ALTERNATIVE HEALTH CARE RULES

AS OF JUNE 30, 2021

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DEPARTMENT OF LABOR AND INDUSTRY

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Subchapter 1

Organizational Rule

24.111.101 BOARD ORGANIZATION (1) The Board of Alternative Health Care hereby adopts and incorporates by reference the organizational rules of the Department of Labor and Industry as listed in chapter 1 of this title. (History: 37-26-201, 37-27-105, MCA; IMP, 2-4-201, MCA; NEW, 1992 MAR p. 555, Eff. 3/27/92; TRANS, from Commerce, 2001 MAR p. 1642.)

Subchapter 2

Procedural Rules

24.111.201 PROCEDURAL RULES (1) The Board of Alternative Health Care hereby adopts and incorporates by reference the procedural rules of the Department of Labor and Industry as listed in chapter 2 of this title. (History: 37-26-201, 37-27-105, MCA; IMP, 2-4-201, MCA; NEW, 1992 MAR p. 555, Eff. 3/27/92; TRANS, from Commerce, 2001 MAR p. 1642.)

24.111.202 PUBLIC PARTICIPATION (1) The Board of Alternative Health Care hereby adopts and incorporates by reference the public participation rules of the Department of Commerce as listed in chapter 2 of this title. (History: 37-26-201, 37-27-105, MCA; IMP, 2-3-103, MCA; NEW, 1992 MAR p. 555, Eff. 3/27/92; TRANS, from Commerce, 2001 MAR p. 1642.)

Subchapter 3

Definitions

24.111.301 DEFINITIONS (1) "Continuous care" as defined in 37-27-103, MCA, includes at least five prenatal visits spanning two trimesters, the birth, newborn exam, and two postpartum visits.

(2) "Direct supervision" means the physical presence of the licensed supervisor. Direct supervision is required for level I, II and III-A apprentices.

(3) "Grand multiparity" means a woman who is in her sixth or greater full term pregnancy.

(4) "Home birth" means an anticipated or actual birth whereby the woman in labor is advised, attended, and assisted by a licensed direct-entry midwife or a Level III-B apprentice direct-entry midwife.

(5) "Indirect supervision" means the immediate availability of the licensed supervisor by telephone.

(6) "MEAC" means the Midwifery Education Accreditation Council.

(7) "Morbidity" means a pathological condition of the mother and/or baby that presents with symptoms peculiar to what is within normal limits during the prenatal, intrapartum and postpartum periods which requires transfer of care to a physician, transport to a hospital and/or emergency measures. This, or client refusal to refer to transfer care, shall be reported to the board within 72 hours, on a form prescribed by the board.

(8) "NARM" means the North American Registry of Midwives.

(9) "Personal supervision" means either direct or indirect supervision as required for direct-entry midwife apprenticeships.

(10) "Primary birth attendant" means the person responsible for providing primary care to a woman in labor. (History: 37-1-131, 37-27-105, MCA; IMP, 37-1-131, 37-26-304, 37-27-103, 37-27-201, 37-27-205, 37-27-320, MCA; NEW, 1992 MAR p. 2498, Eff. 11/26/92; AMD, 1999 MAR p. 2038, Eff. 9/24/99; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2005 MAR p. 745, Eff. 5/13/05; AMD, 2018 MAR p. 976, Eff. 5/12/18; AMD, 2019 MAR p. 2364, Eff. 12/28/19.)

Subchapter 4

General Provisions

24.111.401 FEES (1) Fees are payable to the Board of Alternative Health Care and are nonrefundable.

(2) The fees are as follows:

(a) naturopath license application	$300
(b) naturopath original license	200
(c) naturopath license renewal	550
(d) naturopath specialty certificate	100
(e) naturopath specialty certificate renewal	25
(f) midwife license application	300
(g) midwife original license	200
(h) midwife license renewal	550
(i) midwife apprentice license application	200
(j) midwife apprentice license renewal	200

(3) Inactive status fees are as follows:

(a) naturopath	275
(b) midwife	275
(c) midwife apprentice	100

(4) The midwife examination fee is set by the examination administrator and is paid by the applicant directly to the examination administrator.

(5) Additional standardized fees are specified in ARM 24.101.403. (History: 37-1-134, 37-26-201, 37-27-105, MCA; IMP, 37-1-134, 37-1-141, 37-26-201, 37-26-403, 37-27-203, 37-27-205, 37-27-210, MCA; NEW, 1992 MAR p. 555, Eff. 3/27/92; AMD, 1992 MAR p. 2498, Eff. 11/26/92; AMD, 1993 MAR p. 1639, Eff. 7/30/93; AMD, 1996 MAR p. 2576, Eff. 10/4/96; AMD, 1999 MAR p. 1121, Eff. 5/21/99; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2001 MAR p. 1644, Eff. 8/24/01; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2007 MAR p. 263, Eff. 2/23/07; AMD, 2009 MAR p. 2257, Eff. 11/26/09; AMD, 2018 MAR p. 976, Eff. 5/12/18.)

24.111.402 MANAGEMENT OF INFECTIOUS WASTE (1) Each naturopathic physician, direct-entry midwife, and direct-entry midwife apprentice licensed by the board shall store, transport off the premises, treat, and dispose of infectious waste, as defined in 75-10-1003, MCA, in accordance with the requirements of Title 75, chapter 10, part 10, MCA, and rules adopted by the Department of Environmental Quality pursuant thereto. (History: 37-26-201, 37-27-105, 75-10-1006, MCA; IMP, 75-10-1006, MCA; NEW, 1995 MAR p. 459, Eff. 3/31/95; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2007 MAR p. 263, Eff. 2/23/07.)

24.111.403 FEE ABATEMENT (1) The Board of Alternative Health Care adopts and incorporates by reference the fee abatement rule of the Department of Labor and Industry found at ARM 24.101.301. (History: 37-1-101, 37-26-201, 37-27-105, MCA; IMP, 17-2-302, 17-2-303, 37-1-134, MCA; NEW, 2006 MAR p. 1881, Eff. 7/28/06.)

Rules 24.111.404 through 24.111.406 reserved

24.111.407 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. (History: 37-1-131, MCA; IMP, 37-1-101, 37-1-131, MCA; NEW, 2007 MAR p. 263, Eff. 2/23/07; AMD, 2008 MAR p. 1033, Eff. 5/23/08; AMD, 2018 MAR p. 976, Eff. 5/12/18; AMD, 2021 MAR p. 556, Eff. 5/15/21.)

24.111.408 APPLICANTS WITH CRIMINAL CONVICTIONS (1) The board incorporates ARM 24.101.406 by reference with no modifications. (History: 37-1-131, MCA; IMP, 37-1-101, 37-1-131, MCA; NEW, 2021 MAR p. 556, Eff. 5/15/21.)

24.111.409 INACTIVE STATUS (1) While on inactive status, a licensee is prohibited from practicing under that license.

(2) To place a license on inactive status, a licensee shall, during the renewal period:

(a) submit a written request to the board;

(b) return the licensee's wall certificate and current license to the board office; and

(c) pay the appropriate inactive status fee.

(3) A licensee on inactive status shall:

(a) renew according to renewal dates specified in ARM 24.101.413;

(b) pay the appropriate inactive status fee; and

(c) meet all other conditions of licensure, except that licensees on inactive status:

(i) are not required to maintain CPR or neonatal resuscitation credentials while on inactive status;

(ii) are exempt from CE requirements; and

(iii) are exempt from reporting requirements pursuant to ARM 24.111.613.

(4) No license may remain on inactive status for more than 26 consecutive months, excluding any time required for board review of a request to return to active status.

(5) Requests to return to active status must include the following:

(a) a completed request on a form prescribed by the department;

(b) verification of the licensee's good standing from every jurisdiction in which the licensee was licensed during the inactive status period;

(c) an official report on the licensee from the National Practitioner Databank;

(d) if the request is not submitted with a renewal application, a license fee equal to the difference between the inactive status fee and the active status fee;

(e) if the request is submitted with a renewal application, the request must also include all requirements and fees required for renewal of an active license; and

(f) any other proof or information as reasonably required by the board.

(6) Department staff may process requests to return to active status without further board review upon proof of the following:

(a) licensee is not subject to legal or disciplinary action in this or any other jurisdiction;

(b) all fees are paid in full;

(c) all CPR and neonatal resuscitation credentials required for licensure are current; and

(d) one year's continuing education requirements are met and verified by certificates. (History: 37-1-131, 37-1-319, 37-26-201, 37-27-105, MCA; IMP, 37-1-131, 37-1-319, MCA; NEW, 2009 MAR p. 2257, Eff. 11/26/09; AMD, 2012 MAR p. 1360, Eff. 7/13/12.)

