

BEFORE THE BOARD OF NURSING
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the matter of the proposed amendment) NOTICE OF PUBLIC HEARING
of ARM 24.159.301 definitions,) ON PROPOSED AMENDMENT,
24.159.1229 foreign educated applicants) ADOPTION, AND REPEAL
for RN licensure requirements,)
24.159.1404, 24.159.1405, 24.159.1411)
through 24.159.1414, 24.159.1416,)
24.159.1418, 24.159.1427, 24.159.1428,)
24.159.1430, 24.159.1431, 24.159.1436,)
24.159.1443, 24.159.1461 through)
24.159.1464, 24.159.1466 through)
24.159.1468, 24.159.1470, 24.159.1475,)
24.159.1480, 24.159.1485, 24.159.1490,)
adoption of NEW RULE I, and repeal of)
24.159.1401, 24.159.1415, 24.159.1417,)
24.159.1426, 24.159.1442, and)
24.159.1465 pertaining to APRNs)

TO: All Concerned Persons

1. On May 30, 2008, at 1:00 p.m., a public hearing will be held in room B-07, 301 South Park Avenue, Helena, Montana to consider the proposed amendment, adoption, and repeal of the above-stated rules.

2. The Department of Labor and Industry (department) will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the Board of Nursing (board) no later than 5:00 p.m., on May 23, 2008, to advise us of the nature of the accommodation that you need. Please contact Mary Ann Zeisler, Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2332; Montana Relay 1-800-253-4091; TDD (406) 444-2978; facsimile (406) 841-2305; e-mail dlibsdnur@mt.gov.

3. GENERAL STATEMENT OF REASONABLE NECESSITY: The board determined it is reasonable and necessary to update certain rules to address current advanced nursing trends, practices, technology, terminology, and education. The proposed rule amendments neither redefine nor expand the legislatively established scope of practice for the advanced practice registered nurse (APRN) per 37-8-102 and 37-8-409, MCA. Instead, the amendments seek to identify and clarify the existing standards of practice for APRNs in Montana to ensure protection of both the public and licensees. The rule amendments clarify that the APRN's scope and standard of practice and quality assurance criteria are established and updated by the board-approved national professional organization identified by the APRN.

The majority of the proposed amendments to the APRN rules are technical and nonsubstantive in nature, such as renumbering, correcting syntax, spelling, and punctuation, improving readability through reorganization and streamlining, and eliminating redundancies. A number of the original APRN rules were drawn verbatim or adapted from the registered nursing (RN) rules and still include numerous inapplicable provisions since 1991. Therefore, the amendments are reasonable and necessary to distinguish APRN practice standards from those of the RN and to clarify the special prerequisites to APRN licensure and license renewal. Authority and implementation cites are being amended throughout to accurately reflect all statutes implemented through the rule and to provide the complete sources of the board's rulemaking authority. Where additional specific bases for a proposed action exist, the board will identify those reasons immediately following that rule.

4. The rules proposed to be amended provide as follows, stricken matter interlined, new matter underlined:

24.159.301 DEFINITIONS As used in Title 37, chapter 8, MCA, and this chapter, unless defined specifically in a particular subchapter, the following definitions apply:

(1) "Accrediting organization" means a professional organization, which has been approved by the board, that establishes standards and criteria for continuing education programs in nursing, advanced nursing, medicine, and other health care specialties.

(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, and ARM 24.159.1414. Four types of APRNs are recognized by Montana law:

(a) nurse practitioner (NP);

(b) certified nurse midwife (CNM);

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

(d) clinical nurse specialist (CNS).

(1) remains the same but is renumbered (3).

(4) "Certifying body" means a national certifying organization that has been approved by the board to use psychometrically sound and legally defensible examinations for certification of APRN specialties.

(2) remains the same but is renumbered (5).

(6) "Contact hour" 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.

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

(8) "Department" means the Department of Labor and Industry as provided for in Title 2, chapter 15, part 17, MCA.

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

(3) remains the same but is renumbered (10).

(11) "National professional organization" means a board-recognized professional nursing membership organization that delineates scope of practice standards and guidelines for an APRN specialty.

(4) through (5)(e) remain the same but are renumbered (12) through (13)(e).

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

(15) "Peer-reviewer" 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.

~~(6)~~(16) "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.

(17) "Preceptorship" means practical training in the specialized area of APRN practice for which the applicant seeks licensure by the board.

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

(19) "Prescription" means an order for a drug, as defined by 37-7-101, MCA, or any medicine, devices, or treatments.

~~(7)~~(20) "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.

(8) through (13) remain the same but are renumbered (21) through (26).

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-101, 37-8-102, 37-8-202, 37-8-422, MCA

REASON: It is reasonable and necessary to amend this rule to incorporate the APRN definitions from ARM 24.159.1401 into the general definitions rule. The board concluded that maintaining definitions within a single rule eliminates redundancy and lessens confusion among readers.

The board is adding the definition of "contact hour" as used in NEW RULE I and other amendments concerning the requirements of academic instruction and continuing education (CE) for APRNs. The board is adding (11) to define "national professional organization" in amendments in this notice regarding APRN practice standards and quality assurance criteria. The definitions of "peer" and "physician reviewer" from ARM 24.159.1401 are combined into "peer reviewer" to eliminate confusion and redundancy. A definition for "preceptorship" is added to clarify the practical training educational requirement for APRN licensure in ARM 24.159.1414.

24.159.1229 FOREIGN EDUCATED APPLICANTS FOR REGISTERED NURSE LICENSURE REQUIREMENTS (1) For purposes of this rule, "foreign educated" applicants are those individuals whose nursing education credential was conferred by an educational institution located outside the United States or its jurisdictions. The term includes, but is not limited to, applicants who studied nursing in the United States through either a distance learning program offered by or through

a foreign educational institution or whose nursing education involved a collaboration between a foreign educational institution and an educational institution in the United States, so long as the credential was conferred by the foreign educational institution.

(2) and (3) remain the same.

(4) The provisions of (2)(c)(i) and (3)(d)(e) do not apply if the foreign educated applicant graduated from a nursing program at a college, university, or professional nurses' training school in one of the following countries:

(a) through (g) remain the same.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-101, 37-8-405, 37-8-415, MCA

REASON: The board is amending (4) to correct a typographical error made when this rule was adopted in September 2005. The board always intended to require all foreign educated nurses to take an English proficiency examination prior to licensure, unless a nurse was educated in certain English-speaking countries. This requirement was correctly implemented in ARM 24.159.1029 for foreign educated practical nurses in 2005, but was incorrectly set forth in this rule. Due to the inadvertent error, applicants educated in certain English-speaking countries must complete an English proficiency examination but are exempt from the requirement that CGFNS conduct a course-by-course evaluation of the foreign nurses' education credentials and compare the foreign education with U.S. nursing education standards. The board did not intend for either of these consequences to occur and is amending this rule to correct the error.

