MONTANA STATE BOARD OF MEDICAL EXAMINERS RULES

AS OF JUNE 30, 2021

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DEPARTMENT OF LABOR AND INDUSTRY

CHAPTER 156

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Subchapter 1

Organizational Rule

24.156.101 BOARD ORGANIZATION (1) The Montana State Board of Medical Examiners adopts and incorporates the organizational rules of the Department of Labor and Industry as listed in chapter 1 of this title. (History: 2-4-201, MCA; IMP, 2-4-201, MCA; Eff. 12/31/72; AMD, Eff. 3/7/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2001 MAR p. 1471.)

Subchapter 2

Procedural Rules

24.156.201 PROCEDURAL RULES (1) The Montana State Board of Medical Examiners adopts and incorporates the procedural rules of the Department of Labor and Industry as listed in chapter 2 of this title. (History: 2-4-201, MCA; IMP, 2-4-201, MCA; Eff. 12/31/72; AMD, Eff. 3/7/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2001 MAR p. 1471.)

24.156.202 CITIZEN PARTICIPATION RULES (1) The Montana State Board of Medical Examiners hereby adopts and incorporates by this reference the public participation rules of the Department of Commerce as listed in chapter 2 of Title 8. (History: 2-3-103, MCA; IMP, 2-3-103, MCA; NEW, 1978 MAR p. 391, Eff. 3/25/78; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2001 MAR p. 1471.)

24.156.203 BOARD MEETINGS (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-204, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2017 MAR p. 487, Eff. 4/29/17.)

Subchapter 3 reserved

Subchapter 4

General Provisions

24.156.401 MEDICAL ASSISTANT – DELEGATION AND SUPERVISION

(1) A health care provider authorized by 37-3-104, MCA, may delegate administrative and clinical tasks which are within the delegating health care provider's scope of practice to medical assistants who:

(a) work in the delegating health care provider's office under the general supervision of the delegating health care provider; and

(b) are known by the delegating health care provider to possess the education, training, knowledge, and skill to perform the delegated tasks in keeping with the standard of medical care owed by the delegating health care provider to the patient.

(2) A health care provider's knowledge of a medical assistant's education, training, knowledge, and skill to perform delegated tasks may be evidenced by:

(a) documentation of the medical assistant's graduation from an accredited medical assistant program;

(b) completion of education and training courses which are substantially equivalent to curriculum taught by accredited medical assistant programs;

(c) the delegating health care provider's personal knowledge of instruction, training, and experience provided directly to the medical assistant by the delegating health care provider; or

(d) other objective evidence known to the health care provider.

(3) A health care provider delegating administrative and/or clinical tasks to a medical assistant shall:

(a) require that the medical assistant record in the patient's medical records:

(i) the identity of the medical assistant to whom the health care provider has delegated tasks included in the patient's care; and

(ii) the clinical tasks delegated to the medical assistant;

(b) ensure through oversight and supervision that the medical assistant's performance of the delegated tasks meets the standard of medical care owed by the delegating health care provider to the patient;

(c) personally provide onsite direct supervision as defined by ARM 24.156.501 to a medical assistant to whom the health care provider has delegated:

(i) injections other than immunizations;

(ii) invasive procedures;

(iii) conscious sedation monitoring;

(iv) allergy testing;

(v) intravenous administration of blood products; or

(vi) intravenous administration of medication; and

(d) require medical assistants to wear a name badge which includes the title: "Medical Assistant".

(4) Health care providers shall not delegate to medical assistants:

(a) medical tasks which are outside the delegating health care provider's scope of practice;

(b) medical tasks which the delegating health care provider is not authorized to perform;

(c) surgery as defined in ARM 24.156.501;

(d) medical tasks which the medical assistant is not qualified by education, training, knowledge, and skill to perform in keeping with the standard of medical care owed by the delegating health care provider to the patient; or

(e) who previously held a health care provider license of any kind in any jurisdiction which was restricted, suspended, revoked, or voluntarily relinquished in lieu of discipline for unprofessional conduct in a health care profession. (History: 37-3-104, 37-3-203, MCA; IMP, 37-3-102, 37-3-104, MCA; NEW, 2018 MAR p. 2048, Eff. 10/20/18.)

Rules 24.156.402 through 24.156.409 reserved

24.156.410 FEE ABATEMENT (1) The Board of Medical Examiners adopts and incorporates by reference the fee abatement rule of the Department of Labor and Industry found at ARM 24.101.301. (History: 37-1-131, MCA; IMP, 17-2-302, 17-2-303, 37-1-134, MCA; NEW, 2005 MAR p. 2676, Eff. 12/23/05.)

Rules 24.156.411 through 24.156.414 reserved

24.156.415 MILITARY TRAINING OR EXPERIENCE (1) Pursuant to 37-1-145, MCA, the board shall accept relevant military training or education toward the requirements for licensure under this chapter.

(2) Relevant military training 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 or education that is equivalent to relevant licensure requirements under this chapter. Satisfactory evidence includes:

(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, 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 or education is equivalent to relevant licensure requirements. (History: 37-1-145, MCA; IMP, 37-1-145, MCA; NEW, 2014 MAR p. 1259, Eff. 6/13/14.)

