rule are:
 - (a) ketapofen 20 percent (10 percent is available without prescription);
 - (b) piroxicam 1 percent or 2 percent;
 - (c) ibuprofen, up to 20 percent; and
 - (d) diclofenac 2.5 percent.

Authorizing statute(s): ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-108, 37-24-109, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. "Clinicians" is proposed to be stricken in favor of licensee for the reasons set forth in the reasonable necessity statement for ARM 24.165.516.

24.165.521 (24.119.821) ANTISPASMODIC AGENTS PROTOCOLS

- (1) ~~Clinicians~~ Licensees may use antispasmodic agents as directed by a licensed medical practitioner with prescriptive authority.
- (2) Antispasmodic agents act by forming strong drug-receptor complex at postganglionic parasympathetic neuroeffector sites in smooth muscle, cardiac muscle and exocrine glands, thereby blocking action of acetylcholine.
- (3) Antispasmodic agents are indicated for reduction of the volume of perspiration by inhibiting sweat gland secretions to reduce muscle spasms and pain.
- (4) Antispasmodic agents are contraindicated if the formulation contains sapphire, which can cause allergic reactions in susceptible individuals. Other contraindications may be listed in the current PDR.
- (5) The antispasmodic agents permitted by this rule are:
 - (a) cyclobenzaprine 1 percent or 2 percent; and
 - (b) baclofen 10 percent.

Authorizing statute(s): ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-108, 37-24-109, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. "Clinicians" is proposed to be stricken in favor of "licensees" for the reasons set forth in the reasonable necessity statement for ARM 24.165.516.

24.165.522 (24.119.822) ADRENOCORTICO-STEROID AGENTS PROTOCOLS

- (1) Clinicians Licensees may use adrenocortico-steroid agents as directed by a licensed medical practitioner with prescriptive authority.
- (2) Adrenocortico-steroid agents act by diffusing across cell membranes to combine with specific cytoplasmic receptors. The resulting complexes enter the nucleus and bind to DNA, thereby irritating cytoplasmic synthesis of the enzymes responsible for systemic effects of adrenocortico-steroids.
- (3) Adrenocortico-steroid agents are indicated for inflammation (including but not limited to tendonitis, bursitis, arthritis, or myositis), and for antipruritic and vasoconstrictor actions.
- (4) Adrenocortico-steroid agents are contraindicated or require special care when used with children, growing adolescents, and pregnant women. Adrenocortico-steroid agents are also contraindicated:
 - (a) by intolerance to adrenocortico-steroids;
 - (b) if an infection which is not controlled by antibiotics is present at the treatment site;
 - (c) for prolonged periods of time;
 - (d) for large areas; and
 - (e) with occlusive dressings.
- (5) The adrenocortico-steroid agents permitted by this rule are:
 - (a) hydrocortisone cream 10 percent;
 - (b) dexamethasone sodium phosphate;
 - (c) triamcinolone acetonide; and
 - (d) dexamethasone cream.

Authorizing statute(s): ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-108, 37-24-109, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. "Clinicians" is proposed to be stricken in favor of "licensees" for the reasons set forth in the reasonable necessity statement for ARM 24.165.516.

24.165.523 (24.119.823) BACTERICIDAL AGENTS PROTOCOLS

- (1) Within the class of bactericidal agents, only the following subclasses are approved for use by the ~~clinician~~ licensee on a patient:
 - (a) antibiotic ointments;
 - (b) antimicrobial agents; and
 - (c) bactericidal agents.
- (2) ~~Clinicians~~ Licensees may use antibiotic ointments as directed by a licensed medical practitioner with prescriptive authority.
 - (a) Antibiotic ointments act to kill bacteria and microbes.
 - (b) Antibiotic ointments are indicated on culture-proven infected wounds.
 - (c) Antibiotic ointments are contraindicated in patients with proven sensitivities or allergic reactions to the antibiotic prescribed.
- (3) ~~Clinicians~~ Licensees may use antimicrobial agents as directed by a licensed medical practitioner with prescriptive authority.
 - (a) Antimicrobial agents contain a broad spectrum-silver cascade that acts to reduce the bioburden in wounds for up to seven days.
 - (b) Antimicrobial agents are indicated for managing full and partial thickness wounds and may be used over debrided or grafted partial thickness wounds.
 - (c) Antimicrobial agents have no known contraindications.
- (4) ~~Clinicians~~ Licensees may use bactericidal agents only for debridement as directed by a licensed medical practitioner with prescriptive authority.
 - (a) Bactericidal agents act by killing bacteria.
 - (b) Bactericidal agents are indicated for the presence of bacteria.
 - (c) Bactericidal agents are contraindicated in patients with allergic or sensitive response to the agent.

Authorizing statute(s): ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-108, 37-24-109, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. "Clinician" is proposed to be stricken in favor of "licensee" for the reasons set forth in the reasonable necessity statement for ARM 24.165.516.

24.165.524 (24.119.824) PROTOCOL FOR USE OF AN APPROVED MEDICATION AS A NEUROPATHIC PAIN AGENT

- (1) ~~Clinicians~~ Licensees may use approved topical medications as neuropathic pain agents, when and as directed by a licensed medical practitioner with prescriptive authority.
- (2) Neuropathic pain agent actions depend upon the type of agent.
- (3) Neuropathic pain agents are indicated for injuries to central or peripheral nervous system, including fibromyalgias, diabetic neuropathy, and regional pain syndrome.
- (4) Neuropathic pain agents are contraindicated if an infection or rash is present at the site of application or there is a sensitivity to the topical agent.

Authorizing statute(s): ~~37-24-201, 37-24-202~~ 37-78-201, MCA

Implementing statute(s): 37-24-108, 37-24-109, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the appropriate authorization and implementation citations for the new board. "Clinician" is proposed to be stricken in favor of "licensee" for the reasons set forth in the reasonable necessity statement for ARM 24.165.516.