24.159.1404 STANDARDS RELATED TO THE ADVANCED PRACTICE REGISTERED NURSE'S RESPONSIBILITY TO APPLY THE NURSING PROCESS

(1) The APRN shall:

(a) perform and document ~~thorough and comprehensive, or focused assessment of clients~~ assessments, as appropriate to the client or client group, by:

(i) collecting, synthesizing, and analyzing data, ~~utilizing~~ using nursing principles and nursing process at an advanced level; and

(ii) ~~utilizing~~ using evidence-based research data in ~~practice~~ clinical decision-making;

(b) establish and document an appropriate diagnosis, treatment plan, and strategy of care based on the individual assessment, ~~including that addresses:~~

(i) ~~individual~~ client needs;

(ii) remains the same.

(iii) the need for collaborations when appropriate;

(iv) method by which treatment will be evaluated; and

(v) plan of action for appropriate follow-up or referral to other health care providers;

(c) provide and document expert guidance and education when working with clients, families, populations, and other members of the health team; and

~~(d) manage and document identified aspects of the client's health status within the APRN's competencies, scope and practice; and~~

~~(e)(d)~~ document appropriate referrals when a client's health status and needs exceed the APRN's certification and competencies ~~and/or scope of practice~~.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, MCA

REASON: The board is amending (1)(a) to distinguish an APRN's "comprehensive" nursing assessment from a "focused" nursing assessment, which is a more limited client condition assessment performed by an LPN. The board is amending (1)(b)(v) to identify referrals to other health care providers as part of an APRN plan of action.

24.159.1405 STANDARDS RELATED TO THE ADVANCED PRACTICE REGISTERED NURSE'S RESPONSIBILITIES AS A MEMBER OF THE NURSING PROFESSION (1) The APRN shall:

(a) adhere to the ~~same standards as those required for the RN~~ in ARM 24.159.1205 ~~for the registered nurse~~;

(b) abide by the current standards and scope of practice established by a national professional organization for the APRN's specialty area of practice as identified by the APRN;

~~(b)(c)~~ possess the requisite knowledge, judgement judgment, and skill to safely and competently perform any APRN function ~~that the APRN undertakes~~;

~~(e)(d)~~ have on file in the board office: submit documentation to the board of the APRN's quality assurance plan, as set forth by ARM 24.159.1466; and

~~(i) method of quality assurance used to evaluate the practice of the APRN;~~
and

~~(ii) a referral process including licensed physicians and a method to document referral in the client records;~~

~~(d) immediately file with the board any proposed change in the method for referral, client record documentation, or quality assurance method. Any change will be subject to approval by the board;~~

~~(e) in even-numbered years, submit a declaration made under penalty of perjury to the board office documenting the following:~~

~~(i) quality assurance plan and reviewer(s);~~

~~(ii) acknowledgement of scope of practice;~~

~~(iii) continuing education; and~~

~~(iv) practice site; and~~

~~(f)(e)~~ submit to the board proof verification of recertification by the national certifying body within 30 days of its expiration.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, 37-8-409, MCA

REASON: It is reasonable and necessary to amend this rule to clarify that the board will hold each APRN to the standards and scope of practice as set by a board approved national professional organization for the APRN's specialty area of practice. The board acknowledges that these organizations have the resources and expertise to identify and stay current with evolving APRN practice issues and are

best suited to set APRN scope and practice standards and quality assurance criteria. The board is deleting the APRN quality assurance provisions as adequately set forth at ARM 24.159.1466.

24.159.1411 TEMPORARY PERMITS FOR GRADUATE ADVANCED PRACTICE REGISTERED NURSES APRNS (1) To qualify for a temporary permit, the graduate APRN applicant must hold a Montana RN license and provide the board with documentation of acceptance ~~have applied for and been accepted for the first certifying exam~~ examination following completion of an APRN program.

~~(a) Proof of acceptance to the certifying examination will be a~~ A copy of the examination registration authorization sent to the applicant ~~upon acceptance of the examination application by the national certifying body~~ serves as documentation of acceptance.

(2) If the graduate passes the certifying examination, the temporary permit shall ~~remain~~ remains valid until the board grants full APRN recognition licensure.

(3) If the graduate does not pass the certifying examination, privileges granted by the temporary practice permit are voided and the temporary practice permit shall be returned to the board office immediately. The graduate shall notify the board of the examination results and return the temporary practice permit within five days of receipt of examination results.

~~(3) The temporary permit holder shall immediately notify the board of the results of the certifying examination. Failure to notify the board constitutes unprofessional conduct and may be a basis for proposed disciplinary action or license denial.~~

(4) If the graduate fails to take the scheduled examination, privileges granted by the temporary practice permit are voided and the graduate must notify the board and return the temporary practice permit to the board office immediately. Failure to notify the board within five days constitutes unprofessional conduct and may be a basis for disciplinary action or license denial.

~~(4)~~(5) The graduate APRN working with a temporary APRN permit, must have a consultant. The consultant must possess an unencumbered license and be recognized as a Montana advanced practice registered nurse, either an APRN or a physician whose practice encompasses the scope of the graduate APRN APRN's practice. The consultant and must be available to and directly supervise the graduate APRN at all times.

AUTH: ~~37-1-305, 37-8-202, 37-8-409, MCA~~

IMP: ~~37-1-305, 37-1-319, 37-8-202, 37-8-409, MCA~~

REASON: It is reasonably necessary to amend this rule to clarify that a graduate from a board-approved APRN certification program applying for a temporary APRN permit must possess a Montana RN license. While not a new requirement, the amendment is necessary to address constant confusion among applicants. The board is amending the rule to require applicants who fail to sit for a certifying APRN examination to notify the board and return the temporary practice permit or face potential disciplinary action. To address ongoing questions from applicants, the

board is amending (5) to clarify that a graduate APRN with a temporary permit must practice under the direct supervision of a consultant.

24.159.1412 APPLICATION FOR RECOGNITION INITIAL APRN

LICENSURE (1) ~~Upon application a person licensed under the provisions of 37-8-406, MCA, and meeting the requirements set forth under the educational requirements and other qualifications applicable to advanced practice registered nursing shall be granted recognition and shall have the registered nurse renewal certificate also designate the licensee's area of advanced practice.~~

~~(2)(1) The applicant for APRN licensure following must be submitted with the appropriate advanced practice registered nurse application: possess a current Montana RN license.~~

~~(2) The applicant must submit the APRN application form provided by the department and the nonrefundable fee.~~

~~(a) completed application for recognition form provided by the board. The application will be kept on file for one year. If the applicant fails to complete the requirements for application within one year, a new application will be required;~~

~~(3) The applicant shall request that~~

~~(b) an official transcript of the advanced practice registered nurse be sent to the board directly from the applicant's APRN program;~~

~~(c) certificate of program completion;~~

~~(d)(4) The applicant shall submit evidence of preceptorship (if not shown on transcript);~~

~~(e)(5) The applicant shall submit a copy of current national certification in advanced practice registered nurse APRN specialty;~~