Rules 24.156.416 and 24.156.417 reserved

24.156.418 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, 2021 MAR p. 556, Eff. 5/15/21.)

24.156.419 APPLICANTS WITH CRIMINAL CONVICTIONS (1) The board incorporates ARM 24.101.406 by reference with the following modification:

(a) Nonviolent misdemeanor convictions involving driving under the influence (DUI) in (5)(a) are routine if the conviction date is more than five years before the application date, unless the applicant is still in custody due to the conviction. (History: 37-1-131, MCA; IMP, 37-1-101, 37-1-131, MCA; NEW, 2021 MAR p. 556, Eff. 5/15/21.)

Rules 24.156.420 through 24.156.428 reserved

24.156.429 QUALIFICATION CRITERIA FOR EVALUATION AND TREATMENT PROVIDERS (1) The physician assistance program will make appropriate referrals to qualified programs for evaluation and treatment based on the participant's needs.

(2) To be qualified, an evaluation program must meet the following criteria:

(a) possess the knowledge, experience, staff, and referral resources necessary to fully evaluate the forensic and clinical condition(s) of impairment in question;

(b) adhere to all applicable federal and state confidentiality statutes and regulations;

(c) have no actual or perceived conflicts of interest between the evaluator and the referent or patient which includes:

(i) no secondary gain may accrue to the evaluator dependent on evaluation findings/outcome;

(ii) there can be no current treatment relationship with the professional being evaluated; and

(iii) the evaluator cannot be affiliated with the entity requiring the evaluation;

(d) keep the physician assistance program fully advised throughout the evaluation process;

(e) have resources available to conduct a secondary intervention as indicated/needed at the time diagnoses and recommendations are discussed;

(f) have immediate access to medical and psychiatric hospitalization if needed;

(g) be able to arrange for timely intake and admission;

(h) fully disclose costs prior to admission;

(i) evaluate all causes of impairment, including:

(i) mental illness;

(ii) chemical dependency and other addictions;

(iii) dual diagnosis;

(iv) behavioral problems including: sexual harassment, disruptive behaviors, abusive behaviors, criminal conduct; and

(v) physical illness including: neurological disorders and geriatric decline;

(j) employ standardized psychological tests and questionnaires during the evaluation process;

(k) conduct comprehensive and discrete collateral interviews of colleagues and significant others to develop an unbiased picture of all circumstances, behavior, and functioning;

(l) make rehabilitation/treatment recommendations; and

(m) have resources and qualified staff to complete a multidisciplinary assessment if recommended.

(3) To be qualified, a treatment program must meet the following criteria:

(a) meet criteria as listed in (2);

(b) allow physician assistance program staff to visit the treatment site and the referred patients;

(c) maintain a business office capable of and willing to work with insurance providers and assist indigent physicians with payment plans;

(d) have a peer professional patient population and a staff accustomed to treating this population;

(e) make appropriate referrals when faced with a patient who has an illness/issue that is outside of the program's area of expertise;

(f) maintain a staff-to-patient ratio conducive to each patient receiving individualized attention;

(g) inform the physician assistance program throughout the treatment process through calls from the therapists involved, as well as written reports. Type and frequency of contact may be arranged with the physician assistance program, but in all cases should occur no less than monthly;

(h) include a strong family program;

(i) report immediately to the physician assistance program, a patient's threat to leave against medical advice, any discharges against medical advice, therapeutic discharges, any other irregular discharge or transfer, hospitalization, positive urine drug screen, noncompliance, significant change in treatment protocol, significant family or workplace issues, or other unusual occurrences;

(j) specifically, the staff must be vigilant in screening for, identifying, and diagnosing covert co-occurring addictions and comorbid psychiatric illnesses and address these concurrently with the presenting illness. This includes appropriately assessing and managing concurrent chronic pain diagnoses (in house, consultative, and/or referral capacity);

(k) use a multidisciplinary team approach and include psychological, psychiatric, and medical stabilization;

(l) provide disclosure of full fees upfront;

(m) offer a flexible payment plan for the varied income levels of participants, but the patient should make some financial investment into the treatment process;

(n) determine clinically justified length of residential stay;

(o) maintain complete and appropriate records to fully defend diagnoses, treatment, and recommendations; and

(p) provide discharge planning and coordination, including documentation of final diagnoses, recommendations for return to work, and aftercare recommendations.