24.177.405 (24.119.1001) PHYSICAL THERAPY AIDES, LICENSE EXEMPTION, AND SUPERVISION

- (1) ~~As used in these rules, the following definitions apply:~~ For the purpose of this rule,
 - (a) ~~"Physical therapy aide" as defined in 37-11-101, MCA, means an unlicensed individual who has received appropriate, documented, on the job orientation and training by a physical therapist or physical therapist assistant. The physical therapy aide performs designated unskilled tasks.~~

- (b) "direct supervision" means that the supervising physical therapist or physical therapist assistant is onsite (on the premises physically) and immediately available for direction and supervision of the physical therapy aide at all times.
- (2) A physical therapy aide is limited to performing the following patient-supportive tasks under the direct supervision of a physical therapist or physical therapist assistant:
 - (a) preparing a patient for treatment by a physical therapist or physical therapist assistant;
 - (b) providing unskilled aid to a patient after treatment by a physical therapist or physical therapist assistant; and
 - (c) assisting a physical therapist or physical therapist assistant when safety or patient care requires a second person's assistance.
- (3) A physical therapy aide may perform the following and similar nonpatient care routine tasks without direct or onsite supervision, by a physical therapist or physical therapist assistant:
 - (a) housekeeping activities including caring for and stocking equipment and supplies;
 - (b) transporting patients, records, equipment, and supplies in accordance with established policies and procedures;
 - (c) assembling and disassembling equipment and accessories;
 - (d) preparing, maintaining, and cleaning up treatment areas and maintaining supportive areas; and
 - (e) transcribing, recording, or copying treatment documentation generated by a physical therapist or physical therapist assistant. All documents prepared by a physical therapy aide must be signed by the treating physical therapist or physical therapist assistant.
- (4) ~~A physical therapist or physical therapy assistant who fails to directly supervise a physical therapy aide may be subject to disciplinary action by the board.~~

Authorizing statute(s): 37-1-131, ~~37-11-201~~ 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-11-105, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to set forth the standards for physical therapy aides as well as supervision requirements under the new board. There is reasonable necessity to strike the definition of physical therapy aide because it is substantially duplicative of 37-11-101, MCA, and need not be in rule. There is reasonable necessity to strike (4) because it sets forth a standard for unprofessional conduct which is proposed to be included in the rule on unprofessional conduct.

24.177.413 (24.119.1013) DRY NEEDLING

- (1) Dry needling is a skilled technique performed by a physical therapist using a mechanical device, filiform needles, to penetrate the skin and/or underlying tissues to affect change in body structures and functions for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disability.
- (2) Dry needling requires a physical therapy examination and diagnosis.
- (3) ~~Licensed physical~~ Physical therapists who perform dry needling must be able to demonstrate they have completed training in dry needling that must meet the standards of the American Physical Therapy Association (APTA) GUIDELINES: STANDARDS OF QUALITY FOR CONTINUING EDUCATION OFFERINGS BOD G11-03-22-69 and/or the or the Federation of State Boards of Physical Therapists (FSBPT) STANDARDS FOR CONTINUING COMPETENCE ACTIVITIES.
 - (a) Dry needling courses must include, but not be limited to, training in indications, contraindications, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients.
 - (b) Initial training in dry needling must include hands-on training, written, and practical examination as required by this rule.
- (4) A ~~licensed physical~~ physical therapist must perform dry needling in a manner consistent with generally accepted standards of practice, including relevant standards of the Center for Disease Control and Prevention, and Occupational Safety and Health Administration blood borne pathogen standards as per 29 CFR 1910.1030 et. seq.
- (5) Dry needling shall only be performed by a ~~licensed~~ physical therapist and may not be delegated.
- (6) The physical therapist performing dry needling must be able to provide written documentation, upon request by the board, which substantiates appropriate

training as required by this rule. Failure to provide written documentation may result in disciplinary action.

Authorizing statute(s): 37-1-131, ~~37-11-201~~ 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-11-101, 37-11-104, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule pertaining to dry needling to the new board to maintain the standards previously established. There is reasonable necessity to strike the specification that physical therapists be “licensed” because all physical therapists working in Montana are required to be licensed pursuant to statute. There is reasonable necessity to update (3) to reflect that the standards of the American Physical Therapy Association and the Federation of State Boards of Physical Therapy must be met.

24.177.414 (24.119.1014) FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION PHYSICAL EXAMINATIONS

- (1) Physical examinations for purposes of obtaining a Department of Transportation (DOT) motor carrier license are limited to licensees who have completed the requisite medical examiner training and examination that is provided by the Federal Motor Carrier Safety Administration (FMCSA).

Authorizing statute(s): 37-1-131, ~~37-11-201~~ 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-11-104, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to maintain the provisions for FMCSA examinations under the new board.

24.177.501 (24.119.1021) APPLICATIONS FOR PHYSICAL THERAPY LICENSURE BY EXAMINATION

- (1) Applicants for physical therapy and physical therapy assistant licensure by examination shall file with the board office an application which shall include the following:
 - (a) application fee; and
 - (b) either for applicants trained in the United States:
 - (i) a copy of the applicant's certificate of graduation or transcripts demonstrating graduation from a board-approved physical therapy school or physical therapist assistant curriculum; or
 - (ii) ~~a letter from and bearing the signature of the program director, department chairperson, or similarly authorized official in a board-approved physical therapy school or physical therapist assistant curriculum stating that the applicant is a student at the physical therapy school or physical therapist assistant curriculum, is in good standing, and is expected to graduate at the next scheduled graduation date; or~~
 - (c) for applicants not trained in the United States:
 - (i) demonstration of compliance with educational standards equivalent to the national standards of the Commission on Accreditation of Physical Therapy Education of the American Physical Therapy Association by using an evaluation of educational background performed by the Foreign Credentialing Commission on Physical Therapy, Inc. (FCCPT); and
 - (ii) if from a non-English speaking culture, the applicant shall display competency in the English language by passing the national examination test of English as foreign language (TOEFL) with a passing score as designated by the Federation of State Boards on Physical Therapy (FSBPT); and
 - ~~(e)~~(d) verification of all current, previous, and expired licenses in any licensed profession from other states.
- (2) Applicants applying for licensure from another state who have not been actively engaged in the profession of physical therapy or physical therapist assistant in the four years immediately preceding application may be required to undergo remedial study in the field of physical therapy subject to the discretion of the board. Remedial study may include, but will not be limited to:
 - (a) supervised internships;
 - (b) independent study;
 - (c) refresher courses;
 - (d) pertinent graduate or undergraduate course work;

- (e) pertinent continuing education courses; and
 - (f) specialized study in a specific area.
- (3) The board recognizes the national physical therapy exam (NPTE) and the national physical therapist assistant examination (NPTAE) for licensure for their respective occupations.
- (a) The earliest date on which an applicant for examination may take the examination is the examination date nearest to and before the applicant’s expected graduation date.
 - (b) Applicants must achieve a scaled score of 600 or higher to pass the examination.
- (4) Physical therapist and physical therapist assistant applicants for licensure may be issued a provisional license. The provisional license shall identify the licensed physical therapist who shall be responsible for providing direct supervision. The provisional license is valid until the applicant passes the examination and is granted a license. Only one provisional license will be issued per applicant. If the applicant fails the examination, the applicant may sit for the next scheduled examination. The provisional license will not be extended while the applicant is waiting to retake the examination.