~~(f) current RN licensure in Montana; and~~

~~(g) payment of nonrefundable fee.~~

~~(3) Renewal of advanced practice registered nurse is concurrent with registered nurse licensure renewal.~~

~~(6) The board shall keep the application on file for one year. If the applicant fails to complete the requirements for application within one year, a new application must be submitted.~~

~~(7) When the board approves a licensed RN's application for APRN licensure, the RN will be issued an APRN license in addition to the applicant's current RN license.~~

~~(8) Within one month of initiating APRN practice, the APRN must submit to the board a quality assurance plan, as outlined by ARM 24.159.1466.~~

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-1-134, 37-8-202, 37-8-409, MCA

REASON: The board determined it is reasonably necessary to amend this rule to clarify that an applicant for APRN licensure must possess a Montana RN license and, upon board approval, a separate APRN license will be issued. This licensure requirement is not new, but the amendment will address confusion among applicants and licensees. To achieve consistency among all nursing applications, the board is amending the rules throughout to specify that the board must receive official

transcripts directly from an APRN education program. The board is adding (8) to notify newly licensed APRNs to submit a quality assurance plan within one month of licensure per the amendments to ARM 24.159.1466.

24.159.1413 ADVANCED PRACTICE NURSING TITLE (1) Only a licensed RN person holding approval by the board as an advanced practice registered nurse a current Montana APRN license has shall have the right to use the title of APRN and the appropriate title of the specialties of nurse practitioner (NP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), or clinical nurse specialist (CNS)., provided that the registered nurse:

(a) ~~holds a current license to practice professional nursing in the state of Montana;~~

(b) ~~has submitted application with supporting credentials for advanced practice nursing title and application has been approved by the board;~~

(c) ~~pays appropriate application and annual renewal fees; and~~

(d) ~~holds an endorsement on the professional nursing license which recognizes the advanced practice.~~

(2) ~~An APRN Advanced practice registered nurses who are recognized licensed in the state of Montana may only practice as an advanced practice registered nurse in the specialized clinical area of specialty practice in which they have the APRN has current national certification, according to the scope, standards, or description of practice as defined by the following certifying bodies:~~

(a) ~~American Academy of Nurse Practitioners;~~

(b) ~~American Association of Critical Care Nurses Certification Corporation;~~

(c) ~~American College of Nurse-Midwives;~~

(d) ~~American Nurses Credentialing Center;~~

(e) ~~Councils on Certification or Recertification of Nurse Anesthetists;~~

(f) ~~National Certification Board of Pediatric Nurse Practitioners;~~

(g) ~~National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties; and~~

(h) ~~Oncology Nursing Certification Corporation.~~

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, MCA

REASON: The board is amending this rule to correct the nomenclature of the four specialty APRN areas of practice recognized by statute. To more effectively manage the list of board approved certifying bodies, the board decided to maintain the list via the board's web site and is deleting the list from this rule.

24.159.1414 EDUCATIONAL REQUIREMENTS AND OTHER QUALIFICATIONS APPLICABLE TO ADVANCED PRACTICE REGISTERED NURSING FOR APRN (1) Applicants for recognition in the advanced practice registered nurse areas seeking APRN licensure in the specialties of certified nurse-midwife CNM, nurse practitioner NP, and certified registered nurse anesthetist CRNA, or CNS shall must possess the following educational and certification qualifications:

(a) for those licensed in 2008 or after, a master's degree from an APRN program that provided a minimum of 250 hours of didactic instruction and a minimum of 500 hours of preceptorship;

~~(a)(b) for those licensed between 1995 and 2007, For original recognition after June 30, 1995, a master's degree from an accredited nursing education program, or a certificate from an accredited post master's program as defined in (1)(b)(c), which prepares the registered nurse RN for the APRN recognition sought; and, individual certification from a board-approved certifying body. APRNs who completed an accredited APRN program and obtained national certification prior to June 30, 1995, may be recognized in Montana; or~~

~~(b)(c) for those licensed prior to 1995, a degree from Successful completion of a post-basic professional nursing education program in the advanced practice registered nurse area of an APRN specialty with the minimum length of one academic year consisting of at least 250 hours of didactic instruction and 400 hours under a preceptor; and, individual certification from a board-approved certifying body for those recognized prior to July 1, 1995.~~

~~(2) Applicants for recognition as a CNS shall possess a master's degree in nursing from an accredited nursing education program which prepares the nurse for a CNS practice, and individual certification from a board-approved certifying body.~~

~~(3)(2) Applicants for recognition seeking APRN licensure as a psychiatric CNS shall must possess a master's degree in nursing from an accredited nursing education program that integrates which prepares the nurse for a psychiatric CNS practice. If the psychiatric CNS plans to utilize medical diagnosis and treatment, proof of education related to medical diagnosing, treating and managing psychiatric clients shall be provided. This education must integrate pharmacology and clinical practice.~~

~~(4)(3) For approval in a subspecialty practice setting, the licensee shall submit documentation of, or a plan for, achievement of competency in the subspecialty area. Applicants seeking APRN licensure must pass the examination of and be certified by a national certifying body in the congruent area of specialization.~~

~~(5)(4) Applicants for recognition in any APRN area are subject to the provisions of 37-8-441, MCA. Contact information for national certifying bodies may be obtained from the board office.~~

AUTH: 37-1-131, 37-1-319, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, 37-8-409, MCA

REASON: The board determined it is reasonably necessary to amend this rule to update the 2008 APRN educational requirements to align with current nationally recognized educational standards for APRN practice preparation. The board is also deleting a reference to a repealed statute in (4).

24.159.1416 GROUNDS FOR DENIAL OF A LICENSE (1) The board may deny an application for APRN licensure A license may be denied for:

(a) remains the same.

- (b) failure to pass the licensing examination possess an active Montana RN license;
- (c) fraud or misrepresentation in association with the ~~examination application,~~ licensure application, or licensure certifying examination; or
- (d) unprofessional conduct ~~which that~~ would be grounds for discipline under 37-1-316, MCA; ~~or,~~
- (e) ~~conviction of a felony except as provided in 37-1-203, MCA.~~

AUTH: 37-1-136, 37-8-202, MCA

IMP: 37-1-136, 37-1-137, 37-1-316, MCA

REASON: The board is deleting (1)(e) as misleading since a felony conviction may not always be grounds for license denial per 37-1-201, MCA, et seq.