Rules 24.111.410 and 24.111.411 reserved

24.111.412 MILITARY TRAINING OR EXPERIENCE (1) Pursuant to 37-1-145, MCA, the board shall accept relevant military training, service, or education toward the requirements for licensure as direct-entry midwives and naturopathic physicians.

(2) Relevant military training, service, or education must be completed by an applicant while a member of either:

(a) United States Armed Forces;

(b) United States Reserves;

(c) state national guard; or

(d) military reserves.

(3) An applicant must submit satisfactory evidence of receiving military training, service, or education that is equivalent to relevant licensure requirements for direct-entry midwives and naturopathic physicians. Satisfactory evidence may include:

(a) a copy of the applicant's military discharge document (DD 214 or other discharge documentation);

(b) a document that clearly shows all relevant training, certification, service, or education the applicant received while in the military, including dates of training and completion or graduation; and

(c) any other documentation as required by the board.

(4) The board shall consider all documentation received to determine whether an applicant's military training, service, or education is equivalent to relevant licensure requirements. (History: 37-1-145, MCA; IMP, 37-1-145, MCA; NEW, 2014 MAR p. 2120, Eff. 9/19/14.)

Subchapter 5

Licensing and Scope of Practice - Naturopathic Physicians

24.111.501 MINIMUM NATUROPATHIC MEDICAL EDUCATION STANDARDS (1) The board may approve a naturopathic medical college degree if it is obtained from a naturopathic medical program which meets the following minimum naturopathic medicine educational standards:

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

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

(c) The naturopathic medical college's objective shall be clearly stated and should address the preparation of naturopathic physicians to provide patient care and for licensing by state or provincial authorities. The curriculum shall encompass a minimum of four academic years of a full-time resident program of academic and clinical study of naturopathic medicine.

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

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

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

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

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

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

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

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

(f) The board reserves the right to evaluate individual applications as to their compliance with equivalent naturopathic medical educational standards, on a case-by-case basis, in the sole discretion of the board. (History: 37-26-201, MCA; IMP, 37-26-201, MCA; NEW, 1992 MAR p. 555, Eff. 3/27/92; TRANS, from Commerce, 2001 MAR p. 1642.)

24.111.502 LICENSING BY EXAMINATION (1) Applicants for naturopathic physician licensure by examination shall:

(a) submit a completed application on a form furnished by the department together with the required fees;

(b) submit three letters of reference, at least one of which must be from a licensed naturopathic physician, attesting to the applicant's good moral character;

(c) cause the naturopathic medicine college which conferred an N.D. or N.M.D. degree on the applicant to submit an official transcript of the applicant's naturopathic medicine education directly to the board office;

(d) cause the interstate reporting service of the North American Board of Naturopathic Examiners (NABNE) to submit directly to the board office, evidence of the applicant's passing score on the Naturopathic Physician Licensing Examination (NPLEX) as provided in (2).

(2) Except as provided in (5), applicants for naturopathic physician licensure in Montana must either:

(a) have passed:

(i) all five individual basic science NPLEX examinations (Part I);

(ii) all eight individual clinical science NPLEX examinations (Part II) or passed the said Part II under the compensatory scoring model described in (3), prior to August 1, 2007;

(iii) the homeopathy NPLEX examination prior to February 1, 2008; and

(iv) the minor surgery NPLEX clinical examination; or

(b) have passed:

(i) all five individual basic science NPLEX examinations (Part I);

(ii) the single integrated NPLEX Part II - Core Clinical Science Examination; and

(iii) the minor surgery NPLEX clinical examination; or

(c) have passed:

(i) the single integrated NPLEX Part I - Biomedical Science Examination;

(ii) the single integrated NPLEX Part II - Core Clinical Science Examination; and

(iii) the minor surgery NPLEX clinical examination.

(3) A minimum converted score of 75 is required to pass the Part I - Biomedical Science Examination. A minimum converted score of 75 is required to pass the Part II - Core Clinical Science Examination. A minimum converted score of 75 is required to pass the minor surgery examination. A minimum converted score of 75 is required to pass the homeopathy examination. The converted score is a scaled score and not a percentage. The board will accept the compensatory scoring model for the eight individual clinical science NPLEX examinations under (2)(a)(ii) provided all eight examinations were taken prior to August 1, 2007.

(4) Applicants shall contact NABNE for NPLEX test dates and locations. NABNE may be contacted at 9220 SW Barbur Blvd., Suite 119, #321, Portland, OR 97219-5434, (503) 778-7990, or via the Internet at www.nabne.org.

(5) An applicant seeking licensure under this rule based upon a licensure examination other than the NPLEX shall submit proof satisfactory to the board of the applicant's score on the examination, the score deemed passing by the examination's developer, and the examination's acceptance by a licensing authority in any other state or territory of the United States, the District of Columbia, or a foreign country. Upon receipt, the board will determine whether to prescribe or endorse the proffered examination pursuant to its authority under 37-26-201 and 37-26-402, MCA, based upon the examination's substantial equivalency to the NPLEX examination. (History: 37-1-131, 37-26-201, MCA; IMP, 37-1-131, 37-26-402, 37-26-403, MCA; NEW, 1992 MAR p. 555, Eff. 3/27/92; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2003 MAR p. 2873, Eff. 12/25/03; AMD, 2008 MAR p. 1033, Eff. 5/23/08.)

24.111.503 LICENSING OF APPLICANTS BY ENDORSEMENT (1) A license to practice as a naturopathic physician in the state of Montana may be issued without examination to an applicant:

(a) who has submitted a completed application and correct fee;

(b) who graduated and holds a degree/diploma from an approved naturopathic medical college that prepares candidates for licensure as a naturopathic physician, provided that such program, at the time of the candidate's graduation, is equivalent to or exceeds the minimum naturopathic medical educational standards required by the board's laws and rules;

(c) who holds a current unencumbered license to practice as a naturopathic physician in another state or jurisdiction;

(d) who is of good moral character as evidenced by three letters of reference at least one of which must be from a licensed naturopathic physician; and

(e) who has passed a naturopathic physician licensure examination in another state or jurisdiction meeting or exceeding the requirements of ARM 24.111.502(2) and (3) or (5).

(2) It is the applicant's responsibility to cause the licensing authority of the state or jurisdiction from which the applicant is endorsing to send official verification of licensure directly to the board.

(3) It is the applicant's responsibility to cause the naturopathic medical college that conferred the applicant's N.D. or N.M.D. degree to send an official transcript of the applicant's naturopathic medical education directly to the board.

(4) It is the applicant's responsibility to cause verification of passing scores on the NPLEX or other licensing examination used to qualify for initial licensure in another state or jurisdiction, to be reported directly to the board by the official score reporting service utilized by the examination owner. (History: 37-1-131, 37-26-201, MCA; IMP, 37-1-131, 37-1-304, MCA; NEW, 1992 MAR p. 555, Eff. 3/27/92; AMD, 1996 MAR p. 2576, Eff. 10/4/96; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2008 MAR p. 1033, Eff. 5/23/08.)

Rules 24.111.504 through 24.111.509 reserved

24.111.510 CERTIFICATION FOR SPECIALTY PRACTICE OF NATUROPATHIC CHILDBIRTH ATTENDANCE (1) A naturopathic physician licensed in Montana, or an applicant for a Montana naturopathic physician license, who wishes to practice natural childbirth must apply to and receive from the board, a certificate of specialty practice in naturopathic childbirth attendance. To receive and maintain a certificate, the applicant must fulfill the following requirements:

(a) submit an application for the specialty certificate on a form furnished by the board together with the correct fee;

(b) provide an official transcript from an approved naturopathic medical college or hospital or a signed supervisor document showing completion of at least 100 clock hours (where 12 clock hours equal one quarter credit or equivalent semester credit) of academic coursework, internship, or preceptorship in obstetrics at an approved naturopathic medical college or hospital;

(c) provide a signed log of natural childbirths which contains:

(i) each baby's name;

(ii) date of birth;

(iii) county and state of birth;

(iv) name and natural childbirth credentials of supervising physician; and

(v) name of the primary birth attendant showing that the following experience was obtained under the direct supervision of a licensed naturopathic, medical, or osteopathic physician with specialty training in obstetrics and/or natural childbirth:

(A) the applicant has taken part in the care of 50 women in both the prenatal and postnatal periods; and

(B) the applicant has observed and assisted with the intrapartum care and delivery in 50 natural childbirths in a hospital or alternative birth setting, including 25 births that document the applicant as the primary birth attendant. Of the 25 births for which the applicant was the primary birth attendant, three of the births must have occurred within the two years immediately preceding the submission of the application and in at least one of those three births, the applicant must have provided continuous care.