Authorizing statute(s): 37-1-131, ~~37-11-201~~ 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-1-304, 37-11-303, 37-11-304, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to the new board to set forth the application requirements for physical therapists. There is reasonable necessity to amend the authorization and implementation citations to appropriately cite statutes of the new board. Provisions relating to submission of a letter from programs are proposed to be stricken as unnecessary. The board does not approve applicants to test. New (3) is proposed to incorporate examination approval and scoring requirements from ARM 24.177.502, which is proposed to be repealed. This consolidation simplifies and shortens the administrative rules. There is reasonable necessity to incorporate new (1)(c) to provide for the consolidation of ARM 24.177.510 into this rule, since that rule is proposed for repeal. There is reasonable necessity to amend the rule to include new (4) to reflect changes made by HB 414, changing the name from “temporary” practice to “provisional” practice for those who meet requirements for licensure excepting examination, and to incorporate the provisions of ARM 24.177.504, which is proposed for repeal.

24.177.701 (24.119.1031) USE OF TOPICAL MEDICATIONS

- (1) Topical medication prescribed on a specific or standing basis by a licensed medical practitioner may be obtained from a pharmacy certified under 37-7-321, MCA, by either:
 - (a) the licensed physical therapist directly, who will administer the topical medication for use in phonophoresis, iontophoresis, or direct application, under the prescription order of the licensed medical practitioner; or
 - (b) the patient directly, who will obtain the prescribed topical medication at a certified pharmacy and bring it directly to the physical therapist to be administered as part of a treatment plan.
- (2) All prescribed topical medications, whether obtained by the physical therapist or patient directly, shall be stored at the physical therapist's place of business in compliance with proper storage guidelines under Title 37, chapter 7, MCA, or otherwise developed by the board of pharmacy.
 - (a) Any particular requirements for storage as noted by the pharmacist must be followed.
 - (b) Topical medications shall be stored below 40 degrees centigrade (104 degrees ~~fahrenheit~~ Fahrenheit), preferably between 15 degrees and 30 degrees centigrade (59 degrees and 86 degrees ~~fahrenheit~~ Fahrenheit), unless otherwise specified.
 - (c) All topical medications obtained by the patient directly and brought to the physical therapist's place of business shall be returned to the patient's possession at the termination of treatment with the patient.
 - (d) No topical medications obtained by the patient directly may be transferred to or used in treatment of any other physical therapy patient.
- (3) All topical medications must be administered by the physical therapist as prescribed by the medical practitioner and in accordance with any pharmacy guidelines given to the physical therapist or patient who obtained the topical medication directly.
- (4) A copy of the written prescription specifying the topical medication to be applied and the method of application (direct application, phonophoresis or iontophoresis) must be retained in the patient's physical therapy medical records.

Authorizing statute(s): ~~37-11-201~~ 37-78-201, MCA

Implementing statute(s): 37-11-106, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to set forth the appropriate standard for medication for physical therapists under the new board. There is reasonable necessity to amend the authorization and implementation citations to appropriately reflect the changes made during the 2025 legislative session. Finally, it is reasonably necessary to fix errors including capitalization of Fahrenheit and punctuation.

24.177.704 (24.119.1034) TOPICAL MEDICATION PROTOCOLS

- (1) The following protocols apply to each classification and following list of topical medications for which a prescription is required under state or federal law:
 - (a) bactericidal agents:
 - (i) action: interferes with functions of the cell wall membrane;
 - (ii) indication: topical treatment for dermal infections; and
 - (iii) contraindications: hypersensitivity to the specific substance, concurrent use of curariform muscle relaxants and other relaxants and other neurotoxic drugs. Consult the current Physicians Desk Reference (PDR) for further specifics.
 - (b) debriding agents:
 - (i) action: cleanse the surface of wounds of wound exudate, bacteria, and particulate contaminants;
 - (ii) indication: cleanse exudative wounds such as venous stasis ulcers, decubitus ulcers, infected traumatic and surgical wounds, and infected burns; and
 - (iii) contraindications: debriding enzymes, should be used with precaution against allergic reactions, particularly in patients hypersensitive to materials of bovine origin or to mercury compounds. Consult the current PDR for specifics.
 - (c) anesthetic agents:
 - (i) action: blocks both the initiation and conduction of nerve impulses by decreasing the neuron membranes permeability to sodium ions;
 - (ii) indication: relieve pain and inflammation associated with minor skin disorders and for acute inflammatory conditions; and
 - (iii) contraindications: sensitivity to the topical anesthetic, local infections at the site of application, and skin disorders, severe or extensive,

especially if the skin is abraded or broken. Consult the current PDR for specifics.

- (d) anti-inflammatory agents (see adrenocortico-steroids).
- (e) antispasmodic agents:
 - (i) action: forms strong drug-receptor complex at postganglionic parasympathetic neuroeffector sites in smooth muscle, cardiac muscle and exocrine glands, thereby blocking action of acetylcholine;
 - (ii) indication: reduce the volume of perspiration by inhibiting sweat gland secretions; and
 - (iii) contraindications: some commercially available formulations may contain a sulfite that can cause allergic-type reactions in certain susceptible individuals. Consult the current PDR for specifics.
- (f) adrenocortico-steroids:
 - (i) action: diffuses across cell membranes to complex with specific cytoplasmic receptors. The resulting complexes enter the nucleus, bind to DNA thereby irritating cytoplasmic synthesis of enzymes responsible for systemic effects of adrenocortico-steroid;
 - (ii) indication: anti-inflammatory (bursitis, tendonitis, myositis, arthritis), antipruritic and vasoconstrictor actions; and
 - (iii) contraindications: special care must be exercised when these agents are used in children, growing adolescents, and pregnant women. Intolerance to adrenocortico-steroids, infection present at the treatment site not controlled by antibiotics, prolonged use, large areas, and occlusive dressings. Consult the current PDR for specifics.

- (2) The board considers anti-fungal agents to be within the class of bactericidal agents.

Authorizing statute(s): 37-11-107, ~~37-11-201~~ 37-78-201, MCA

Implementing statute(s): 37-11-106, 37-11-107, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to set forth the appropriate standard for medication for physical therapists under the new board. There is reasonable necessity to amend the authorization and implementation citations to appropriately reflect the changes made during the 2025 legislative session.

24.177.707 (24.119.1037) APPLICATION AND ADMINISTRATION OF TOPICAL MEDICATION

- (1) All topical medication shall be applied or administered by a licensed physical therapist in accordance with 37-11-106-, MCA, by: direct application, iontophoresis, or phonophoresis.
- (2) All topical medication shall be applied or administered as prescribed by the licensed medical practitioner.
- (3) All topical medication shall be applied or administered in accordance with generally accepted practices in the physical therapy field and in keeping with educational techniques in use at schools properly accredited by the commission on accreditation in physical therapy education (CAPTE).