24.159.1418 LICENSURE BY ENDORSEMENT REQUIREMENTS (1) An applicant for APRN licensure by endorsement ~~in this state~~ shall submit to the board:

(a) a completed application including the following identifiers: applications for both RN and APRN licensure in Montana;

(i) ~~a picture, social security number, birthdate, and documentation of name change;~~

(ii) ~~the application will be kept on file for one year. If the applicant fails to complete the application requirements for licensure by endorsement within one year, a new application will be required;~~

(b) evidence of meeting the standards for transcript from an advanced nursing education program, which must be sent to the board directly from the program and must indicate date of completion and degree conferred; in this state at the time of original licensure;

(c) ~~verification of initial licensure by examination with evidence of completion of a board approved program;~~

(d)(c) ~~verification and documentation of APRN licensure status from all jurisdictions of licensure for preceding two years; and~~

(e) ~~registered nurse applicants shall present evidence of having passed a licensure examination as follows:~~

(i) ~~a passing score on a state-constructed licensure examination prior to the use of the state board test pool examination in the original state of licensure; or~~

(ii) ~~350 on each part of the state board test pool examination for registered nurses; or~~

(iii) ~~a passing score on a NCLEX-RN examination taken after September 1988; or~~

(iv) ~~a minimum scaled score of 1600 on a NCLEX-RN examination taken prior to September 1988;~~

(f)(d) ~~the required fees for APRN licensure by endorsement as specified in by ARM 24.159.401; and,~~

(g) ~~if the applicant's education was obtained in a foreign country, the applicant must also meet the conditions of ARM 24.159.1229.~~

(2) The board may, on a case-by-case basis, issue a license to an applicant for APRN licensure by endorsement whose license is under investigation or in

disciplinary action of a board in another jurisdiction or to an applicant who is under investigation for a felony criminal offense.

(3) An applicant for APRN licensure by endorsement in Montana may be granted a temporary APRN permit concurrent with a temporary permit to practice registered nursing, pursuant to the provisions of ARM 24.159.1221.

~~(4) The board shall issue a license based on satisfactory completion of the requirements.~~

AUTH: 37-1-131, 37-8-202, 37-8-409, MCA

IMP: 37-1-131, 37-1-304, 37-8-409, MCA

REASON: It is reasonable and necessary to amend this rule to clarify that an applicant for APRN licensure by endorsement must also obtain a Montana RN license. This requirement is not new, but the amendment is needed to address confusion among applicants and licensees. The board is amending (3) to reduce staff and licensee uncertainty by clarifying that applicants may be granted concurrent APRN and RN temporary permits. The board is deleting provisions on RN licensure by endorsement as they are adequately set forth at ARM 24.159.1228.

24.159.1427 RENEWALS (1) APRN license renewal is concurrent with RN license renewal. Renewal notices will be sent as specified in by ARM 24.101.414. The licensee ~~must fill out~~ shall submit the renewal application and return it to the board by the date set by ARM 24.101.413, together with the renewal fee. ~~Upon receiving the renewal application and fee, the board shall issue a certificate of renewal for the two-year period following the renewal date set by ARM 24.101.413. If the renewal application is postmarked after the renewal deadline, it is subject to the late penalty fee specified in ARM 24.101.403. If the renewal application is postmarked after the renewal deadline, it is subject to the late penalty fee specified in ARM 24.101.403. The renewal application includes affirmation that:~~

(a) all continuing education requirements have been met during the renewal period; and

(b) the quality assurance plan has been followed and peer review has occurred on a quarterly basis during the renewal period.

(2) If the APRN renewal application is submitted on-line or postmarked after the renewal deadline, the applicant is subject to the late penalty fee specified in ARM 24.101.403.

~~(2)(3)~~ The provisions of ARM 24.101.408 apply for APRN license renewal, lapse, termination, and expiration.

~~(3) Renewal notices will be sent to all currently licensed advanced practice registered nurses (APRNs) as specified in ARM 24.101.414. The licensee shall complete the application and return it, the proof of continuing education required by (3)(a)(iii) and (4), and the renewal fee to the board before the date set by ARM 24.101.413. Upon receiving the completed renewal application and fee, the board shall issue a certificate of renewal for the two-year period following the date set by ARM 24.101.413. If the renewal application is postmarked after the renewal deadline, it is subject to the late penalty fee specified in ARM 24.101.403. The provisions of ARM 24.101.408 apply.~~

~~(a) The renewal application includes a declaration made under penalty of perjury of the laws of Montana. The declaration must include:~~

- ~~(i) a description of how the individual will implement the plan of quality assurance, including identification of the reviewer(s);~~
- ~~(ii) an acknowledgement of the scope of the individual's practice;~~
- ~~(iii) a description of the continuing education units earned or applicable to the renewal period;~~
- ~~(iv) the location of practice site(s); and~~
- ~~(v) the individual's current DEA registration number, if applicable.~~

~~(4) All APRNs shall complete 20 continuing education units per year, or 40 units per renewal period, pertaining to the areas of the individual's certification. APRNs who practice in a subspecialty setting shall complete the majority of the required continuing education credits in the area of the individual's subspecialty.~~

AUTH: 37-1-131, ~~37-1-141~~, 37-8-202, MCA

IMP: 37-1-131, 37-1-134, 37-1-141, 37-8-202, MCA

REASON: The board determined it is unnecessary to have licensees swear to a renewal application's veracity under penalty of perjury. The board will instead require that applicants affirm to completing CE requirements and maintaining quarterly peer review. The CE provisions of (4) are being moved to New Rule I.

24.159.1428 INACTIVE APRN STATUS (1) A licensed APRN advanced practice registered nurse who wishes to retain a license but who will not be practicing advanced nursing may obtain an inactive status APRN license upon submission of an application to the board and payment of the appropriate fee.

(2) An APRN individual licensed on inactive status may not practice advanced nursing during the period in which the licensee remains on inactive status.

~~(2)(3)~~ (3) An individual may not remain licensed on inactive APRN status for longer than two years without reestablishing qualifications for initial licensure, including but not limited to, passage of the licensing examination.

~~(3)(4)~~ (4) A licensee An APRN on inactive status may convert an inactive status license to active status by submission of submitting:

(a) an appropriate application and payment of the renewal fee for the current renewal period;

(b) affirmation of 20 continuing education contact hours congruent with the APRN's specialty certification and obtained within 12 months prior to reactivation; and

(c) documentation of current certification from a national certifying body.

(5) To reactivate prescriptive authority, an APRN must affirm completion of ten continuing education contact hours in pharmacology and/or pharmacotherapeutics obtained within 12 months prior to reactivation.

~~(4)~~ (4) An APRN must also hold a registered nurse license.

~~(5)~~ (5) An APRN may request inactive status if the APRN's RN license is either active or inactive.

~~(6) To reactivate an inactive APRN license, the APRN shall submit proof of 20 continuing education units obtained within the 12-month period preceding reactivation.~~

~~(a) If prescriptive authority is requested, an additional five continuing education units are required in pharmacology or pharmaceutical management.~~

AUTH: 37-1-131, 37-1-319, 37-8-202, MCA

IMP: 37-1-131, 37-1-319, MCA

REASON: It is reasonably necessary to amend this rule to increase the CE required for inactive prescriptive authority APRNs to convert to active status. The board noted that pharmaceuticals is a rapidly changing field and prescribing is a critical and high risk area of advanced practice nursing. To ensure APRNs with prescriptive authority are staying current, the board will require ten additional contact hours.