(d) provide proof of having passed a specialty examination in obstetrics approved by the board, or the American College of Naturopathic Obstetrics' (ACNO) obstetrics specialty examination, or the Naturopathic Physician Licensing Examination's (NPLEX) obstetrics specialty examination. (History: 37-26-201, MCA; IMP, 37-26-201, 37-26-304, MCA; NEW, 1992 MAR p. 555, Eff. 3/27/92; AMD, 1994 MAR p. 386, Eff. 2/25/94; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2007 MAR p. 263, Eff. 2/23/07; AMD, 2019 MAR p. 2364, Eff. 12/28/19.)

24.111.511 NATUROPATHIC PHYSICIAN NATURAL SUBSTANCE FORMULARY LIST (1) Naturopathic physicians may prescribe and administer for preventive and therapeutic purposes the drugs listed in this natural substance formulary list as provided for in 37-26-301, MCA.

(2) Naturopathic physicians may prescribe and administer all amino acids and amino acid combinations. The following are examples:

(a) alanine;
(b) arginine;
(c) aspartic acid;
(d) cystine;
(e) glutamic acid;
(f) glycine;
(g) histidine;
(h) hydroxyproline;
(i) isoleucine;
(j) leucine;
(k) levocarnitine;
(l) lysine;
(m) methionine;
(n) N-acetyl cysteine;
(o) phenylalanine;
(p) proline;
(q) serine;
(r) threonine;
(s) tryptophan; and
(t) valine.

(3) Naturopathic physicians may prescribe and administer antimicrobials. Naturally derived examples are:

(a) antifungal agents:
(i) fluconazole;
(ii) gentian violet;
(iii) griseofulvin;
(iv) itraconazole;
(v) ketoconazole for topical use;
(vi) metronidazole;
(vii) nystatin; and
(viii) terninafine;

(b) cephalosporin derivatives:
(i) cefaclor;
(ii) cefadroxil;
(iii) cefdinir;
(iv) cefixime;
(v) cefpodoxime;
(vi) cefprozil;
(vii) ceftibuten;
(viii) ceftriaxone;
(ix) cephradine; and
(x) loracarbef;
(c) erythromycin and its salts:
(i) azithromycin;
(ii) clarithromycin; and
(iii) nitromide;
(d) penicillins:
(i) amoxicillin;
(ii) amoxicillin clavulanate;
(iii) ampicillin;
(iv) cloxacillin;
(v) dicloxacillin;
(vi) penicillin G; and
(vii) penicillin VK;
(e) tetracyclines:
(i) doxycycline;
(ii) minocycline; and
(iii) oxytetracycline;
(f) nitrofuran derivatives:
(i) nitrofurantoin;
(g) sulfonamide derivatives:
(i) sulfamethoxazole; and
(ii) trimethoprim/sulfamethoxazole;
(h) quinolones:
(i) ciprofloxacin; and
(ii) levaquin.

(4) Naturopathic physicians may prescribe and administer barrier contraceptives.

(5) Naturopathic physicians may prescribe and administer all botanical extracts and their derivatives -- prescription and nonprescription substances -- as exemplified in traditional botanical and herbal pharmacopeia. These are to be used at accepted therapeutic dosages, which means a dose which by its actions on organs does not impair function or destroy human life. The following are examples:

(a) belladonna;
(i) atropine, atropine sulfate;
(b) carnivora;
(c) cineraria maritima;
(d) codeine salts;
(e) colchicine;
(f) ephedra:
(i) ephedrine; and
(ii) pseudoephedrine;
(g) ergot:
(i) ergonovine;
(ii) ergotamine tartrate; and
(iii) methylergonovine;
(h) glycerrhiza (licorice);
(i) hydrocodone;
(j) hyoscamus:
(i) hyoscyamine sulfate;
(ii) hyoscyamine; and
(iii) scopolamine;
(k) morphine;
(l) nicotine preparations;
(m) oxycodone;
(n) paregoric;
(o) pilocarpine;
(i) physostigmine;
(p) quinine;
(q) rauwolfia serpentina;
(r) salicylate salts;
(s) sarapin;
(t) theophylline;
(u) thiosinimum;
(v) tramadol;
(w) viscum album:
(i) iscador; and
(ii) iscucin; and
(x) yohimbine HCL.

(6) Naturopathic physicians may prescribe and administer electrolytes and fluid replacement. The following are examples:

(a) dextrose solutions;

(b) lactated Ringer's solution;

(c) Ringer's solution;

(d) saline solutions; and

(e) sterile water for injection.

(7) Naturopathic physicians may prescribe and administer expectorants and mucolytics. The following are examples:

(a) acetyl cysteine;

(b) guaiacol;

(c) iodinated glycerol; and

(d) potassium iodide.

(8) Naturopathic physicians may prescribe and administer enzyme, digestive, and proteolytic preparations. The following are examples:

(a) amylase;

(b) chymotrypsin;

(c) hyaluronidase;

(d) lipase;

(e) pancreatin;

(f) pancrelipase;

(g) papain;

(h) secretin; and

(i) trypsin.

(9) Naturopathic physicians may prescribe and administer homeopathic preparations - all prescription and nonprescription remedies.

(10) Naturopathic physicians may prescribe and administer hormones. The following are examples:

(a) adrenal:

(i) adrenal cortical extract;

(ii) cortisol;

(iii) cortisone;

(iv) DHEA;

(v) epinephrine;

(vi) pregnenolone; and

(vii) prednisone;

(b) calcitonin;

(c) glucogon;

(d) gonadal:
(i) estrogens:
(A) conjugated estrogens;
(B) estradiol;
(C) estriol;
(D) estrone;
(E) estropipate;
(F) ethynyl estradiol;
(G) mestranol; and
(H) quinestrol;
(ii) progesterones:
(A) medroxyprogesterone acetate;
(B) norenthindrone and salts;
(C) progesterones; and
(D) progestogens; and
(iii) testosterone and its salts;
(e) insulin;
(f) pituitary hormones:
(i) ACTH;
(g) thymus; and
(h) thyroid USP:
(i) levothyroxine; and
(ii) liothyronine;
(i) thyroglobulin USP.

(11) Naturopathic physicians may prescribe and administer liver preparations. The following is an example:

(a) trinsicon.

(12) Naturopathic physicians may prescribe and administer all prescription and nonprescription minerals, trace metals and their derivatives. The following are examples:

(a) boron;
(b) calcium compounds;
(c) calciumedetate sodium;
(d) copper compounds;
(e) fluoride compounds;
(f) iodine:
(i) potassium iodide; and
(ii) niacinamide hydroiodide;
(g) iron salts;
(h) magnesium compounds;
(i) potassium compounds;
(j) silver nitrate; and
(k) trace mineral compounds:
(i) chromium;
(ii) selenium;
(iii) molybdenum;
(iv) vanadium; and
(v) zinc compounds.

(13) Naturopathic physicians may prescribe and dispense the following miscellaneous drugs:

(a) albuterol;

(b) anticoagulants:

(i) heparin; and

(ii) warfarin;

(c) bile salts and acids:

(i) chenodiol;

(ii) cholic acid;

(iii) chenodeoxycholic acid;

(iv) dehydrocholic acid;

(v) ursodeoxycholic acid; and

(vi) ursodiol;

(d) biological agents:

(i) urea; and

(ii) bee venom;

(e) botox cosmetic;

(f) digestive aids:

(i) betaine HCL; and

(ii) glutamic HCL agents;

(g) DMSO, DMSA, DMPS;

(h) juvederm;

(i) lisinopril;

(j) metformin;

(k) misoprostol;

(l) oxygen;

(m) pyridium and pyridium plus;

(n) salicylic acid; and

(o) vaccines.

(14) Naturopathic physicians may prescribe and administer vitamins, including all prescription and nonprescription vitamin preparations and their derivatives. The following are examples:

(a) ascorbic acid (vitamin C);

(b) biotin;

(c) cyanocobalamin (vitamin B_{12}):

(i) hydroxocobalamin, including intrinsic factor;

(d) folic acid;

(e) niacin (vitamin B_3);

(f) pantothenic acid (vitamin B_5):

(i) dexpanthenol;

(g) phosphatidylcholine;

(h) pyridoxine (vitamin B_6);

(i) riboflavin (vitamin B_2);

(j) thiamin (vitamin B_1);

(k) vitamin A:

(i) betacarotene and derivatives;

(l) vitamin D:
(i) calcitrol;
(ii) cacifediol;
(iii) dovonex; and
(iv) ergocalciferol;
(m) vitamin E; and
(n) vitamin K:
(i) menadiol.