(4) A treatment program that offers substance use disorder treatment must also meet the following:

(a) use an abstinence-based model with provision for appropriate psychoactive medication as prescribed. In rare cases that are refractory to abstinence-based treatment, alternative evidence-based approaches should be considered;

(b) make available, when a 12-step model is utilized for substance use disorders, appropriate therapeutic alternatives (acceptable to the physician assistance program) to participants with religious or philosophical objections;

(c) provide a strong family program. The family program component should focus on disease education, family dynamics, and supportive communities for family members. Family/significant other needs must be accessed early in the process and participation with family/significant other programs and family and individual therapy and treatment encouraged;

(d) offer treatment services that include:

(i) intervention and denial reduction;

(ii) detoxification; and

(iii) ongoing assessment and treatment of patient needs throughout treatment, with referral for additional specialty evaluation and treatment as appropriate;

(e) offer family treatment;

(f) offer group and individual therapy;

(g) offer educational programs;

(h) offer mutual support experience (e.g. AA/NA/etc.) and appropriate alternatives when indicated;

(i) develop a continuing care plan and sobriety support system for each participant;

(j) offer relapse prevention training;

(k) assess return to work/fitness to practice prior to discharge; and

(l) extend treatment options when indicated.

(5) The physician assistance program will maintain a current list of qualified programs available to accept referrals for evaluation and treatment. (History: 37-3-203, 37-1-131, MCA; IMP, 37-3-203, MCA; NEW, 2010 MAR p. 2729, Eff. 11/27/10.)

24.156.430 PROFESSIONAL ASSISTANCE PROGRAM PURPOSE

(1) The Montana Board of Medical Examiners has established a program which provides assistance, rehabilitation, and after-care monitoring to all licensed health care providers under the jurisdiction of the board who are suspected and/or found to be physically or mentally impaired by habitual intemperance or the excessive use of addictive drugs, alcohol, or any other drug or substance, or by mental or chronic physical illness.

(2) The board encourages and shall permit the rehabilitation of licensees, if in the board's opinion, public health, safety, and welfare can be assured. Early intervention and referral are paramount to promoting public health, safety, and welfare. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-201, 37-3-203, MCA; NEW, 2006 MAR p. 1957, Eff. 8/11/06.)

24.156.431 REPORTING OF SUSPECTED IMPAIRMENT (1) Individuals, entities, or associations may report information to the board of the suspected impairment of a licensee or new license applicant, as provided in 37-3-203 and 37-3-401, MCA.

(2) Individuals, entities, or associations may report information of suspected impairment of a licensee or new license applicant to the appropriate personnel of the professional assistance program established by the board in lieu of reporting to the board, as provided in 37-3-203 and 37-3-401, MCA.

(3) Reports received by the board of suspected impaired licensees or license applicants may be referred to the professional assistance program at the board's discretion through the nondisciplinary track without formal disciplinary action against the licensee or license applicant. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-201, 37-3-203, MCA; NEW, 2006 MAR p. 1957, Eff. 8/11/06.)

24.156.432 PROTOCOL FOR SELF-REPORTING TO A BOARD ENDORSED PROFESSIONAL ASSISTANCE PROGRAM (1) If a licensee or license applicant chooses to self-report to the board-established professional assistance program, and the professional assistance program has determined that the licensee or license applicant needs assistance or supervision, the licensee or license applicant shall be required to:

(a) enter into a contractual agreement with the professional assistance program for the specified length of time determined by the professional assistance program; and

(b) abide by all the requirements set forth by the professional assistance program.

(2) Self-reporting by a licensee or license applicant may still result in disciplinary action by the board, if:

(a) the professional assistance program determines that the self-reporting licensee or the license applicant poses a danger to themselves or to the public;

(b) the licensee or license applicant is noncompliant with a contractual agreement with the professional assistance program;

(c) the licensee or license applicant has not completed evaluation, treatment, or after-care monitoring as recommended by the professional assistance program; or

(d) the screening panel otherwise determines that disciplinary action is warranted.

(3) The professional assistance program shall notify the board, disclose the identity of the licensee or license applicant involved, and provide all facts and documentation to the board whenever:

(a) the licensee or license applicant:

(i) has committed an act described in 37-3-323 or 37-3-401, MCA;

(ii) is noncompliant with a recommendation of the professional assistance program for evaluation, treatment, or after-care monitoring contract; or

(iii) is the subject of credible allegations that the licensee or license applicant has put a patient or the public at risk or harm; or

(b) the screening panel otherwise determines disciplinary action is warranted. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-201, 37-3-203, MCA; NEW, 2006 MAR p. 1957, Eff. 8/11/06.)

24.156.433 RESPONSIBILITIES OF PROFESSIONAL ASSISTANCE PROGRAM (1) The professional assistance program established by the board as set forth in 37-3-203 and 37-3-401, MCA, shall fulfill the terms of its contract with the board, which will include, but not be limited to the following:

(a) providing two tracks for assistance of licensees and license applicants under the board's jurisdiction:

(i) a disciplinary track; and

(ii) a nondisciplinary track;

(b) providing recommendations to licensees and license applicants for appropriate evaluation and treatment facilities;

(c) recommending to the board terms and conditions of treatment, rehabilitation, and monitoring of licensees or license applicants known to the board; and

(d) monitoring all aftercare of participants under contract, to ensure public safety and compliance with agreed treatment recommendations propounded by one or more of the following:

(i) the board, through stipulations and/or final orders;

(ii) treatment centers; and

(iii) the professional assistance program established by the board.