24.159.1430 DUPLICATE OR LOST LICENSES (1) The board may replace a lost APRN license upon the written request of the licensee and submission of the fee specified in ARM 24.101.403. ~~An original license will not be changed or replaced.~~

~~(2) The current renewal certificate issued by the board which carries the license number satisfies as proof of licensure. In the few cases where this does not suffice, the board will provide a statement of licensure.~~

~~(3) Upon written request, and payment of the proper fee as specified in ARM 24.101.403, the board may provide a duplicate renewal certificate.~~

AUTH: 37-8-202, MCA

IMP: 37-1-134, 37-8-202, MCA

REASON: It is reasonably necessary to remove outdated information since the on-line renewal system allows licensees to print replacement licenses as needed.

24.159.1431 VERIFICATION OF LICENSURE (1) The board directs Licensees requesting licensees seeking verification and documentation of Montana licensure status to for another United States board of nursing jurisdiction or foreign country shall submit a completed request with the appropriate fee to contact www.nursys.com or NCSBN, at 111 East Wacker Dr., Suite 2900, Chicago, IL, 60601-4277 or www.nursys.com 35331 Eagle Way, Chicago, IL 60678-1353.

(2) Licensees may request requesting paper verifications verification of licensure by submitting shall submit a completed written request and the required fee specified in ARM 24.101.403 to the board office.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, ~~37-1-304~~, 37-8-202, MCA

REASON: It is reasonably necessary to amend this rule to provide correct contact information for licensees seeking verification and documentation of licensure status.

24.159.1436 SUPERVISION OF PROBATIONARY LICENSEES (1) ~~Any An~~ APRN working pursuant to a probationary license must work under the direct supervision of another nurse APRN or physician- who has prior board approval and possesses ~~The supervisor for an APRN on probation must be an APRN or a physician with~~ a current, unencumbered license.

AUTH: 37-1-131, 37-1-136, ~~37-1-319~~, 37-8-202, MCA

IMP: 37-1-131, 37-1-136, ~~37-1-319~~, 37-8-202, MCA

REASON: It is reasonably necessary to amend this rule to clarify that only a physician or another APRN may supervise an APRN on probation. The board concluded that prior board approval of supervisors is necessary due to the independent level of APRN practice and the need for close, in-depth supervision.

24.159.1443 LICENSE REAPPLICATION CONSIDERATIONS AFTER DENIAL, REVOCATION, OR SUSPENSION (1) Reapplication for a ~~license previously denied, revoked, or suspended~~ licensure must include evidence of rehabilitation, ~~or elimination or cure of the conditions for denial, revocation, or suspension.~~

~~(2) Evaluation of reapplication for a license denied will be based upon, but not limited to:~~

~~(a) the severity of the act or omission which resulted in the denial of license; and/or~~

~~(b) the conduct of the applicant subsequent to the denial of license; and/or~~

~~(c) the lapse of time since denial of license; and/or~~

~~(d) compliance with any condition the board may have stipulated as a prerequisite for reapplication; and/or~~

~~(e) the degree of rehabilitation attained by the applicant as evidenced by statements sent directly to the board from qualified people who have professional knowledge of the applicant; and/or~~

~~(f) personal interview by the board, at their discretion.~~

(2) The board places the burden upon the applicant for relicensure to demonstrate a sufficient degree of rehabilitation. Evidence of rehabilitation may include statements sent directly to the board from qualified persons who have professional knowledge of the applicant.

(3) The applicant shall submit proof of compliance with all conditions the board may have stipulated as a prerequisite for reapplication.

(4) The board may request a personal interview with the applicant.

(5) The decision to issue a license to an APRN whose license previously has been denied, suspended, or revoked rests with the board.

AUTH: 37-1-136, 37-8-202, MCA

IMP: 37-1-136, 37-1-314, 37-8-202, MCA

REASON: The board is amending this rule to clearly set forth APRN relicensure requirements. The rule will no longer list some of the possible board considerations

for reapplication, but will instead emphasize what applicants must prove to the board to demonstrate their fitness for practice.

24.159.1461 PRESCRIPTIVE AUTHORITY FOR ELIGIBLE APRNS (1) An APRN granted prescriptive authority by the board may prescribe and dispense drugs pursuant to applicable state and federal laws. ~~If the APRN has prescriptive authority, the peer shall also have prescriptive authority.~~

(a) ~~NPs, CRNAs, and CNMs, and psychiatric CNSs with unencumbered licenses may hold prescriptive authority.~~

(b) ~~Psychiatric mental health NPs and psychiatric CNSs with unencumbered licenses may hold prescriptive authority.~~

(2) remains the same.

(3) ~~The board notifies the Board of Pharmacy will be notified~~ in a timely manner ~~by the board~~ when the status of an APRN's prescriptive authority changes.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, MCA

24.159.1462 ADVANCED PRACTICE NURSING COMMITTEE (1) ~~There is an advanced practice nursing committee. The APRN committee of the board is composed of at least three board members of the board, and includes at least one APRN and two of whom shall be RNs.~~

(2) ~~The committee or its designee will review reviews and approve approves all complete, typed, or word processed applications from individuals seeking advanced practice licensure and/or prescriptive authority. The committee will recommend action to the full board. The application must describe the individual's proposed:~~

(a) ~~referral process;~~

(b) ~~scope of practice;~~

(c) ~~method of documentation;~~

(d) ~~method of quality assurance; and~~

(e) ~~modifications, if any, with regards to advanced practice and/or prescriptive authority.~~

(3) ~~The committee or its designee will review all nonroutine, complete, typed, or word processed applications for advanced practice licensure and will may recommend action to by the full board on nonroutine applications.~~

(4) The APRN committee or its designee perform random audits of continuing education requirements for APRNs during each two-year renewal period. Audits involve 10 percent of licensees in each APRN category of NP, CNM, CRNA, and CNS.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, MCA

REASON: It is reasonable and necessary to amend this rule and require at least one APRN on the committee to comply with board makeup following the 2007 Legislature. To increase board and staff efficiency, the board is amending this rule

to allow the committee or a designee to review and approve all APRN and prescriptive authority applications. Currently, the committee reviews applications, but the board makes the final decisions following committee recommendation. The board is implementing a random audit of 10 percent of APRN licensees to ensure that APRNs are meeting the mandatory CE requirements and is adding (4) to specify that the committee or its designee will perform the audits.