(15) Naturopathic physicians may prescribe and administer childbirth preparations. The following are examples:
(a) methergine;
(b) pitocin - IM injection;
(c) Rh immune globulin; and
(d) triple dye.

(16) Naturopathic physicians may prescribe and administer topical medicines. The following are examples:
(a) debridement/escharotic agents:
(i) podophyllum resin;
(ii) podofilox 0.5 percent solution;
(iii) urea cream 40 percent; and
(iv) trichloralacitate (TCA);
(b) miscellaneous topical agents:
(i) selenium sulfide; and
(ii) hydrocortisone;
(c) salicylic acid;
(d) scabicides and pediculoses - lindane, permethrin or whichever agent is the current recommended treatment for these infections;
(e) topical antibiotics:
(i) silver sulfadiazine cream; and
(ii) mupirocin;
(f) topical and local anesthetics:
(i) ethyl chloride spray;
(ii) fluro-ethyl spray;
(iii) fluro-methane spray;
(iv) lidocaine HCL; and
(v) procaine HCL.

(17) The licensed pharmacist member of the formulary committee formed pursuant to 37-26-301, MCA, shall serve on the committee for a four-year term unless the pharmacist resigns, or is replaced by vote of the board. (History: 37-1-131, 37-26-201, MCA; IMP, 37-1-131, 37-26-301, MCA; NEW, 1998 MAR p. 529, Eff. 2/27/98; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2005 MAR p. 745, Eff. 5/13/05; AMD, 2008 MAR p. 1033, Eff. 5/23/08; AMD, 2012 MAR p. 1360, Eff. 7/13/12; AMD, 2014 MAR p. 2120, Eff. 9/19/14; AMD, 2018 MAR p. 976, Eff. 5/12/18.)

24.111.512 NATUROPATHIC SCOPE OF PRACTICE (1) The board finds that the provisions of 37-26-301, MCA, and ARM 24.111.511 define the scope of practice for naturopathic physicians in Montana. (History: 37-1-131, 37-26-201, MCA; IMP, 37-26-201, MCA; NEW, 2003 MAR p. 2873, Eff. 12/25/03.)

Subchapter 6

Licensing and Scope of Practice - Direct-Entry Midwifery

24.111.601 MINIMUM DIRECT-ENTRY MIDWIFE EDUCATION STANDARDS (1) The board may approve a direct-entry midwife program or course of study which shall include instruction in a core program which requires each student to demonstrate competence in each of the following substantive content areas:

(a) antepartum care, including:

(i) preconceptional factors likely to influence pregnancy outcome;

(ii) basic genetics, embryology and fetal development;

(iii) anatomy and assessment of the soft and bony structure of the pelvis;

(iv) identification and assessment of the normal changes of pregnancy, fetal growth and position;

(v) nutritional requirements for pregnant women and methods of nutritional assessment and counseling;

(vi) environmental and occupational hazards for pregnant women;

(vii) education and counseling to promote health throughout the childbearing cycle;

(viii) methods of diagnosing pregnancy;

(ix) the etiology, treatment and referral, when indicated, of the common discomforts of pregnancy;

(x) assessment of physical and emotional status, including relevant historical and psychosocial data;

(xi) counseling for individual birth experiences, parenthood and changes in the family;

(xii) indications for, risks and benefits of screening/diagnostic tests used during pregnancy;

(xiii) etiology, assessment of, treatment for and appropriate referral for abnormalities of pregnancy;

(xiv) identification of, implications of and appropriate treatment for various STD/vaginal infections during pregnancy;

(xv) special needs of the Rh negative woman; and

(xvi) identification and care of women who are HIV positive, have hepatitis or other communicable and noncommunicable diseases.

(b) intrapartum care, including:

(i) normal labor and birth processes;

(ii) anatomy of the fetal skull and its critical landmarks;

(iii) parameters and methods for assessing maternal and fetal status, including relevant historical data;

(iv) emotional changes and support during labor and delivery;

(v) comfort and support measures during labor, birth, and immediately postpartum;

(vi) techniques to facilitate the spontaneous vaginal delivery of the baby and placenta;

(vii) etiology, assessment of, appropriate referral or transport of and/or emergency measures (when indicated) for the mother or newborn for abnormalities of the four stages of labor;

(viii) anatomy, physiology, and supporting normal adaptation of the newborn to extrauterine life;

(ix) familiarity with medical interventions and technologies used during labor and birth; and

(x) assessment and care of the perineum and surrounding tissues, including suturing necessary for perineal repair.

(c) postpartum care, including:

(i) anatomy and physiology of the postpartum period;

(ii) anatomy and physiology and support of lactation, and appropriate breast care and assessment;

(iii) parameters and methods for assessing and promoting postpartum recovery;

(iv) etiology and methods for managing the discomforts of the postpartum period;

(v) emotional, psychosocial and sexual changes which may occur postpartum;

(vi) nutritional requirement for women during the postpartum period;

(vii) etiology, assessment of, treatment for and appropriate referral for abnormalities of the postpartum period;

(viii) methods to assess the success of the breastfeeding relationship and identify lactation problems, and mechanisms for making appropriate referrals;

(ix) suturing necessary for episiotomy repair;

(x) dispensing and administering pitocin (intramuscular) postpartum; and

(xi) dispensing and administering xylocaine (subcutaneous).

(d) neonatal care, including:

(i) anatomy and physiology of the newborn's adaptation and stabilization in the first hours and days of life;

(ii) parameters and methods for assessing newborn status, including relevant historical data at gestational age;

(iii) nutritional needs of the newborn;

(iv) ARM and MCA standards for an administration of prophylactic treatments commonly used during the neonatal period;

(v) ARM and MCA standards for indications, risks and benefits of, and method of performing common screening tests for the newborn; and

(vi) etiology, assessment of (including screening and diagnostic tests), emergency measures and appropriate transport/referral or treatments for neonatal abnormalities.

(e) health and social sciences, including:

(i) communication, counseling and teaching techniques, including the areas of client education and interprofessional collaboration;

(ii) human anatomy and physiology relevant to human reproduction;

(iii) ARM and MCA standards of care, including midwifery and medical standards for women during the childbearing cycle;

(iv) interprofessional communication and collaboration with community health and social resources for women and children;

(v) significance of and methods for thorough documentation of client care through the childbearing cycle;

(vi) informed decision making;

(vii) health education, health promotion, and self care;

(viii) the principles of clean and aseptic techniques, and universal precautions;

(ix) psychosocial, emotional and physical components of human sexuality, including indications of common problems and method of counseling;

(x) ethical considerations relevant to reproductive health;

(xi) epidemiologic concepts and terms relevant to perinatal and women's health;

(xii) the principles of how to access and evaluate current research relevant to midwifery practice;

(xiii) family centered care, including maternal, infant and family bonding;

(xiv) identification of an appropriate referral of disease in women and their families; and,

(xv) the importance of accessibility, quality health care for all women that includes continuity of care, and special requirements for home births.

(2) The applicant shall submit certificates of completion or certified transcripts sent directly from the institution, as verification the education is equivalent to or exceeds the minimum direct-entry midwife educational standards required by the board's laws and rules.

(3) The applicant shall submit course and program descriptions, from the time of applicant's graduation or completion, found in pertinent institution catalogs and brochures, to verify the training received fulfills minimum direct-entry midwife educational standards.

(4) The board reserves the right to evaluate individual applications as to their compliance with equivalent direct-entry midwife educational standards, on a case-by-case basis, in the sole discretion of the board. (History: 37-27-105, MCA; IMP, 37-27-201, MCA; NEW, 1992 MAR p. 2722, Eff. 12/25/92; TRANS, from Commerce, 2001 MAR p. 1642.)

24.111.602 DIRECT-ENTRY MIDWIFE APPRENTICESHIP REQUIREMENTS (1) The terms "direct supervision", "indirect supervision", and "personal supervision" used herein are defined in ARM 24.111.301.

(2) The direct-entry midwife apprenticeship license program shall be that instructional period composed of practical experience time obtained under the personal supervision of a supervisor approved by the board.

(3) Applicants for a direct-entry midwife apprenticeship license shall submit a completed application with the proper fee, a current CPR card indicating certification to perform adult and infant cardiopulmonary resuscitation, a supervision agreement, and a curriculum outline or method of academic learning that meets the board's educational rule requirements for licensure. A supervision agreement shall include:

(a) name of supervisor who shall be a licensed direct-entry midwife, a certified nurse midwife, a licensed naturopathic physician who is certified for the specialty practice of childbirth attendance or a physician licensed under Title 37, chapter 3, MCA;

(b) agreement of parties that supervision shall be provided which is consistent with these rules; and

(c) agreement of supervisor to supervise no more than four direct-entry midwife apprentices at the same time.