(2) The professional assistance program shall consult with the board regarding professional assistance program processes and procedures to ensure program responsibilities are met, consistent with board orders, requests and contract terms.

(3) The professional assistance program shall provide information to and consult with the board upon the board's request. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-201, 37-3-203, MCA; NEW, 2006 MAR p. 1957, Eff. 8/11/06.)

Rule 24.156.434 reserved

24.156.435 PROTOCOL FOR DISCIPLINARY TRACK (1) All licensees or license applicants under the jurisdiction of the board who participate in the endorsed professional assistance program under the disciplinary track shall be reported to the board by name.

(2) A licensee or license applicant is placed in the disciplinary track by one or more of the following:

(a) as a condition of licensure imposed by a board final order;

(b) as a result of a sanction imposed by a board final order;

(c) as a result of noncompliance with the licensee's or license applicant's contractual agreement with the program;

(d) pursuant to an agreement between the licensee and the screening panel; or

(e) pursuant to an agreement between the license applicant and the full board. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-201, 37-3-203, MCA; NEW, 2006 MAR p. 1957, Eff. 8/11/06.)

Rules 24.156.436 and 24.156.437 reserved

24.156.438 PROTOCOL FOR NONDISCIPLINARY TRACK (1) A licensee or license applicant under the jurisdiction of the board who participates in the professional assistance program under the nondisciplinary track shall be reported to the board by participant number.

(2) The identity of the participant who is noncompliant or refuses a reasonable request by the professional assistance program shall be reported to the board.

(3) If the board determined that a participant does not abide by all terms and conditions of the professional assistance program, the participant will be referred to the screening panel of the board for appropriate action under the disciplinary track. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-201, 37-3-203, MCA; NEW, 2006 MAR p. 1957, Eff. 8/11/06.)

Rule 24.156.439 reserved

24.156.440 REPORTING TO THE BOARD (1) The screening panel of the board must receive a written compliance status report from the professional assistance program, at intervals established by the contract between the program and the board, regarding each program participant:

(a) under a monitoring agreement;

(b) referred to the program; or

(c) in the process of evaluation or treatment.

(2) The full board shall receive a written compliance status report from the professional assistance program, at intervals established by contract between the program and the board, regarding each participant:

(a) under a monitoring agreement;

(b) referred to the program; or

(c) in the process of evaluation or treatment.

(3) The identity of a participant in the nondisciplinary track must be reported to the full board by participant number except as required by ARM 24.156.438.

(4) The identity of a participant in the disciplinary track must be reported to the full board by name. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-201, 37-3-203, MCA; NEW, 2006 MAR p. 1957, Eff. 8/11/06.)

24.156.441 DISCHARGE REQUIREMENTS (1) The professional assistance program shall facilitate participant discharge from the program.

(2) The discharge criteria must be determined by the board in conjunction with the recommendations of the professional assistance program.

(3) The following are required upon discharge of a participant from the endorsed professional assistance program:

(a) report of the discharge of the participant to the board; and

(i) verification of satisfactory completion of monitoring, program requirements, and appropriate assurance of public safety;

(ii) completion of board final order terms and conditions with professional assistance recommendation for discharge and release;

(iii) request by a participant to transfer assistance into an appropriate endorsed professional assistance program in another jurisdiction, such transfer to be confirmed by the program. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-201, 37-3-203, MCA; NEW, 2006 MAR p. 1957, Eff. 8/11/06.)

Rules 24.156.442 and 24.156.443 reserved

24.156.444 RELAPSE REPORTING (1) The professional assistance program shall define what constitutes "relapse" for each particular participant and determine if and when relapse has occurred.

(a) A participant who has a single episode of relapse and/or early detection of relapse with nominal substance abuse may be reported to the board by the professional assistance program.

(b) A participant who has a second or severe relapse must be reported by the professional assistance program to the board screening panel for review.

(2) Any of the following may be required by the board, upon the recommendation of the professional assistance program, when a participant suffers relapse:

(a) the participant may be required to withdraw from practice;

(b) the participant may undergo further recommended evaluation and/or treatment as determined by the professional assistance program;

(c) the participant's monitoring agreement required by the professional assistance program must be reassessed and may be modified;

(d) the participant may be required to comply with other recommendations of the professional assistance program; or

(e) the participant may be subject to discipline as imposed by a board final order. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-201, 37-3-203, MCA; NEW, 2006 MAR p. 1957, Eff. 8/11/06.)

Subchapter 5

Definitions - Schools - Students - Interns - Residents

24.156.501 DEFINITIONS For the purpose of these rules, the following definitions shall apply:

(1) "ABMS" means American Board of Medical Specialties.

(2) "ACGME" means the Accreditation Council for Graduate Medical Education.

(3) "Act" means the Medical Practice Act of the state of Montana, 37-3-101 through 37-3-405, MCA, as amended from time to time.

(4) "AOA" means American Osteopathic Association.

(5) "Applicant" means a person who has applied for a license to practice medicine in the state of Montana, or a person who has applied to take a licensing examination.

(6) "Complainant" means a person filing a complaint.