Authorizing statute(s): ~~37-11-201~~ 37-78-201, MCA

Implementing statute(s): 37-11-106, 37-11-107, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to set forth the appropriate standard for medication for physical therapists under the new board. There is reasonable necessity to amend the authorization and implementation citations to appropriately reflect the changes made during the 2025 legislative session.

24.222.410 (24.119.1210) CHANGE OF SUPERVISOR

- (1) Speech-language pathology and audiology assistants must notify the board within ten days of any change in supervisor.
- (2) Limited licensees and professional experience supervisors must both notify the board within ten days of any change in supervisor.

Authorizing statute(s): ~~37-15-202~~, 37-15-301, 37-78-201, MCA

Implementing statute(s): 37-15-102, 37-15-301, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer and amend this rule to set forth the notice requirements pertaining to changes of supervision. Amendments are necessary to set forth the appropriate authorization and implementation citations.

24.222.415 (24.119.420) INACTIVE LICENSE -- CONVERSION TO ACTIVE

- (1) Licenses of speech-language pathologists and audiologists, speech-language pathology and audiology assistants, and occupational therapists may be placed on inactive status by paying the appropriate fee and:
 - (a) indicating inactive status on the renewal form; or
 - (b) informing the board office in writing or e-mail.
- (2) Inactive licensees shall:
 - (a) renew annually; and
 - (b) inform the board of all address/contact changes.
- (3) Inactive status licensees may not practice in Montana.
- (4) To convert from inactive to active, a speech-language pathologist or audiologist licensee or assistant must submit:
 - (a) documentation demonstrating completion of half the continuing education hours required in ARM ~~24.222.2102~~ [NEW RULE 11] for each year or portion of a year on inactive status;
 - (b) license verification from all jurisdictions where the licensee held a license while inactive, including a detailed explanation of all pending or final discipline imposed; and
 - (c) satisfactory evidence the applicant was not out of active practice for more than five years.
- (5) To convert from inactive to active, an occupational therapist licensee must demonstrate:
 - (a) full-time practice of occupational therapy in another state and completion of continuing education for each year of inactive status that is substantially equivalent to Montana's;
 - (b) completion of a minimum of six hours of continuing education within the six months prior to converting to active status if the licensee has not practiced occupational therapy for more than two years; or

- (c) repassage of the National Board for Certification in Occupational Therapy examination.

Authorizing statute(s): 37-1-319, 37-78-201, MCA

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

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to set forth the means by which a licensee may have an inactive speech-language pathology or audiology license in an inactive status and to convert it to active status. In addition, the rule is proposed to be consolidated with ARM 24.165.604, which sets forth the inactive licensing provisions for occupational therapists. There is reasonable necessity to amend the cross reference in (4)(a) to the new provision setting forth continuing education requirements for the new board.

24.222.508 (24.119.1228) LIMITED LICENSES

- (1) A limited license permits an individual to complete a supervised professional experience as described in ARM ~~24.222.509~~ [24.119.1229] in order to meet requirements for licensure as a speech-language pathologist.
- (2) Applicants for limited licensure must submit a completed application on forms provided by the department, electronically or by paper. Completed applications include appropriate fees and required documentation.
- (3) Applicants for limited licensure must:
 - (a) have a minimum of a master's degree in speech-language pathology or communication disorders from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of American Speech-Language Hearing Association or its equivalent. The transcript must be certified and sent directly from the school;
 - (b) during the graduate degree program, have completed a supervised clinical practicum experience;
 - (c) pass examinations as determined by the board in ~~ARM 24.222.510~~; and
 - (d) have a professional experience supervisor as defined in these rules.
- (4) Limited licenses expire two years from the date issued and are not renewable. If a limited license expires and the supervised professional experience is not completed, the person must reapply for another limited license.

Authorizing statute(s): 37-1-131, ~~37-15-202~~, 37-15-301, ~~37-15-302~~, 37-15-303, 37-15-307, 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-15-301, 37-15-303, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to set forth the requirements for limited licensees of speech-language pathology and audiology under the new board. There is reasonable necessity to update the authorization citations to set forth the new citations of the new board. Section (1) is proposed to be amended because the cross-reference will not be correct following the transfer of rules for this rulemaking. Subsection (3)(c) is proposed to strike the cross-reference because ARM 24.222.510 was previously repealed, and a cross-reference is not required.

24.222.509 (24.119.1229) SUPERVISED PROFESSIONAL EXPERIENCE

- (1) A limited licensee may perform all duties and functions of a licensed speech-language pathologist while engaged in a supervised professional experience.
- (2) A Montana supervised professional experience must:
 - (a) be a minimum of 36 weeks totaling no less than 1260 hours. A minimum of 1008 of the total 1260 hours must be in direct client contact, which includes, but is not limited to:
 - (i) assessment;
 - (ii) diagnosis;
 - (iii) evaluation;
 - (iv) screening;
 - (v) treatment;
 - (vi) report writing; and
 - (vii) family/client consultation.
- (3) "Professional experience supervisor" means the Montana licensed speech-language pathologist who supervises a Montana limited license holder during the required supervised professional experience. The supervisor must have:
 - (a) a Montana license in good standing; and

- (b) been licensed for at least two years, excluding any period of licensure under a limited license.

Authorizing statute(s): 37-1-131, ~~37-15-202~~, 37-15-301, 37-15-303, 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-15-301, 37-15-303, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to set forth the requirements for limited licensees of speech language pathology and audiology under the new board. There is reasonable necessity to update the authorization citations to set forth the new citations of the new board.

24.222.540 (24.119.1235) SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST LICENSURE – INITIAL APPLICANTS

- ~~(1)~~ All speech language pathologist and audiologist applicants for licensure must submit fingerprints to obtain a criminal background check per ~~37-15-402~~, MCA.
- ~~(2)~~ Applicants for licensure through the Audiology and Speech-Language Pathology Interstate Compact with Montana as home state must meet licensure requirements per ~~37-15-401~~, MCA.
- ~~(3)~~(1) Applicants for a Montana single-state speech-language pathologist license must:
 - (a) have a minimum of a master's degree in speech-language pathology or communication disorders from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association or its equivalent;
 - (b) during the graduate degree program, have completed a supervised clinical practicum experience;
 - (c) following graduation from the post-graduate degree program, have completed a 36-week speech-language pathology supervised professional experience; and
 - (d) have passed the national Praxis examination in speech-language pathology or its equivalent.
- ~~(4)~~(2) Applicants for a Montana single-state audiologist license must:

- (a) have a minimum of a Doctor of Audiology degree (Au.D.) or a Ph.D. in audiology from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, Accreditation Commission for Audiology Education (ACAE), or equivalent; and
 - (b) have passed the national Praxis examination in audiology or its equivalent.
- {5}{3} An audiologist licensed prior to January 1, 2007, who maintains that license in good standing is not required to obtain a doctorate.