(4) A Level I direct-entry midwife apprenticeship is served under the direct supervision of the licensed supervisor, with a focus on prenatal care. To complete Level I, the direct-entry midwife apprentice shall:

(a) observe 40 births;

(b) provide 20 prenatal examinations;

(c) complete Level I skills checklist; and

(d) submit a positive evaluation of skills and educational progress form and written verification by supervisor of completion of Level I.

(5) A Level II direct-entry midwife apprenticeship is served under the direct supervision of the licensed supervisor, with a focus on birth, postpartum, and newborn care. To complete Level II, the direct-entry midwife apprentice shall:

(a) attend ten births as primary birth attendant. Five of the ten births, as primary birth attendant in Level II, must be supervised by a licensed direct-entry midwife. The births must be verified by:

(i) signed birth certificates;

(ii) signed affidavits from the birthing mothers; or

(iii) documented records from the person who supervised the births to include prenatal records, birth records, and postpartum records;

(b) provide 40 prenatal examinations;

(c) submit prenatal protocols;

(d) complete Level II skills checklist;

(e) submit a positive evaluation of skills and educational progress form and written verification by supervisor of completion of Level II; and

(f) obtain approval from the board to proceed to Level III.

(6) A Level III direct-entry midwife apprenticeship is served as either Level III-A or III-B, as defined below. The focus of Level III shall be continuous prenatal, perinatal, and postnatal care. To complete Level III, the direct-entry midwife apprentice shall:

(a) complete 15 continuous-care births as the primary attendant:

(i) Eight of the 15 continuous-care births in Level III must be supervised by a Montana-licensed direct-entry midwife. The births must be verified by:

(A) signed birth certificates;

(B) signed affidavits from the birthing mothers; or

(C) documented records from the person who supervised the births to include prenatal records, birth records, and postpartum records;

(ii) Five of the 15 continuous-care births must include prenatal exams, one of which must have been performed before the beginning of the 28th week of gestation, as determined by last menstrual period or sonogram, and include one postpartum exam;

(iii) Ten of the 15 continuous-care births must have been performed under the personal supervision of a qualified supervisor;

(iv) At least one of the 15 continuous-care births must include a postpartum exam;

(b) provide 40 prenatal examinations;

(c) submit protocols for birth, postpartum, and newborn care;

(d) complete Level III skills checklist; and

(e) submit a positive evaluation of skills and educational progress form and written verification by supervisor of completion of Level III.

(7) Level III-A and Level III-B direct-entry midwife apprentices are distinguished as follows:

(a) A Level III-A direct-entry midwife apprentice shall require direct supervision by the licensed supervisor;

(b) A Level III-B direct-entry midwife apprentice shall require indirect supervision by the licensed supervisor when, in the professional judgment of the supervisor, with concurrence of the board, the Level III-B apprentice is capable of safely and competently performing midwifery services under indirect supervision after the following requirements have been met:

(i) verification of completion of ten directly supervised continuous-care births which include five prenatal exams, one of which must have been performed before the beginning of the 28th week of gestation, as determined by last menstrual period or sonogram, and include one postpartum exam;

(ii) verification of completion of at least 75 percent of educational/academic requirements for full licensure; and

(iii) a formal outline of the method of indirect supervision communication shall be submitted in writing to the board for approval, which shall include supervisor chart review and telephone contact supervision.

(8) Direct-entry midwife apprenticeship applicants who have at the time of application, through an apprenticeship or other supervisory setting, participated as the primary birth attendant at 25 births, 15 of which included continuous care, may enter directly into direct-entry midwife apprenticeship license Level III-B. To complete Level III-B, at least eight continuous-care births must be supervised by a Montana-licensed direct-entry midwife.

(a) The 25 births and 15 continuous-care births shall be evidenced by:

(i) the signed birth certificate as primary birth attendant;

(ii) an affidavit from the birth mother; or

(iii) documented records from the person who supervised the births to include prenatal records, birth records, and postpartum records.

(b) Documentation of each of the 15 continuous care births as defined in 37-27-103, MCA, must include at least five prenatal exams, one of which must have been performed before the beginning of the 28th week of gestation, as determined by last menstrual period or sonogram, and include one postpartum exam. Ten of the 15 continuous care births must have been performed under the direct supervision of a qualified supervisor.

(9) To be approved by the board as a supervisor of a direct-entry midwife apprentice, each supervisor applicant must submit an application on a form provided by the department and shall:

(a) hold a current, unencumbered Montana license as a direct-entry midwife, a certified nurse midwife, a licensed naturopathic physician who is certified for the specialty practice of naturopathic childbirth attendance, or a physician as defined in 37-3-102, MCA:

(i) A licensed direct-entry midwife who has not completed 20 postlicensure continuous care births may only supervise Level I apprentices;

(ii) A licensed direct-entry midwife who has completed 20 postlicensure continuous-care births as primary attendant may apply to supervise Level II and III apprentices;

(b) review and sign all documents required by the board under the direct-entry midwife apprenticeship program;

(c) supervise no more than four direct-entry midwife apprentices at the same time;

(d) notify the board in writing of any change in the supervisory relationship, including advancement from direct to indirect supervision, termination of the supervisory relationship, or any other relevant changes, and submit supervision change notification to the board so that it is received on or before the day that supervised tasks are performed in order for them to count toward licensure requirements; and

(e) be directly responsible for all activities undertaken by the apprentice(s) under their supervision agreement.

(10) Violation of the board statutes or rules may result in license discipline action against the direct-entry midwife apprentice, or supervisor, or both. (History: 37-1-131, 37-27-105, MCA; IMP, 37-1-131, 37-27-105, 37-27-201, 37-27-205, 37-27-321, MCA; NEW, 1992 MAR p. 2498, Eff. 11/26/92; AMD, 1993 MAR p. 1639, Eff. 7/30/93; AMD, 1996 MAR p. 2576, Eff. 10/4/96; AMD, 2000 MAR p. 456, Eff. 2/11/00; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2003 MAR p. 2873, Eff. 12/25/03; AMD, 2005 MAR p. 745, Eff. 5/13/05; AMD, 2007 MAR p. 263, Eff. 2/23/07; AMD, 2008 MAR p. 1033, Eff. 5/23/08; AMD, 2012 MAR p. 1634, Eff. 7/13/12; AMD, 2018 MAR p. 976, Eff. 5/12/18.)

24.111.603 DIRECT-ENTRY MIDWIFE PROTOCOL STANDARD LIST REQUIRED FOR APPLICATION (1) The antepartum protocol standards include, but are not limited to, the following:

(a) abruptio placenta (suspected);
(b) anemia;
(c) bleeding, first, second and third trimesters;
(d) breech presentation;
(e) candidiasis;
(f) care schedule;
(g) date/size discrepancy;
(h) ectopic pregnancy;
(i) fetal demise first, second, third trimester;
(j) genetic counsel;
(k) glycosuria/glucose screen;
(l) group beta strep;
(m) Hepatitis B;
(n) HIV;
(o) human papilloma virus (HPV);
(p) hyperemesis gravidarum;
(q) internal pelvic examination;
(r) intrauterine growth retardation;
(s) minor pregnancy discomfort (heartburn, constipation, insomnia, etc.);
(t) placenta previa (suspected);
(u) polyhydramnios;
(v) post dates pregnancy;
(w) pregnancy induced hypertension (mild, severe);
(x) proteinuria;
(y) Rh negative;
(z) sexually transmitted diseases (chlamydia, herpes, bacterial vaginosis, gonorrhea, trichomosis, etc.);

(aa) transfer of care/termination of midwife-parent relationship;
(ab) twins (diagnosis of);
(ac) ultrasound (indications for);
(ad) urinary tract infection;
(ae) vaginal birth after cesarean.

(2) The intrapartum protocol standards include, but are not limited to, the following:

(a) amnionitis/chorioamnionitis;
(b) bleeding in labor;
(c) care schedule;
(d) edematous cervical lip;
(e) emergency breech delivery;
(f) emergency twin delivery;
(g) face presentation;
(h) fetal distress;
(i) fetal heart rate evaluation;
(j) indications for transfer of care;
(k) meconium staining;
(l) nuchal cord;
(m) oxygen in labor;
(n) perineal support;
(o) placenta abruptio;
(p) posterior fetal presentation;
(q) premature labor;
(r) prolonged rupture of membranes;
(s) prolapsed cord;
(t) shoulder dystocia;
(u) stillbirth;
(v) vaginal birth after cesarean.