(7) "Direct supervision" means the supervising physician is:

(a) physically present in the same building as the person under supervision; or

(b) in sufficiently close proximity to the person under supervision to be quickly available to the person under supervision.

(8) "ECFMG" means the Educational Commission for Foreign Medical Graduates.

(9) "Foreign medical graduate" means a graduate of a medical school:

(a) not located in a state or territory of the United States, or the District of Columbia; and

(b) that is listed in the World Health Directory of Medical Schools.

(10) "Intern" means a person who may also be referred to as "in post-graduate year 1" or "PGY-1" who:

(a) has graduated from an approved medical school;

(b) is enrolled in a training program approved for first year post-graduates;

(c) has passed USMLE Steps 1 and 2 or the AOA equivalent; and

(d) is preparing for, or awaiting the results of, USMLE Step 3, or the AOA equivalent.

(11) "Medical student" means a person currently enrolled in or who has graduated from an approved medical school who has not yet entered PGY-1.

(12) "Proceeding" shall include:

(a) a formal complaint alleging violation of any provision of the act or any regulation made pursuant to a power granted by such act; or

(b) a hearing before the board pursuant to the provisions of 37-3-321 through 37-3-324, MCA.

(13) "Resident" means a person who:

(a) has the degree of medical doctor or doctor of osteopathy from an approved medical school;

(b) is in "post-graduate year 2" or "PGY-2" or above;

(c) has completed the USMLE Steps 1 and 2 or the AOA equivalent; or

(d) holds a certificate from the ECFMG; and

(e) is enrolled in an approved residency program.

(14) "Surgery" means any procedure in which human tissue is cut or altered by mechanical or energy forms, including electrical or laser energy or ionizing radiation.

(15) "USMLE" means United States Medical Licensing Examination or its successor. (History: 37-3-203, MCA; IMP, 37-3-102, 37-3-201, 37-3-305, 37-3-307, 37-3-325, 37-3-326, MCA; Eff. 12/31/72; AMD, Eff. 3/7/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1990 MAR p. 1700, Eff. 8/31/90; AMD, 1992 MAR p. 2050, Eff. 9/11/92; AMD, 1995 MAR p. 2480, Eff. 11/23/95; AMD, 2000 MAR p. 3520, Eff. 12/22/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.502 MEDICAL SCHOOLS (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-102, MCA; Eff. 12/31/72; AMD, Eff. 3/7/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.503 MEDICAL STUDENT'S SUPERVISION AND PERMITTED ACTIVITIES (1) All medical student practice shall be under the direct supervision of a Montana-licensed physician except patient care in an emergency room shall occur only in the physical presence of the supervising physician.

(2) A medical student may:

(a) assist the licensed physician in medical procedures in an office or hospital;

(b) assist the licensed physician in surgery;

(c) participate in patient conferences;

(d) participate in medical research;

(e) prescribe medications with the supervising physician's co-signature;

(f) write or issue orders with the supervising physician's co-signature; and

(g) sign hospital records or patient charts with the supervising physician's co-signature.

(3) Either the medical school or the supervising physician shall carry malpractice insurance covering the medical student's practice during training. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-102, 37-3-203, MCA; NEW, 2000 MAR p. 729, Eff. 2/25/00; TRANS, from ARM 8.28.1524, 2000 MAR p. 3520, Eff. 12/22/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.504 INTERNSHIP (1) An internship which is not an "approved internship" as defined by 37-3-102, MCA, may be approved upon investigation by the board at the expense of the applicant.

(2) The board may extend the time of internship beyond one year. (History: 37-3-203, MCA; IMP, 37-3-102, MCA; Eff. 12/31/72; AMD, Eff. 3/7/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.505 INTERN'S SCOPE OF PRACTICE (REPEALED) (History: 37-1-131, 37-3-203, MCA; IMP, 37-3-102, 37-3-203, MCA; NEW, 2000 MAR p. 729, Eff. 2/25/00; TRANS, from ARM 8.28.1525, 2000 MAR p. 3520, Eff. 12/22/00; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.506 RESIDENCY (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-102, MCA; Eff. 12/31/72; AMD, Eff. 3/7/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.507 RESIDENT'S SCOPE OF PRACTICE (REPEALED) (History: 37-1-131, 37-3-203, MCA; IMP, 37-3-102, 37-3-203, MCA; NEW, 2000 MAR p. 729, Eff. 2/25/00; TRANS, from ARM 8.28.1526, 2000 MAR p. 3520, Eff. 12/22/00; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.508 APPROVED RESIDENCY (1) A residency is approved for purposes of 37-3-102(3), MCA, if the training program meets the following criteria:

(a) is in a hospital or clinic located in the United States; and

(b) has been approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

(2) Alternatively, a residency is approved if, upon investigation, the board finds that the residency:

(a) is approved by, or affiliated with, the World Health Organization;

(b) carries malpractice insurance; and

(c) requires residents to have sufficient fluency in spoken and written English to practice medicine with reasonable skill and safety. (History: 37-1-131, 37-3-203, MCA; IMP, 37-3-102, 37-3-203, MCA; NEW, 2000 MAR p. 729, Eff. 2/25/00; TRANS, from ARM 8.28.1527, 2000 MAR p. 3520, Eff. 12/22/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2014 MAR p. 2833, Eff. 11/21/14.)