Authorizing statute(s): 37-1-131, ~~37-15-202~~, 37-15-303, 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-15-301, 37-15-303, 37-15-401, 37-15-402, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to the new chapter dedicated to the new board to specify the requirements for licensure for speech-language pathologists and audiologists. There is reasonable necessity to strike (1) because it duplicates statutory requirements set forth in 37-15-402, MCA. There is reasonable necessity to strike (2) because the compact requirements are set forth in statute, and need not be duplicated in rule.

24.222.550 (24.119.1240) ASSISTANT LICENSURE – INITIAL APPLICANTS

- {1} ~~To practice as a licensed speech-language pathology or audiology assistant in Montana, all assistants must have at least one Montana licensed practitioner of the same profession to supervise the assistant per 37-15-102, MCA.~~
- {2}{1} Speech-language pathology assistant applicants not currently licensed in another state or jurisdiction and who did not serve as unlicensed aides or assistants in Montana prior to July 15, 2025, must have either:
 - (a) a baccalaureate degree in speech-language pathology or communication sciences and disorders from an accredited institution; or
 - (b) a speech-language pathology assistant certificate or associate degree from an accredited institution.
- {3}{2} Speech-language pathology assistant applicants not currently licensed in another state or jurisdiction and who served as unlicensed aides or assistants in Montana prior to July 15, 2025, but do not meet the requirements in {2}{1}(a) or (b) must have a minimum of 690 hours of practical experience under the supervision of a speech-language pathologist.

~~(4)~~(3) Audiology assistant applicants not currently licensed in another state or jurisdiction and who did not serve as unlicensed aides or assistants in Montana prior to July 15, 2025, must have either:

- (a) a baccalaureate degree in communication sciences and disorders from an accredited institution;
- (b) an audiology assistant certificate or associate degree from an accredited institution; or
- (c) a high school diploma or equivalent and a minimum of 10 hours of additional board-approved training in audiology.

~~(5)~~(4) Audiology assistant applicants not currently licensed in another state or jurisdiction and who served as unlicensed aides or assistants in Montana prior to July 15, 2025, but do not meet the requirements in ~~(4)~~(3)(a), (b), or (c) must have a minimum of 110 hours of practical experience under the supervision of an audiologist.

Authorizing statute(s): 37-15-303, 37-78-201, MCA

Implementing statute(s): 37-15-303, MCA

Reasonable Necessity Statement

There is reasonable necessity to transfer this rule to set forth the requirements for licensure of speech-language pathology and audiology assistants for the new board. There is reasonable necessity to strike (1) because the requirement for supervision of assistants is set forth in 37-15-102, MCA, and need not be duplicated in rule.

ADOPT

The rules proposed to be adopted are as follows:

NEW RULE 1 ORGANIZATIONAL RULE

- (1) The Board of Physical, Rehabilitative, and Developmental Health Care Professionals adopts and incorporates the rules of the Department of Labor and Industry as listed in chapter 1 of this title.

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

Pursuant to 2-4-201, MCA, the board is required to adopt an organizational rule. By rulemaking in 2022 and 2023, all occupational licensing boards attached to the department have incorporated by reference the organizational rule of the department. For the purpose of maintaining consistency and clarity, the board proposes to do the same.

NEW RULE 2 PROCEDURAL RULES

- (1) The Board of Physical, Rehabilitative, and Developmental Health Care Professionals adopts and incorporates the rules of the Department of Labor and Industry as listed in chapter 2 of this title.

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

NEW RULE 2 is proposed for the reason set forth in the reasonable necessity statement for ARM 24.119.101.

NEW RULE 3 PUBLIC PARTICIPATION

- (1) The Board of Physical, Rehabilitative, and Developmental Health Care Professionals adopts and incorporates the public participation rules of the Department of Labor and Industry as listed in chapter 2 of this title.

Authorizing statute(s): 2-3-103, MCA

Implementing statute(s): 2-3-103, MCA

Reasonable Necessity Statement

NEW RULE 3 is proposed for the reason set forth in the reasonable necessity statement for ARM 24.119.101.

NEW RULE 4 FEES

- (1) Fees for athletic trainers are:
 - (a) original application: \$175;
 - (b) renewal: \$75.
- (2) Fees for occupational therapists are:
 - (a) original application: \$190;
 - (b) renewal: \$110;
 - (c) provisional license: \$120;
 - (d) inactive status:
 - (i) conversion to active status: \$60;
 - (ii) renewal: \$50.
- (3) Fees for physical therapists are:
 - (a) original application and provisional license: \$100;
 - (b) renewal: \$60.
- (4) Fees for speech-language pathologists and audiologists are:
 - (a) speech-language pathologist, audiologist, and dual license:
 - (i) original application: \$150;
 - (ii) renewal: \$80;
 - (iii) conversion between active and inactive: \$40;
 - (iv) speech-language pathologist limited license: \$25;
 - (b) speech-language pathology or audiology assistant:
 - (i) original application: \$50;
 - (ii) renewal: \$25;
 - (iii) conversion between active and inactive: \$20.

Authorizing statute(s): 37-1-131, 37-78-201, MCA

Implementing statute(s): 37-1-134, 37-1-141, 37-15-307, MCA

Reasonable Necessity Statement

There is reasonable necessity to set forth license application and renewal fees for all license types under the jurisdiction of the board. While set forth in a new rule, these fees are carried forward from those which existed under the prior boards.

NEW RULE 5 FEE ABATEMENT

- (1) The board adopts and incorporates by reference the fee abatement rule of the Department of Labor and Industry found at ARM 24.101.301.

Authorizing statute(s): 37-1-131, 37-78-201, MCA

Implementing statute(s): 17-2-302, 17-2-303, 37-1-134, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule, as have all other boards attached for administrative purposes to the department for purposes of setting forth the process for abatement of fees.

NEW RULE 6 ADMINISTRATIVE SUSPENSION

- (1) The board authorizes the department to:
 - (a) administratively suspend licenses for deficiencies set forth in 37-1-321(1)(a) through (e), MCA; or
 - (b) file a complaint pertaining to the deficiencies in (1) that are based on repeated or egregious conduct, or that have co-occurring misconduct allegations that directly implicate public safety and may warrant formal disciplinary action.
- (2) An administrative suspension is not a negative, adverse, or disciplinary action under Title 37, MCA, and is not reportable under federal law and regulations implementing the Healthcare Practitioner Databank or the department's licensee lookup and license verification databank.