(3) The postpartum protocol standards include, but are not limited to, the following:

(a) assessment of placenta;
(b) breast care;
(c) care schedule;
(d) delivery of placenta;
(e) depression;
(f) hematoma;
(g) hemorrhage;
(h) hemorrhoids;

(i) perineal second degree laceration or episiotomy repair (suture);
(j) preparation of mother for transport;
(k) retained placenta (manual removal);
(l) Rh negative mom;
(m) shock;
(n) subinvolution;
(o) uterine infection;
(p) uterine inversion.

(4) The newborn protocol standards include, but are not limited to, the following:

(a) care schedule (postpartum visits);
(b) eye prophylaxis;
(c) hypoglycemia (suspected);
(d) hypothermia;
(e) infection (suspected sepsis);
(f) evaluation of jaundice;
(g) neonatal resuscitation;
(h) newborn examination to include gestational age determination and assessment of minor anomalies;
(i) newborn metabolic screening;
(j) newborn critical congenital heart disease screening using pulse oximetry;
(k) normal newborn transition to include maintenance of body temperature, cardiopulmonary function;
(l) normal infant feeding patterns;
(m) polycythemia (suspected);
(n) preparation of infant for transport;
(o) problems of large- and small-for-gestational-age infants;
(p) respiratory distress;
(q) umbilical cord care;
(r) vitamin K administration. (History: 37-1-131, 37-27-105, MCA; IMP, 37-1-131, 37-27-201, MCA; NEW, 1999 MAR p. 2038, Eff. 9/24/99; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2001 MAR p. 1644, Eff. 8/24/01; AMD, 2018 MAR p. 976, Eff. 5/12/18.)

24.111.604 LICENSING BY EXAMINATION (1) Applicants for direct-entry midwifery licensure by examination shall submit a completed application with the proper fees and supporting documents to the board office. Applications for licensure by examination shall expire one year from the date of receipt of the application. An applicant who, for any reason, fails or neglects to take the examination within the year shall be required to file another application and submit another application fee. Supporting documents shall include:

(a) written documentation of good moral character consisting of three letters of reference, at least one of which must be from a licensed direct-entry midwife; and

(b) any other documents, affidavits, and certificates required by 37-27-201 or 37-27-203, MCA, whichever is applicable, and board rules.

(2) All applicants shall take the North American Registry of Midwives (NARM) examination as endorsed by the board, or any other examination to be prescribed or endorsed by the board, and have their scores reported to the board office by the proper NARM interstate reporting service, or its equivalent. All applicants for NARM examination shall:

(a) sit for the NARM examination only when administered by the board, at its designated Montana site, or when administered by proper NARM officials in conjunction with the annual Midwives Alliance of North America (MANA) national meeting;

(b) achieve a scaled score of 75.

(3) Applicants who fail the licensing examination twice shall in addition to being retested, file in advance with the board a plan regarding arrangements for securing further professional training and experience. (History: 37-27-105, MCA; IMP, 37-27-201, 37-27-202, 37-27-203, MCA; NEW, 1992 MAR p. 2048, Eff. 9/11/92; AMD, 1993 MAR p. 1639, Eff. 7/30/93; AMD, 1998 MAR p. 529, Eff. 2/27/98; AMD, 1999 MAR p. 2038, Eff. 9/24/99; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2007 MAR p. 263, Eff. 2/23/07; AMD, 2008 MAR p. 1033, Eff. 5/23/08; AMD, 2018 MAR p. 976, Eff. 5/12/18.)

24.111.605 LICENSURE OF OUT-OF-STATE APPLICANTS (1) A license to practice as a direct-entry midwife in the state of Montana may be issued at the discretion of the board provided the applicant completes and files with the board an application for licensure and the required application fee. The candidate must meet the following requirements:

(a) The candidate holds a current, valid, and unrestricted license to practice as a direct-entry midwife in another state or jurisdiction that has current standards substantially equivalent to or greater than current standards in this state as established in 37-27-201 or 37-27-203, MCA, and the administrative rules.

(i) Official written verification of such licensure status must be received by the board directly from the other state(s) or jurisdiction(s).

(ii) The candidate must supply a copy of the current laws and rules from the state of licensure. (History: 37-1-131, 37-27-105, MCA; IMP, 37-1-304, 37-27-201, 37-27-202, 37-27-203, MCA; NEW, 1996 MAR p. 2576, Eff. 10/4/96; AMD, 1998 MAR p. 921, Eff. 4/17/98; AMD, 1999 MAR p. 2038, Eff. 9/24/99; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2001 MAR p. 1644, Eff. 8/24/01; AMD, 2018 MAR p. 976, Eff. 5/12/18; AMD, 2019 MAR p. 2364, Eff. 12/28/19.)

24.111.606 MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS FOR DIRECT-ENTRY MIDWIFE APPLICANTS AFTER JANUARY 1, 2020 (1) An applicant must be a NARM Certified Professional Midwife, demonstrated by:

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

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

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

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

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

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

(a) observation of ten births; and

(b) participation as the primary birth attendant at five continuous care births, shown by the signed birth certificate as primary birth attendant, an affidavit from the birth mother; or documented records from the person who supervised the births to include prenatal records, birth records, and postpartum records. (History: 37-27-105, MCA; IMP, 37-27-105, 37-27-201, 37-27-202, MCA; NEW, 2019 MAR p. 2364, Eff. 12/28/19.)

24.111.607 DIRECT-ENTRY MIDWIFE APPRENTICESHIP REQUIREMENTS AFTER JANUARY 1, 2020 (1) Applicants who are acquiring practical experience shall apply for an apprentice license.

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

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

(a) Apprenticeship supervisors must be registered with NARM as preceptors. (History: 37-27-105, MCA; IMP, 37-27-105, 37-27-201, 37-27-205, MCA; NEW, 2019 MAR p. 2364, Eff. 12/28/19.)

Rule 24.111.608 reserved

24.111.609 ADDITIONAL RECOMMENDED SCREENING PROCEDURES

(1) Consistent with generally accepted standards of practice and conduct, direct-entry midwives and direct-entry midwife apprentices shall recommend to their clients that the following tests, in addition to those in 37-27-312, MCA, be secured from an appropriate health care provider:

(a) a recommendation that mothers:

(i) be screened prenatally for Hepatitis C;

(ii) be screened prenatally for group "B" Beta Strep; and

(iii) obtain a prenatal Pap smear; and

(b) a recommendation that infants:

(i) be screened for bilirubin within 72 hours after birth;

(ii) have expanded newborn metabolic tests within 72 hours after birth; and

(iii) have a newborn hearing screening within one month after birth.

(2) When the above recommendations are required to be made to clients of Level I, II, or III-A apprentices or to clients of Level III-B apprentices who are not approved by the board for indirect supervision, such recommendations shall be made by the apprentice's supervisor. If the supervisor is a physician or nurse-midwife who is not subject to the board's jurisdiction, the recommendation shall be made by the apprentice.

(3) Level III-B apprentices approved by the board for indirect supervision shall always make the recommendations required by this rule to clients of the Level III-B apprentice.

(4) Documentation of compliance with this rule shall be maintained in the client record. (History: 37-1-131, 37-27-105, MCA; IMP, 37-27-102, 37-27-105, 37-27-312, MCA; NEW, 2007 MAR p. 263, Eff. 2/23/07.)

24.111.610 HIGH RISK PREGNANCY: CONDITIONS REQUIRING PRIMARY CARE BY A PHYSICIAN (1) If the following conditions are present, the licensed direct-entry midwife shall not accept the woman as a client:

(a) chronic medical problems:

(i) cardiac disease (Class II or greater);

(ii) diabetes mellitus (Class II or greater);

(iii) essential hypertension (greater than 140/90 Hg, not controlled by medication);

(iv) hemoglobinopathies:

(v) renal disease (chronic, diagnosed, not urinary tract infection);

(vi) thrombophlebitis or pulmonary embolism;

(vii) epilepsy currently on medication;

(viii) current severe psychiatric condition requiring medication within a six-month period prior to pregnancy;

(ix) active: tuberculosis, syphilis, gonorrhea, strep B, hepatitis, AIDS, genital herpes at onset of labor;

(x) current drug or alcohol abuse/dependency;

(xi) current malignant disease;

(xii) chronic obstructive pulmonary disease, except for controlled asthma.