24.156.509 POST-GRADUATES–SUPERVISION AND PERMITTED ACTIVITIES (1) Physician supervision requirements and limitations on patient care by interns and residents shall adhere to the requirements set by the internship or residency program in which the post-graduate is enrolled.

(2) A resident who holds a Montana physician or resident license may practice outside of the residency program without the supervision of a Montana-licensed physician (i.e., "moonlight") with the permission of the residency program director. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-102, 37-3-103, MCA; NEW, 2017 MAR p. 487, Eff. 4/29/17.)

Subchapter 6

Medical Examiners - Licensure

24.156.601 FEE SCHEDULE (1) The following fees will be charged:

(a) License application fee	$500
(b) Resident license fee	100
(c) Physician renewal fee (active)	500
(d) Physician renewal fee (inactive)	250
(e) Resident renewal	100
(f) Application for licensure in another state via interstate compact	100
(g) Initial license fee for physician granted a Montana license via interstate compact	500

(2) Additional standardized fees to be charged are specified in ARM 24.101.403.

(3) All fees are nonrefundable. (History: 37-1-134, 37-3-203, 37-3-307, 37-3-308, 37-3-356, MCA; IMP, 37-1-134, 37-1-141, 37-3-305, 37-3-307, 37-3-308, 37-3-309, 37-3-313, 37-3-356, MCA; NEW, 1982 MAR p. 1389, Eff. 7/16/82; AMD, 1982 MAR p. 2134, Eff. 12/17/82; AMD, 1983 MAR p. 273, Eff. 4/1/83; AMD, 1985 MAR p. 687, Eff. 6/14/85; AMD, 1988 MAR p. 45, Eff. 1/15/88; AMD, 1989 MAR p. 395, Eff. 3/31/89; AMD, 1990 MAR p. 1700, Eff. 8/31/90; AMD, 1992 MAR p. 1607, Eff. 7/31/92; AMD, 1995 MAR p. 2480, Eff. 11/23/95; AMD, 1997 MAR p. 2197, Eff. 12/2/97; AMD, 1999 MAR p. 1766, Eff. 8/13/99; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2017 MAR p. 487, Eff. 4/29/17; AMD, 2018 MAR p. 2048, Eff. 10/20/18.)

24.156.602 NONREFUNDABLE FEES (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-314, MCA; NEW, Eff. 4/4/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1583, Eff. 7/1/06.)

24.156.603 APPLICATIONS - EXPEDITED LICENSURE (1) Application forms will be provided to an applicant in accordance with the requirement of 37-3-305, MCA, and all of the requirements set forth in 37-3-101 through 37-3-405, MCA.

(2) When an application contains information including, but not limited to, criminal matters, malpractice history, or irregularities in medical education or practice, the board may make an independent investigation to determine whether the applicant has the qualifications necessary to be licensed, and whether the applicant's behavior constitutes unprofessional conduct under 37-1-316, MCA, or ARM 24.156.625. The board may require such applicant to release any information or records pertinent to the board's investigation. The board shall require the applicant to furnish information from all states in which the applicant has previously been licensed.

(3) An applicant who has not engaged in the active clinical practice of medicine for the two or more years preceding his or her application must meet the requirements set forth in ARM 24.156.618.

(4) A board-certified physician who has been licensed for at least five years immediately preceding the application in at least one other state, the District of Columbia, a U.S. territory, or a Canadian province, and who has been in active clinical practice for all of those five years, and has no disciplinary or medical malpractice cases pending, settled, or adjudicated against the physician during the five years of practice immediately preceding the application, and no more than one malpractice claim, settlement, or judgment resulting in a payment exceeding $50,000 in the ten years immediately preceding the application, may apply for a license on an expedited basis.

(5) An applicant for a license on an expedited basis shall:

(a) submit a completed application on a form approved by the board;

(b) attest under oath on a form provided by the department that the information on the application is true and complete, and that falsification of any information is grounds for license denial or revocation;

(c) submit a signed release on a form provided by the department authorizing the release to the board of all information pertaining to the application;

(d) submit documentation of legal name change, if applicable;

(e) provide verification that the applicant has held an active, unrestricted license to practice medicine for at least five years immediately preceding the application;

(f) submit evidence of active clinical practice providing patient care for an average of 20 hours or more per week for the five years immediately preceding the application;

(g) provide verification of certification or recertification within the past ten years by an American Board of Medical Specialties (ABMS)- or an American Osteopathic Association (AOA)-approved specialty board, or be a Certificant of the College of Family Physicians of Canada (CCFP), a Fellow of the Royal College of Physicians (FRCP), or a Fellow of the Royal College of Surgeons (FRCS);

(h) pay to the board a nonrefundable fee of $325; and

(i) supply any additional information the board deems necessary to evaluate the applicant's qualifications.