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

Implementing statute(s): 37-1-321, MCA

Reasonable Necessity Statement

Section 37-1-321, MCA, permits the board to authorize the department to take certain non-disciplinary actions with regard to licensees who are out of compliance with administrative licensure requirements. In particular, licensees who fail to meet continuing education requirements, fail to respond to audits of continuing education, fail to pay required fees, are determined not to have met initial licensing requirements, or fail to comply with final orders of the board, may be administratively suspended. The board authorized the department to take these actions previously by motion. Reasonable necessity exists to adopt this rule to formally, publicly, and accessibly reiterate that authorization so that the public and licensees are aware of the authorization.

NEW RULE 7 NONROUTINE APPLICATIONS

- (1) For the purpose of processing nonroutine applications, the board incorporates the definitions of routine and nonroutine at ARM 24.101.402 by reference.
- (2) Nonroutine applications must be reviewed and approved by the board before a license may be issued.

Authorizing statute(s): 37-1-131, 37-78-201, MCA

Implementing statute(s): 37-1-101, 37-1-131, 37-1-307, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to incorporate the model nonroutine application provisions applicable to all licensing boards administratively attached to the department. These definition adoptions ensure the speedy processing of licensing applications and distinguish between those requiring board review and those which can be granted as a matter of course without necessitating consideration by the board.

NEW RULE 8 APPLICANTS WITH CRIMINAL CONVICTIONS

- (1) The board incorporates and adopts ARM 24.101.406.

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

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt the department's rule concerning applications from those with criminal convictions as has been done by all other licensing boards attached for administrative purposes to the department. This ensures the speedy and consistent processing of occupational license applications.

NEW RULE 9 SUBSTANTIAL EQUIVALENCY

- (1) The board adopts and incorporates by reference the 2025 substantial equivalency list for the Board of Physical, Rehabilitative, and Developmental Health Care Professionals publication. The publication is available on the board's website.
- (2) The board intends to review the publication annually. However, failure to review or adopt a new list does not change the effectiveness of the adoption in this rule.
- (3) License applications from individuals licensed in substantially equivalent states are routine applications as to the education, examination, and experience requirements for licensure. Applications may be nonroutine on other bases.

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

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

Reasonable Necessity Statement

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

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

To implement the legislation and further the endorsement licensing process, the board is proposing NEW RULE 9. The board has compared current licensure standards of the fifty United States for board licensees and determined those that are substantially equivalent per the definition in 37-1-302, MCA. This new rule will adopt and incorporate by reference the board's initial approved list of states having substantially equivalent licensing standards. The

list will be published on the board's website. The board will analyze other states' licensing standards annually, and update the published list as needed.

NEW RULE 10 OCCUPATIONAL THERAPIST PROVISIONAL LICENSE

- (1) A provisional license may be obtained by occupational therapy course graduates who are waiting to sit for examination. The provisional license is valid until the person either fails the first examination for which the person is eligible following issuance of the permit or passes the examination and is granted a license. Applicants who have previously taken the national examination and failed are not eligible for a provisional license. Applicants for a provisional license must meet the qualifications for licensure, complete the application, and submit official transcripts directly from the applicant's school.

Authorizing statute(s): 37-1-319, 37-78-201, MCA

Implementing statute(s): 37-1-144, 37-1-319, MCA

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to set forth the standards for obtaining a provisional license for occupational therapists. This rule mirrors policy of the Board of Occupational Therapy Practice.

NEW RULE 11 CONTINUING EDUCATION

- (1) Licensees are required to obtain continuing education annually, as follows:
 - (a) athletic trainers: 50 hours, but the board recognizes maintenance of current Board of Certification for the Athletic Trainer as fulfilling this requirement;
 - (b) audiologists: 10 hours;
 - (c) occupational therapists: 10 hours, but the board recognizes maintenance of current National Board for Certification in Occupational Therapy as fulfilling this requirement;
 - (d) physical therapists: 8 hours;
 - (e) speech-language pathologists: 10 hours;
 - (f) speech-language pathology or audiology assistants: 5 hours; and
 - (g) dual licensed speech-language pathologists and audiologists: 15 hours.

- (2) Licensees are responsible for selecting quality programs that focus on protecting the health, safety, and welfare of the public and that contribute to licensees' professional knowledge and competence. Acceptable activities:
 - (a) directly relate to the licensee's scope of practice as defined in board statute or rule;
 - (b) review existing concepts and techniques;
 - (c) convey information beyond the basic professional education;
 - (d) update knowledge of the practice and advances in the profession; or
 - (e) reinforce professional conduct or ethical obligations of the licensee.
- (3) Licensees must maintain continuing education documentation and produce it upon request.
- (4) Continuing education requirements do not apply until after the licensee's first renewal. A licensee may request from the department exemption from continuing education requirements due to undue hardship.
- (5) The department is authorized to audit continuing education requirements and shall determine the percentage to audit based on a statistically relevant sampling of the total number of licensees and the compliance rate of past audits.

Authorizing statute(s): 37-1-131, 37-78-201, MCA

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

Reasonable Necessity Statement

There is reasonable necessity to adopt this rule to continue to set forth the continuing education requirements for all licensees under the jurisdiction of the new board. For ease of use by licensees and to simplify and shorten the administrative rules, the currently existing continuing education rules are set forth in this single, consolidated rule.

NEW RULE 12 UNPROFESSIONAL CONDUCT

- (1) The following is unprofessional conduct:
 - (a) regarding patient records, failure to:
 - (i) appropriately secure records;
 - (ii) appropriately document patient care; or

- (iii) transfer records to another 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;
- (b) failure to supervise, appropriately direct, or train individuals under the licensee's supervision according to applicable law, rule, or standards;
- (c) failure to refer a patient to another professional when warranted;
- (d) discontinuing professional services unless services have been completed, the client requests the discontinuation, alternative or replacement services are arranged, or the client is given reasonable opportunity to arrange alternative or replacement services;
- (e) exerting undue influence over a client, resulting in client harm, or maintaining a relationship with a client or engaging in or soliciting sexual relations with a client when such relationship, act, or solicitation is likely to impair the licensee's professional judgment or result in client harm;
- (f) charging clearly excessive fees; and
- (g) promoting or involvement in gambling of any kind on the outcome of an athlete's or team's participation in an athletic competition or event.

Authorizing statute(s): 37-1-131, 37-1-319, 37-78-201, MCA

Implementing statute(s): 37-1-131, 37-1-316, 37-1-319, MCA

Reasonable Necessity Statement

There is reasonable necessity to set forth the standards of unprofessional conduct beyond those that are set forth in statute, particularly 37-1-316, MCA. This rule is proposed as a consolidation of the currently existing unprofessional conduct rules from the four consolidated boards, to the extent they are not duplicative of statute.