(b) current pregnancy related conditions:

(i) pregnancy induced hypertension (preeclamptic or eclamptic symptoms);

(ii) premature labor (before 36 1/2 weeks gestation verified estimated date of delivery by dates and physical exam);

(iii) placental abruption;

(iv) placenta previa at onset of labor;

(v) has a fetus in any presentation other than vertex at onset of labor;

(vi) multiple gestation;

(vii) contracts primary genital herpes in the first trimester;

(viii) Rh sensitization.

(c) previous obstetrical history:

(i) previous Rh sensitization;

(ii) history of inverted uterus. (History: 37-27-105, MCA; IMP, 37-27-105, MCA; NEW, 1993 MAR p. 1639, Eff. 7/30/93; AMD, 1995 MAR p. 2684, Eff. 12/8/95; TRANS, from Commerce, 2001 MAR p. 1642.)

24.111.611 CONDITIONS WHICH REQUIRE PHYSICIAN CONSULTATION OR TRANSFER OF CARE (1) If the following conditions are present in a client, the direct-entry midwife shall attempt to consult a physician and/or transfer care to a physician. A certified nurse midwife or licensed direct-entry midwife shall also be consulted if appropriate attempts to consult a physician have been unsuccessful. Documentation of the condition, recommendation (including continuation of care by the licensed direct-entry midwife, if appropriate) and treatment must be maintained in the client records. Conditions include, but are not limited to the following:

(a) prenatal factors:

(i) severe hyperemesis;

(ii) rubella contracted in the first or second trimester;

(iii) maternal anemia (hemoglobin less than ten, hematocrit less than 30) unresponsive within one month of treatment;

(iv) oligohydramnios (suspected);

(v) polyhydramnios (suspected);

(vi) premature rupture of membranes at less than 36 1/2 weeks;

(vii) post term at 42 weeks by dates and physical exam;

(viii) large for gestational age (LGA) or small for gestational age (SGA) (suspected);

(ix) Rh sensitization in present pregnancy (not resulting from recent Rhogam);

(x) history of severe postpartum hemorrhage requiring transfusion;

(xi) known serious maternal viral/bacterial infection at term;

(xii) blood pressure greater than 140/90 or increase of 30 mm Hg systolic or 15 mm Hg diastolic over baseline, that is unresolved within seven days;

(xiii) develops signs and symptoms of preeclampsia;

(xiv) develops signs and symptoms of gestational diabetes;

(xv) has unresolved vaginitis that requires antibiotic treatment;

(xvi) has unresolved urinary tract infection;

(xvii) continued vaginal bleeding before onset of labor;

(xviii) signs of fetal distress including prolonged fetal tachycardia (more than 170) or prolonged fetal bradycardia (less than 100), or fetal demise;

(xix) persistent fever;

(xx) history of preterm delivery (less than 36 1/2 weeks);

(xxi) positive maternal diagnosis of HIV;

(xxii) abnormal Pap smear (showing atypia or CIN);

(xxiii) all condylomas;

(xxiv) grand multiparity;

(xxv) maternal age less than 16 or greater than 40;

(xxvi) history of previous stillbirth;

(xxvii) history of incompetent cervix;

(xxviii) history of previous birth with Erb's Palsy or fractured clavicle or humerus;

(xxix) history of neonatal anomaly; or

(xxx) history of previous cesarean birth.

(b) labor, birth risks, and postpartum factors:

(i) significant fetal distress including prolonged fetal tachycardia (more than 170) or prolonged fetal bradycardia (less than 100);

(ii) unengaged vertex above -3 station in primipara in active labor;

(iii) fever of 102 degrees Fahrenheit or greater;

(iv) prolonged rupture of membranes (greater than 24 hours with no progress of labor);

(v) meconium stained fluid with delivery not imminent;

(vi) severe bleeding prior to or during delivery;

(vii) maternal respiratory distress;

(viii) mother desires consult or transfer;

(ix) maternal hemorrhage uncontrolled by IM pitocin;

(x) third or fourth degree perineal laceration;

(xi) signs of infection;

(xii) evidence of thrombophlebitis.

(c) newborn risk factors:

(i) less than three vessels in umbilical cord;

(ii) Apgar score less than seven at five minutes;

(iii) fails to urinate or move bowels within 24 hours;

(iv) obvious anomaly;

(v) respiratory distress;

(vi) cardiac irregularities;

(vii) pale cyanotic or gray color;

(viii) abnormal cry;

(ix) jaundice within 24 hours of birth;

(x) signs of prematurity, dysmaturity, or postmaturity;

(xi) lethargic;

(xii) has edema;

(xiii) signs of hypoglycemia;

(xiv) abnormal facial expression;

(xv) abnormal body temperature (outside the 97-100 degrees Fahrenheit range, not resolved within one hour);

(xvi) abnormal neurological signs, including jitteriness, decreased tones, seizures or poor sucking reflex; or

(xvii) inability to nurse after 12 hours. (History: 37-27-105, MCA; IMP, 37-27-105, MCA; NEW, 1993 MAR p. 1639, Eff. 7/30/93; AMD, 1994 MAR p. 386, Eff. 2/25/94; AMD, 1995 MAR p. 2684, Eff. 12/8/95; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2018 MAR p. 976, Eff. 5/12/18.)

24.111.612 VAGINAL BIRTH AFTER CESAREAN (VBAC) DELIVERIES

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

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

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

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

(iii) a workable hospital transport plan;

(iv) alternatives to VBAC at home;

(v) other information as required by the board.

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

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

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

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

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

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

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

(2) The board shall conduct a "sunset" review, including the necessity for and safety of the VBAC rule, on or about May, 2001, or five years from the effective date of this rule. (History: 37-27-105, MCA; IMP, 37-27-105, 37-27-311, MCA; NEW, 1996 MAR p. 1829, Eff. 7/4/96; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2003 MAR p. 2873, Eff. 12/25/03; AMD, 2007 MAR p. 263, Eff. 2/23/07.)

24.111.613 REQUIRED REPORTS (1) A licensed direct-entry midwife shall submit semiannual summary reports on each client, covering the six-month period of January 1 through July 1, or July 1 through January 1 as appropriate, as required by 37-27-320, MCA. The reports are due on or before January 15 and July 15 of each year.

(a) If a licensed direct-entry midwife does not have any clients during a reporting period, the licensee shall notify the board in writing by the reporting date.

(2) A licensed direct-entry midwife who is supervising a licensed midwife apprentice shall be responsible for filing the statutorily required 72-hour mortality/morbidity report and the semiannual summary report on clients seen by a Level I, II or III apprentice who is not approved for indirect supervision.

(a) A Level III-B apprentice direct-entry midwife, approved by the board for indirect supervision, shall be responsible for filing the statutorily required 72-hour mortality/morbidity report and the semiannual summary report.

(b) If a Level III-B direct-entry midwife apprentice does not have any clients during a reporting period, the apprentice shall notify the board in writing by the reporting date.

(c) Certified nurse midwife, physician or naturopathic supervisors of an apprentice direct-entry midwife shall be responsible to ensure the Level I, II or III (not approved for indirect supervision) apprentice files the statutorily required 72-hour mortality/morbidity report and the semiannual summary reports. (History: 37-1-131, 37-27-105, MCA; IMP, 37-27-320, MCA; NEW, 1993 MAR p. 1639, Eff. 7/30/93; AMD, 1996 MAR p. 2576, Eff. 10/4/96; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2005 MAR p. 745, Eff. 5/13/05.)

Subchapters 7 through 20 reserved

Subchapter 21

Renewals and Continuing Education

24.111.2101 RENEWALS (REPEALED) (History: 37-1-131, 37-1-141, 37-26-201, 37-27-105, 37-27-205, MCA; IMP, 37-1-131, 37-1-141, 37-26-201, 37-27-105, 37-27-205, MCA; NEW, 1992 MAR p. 555, Eff. 3/27/92; AMD, 1996 MAR p. 2576, Eff. 10/4/96; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2006 MAR p. 1583, Eff. 7/1/06; REP, 2019 MAR p. 2364, Eff. 12/28/19.)

24.111.2102 NATUROPATHIC PHYSICIAN CONTINUING EDUCATION REQUIREMENTS (1) Naturopaths must obtain 15 continuing education credits each renewal period, except as provided in (8). At least five of the credits must be in naturopathic pharmacy. If the naturopath holds a naturopathic childbirth specialty certification as provided in ARM 24.111.510, an additional five credits per renewal period must be obtained in obstetrics. One hour of education (excluding breaks) equals one continuing education credit.

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

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

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

(a) have significant intellectual or practical content;

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

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

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

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

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

(iii) outline of program content;

(iv) credit hours of instruction;

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

(vi) identification of sponsoring organization.