(6) The board shall independently verify information from the American Medical Association (AMA) Physician Profile, or, if the applicant is an osteopathic physician, from the American Osteopathic Association (AOA) Physician Profile, the Federation of State Medical Boards (FSMB) and the National Practitioner Data Base (NPDB) in order to expedite licensing.

(7) A physician who has any of the following is not eligible to apply for a license on an expedited basis:

(a) professional liability insurance claims(s) or payments(s) in the five years immediately preceding the application or more than one such claim, settlement or judgment resulting in a payment exceeding $50,000 in the ten years immediately preceding the application;

(b) criminal convictions or pending criminal charges other than motor vehicle violations or misdemeanors resulting in a fine of more than $100;

(c) medical conditions which could affect the physician's ability to practice safely, including addiction to or intemperate use of addictive substances;

(d) regulatory board or licensing board complaints, investigations, or actions, including withdrawal of a license application;

(e) investigations or adverse actions, including denial, restriction, suspension, revocation, expulsion from or termination of hospital, clinic, or surgical center privileges, taken by a hospital, institutional staff, medical school, federal agency, or the U.S. military; or

(f) has graduated from a U.S. or Canadian medical school that is not Liaison Committee on Medical Education (LCME)-approved or Committee on Accreditation of Canadian Medical Schools (CACMS)-approved, or has graduated from a foreign medical school.

(8) An applicant who is found to be ineligible for licensing on an expedited basis will be informed by the board that the applicant is not eligible and the application will be processed on a nonexpedited basis. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-101, 37-3-202, 37-3-305, 37-3-306, 37-3-309, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1992 MAR p. 1607, Eff. 7/31/92; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2013 MAR p. 1695, Eff. 9/20/13.)

24.156.604 REFUSAL OF LICENSE (1) Whenever the board refuses to grant a license to an applicant for any reason, as provided in 37-3-321, MCA, the board shall give at least 20 days' notice of its action to the applicant at the applicant's last known address. The notice must advise the applicant of a time and place the applicant may appear before the board to be heard and to present evidence and argument. (History: 37-3-203, MCA; IMP, 37-3-321, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471.)

24.156.605 TEMPORARY LICENSE (REPEALED) (History: 37-1-131, 37-3-203, MCA; IMP, 37-3-301, 37-3-304, 37-3-307, MCA; Eff. 12/31/72; NEW, Eff. 4/4/75; AMD, Eff. 5/5/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 2134, Eff. 12/17/82; AMD, 1990 MAR p. 1700, Eff. 8/31/90; AMD, 1995 MAR p. 2480, Eff. 11/23/95; AMD, 1997 MAR p. 2197, Eff. 12/2/97; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.606 EXAMINATION (1) Eligibility requirements for USMLE Step III are:

(a) an M.D. or D.O. degree;

(b) completion or near completion of one year of postgraduate training in a program of graduate medical education accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

(c) a passing score on one of the following:

(i) National Board of Medical Examiners examination (NBME) Parts I and II, taken before January 1, 2000; or

(ii) Federation Licensing Examination (FLEX) Component I, taken before January 1, 2000; or

(iii) USMLE Steps I and II; and

(d) for foreign medical graduates not eligible for the fifth pathway, a passing score on ECFMG.

(2) USMLE Step III must be taken within seven years of the applicant's first examinations under (1)(c), unless the applicant is or has been a student in a recognized M.D./Ph.D. program in a field of biological sciences tested in the Step I content. Applicants seeking an exception to the seven-year rule shall present a verifiable and rational explanation for being unable to meet the seven-year limit.

(3) If an applicant fails to pass the first attempt at USMLE Step III, the applicant may be reexamined no more than five additional times.

(4) For exams taken prior to January 1, 2000, the board will accept the following combination of examinations, with passing scores on each:

(a) NBME Parts I, II, and III; or

(b) NBME Part I or USMLE Step 1, plus NBME Part II or USMLE Step 2, plus NBME Part III or USMLE Step 3; or

(c) FLEX Components 1 and 2; or

(d) FLEX Component 1 plus USMLE Step 3; or

(e) NBME Part I or USMLE Step 1, plus NBME Part II or USMLE Step 2, plus FLEX Component 2.

(5) For exams taken after January 1, 2000, the board will accept only USMLE Steps 1, 2, and 3.

(6) The board will accept an examination by the National Board of Examiners for Osteopathic Physicians and Surgeons, or its successor, with a passing score, regardless of date of examination. (History: 37-3-203, MCA; IMP, 37-3-305, 37-3-309, MCA; Eff. 12/31/72; AMD, Eff. 11/4/74; NEW, Eff. 3/7/76; AMD, 1979 MAR p. 801, Eff. 7/27/79; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1983 MAR p. 69, Eff. 1/28/83; AMD, 1985 MAR p. 687, Eff. 6/14/85; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2001 MAR p. 1474, Eff. 8/10/01; AMD, 2003 MAR p. 1636, Eff. 8/1/03; AMD, 2014 MAR p. 2833, Eff. 11/21/14; AMD, 2018 MAR p. 2048, Eff. 10/20/18.)