24.159.1463 INITIAL APPLICATION REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY (1) ~~The advanced practice registered nurse APRN shall submit a completed application for prescriptive authority provided by the board, and a nonrefundable fee as specified in ARM 24.159.401. The application must include:~~

~~(a) evidence of successful completion of a graduate level course that provides a minimum of the equivalent of three academic semester credit hours (equaling a minimum of 45 contact hours) from an accredited program in pharmacology, pharmacotherapeutics, and the clinical management of drug therapy related to the applicant's area of specialty. The academic credits must be obtained within a two-year minimum of 15 education hours in pharmacology and/or the clinical management of drug therapy from an accredited body which have been obtained within a three-year period immediately prior to the date the application is received at the board office and must meet the following requirements:~~

~~(i) no No more than two six of the 45 contact hours may concern the study of herbal or complementary therapies;~~

~~(ii) a minimum of 18 Six of the 45 education 45 contact hours must have been obtained within one year immediately prior to the date the of application is received at the board office; and~~

~~(iii) a minimum of one-third One-third of all education contact hours must be face-to-face meetings or interaction; interactive instruction.~~

~~(b) evidence of the course content and clinical preceptorship;~~

~~(b)(c) a copy of the original current certification document from the advanced practice registered nurse's APRN's national certifying body;~~

~~(e)(d) a description of the proposed practice sites and typical caseload; and~~

~~(d) a description of the method of referral and documentation in client records; and~~

~~(e) an updated a description of the method of quality assurance plan, if needed, as required by used to evaluate the advanced practice registered nurse, in accordance with ARM 24.159.1466.~~

~~(2) If an applicant fails to complete the requirements for application within one year of submission of an application, the applicant shall submit a new application and fee. The committee will make a recommendation only with respect to completed, typed, or word processed applications.~~

~~(3) The board may deny the application if the applicant has a license encumbered by disciplinary action which is encumbered.~~

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, MCA

REASON: It is reasonably necessary to amend this rule to incorporate national standards for calculating academic instruction and CE in contact hours as defined in ARM 24.159.301. The amendment converts education hours to contact hours and does not increase the required pharmacologic instruction. The board concluded that using contact hours throughout the rules will standardize measurement and simplify the conversion of semester and quarter credits. The board is reducing the time in which an applicant can obtain the pharmacologic instruction from three to two years preceding application to align with the two year APRN licensure renewal period. Subsection (1)(b) is added to align the rules with existing application requirements and board processes.

24.159.1464 PRESCRIBING PRACTICES (1) Prescriptions ~~will~~ must comply with all applicable state and federal laws.

(2) All written prescriptions ~~will~~ must include the following information:

(a) name, title, address, and phone number of the ~~advanced practice registered nurse~~ APRN who is prescribing;

(b) through (d) remain the same.

~~(e) number of refills;~~

~~(f) signature of prescriber on written prescription; and~~

~~(g)~~(e) Drug Enforcement Administration (DEA) number of the prescriber on all scheduled drugs; and

(f) all requirements of state and federal regulations regarding prescriptions.

(3) An APRN with prescriptive authority may prescribe drugs only when a valid prescriber-patient relationship exists. Records of all prescriptions ~~will~~ must be documented in client records.

~~(4) The advanced practice registered nurse An APRN with prescriptive authority who wishes to prescribe Schedule II-V drugs will shall comply with federal Drug Enforcement Administration DEA requirements prior to prescribing for controlled substances and shall file.~~

~~(5) The advanced practice registered nurse will immediately file any and all of the nurse's DEA registrations and numbers with the board.~~

(5) An APRN with prescriptive authority may not prescribe controlled substances for self or members of the APRN's immediate family.

~~(6) The board will maintain current records of all advanced practice registered nurses with DEA registration and numbers.~~

(7) remains the same but is renumbered (6).

~~(8)~~(7) An advanced practice registered nurse APRN with prescriptive authority ~~will~~ may not delegate the prescribing or dispensing of drugs to any other person.

~~(9) An APRN with prescriptive authority who also possesses inpatient care privileges shall practice pursuant to a written agreement between the agency and the APRN which is consistent with the rules, regulations, and guidelines set forth in 37-2-104 and 37-8-202, MCA, and ARM 24.159.1461 through 24.159.1468, and 24.159.1470, 24.159.1475, and 24.159.1480.~~

~~(10) An APRN with prescriptive authority from the board will comply with the requirements of 37-2-104, MCA.~~

AUTH: 37-1-131, 37-8-202, MCA
IMP: 37-1-131, 37-8-202, MCA

REASON: It is reasonable and necessary to amend this rule to delete redundant provisions that are adequately addressed in state and federal statutes regarding prescribing. The board is adding (3) to emphasize that a prescriptive authority APRN may only prescribe within a valid prescriber-patient relationship since an evaluation is part of the nursing process and it is not standard practice to prescribe to someone the prescriber has not assessed. The board is incorporating (1) from ARM 24.159.1465, proposed to be repealed, as (5) of this rule, and is striking (6) because record maintenance is a board administrative procedure.

24.159.1466 QUALITY ASSURANCE OF ADVANCED PRACTICE REGISTERED NURSE APRN PRACTICE (1) ~~An advanced practice registered nurse performing direct patient care shall~~ Within one month of initiating an APRN practice involving direct patient care the APRN shall submit a method of quality assurance plan to the board. for evaluation of the advanced practice registered nurse's practice. The quality assurance method must be approved by the board prior to licensure.

(2) ~~The~~ A quality assurance plan includes ~~method~~ must include the following elements:

(a) location of the APRN's practice site(s);

~~(a)(b)~~ identification of the APRN's peer-reviewer or peer review organization.

Peer review must occur on a quarterly basis and include review of 15 charts or 5 percent of all charts handled by the APRN advanced practice registered nurse, whichever is less, fewer, must be reviewed quarterly. The charts being reviewed must be evaluated by a peer review, by a physician of The peer-reviewer must work in the same practice specialty as the APRN and must, or by others as approved by the board. Each evaluator shall hold an unencumbered license. If the APRN has prescriptive authority, the peer-reviewer must also have prescriptive authority;

~~(b)(c)~~ use of standards of practice set by the APRN's national professional organization, which the peer-reviewer will use to which apply to the advanced practice registered nurse's evaluate the APRN's area of practice;

~~(c)~~ concurrent or retrospective review of the practice.

~~(d)~~ use of preestablished patient outcome criteria specific to the APRN's specific patient population; and

(d) criteria for client referrals, patient outcomes, and chart documentation set by the APRN's national professional organization that the peer-reviewer will use to evaluate the APRN's practice; and

~~(e)~~ written evaluation of review with steps for corrective action if indicated and follow-up.

(e) description of the method the peer-reviewer will use to address corrective action, if indicated, and to ensure follow-up evaluation.

(3) By December 31 of each license renewal year, the APRN shall submit a quality assurance report to the board on the form provided by the department. The biennial quality assurance report shall:

(a) provide verification that each quarterly peer review has occurred;

(b) describe the corrective action taken by the APRN to address each identified practice deficiency; and

(c) An advanced practice registered nurse shall immediately file with the board inform the board of any proposed change in the location of the APRN's practice site(s), the identity of the peer-reviewer, or the quality assurance criteria established by the national professional organization in the APRN's specialty area of practice. method. Any change is subject to prior approval by the board.

~~(4) Proof of quality assurance reviews must be maintained by the licensee for five years.~~

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, 37-8-409, MCA

REASON: The board is amending this rule to require that newly licensed APRNs submit quality assurance plans to the board within one month of licensure. The board determined that it is not feasible to require plan submission and board approval prior to licensure and it is better to allow the APRN some time in practice. For consistency among independent providers and because APRNs have business practices, the board is adding practice location as part of the quality assurance plan.