REPEAL

The rules proposed to be repealed are as follows:

24.118.101 BOARD ORGANIZATION

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.118.201 PROCEDURAL RULES

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.118.202 PUBLIC PARTICIPATION

Authorizing statute(s): 2-3-103, MCA

Implementing statute(s): 2-3-103, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.118.301 DEFINITIONS

Authorizing statute(s): 37-36-102, MCA

Implementing statute(s): 37-36-101, 37-36-203, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.118.402 FEE SCHEDULE

Authorizing statute(s): 37-1-134, 37-36-102, MCA

Implementing statute(s): 37-1-134, 37-36-201, 37-36-202, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.118.403 FEE ABATEMENT

Authorizing statute(s): 37-1-131, 37-36-102, MCA

Implementing statute(s): 17-2-302, 17-2-303, 37-1-134, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.118.502 NONROUTINE APPLICATIONS

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

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.118.503 APPLICANTS WITH CRIMINAL CONVICTIONS

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

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.118.509 MILITARY TRAINING OR EXPERIENCE

Authorizing statute(s): 37-1-145, MCA

Implementing statute(s): 37-1-145, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule due to HB 583 (2023). That legislation amended 37-1-145, MCA, and eliminated the requirement for adoption by the board of a specific military training rule, setting forth specific obligations for the board to accept military experience for granting licensure. As such, the need for this rule is obsolete.

24.118.2103 CONTINUING EDUCATION

Authorizing statute(s): 37-1-319, 37-36-102, MCA

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

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.118.2301 UNPROFESSIONAL CONDUCT

Authorizing statute(s): 37-1-319, 37-36-102, MCA

Implementing statute(s): 37-1-316, 37-1-319, 37-36-202, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule. Section (1) refers to an old version of BOC standards, no longer applicable. But the rule is substantively duplicative of 37-1-316(1)(u), MCA to the extent that the BOC standards set forth the standard of care. Subsection (2)(b) is duplicative of 37-1-316(1)(j) and (u), MCA. Subsections (2)(c) and (d) are duplicative of 37-1-316(1)(p), MCA. Subsection (2)(e) is duplicative of HB 435 (2025), Section 1. Subsection (2)(f) is duplicative of 37-1-316(1)(f) and (g), MCA. Subsection (2)(h) is duplicative of 37-1-316(1)(b), MCA. Subsection (2)(i) is duplicative of 37-1-316(1)(v), MCA. Subsection (2)(j) is duplicative of 37-1-316(1)(a), MCA. Subsection (2)(m) is duplicative of 37-1-316(1)(e) and (i), MCA. Subsection (2)(n) is duplicative of 37-1-316(1)(v), MCA. The remaining provisions are proposed to be incorporated in NEW RULE 12 (24.119.2301).

24.165.101 BOARD ORGANIZATION

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.165.201 PROCEDURAL RULES

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.165.202 PUBLIC PARTICIPATION

Authorizing statute(s): 2-3-103, MCA

Implementing statute(s): 2-3-103, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.165.302 DEFINITIONS

Authorizing statute(s): 37-24-201, 37-24-202, MCA

Implementing statute(s): 37-24-103, 37-24-105, 37-24-106, 37-24-107, 37-24-108, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because the terms are either not used in the administrative rules as proposed, are not needed in administrative rule, or are better defined elsewhere in the rules for ease of use by the public.

24.165.401 FEES

Authorizing statute(s): 37-1-131, 37-1-134, 37-24-201, 37-24-202, 37-24-310, MCA

Implementing statute(s): 37-1-134, 37-1-141, 37-24-306, 37-24-310, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.165.402 ABATEMENT OF RENEWAL FEES

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

Implementing statute(s): 17-2-302, 17-2-303, 37-1-134, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.165.406 MILITARY TRAINING OR EXPERIENCE

Authorizing statute(s): 37-1-145, MCA

Implementing statute(s): 37-1-145, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule due to HB 583 (2023). That legislation amended 37-1-145, MCA, and eliminated the requirement for adoption by the board of a specific military training rule, setting forth specific obligations for the board to accept military experience for granting licensure. As such, the need for this rule is obsolete.

24.165.413 NONROUTINE APPLICATIONS

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

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.165.414 APPLICANTS WITH CRIMINAL CONVICTIONS

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

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.165.601 TEMPORARY PRACTICE PERMIT

Authorizing statute(s): 37-1-305, 37-1-319, MCA

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

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it solely sets forth supervision requirements for temporary permit holders, which are duplicated in ARM 24.165.501, which is proposed to be transferred and maintained in this rulemaking.

24.165.604 INACTIVE STATUS

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

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

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is proposed be consolidated into ARM 24.222.415 which is being transferred to the new board. This consolidation permits a single rule for all inactive licensees.

24.165.2101 CONTINUING EDUCATION

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

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

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is proposed to be consolidated and simplified in NEW RULE 11 (24.119.2101).

24.165.2102 CONTINUING EDUCATION – EXEMPTION

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

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

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is proposed to be consolidated and simplified in NEW RULE 11 (24.119.2101).

24.165.2301 UNPROFESSIONAL CONDUCT

Authorizing statute(s): 37-1-131, 37-1-136, 37-1-319, 37-24-202, MCA

Implementing statute(s): 37-1-136, 37-1-307, 37-1-308, 37-1-309, 37-1-311, 37-1-312, 37-1-316, 37-24-202, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule. Subsection (1)(a) is duplicative of 37-1-316(1)(t), MCA. Subsection (1)(b) is duplicative of 37-1-316(1)(c), MCA. Subsection (1)(c) is duplicative of 37-1-316(1)(t), MCA. Subsections (1)(d) and (e) are duplicative of 37-1-316(1)(v), MCA. Subsection (1)(f) is duplicative of 37-1-316(1)(t), MCA. Subsection (1)(h) bars a licensee from making suggestions for therapies or medications to any patient, and is therefore not plausible. Subsection (1)(m) is duplicative of HB 414 (2025), Section 1. Subsection (1)(n) and (o) are duplicative of 37-1-316(1)(v), MCA. Subsection (1)(q) is duplicative of 37-1-316(1)(b) or (c), MCA. Subsection (1)(r) is duplicative of 37-1-316(1)(v), MCA. Subsection (1)(s) is duplicative of 37-1-316(1)(b), MCA. Subsection (1)(t) is duplicative of 37-1-316(1)(f), (g), and (o), MCA. Subsection (1)(u) is duplicative of 37-1-316(1)(p), MCA. The remaining subsections are proposed to be included in NEW RULE 12 (24.119.2301).