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

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

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

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

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

(b) primarily intended to educate the general public such as CPR and first aid other than programs relating to public health issues. (History: 37-1-131, 37-1-319, 37-26-201, MCA; IMP, 37-1-131, 37-1-141, 37-1-306, MCA; NEW, 1994 MAR p. 386, Eff. 2/25/94; AMD, 1996 MAR p. 2576, Eff. 10/4/96; AMD, 1998 MAR p. 529, Eff. 2/27/98; AMD, 1999 MAR p. 2038, Eff. 9/24/99; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2001 MAR p. 1644, Eff. 8/24/01; AMD, 2003 MAR p. 2873, Eff. 12/25/03; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2007 MAR p. 263, Eff. 2/23/07; AMD, 2009 MAR p. 265, Eff. 2/27/09; AMD, 2012 MAR p. 1360, Eff. 7/13/12.)

24.111.2103 DIRECT-ENTRY MIDWIVES CONTINUING EDUCATION REQUIREMENTS (1) Midwives must obtain 14 continuing education credits each renewal period except as provided in (7). One hour of education (excluding breaks) equals one continuing education credit.

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

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

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

(a) have significant intellectual or practical content;

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

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

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

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

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

(iii) outline of program content;

(iv) credit hours of instruction;

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

(vi) identification of sponsoring organization.

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

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

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

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

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

(b) primarily intended to educate the general public such as CPR and first aid other than programs relating to public health issues. (History: 37-1-131, 37-1-319, MCA; IMP, 37-1-131, 37-1-141, 37-1-306, 37-1-319, MCA; NEW, 1994 MAR p. 386, Eff. 2/25/94; AMD, 1996 MAR p. 2576, Eff. 10/4/96; AMD, 1998 MAR p. 529, Eff. 2/27/98; AMD, 1999 MAR p. 2038, Eff. 9/24/99; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2001 MAR p. 1644, Eff. 8/24/01; AMD, 2003 MAR p. 2873, Eff. 12/25/03; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2007 MAR p. 263, Eff. 2/23/07; AMD, 2009 MAR p. 265, Eff. 2/27/09; AMD, 2012 MAR p. 1360, Eff. 7/13/12; AMD, 2018 MAR p. 976, Eff. 5/12/18; AMD, 2019 MAR p. 2364, Eff. 12/28/19.)

Rule 24.111.2104 reserved

24.111.2105 LICENSE RENEWAL FOR ACTIVATED MILITARY RESERVISTS (1) When a licensee is called to federal active duty status:

(a) a license may be renewed using the existing renewal process; or

(b) license renewal may be deferred pursuant to 37-1-138, MCA provided that the licensee is not required by the military to maintain current professional or occupational licensing as a condition of the reservist's military service.

(2) If maintaining a current license while in federal active duty status is not a requirement for the reservist's military service, the licensee may defer renewing the license and fulfilling continuing education requirements by submitting to the board:

(a) a deferral request; and

(b) a copy of the reservist's orders to federal active duty status.

(3) Compliance with rules relating to continuing education and renewal fees is not required of reservists who have requested deferral pursuant to this rule for so long as they remain on active duty status. When renewing a license pursuant to this rule after being released from active duty status, a reservist who was activated for more than two years may be required by the board to first obtain such continuing education credits as the board deems appropriate for the protection of the public taking into account the factors set out in 37-1-138, MCA.

(4) A reservist who is required by these rules or by statute to have current CPR certification and/or neonatal resuscitation certification as a condition of licensure or renewal must present evidence of current certification at the time of renewing a license following release from federal active duty status regardless of the duration of the activated status.

(5) If a license renewal has been deferred pursuant to this rule during a reservist's federal active duty status, said license must be renewed within 90 days of the reservist's discharge from active duty or else the license will expire as provided in 37-1-141, MCA.

(6) In order to renew a license following deferment pursuant to this rule, the reservist must submit to the board the following:

(a) a completed application for renewal together with any documents regularly required for renewal except as otherwise provided herein;

(b) a prorated renewal fee for the current renewal period; and

(c) a copy of the document discharging the reservist from federal active duty status.

(7) Deferring renewal pursuant to this rule will continue the license in the same status (e.g., clear, probationary, suspended) as existed the day before the licensee was called to federal active duty status for the duration of the activation and until the license is either renewed following discharge from active duty or until the license expires, whichever occurs first. (History: 37-26-201, 37-27-105, MCA; IMP, 37-1-138, MCA; NEW, 2006 MAR p. 1881, Eff. 7/28/06.)

Subchapter 22 reserved

Subchapter 23

Unprofessional Conduct

24.111.2301 UNPROFESSIONAL CONDUCT (1) The board defines unprofessional conduct for naturopathy and midwifery as follows:

(a) Violation of any state or federal statute or administrative rule regulating the practice of naturopathy or midwifery;

(b) Incompetence, negligence, or use of any procedure in the practice of naturopathy or midwifery which creates an unreasonable risk of physical harm or serious financial loss to the patient;

(c) Failing to cooperate with an investigation authorized by the Board of Alternative Health Care by:

(i) not furnishing any papers or documents in the possession of and under the control of the license holder;

(ii) not furnishing in writing a full and complete explanation covering the matter contained in the complaint; or

(iii) not responding to subpoenas issued by the board or the department, whether or not the recipient of the subpoena is the accused in the proceedings.

(d) Practice beyond the scope of practice encompassed by the license;

(e) Failing to maintain appropriate records as specified in statute or in the rules of the board;

(f) Failing to adequately supervise auxiliary staff to the extent that the patient's physical health or safety is at risk;

(g) Practicing naturopathy or midwifery while the license is suspended, revoked, or expired;

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

(i) Abandoning, neglecting, or otherwise physically or emotionally abusing a client or patient requiring care;

(j) Intentionally or negligently causing physical or emotional injury or abuse to a client or patient, or sexual contact with a client or patient in a clinical setting;

(k) Operating under unsanitary conditions after a warning from the board or consistently maintaining an unsanitary office;

(l) Failure to file reports required in the board's statutes or rules;

(m) Failure by a midwife to maintain current and valid certifications in adult and infant cardiopulmonary resuscitation and neonatal resuscitation as provided by 37-27-201, MCA. (History: 37-1-131, 37-1-319, 37-26-201, 37-27-105, MCA; IMP, 37-1-141, 37-1-316, 37-1-319, 37-26-201, 37-27-105, MCA; NEW, 1993 MAR p. 1639, Eff. 7/30/93; AMD, 1996 MAR p. 2576, Eff. 10/4/96; TRANS, from Commerce, 2001 MAR p. 1642; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2007 MAR p. 263, Eff. 2/23/07.)

Sub-Chapter 24

Complaint Procedures

24.111.2401 COMPLAINT PROCEDURE (1) A person, government or private entity may submit a written complaint to the board charging a licensee or license applicant with a violation of board statute or rules, and specifying the grounds for the complaint.

(2) Complaints must be in writing, and shall be filed on the proper complaint form prescribed by the board. The board form shall contain a release of medical records statement, to be signed by the complainant.

(3) Upon receipt of the written complaint form, the board office shall log in the complaint and assign it a complaint number. The complaint shall then be sent to the licensee complained about for a written response. Upon receipt of the licensee's written response, both complaint and response shall be considered by the screening panel of the board for appropriate action including dismissal, investigation or a finding of reasonable cause of violation of a statute or rule. The board office shall notify both complainant and licensee of the determination made by the screening panel.

(4) If a reasonable cause violation determination is made by the screening panel, the Montana Administrative Procedure Act shall be followed for all disciplinary proceedings undertaken.

(5) The screening panel shall review anonymous complaints to determine whether appropriate investigative or disciplinary action may be pursued, or whether the matter may be dismissed for lack of sufficient information. (History: 37-26-201, 37-27-105, MCA; IMP, 37-1-308, 37-1-309, MCA; NEW, 1996 MAR p. 2576, Eff. 10/4/96; TRANS, from Commerce, 2001 MAR p. 1642.)

24.111.2402 SCREENING PANEL (1) The board screening panel shall consist of at least four board members including the naturopathic physician member who has served the longest on the board, the direct-entry midwife member who has served the longest on the board, the public board member and the medical doctor board member. The chairman may reappoint screening panel members, or replace screening panel members as necessary at the chairman's discretion. (History: 37-26-201, 37-27-105, MCA; IMP, 37-1-307, MCA; NEW, 1996 MAR p. 2576, Eff. 10/4/96; TRANS, from Commerce, 2001 MAR p. 1642.)