It is reasonably necessary to amend the rules throughout to clarify that the board will hold each APRN to the standards and scope of practice as set by a board approved national professional organization for the APRN's specialty area of practice. The board is amending this rule to incorporate and delineate the quality assurance criteria for use by peer reviewers as established and updated by these national professional organizations. The board determined that requiring APRNs to immediately notify the board of changes in a quality assurance plan is unnecessarily onerous and is amending the rule to instead require that APRNs submit a quality assurance report, including any plan changes, biennially at renewal. The board is striking (4) to no longer require that APRNs maintain proof of quality assurance reviews but will instead require APRNs to verify that peer review occurred.

24.159.1467 SUSPENSION OR REVOCATION OF PRESCRIPTIVE AUTHORITY (1) The board may suspend or revoke ~~impose discipline up to and including termination of an advanced practice registered nurse's~~ an APRN's prescriptive authority when one or more of the following ~~criteria apply~~ occur:

(a) the APRN ~~advanced practice registered nurse~~ has not met the requirements for renewal of prescriptive authority ~~in accordance with~~ set by ARM 24.159.1461 through 24.159.1464 and 24.159.1466 through 24.159.1468;

(b) the APRN ~~advanced practice registered nurse~~ has not met requirements necessary to maintain APRN licensure; ~~advanced practice registered nurse recognition~~;

(c) the APRN ~~has violated rules pertaining to prescriptive authority contained in this subchapter; or advanced practice registered nurse has not complied with the requirements for referral or quality assurance methods~~;

(d) the APRN has:

(i) ~~prescribed outside the APRN's scope of practice~~;

(ii) ~~prescribed for other than therapeutic purposes; or~~

~~(iii) otherwise violated the provisions of the prescriptive authority rules contained in ARM 24.159.1461 through 24.159.1468; or~~

~~(e) the APRN has violated any state or federal law or regulations applicable to prescriptions.~~

~~(2) An advanced practice registered nurse~~ The APRN whose prescriptive authority has been suspended or revoked ~~terminated will~~ may not prescribe medications until the APRN advanced practice registered nurse has received written notice from the board that ~~the nurse's~~ prescriptive authority has been reinstated.

AUTH: 37-1-131, 37-1-136, 37-8-202, MCA

IMP: 37-1-131, 37-1-136, 37-8-202, MCA

24.159.1468 PRESCRIPTIVE AUTHORITY RENEWAL REQUIREMENTS

(1) The term of an APRN's prescriptive authority is concurrent with licensure and ends every two years on the date set by ARM 24.101.413.

(2) To renew prescriptive authority, the APRN ~~will~~ shall submit to the ~~Board of Nursing:~~

(a) a completed prescriptive authority renewal application and a nonrefundable fee;

(b) ~~documentation~~ affirmation of a minimum of ten contact hours of accredited pharmacological continuing education in pharmacology, pharmacotherapeutics, and/or clinical management of drug therapy completed during the two-year period two years immediately preceding the renewal application effective date of the prescriptive authority renewal period. Continuing education will be from: Contact hours for prescriptive authority renewal must:

(i) study be provided by advanced ~~formal~~ academic education; or

~~(ii) continuing education seminars or educational programs approved by certifying bodies~~ an accrediting organization; and

(ii) include a minimum of four contact hours of face-to-face or interactive instruction; and

~~(iii) the majority of the course work~~ contact hours must concern the study of pharmaceutical medications and not herbal or complementary therapies; ~~and~~

~~(c) proof of a minimum of ten contact hours of continuing education in pharmacology or pharmacology management is required during the two-year period immediately preceding the effective date of the prescriptive authority renewal. A minimum of four hours must be face-to-face interaction. The majority of the course work must concern the study of pharmaceutical medications and not herbal or complementary therapies.~~

~~(3) These continuing education units~~ The prescriptive authority contact hours are in addition to ~~these~~ contact hours required to renew the general APRN license.

(4) ~~If~~ When an APRN fails to renew prescriptive authority prior to the renewal date of that authority, the APRN's prescriptive authority will ~~end~~ lapse and expire after 45 days. The APRN whose prescriptive authority has expired may not prescribe until ~~renewal is completed and~~ the board has reinstated the APRN APRN's has received written notice that the prescriptive authority has been reinstated.

AUTH: 37-1-131, 37-1-141, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, MCA

REASON: It is reasonable and necessary to amend this rule to more clearly delineate the continuing education requirements for renewal of APRN prescriptive authority. The board determined that submitting CE documentation at renewal is an unnecessary burden on applicants and instead will require that applicants affirm CE completion. The board is amending this rule to utilize "contact hours" as defined in ARM 24.159.301 and to explain the process of expired and reinstated prescriptive authority per 37-1-141, MCA.

24.159.1470 NURSE PRACTITIONER PRACTICE (1) Nurse practitioner (NP) practice means the independent and/or collaborative management of primary and/or acute health care of individuals, families, and communities including:

(a) assessing the health status of individuals and families using methods appropriate to the client population and area of practice such as:

- (i) health history taking;₁
- (ii) physical examination;₁ and
- (iii) assessing developmental health problems;₁

(b) through (b)(iii) remain the same.

(iv) working with clients to promote their understanding of and compliance with therapeutic regimes; regimens.

(c) remains the same.

(d) ~~recognizing when to refer~~ referring clients to a physician or other health care provider, when appropriate;

(e) and (f) remain the same.

(2) Every licensed NP shall abide by the scope and standards of practice established by a NP national professional organization as identified by the NP.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, 37-8-409, MCA

REASON: To comply with proposed amendments to ARM 24.159.1405, the board is amending ARM 24.159.1470, 24.159.1475, 24.159.1480, 24.159.1485, and 24.159.1490. The amendments clarify that the board will hold each APRN to the scope and standards of practice as established and updated by a board approved national professional organization for the APRN's specialty area of practice, as identified to the board by the APRN.

24.159.1475 CERTIFIED NURSE MIDWIFERY PRACTICE (1) Nurse Certified nurse midwifery (CNM) practice means the independent and/or collaborative management of care of essentially normal newborns, providing perinatal and general women's healthcare and women, antepartally, intrapartally, postpartally, and/or gynecologically. ~~This occurs within a health care system that provides for medical consultation, collaborative management, and referral.~~

(2) ~~Effective December 31, 2004, all licensed certified nurse midwives shall be enrolled in either the certification maintenance program or the continuing competency assessment program through the American College of Nurse Midwives.~~

Contact information for the American College of Nurse Midwives may be obtained from the Montana Board of Nursing office at 301 South Park Avenue, P.O. Box 200513, Helena, MT 59620-0513, telephone (406) 841-2340. Every licensed CNM shall abide by the scope and standards of practice established by a CNM national professional organization as identified by the CNM.

AUTH: 37-1-131, 37-8-202, MCA
IMP: 37-1-131, 37-8-202, 37-8-409, MCA

REASON: It is reasonably necessary to add "and/or collaborative" for consistency among the practice descriptions of APRN specialties. The board is striking the language from (2) as the board will instead maintain the list of board approved certifying bodies on the board's web site.