24.177.101 BOARD ORGANIZATION

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.177.201 PROCEDURAL RULES

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.177.202 PUBLIC PARTICIPATION

Authorizing statute(s): 2-3-103, MCA

Implementing statute(s): 2-3-103, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.177.401 FEES

Authorizing statute(s): 37-1-134, 37-11-201, MCA

Implementing statute(s): 37-1-134, 37-1-141, 37-1-304, 37-1-305, 37-11-304, 37-11-307, 37-11-316, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.177.502 EXAMINATIONS

Authorizing statute(s): 37-1-131, 37-11-201, MCA

Implementing statute(s): 37-1-131, 37-11-303, 37-11-304, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because its substance is proposed to be incorporated into ARM 24.177.501, as transferred. This consolidation simplifies and shortens the administrative rules and places like content together.

24.177.504 TEMPORARY PERMIT

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

Implementing statute(s): 37-1-131, 37-1-305, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule in an effort to streamline and simplify the administrative rules. The substance of this rule is proposed to be incorporated into ARM 24.177.501, which is proposed to be transferred to ARM 24.119.1021.

24.177.510 FOREIGN-TRAINED PHYSICAL THERAPIST APPLICANTS

Authorizing statute(s): 37-1-131, 37-11-201, MCA

Implementing statute(s): 37-1-131, 37-11-310, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule in an effort to streamline and simplify the administrative rules. The substance of this rule is proposed to be incorporated into ARM 24.177.501, which is proposed to be transferred to ARM 24.119.1021.

24.177.512 NONROUTINE APPLICATIONS

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

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.177.513 APPLICANTS WITH CRIMINAL CONVICTIONS

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

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.177.2105 CONTINUING EDUCATION

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

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

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is proposed to be consolidated and simplified in NEW RULE 11 (24.119.2101).

24.177.2301 UNPROFESSIONAL CONDUCT

Authorizing statute(s): 37-1-131, 37-1-319, 37-11-201, MCA

Implementing statute(s): 37-1-316, 37-1-319, 37-11-321, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule. Subsection (1)(a) is duplicative of 37-1-316(1)(b), MCA. Subsection (1)(b) is duplicative of 37-1-316(1)(v), MCA. Subsection (1)(e) is duplicative of 37-1-316(1)(v), MCA. Subsections (1)(f) and (g) are duplicative of 37-1-316(1)(u), MCA. Subsection (1)(h) is duplicative of 37-1-316(1)(u) and (p), MCA. Subsection (1)(j) is duplicative of 37-1-316(1)(v), MCA. The remaining provisions are proposed to be incorporated in NEW RULE 12 (24.119.2301).

24.222.101 BOARD ORGANIZATION

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.222.201 PROCEDURAL RULES

Authorizing statute(s): 2-4-201, MCA

Implementing statute(s): 2-4-201, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.222.202 PUBLIC PARTICIPATION

Authorizing statute(s): 2-3-103, MCA

Implementing statute(s): 2-3-103, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.222.401 FEES

Authorizing statute(s): 37-1-134, 37-15-202, MCA

Implementing statute(s): 37-1-134, 37-1-141, 37-15-307, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.222.402 FEE ABATEMENT

Authorizing statute(s): 37-1-131, 37-15-202, MCA

Implementing statute(s): 17-2-302, 17-2-303, 37-1-134, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.222.405 NONROUTINE APPLICATIONS

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

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.222.407 APPLICANTS WITH CRIMINAL CONVICTIONS

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

Implementing statute(s): 37-1-101, 37-1-131, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.222.420 ADMINISTRATIVE SUSPENSION

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

Implementing statute(s): 37-1-321, MCA

Reasonable Necessity Statement

See general statement of reasonable necessity.

24.222.425 SUBSTANTIAL EQUIVALENCY

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

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

Reasonable Necessity Statement

See the general statement of reasonable necessity.

24.222.543 SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST LICENSURE – OUT-OF-STATE APPLICANTS

Authorizing statute(s): 37-1-131, 37-15-202, MCA

Implementing statute(s): 37-1-304, 37-15-402, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because substantial equivalency requirements for all license types are proposed to be set forth in a new rule. The substantive provision of this rule, (2), is duplicated in ARM 24.222.540, which is proposed to be transferred and maintained.

24.222.553 ASSISTANT LICENSURE – OUT-OF-STATE APPLICANTS

Authorizing statute(s): 37-1-131, 37-15-303, MCA

Implementing statute(s): 37-1-304, 37-15-303, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because substantial equivalency requirements will be set forth in a single consolidated rule. Section (1) is duplicative of 37-15-102, MCA, and need not be set forth in rule.

24.222.904 TELEHEALTH SERVICES

Authorizing statute(s): 37-1-131, 37-15-202, MCA

Implementing statute(s): 37-1-131, 37-15-102, 37-15-202, 37-15-314, 37-15-315, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it merely references applicable statutes and sets forth no requirements or parameters for telehealth services. Because statute governs, these cross references are merely unnecessary statutory duplication in rule.

24.222.2120 CONTINUING EDUCATION

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

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

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule because it is proposed to be consolidated and simplified in NEW RULE 11 (24.119.2101).

24.222.2305 UNPROFESSIONAL CONDUCT

Authorizing statute(s): 37-1-319, 37-15-202, MCA

Implementing statute(s): 37-1-316, 37-1-319, 37-15-202, MCA

Reasonable Necessity Statement

There is reasonable necessity to repeal this rule. Subsection (1)(a) is duplicative of 37-1-316(1)(v), MCA. Subsection (1)(b) is duplicative of 37-1-316(1)(u), MCA. Subsection (1)(d) is duplicative of 37-1-316(1)(f), and (g), MCA. Subsection (1)(f) is duplicative of 37-1-316(1)(p), MCA. Subsection (1)(g) is duplicative of HB 435 (2025), Section 1. Subsection (1)(h) is duplicative of 37-1-316(1)(v), MCA. The remaining provisions are proposed to be incorporated in NEW RULE 12 (24.119.2301).

Small Business Impact

The Montana small businesses that will probably be affected by the amendments and new rules including proposed fees are small businesses that employ the license types under the jurisdiction of the board.

The proposed amendments and new rules are a consolidation of the previous boards' rules and therefore will have a neutral effect as the rules are not substantively changing. Further, the new rule for fees will have a neutral effect as the fees have not changed but rather are carried forward from those which existed under the prior boards. The board estimates the fees will affect about 5,049 licensees and applicants and result in \$309,573.98 in annual revenue.

Bill Sponsor Notification

The bill sponsors were contacted by e-mail on April 18, August 9, and August 10, 2025.

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

Trent Gahl, Chair, Board of Physical, Rehabilitative, and Developmental Health Care Professionals