24.159.1480 CERTIFIED REGISTERED NURSE ANESTHETIST PRACTICE

(1) Nurse Certified registered nurse anesthetist (CRNA) practice is the independent and/or collaborative performance of or the assistance in any act involving the determination, preparation, administration, or monitoring of any drug used in the administration of anesthesia or related services for surgical and other therapeutic procedures ~~which that~~ require the presence of persons educated in the administration of anesthetics.

(2) ~~A nurse anesthetist is authorized to perform procedures delineated in the American Association of Nurse Anesthetists Guidelines for Nurse Anesthesia Practice. Copies of the guidelines may be obtained from the American Association of Nurse Anesthetists, www.aana.com~~ Every licensed CRNA shall abide by the scope and standards of practice established by a CRNA national professional organization as identified by the CRNA.

AUTH: 37-1-131, 37-8-202, MCA
IMP: 37-1-131, 37-8-202, 37-8-409, MCA

24.159.1485 CLINICAL NURSE SPECIALIST PRACTICE (1) Clinical nurse specialist (CNS) practice means the independent and/or collaborative delivery and management of expert level nursing care to individuals or groups, including the ability to:

(a) through (c) remain the same.
(d) implement therapeutic interventions based on the clinical nurse specialist's area(s) of expertise, including, but not limited to:

(i) through (v) remain the same.
(vi) counseling and/or teaching;
(e) through (j) remain the same.

(2) Every licensed CNS shall abide by the scope and standards of practice established by a CNS national professional organization as identified by the CNS.

AUTH: 37-1-131, 37-8-202, MCA
IMP: 37-1-131, 37-8-202, 37-8-409, MCA

REASON: It is reasonably necessary to add "or" to (1) for consistency among the practice descriptions of APRN specialties.

24.159.1490 PSYCHIATRIC-MENTAL HEALTH PRACTITIONER

PRACTICE (1) remains the same.

(a) assessing the mental health status of individuals and families using methods appropriate to the client population and area of practice, including:

(i) and (ii) remain the same.

(iii) assessing developmental health problems;

(b) through (j) remain the same.

(2) Every licensed psychiatric NP and CNS shall abide by the scope and standards of practice established by a national professional organization as identified by the NP or CNS.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, 37-8-409, MCA

5. The proposed new rule provides as follows:

NEW RULE I CONTINUING EDUCATION REQUIREMENTS (1) All

Montana licensed APRNs must complete 40 contact hours of continuing education during each two-year license renewal period. The APRN who practices in a specialty setting must complete the majority of the required contact hours in the area of the individual's specialized certification.

(2) The board may prorate the requirement for continuing education contact hours upon the written request of an APRN who practices in Montana for a period of less than two years.

AUTH: 37-1-131, 37-1-319, 37-8-202, MCA

IMP: 37-1-131, 37-1-141, 37-8-202, MCA

REASON: The board is adopting this new rule to separately set forth the APRN CE requirements and move (4) from ARM 24.159.1427. This rule still requires that APRNs obtain 40 CE hours every two years, but permits greater flexibility in getting the CE and allows prorating the requirement with less than two years of practice.

6. The rules proposed to be repealed are as follows:

24.159.1401 DEFINITIONS found at ARM page 24-16651.

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The board is repealing this rule and adding APRN definitions to ARM 24.159.301, the general definitions rule, for ease of use and to lessen confusion.

24.159.1415 GENERAL REQUIREMENTS FOR LICENSURE found at ARM page 24-16665.

AUTH: 37-8-202, MCA
IMP: 37-8-406, 37-8-416, MCA

REASON: The board is repealing this rule because it applies to RNs not APRNs and the provisions are adequately set forth in ARM 24.159.1222.

24.159.1417 LICENSURE BY EXAMINATION REQUIREMENTS found at ARM page 24-16666.

AUTH: 37-8-202, MCA
IMP: 37-1-131, 37-8-406, 37-8-416, MCA

REASON: It is reasonably necessary to repeal this rule since it was drawn from the RN licensure rules and was incorrectly incorporated as an APRN rule. Initial APRN licensure requirements are set forth at ARM 24.159.1412.

24.159.1426 PREPARATION OF LICENSES found at ARM page 24-16671.

AUTH: 37-1-131, 37-8-202, MCA
IMP: 37-1-101, 37-8-202, 37-8-401, MCA

REASON: The board is repealing this rule because on-line licensing and renewal, in place for several years, precludes board officers from personally signing licenses.

24.159.1442 LICENSEE PROBATION OR REPRIMAND OF A LICENSEE found at ARM page 24-16677.

AUTH: 37-1-136, 37-8-202, MCA
IMP: 37-1-136, 37-1-137, 37-1-316, MCA

REASON: It is reasonable and necessary to repeal this rule as redundant as the disciplinary authority is adequately set forth in 37-1-312 and 37-1-316, MCA.

24.159.1465 SPECIAL LIMITATIONS RELATED TO THE PRESCRIBING OF CONTROLLED SUBSTANCES found at ARM page 24-16689.

AUTH: 37-1-131, 37-8-202, MCA
IMP: 37-8-202, MCA

REASON: The board is repealing this rule to avoid needlessly restating federal law.

7. Concerned persons may present their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to the Board of Nursing, 301 South Park Avenue, P.O. Box 200513,

Helena, Montana 59620-0513, by facsimile to (406) 841-2305, or by e-mail to dlibsdnur@mt.gov, and must be received no later than 5:00 p.m., June 9, 2008.

8. An electronic copy of this Notice of Public Hearing is available through the department and board's site on the World Wide Web at www.nurse.mt.gov. The department strives to make the electronic copy of this Notice conform to the official version of the Notice, as printed in the Montana Administrative Register, but advises all concerned persons that in the event of a discrepancy between the official printed text of the Notice and the electronic version of the Notice, only the official printed text will be considered. In addition, although the department strives to keep its web site accessible at all times, concerned persons should be aware that the web site may be unavailable during some periods, due to system maintenance or technical problems, and that technical difficulties in accessing or posting to the e-mail address do not excuse late submission of comments.

9. The Board of Nursing maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this board. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies the person wishes to receive notices regarding all Board of Nursing administrative rulemaking proceedings or other administrative proceedings. The request must indicate whether e-mail or standard mail is preferred. Such written request may be sent or delivered to the Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, faxed to the office at (406) 841-2305, e-mailed to dlibsdnur@mt.gov, or made by completing a request form at any rules hearing held by the agency.

10. The bill sponsor notice requirements of 2-4-302, MCA, do not apply.

11. Pat Bik, attorney, has been designated to preside over and conduct this hearing.

BOARD OF NURSING
SUSAN RAPH, RN, PRESIDENT

/s/ DARCEE L. MOE
Darcee L. Moe
Alternate Rule Reviewer

/s/ KEITH KELLY
Keith Kelly, Commissioner
DEPARTMENT OF LABOR AND INDUSTRY

Certified to the Secretary of State April 28, 2008