24.156.607 GRADUATE TRAINING REQUIREMENTS FOR FOREIGN MEDICAL GRADUATES (1) A license will not be granted to a foreign medical graduate unless:

(a) the graduate has had three years of post-graduate training education in a post-graduate institution that has been approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association or successors; or

(b) the graduate has had three years of postgraduate training education in a program approved by or affiliated with the World Health Organization and has sufficient fluency in spoken and written English to practice medicine with reasonable skill and safety; or

(c) the graduate has been granted board certification by a specialty board which is approved by and a member of the American Board of Medical Specialties or the American Osteopathic Association, or provides verification of being a certificant of the College of Family Physicians of Canada, a fellow of the Royal College of Physicians, or a fellow of the Royal College of Surgeons. (History: 37-3-203, MCA; IMP, 37-3-305, MCA; NEW, 1985 MAR p. 687, Eff. 6/14/85; AMD, 1995 MAR p. 2480, Eff. 11/23/95; AMD, 1999 MAR p. 275, Eff. 2/12/99; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2014 MAR p. 2833, Eff. 11/21/14.)

24.156.608 ECFMG REQUIREMENTS (1) The ECFMG requirement may be waived for graduates of Canadian medical schools if the school is approved by the Medical Council of Canada, or successors.

(2) Except as set forth in (1), a foreign medical graduate must pass the examination of the Educational Council on Foreign Medical Graduates with a score of 75 or more. (History: 37-3-203, MCA; IMP, 37-3-305, 37-3-306, 37-3-307, 37-3-311, MCA; NEW, Eff. 5/5/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 687, Eff. 6/14/85; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471.)

24.156.609 FIFTH PATHWAY PROGRAM (1) The fifth pathway program is one year of supervised clinical education or training in an educational center approved for that purpose by the American Medical Association or the American Osteopathic Association or successors.

(2) The fifth pathway program, as approved by the American Medical Association Accreditation Council for Graduate Medical Education may be accepted by the board if the applicant:

(a) is a United States citizen, and

(b) has completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an LCME-accredited U.S. medical school, and

(c) has completed four years of didactic instruction at a medical school outside the U.S. or Canada that is listed in the World Health Directory of Medical Schools, and

(d) has completed all of the formal requirements of the foreign medical school except internship, social service or certain clinical or practice requirements of the school or government, and

(e) has attained a score satisfactory to the sponsoring medical school on a screening examination, and

(f) has passed the foreign medical graduate examination in the medical sciences, or parts I and II of the examination of the National Board of Medical Examiners ("NBME"), or Component I of the Federation Licensing Examination ("FLEX"), or Steps 1 and 2 of the United States Medical Licensing Examination ("USMLE").

(3) Suitable evidence must be provided to the board of the fifth pathway program. (History: 37-3-203, MCA; IMP, 37-3-102, 37-3-306, 37-3-307, 37-3-309, MCA; NEW, Eff. 5/5/75; NEW, Eff. 3/7/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471.)

24.156.610 RECIPROCITY (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-306, 37-3-307, 37-3-311, MCA; Eff. 12/31/72; NEW, Eff. 5/5/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 687, Eff. 6/14/85; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2010 MAR p. 1187, Eff. 5/14/10.)

24.156.611 OCCASIONAL CASE EXEMPTION (1) The board may, in its discretion, grant an exemption to a physician who renders medical services in this state, provided that the physician:

(a) submits an application to the board describing the date, place, and the scope of practice and/or the procedure to be performed, and a statement detailing the need for the physician's expertise in Montana, prior to such service;

(b) submits proof of medical licensure (active and in good standing) and practice in another state or territory of the United States;

(c) submits the name of a physician licensed in this state who will be in attendance and will assume continuing care for the patient; and

(d) limits the service to an occasional case.

(2) An occasional case is defined as not more than two cases per year. A single case may include rendering medical services to multiple patients on no more than five consecutive or nonconsecutive days.

(3) An occasional case exemption is valid for two months from the date of issuance. (History: 37-3-203, MCA; IMP, 37-3-103, MCA; NEW, 2001 MAR p. 1475, Eff. 8/10/01; AMD, 2014 MAR p. 2833, Eff. 11/21/14.)

24.156.612 APPLICATION FOR TEMPORARY NON-DISCIPLINARY PHYSICIAN LICENSE (1) A medical resident within six months of completing an approved residency program may apply for a physician license and must:

(a) submit a completed application on a form approved by the board;

(b) provide verification from an approved residency program that the applicant is in good standing and expected to complete the residency program within six months of the date of application;

(c) pay the physician license application fee as prescribed in ARM 24.156.601; and

(d) provide to the board any additional information the board or the board's designee deems necessary to evaluate the applicant's eligibility for licensure. (History: 37-3-203, 37-3-301, 37-3-305, MCA; IMP, 37-3-301, 37-3-305, MCA; NEW, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.613 APPLICATION FOR PHYSICIAN LICENSURE IN ANOTHER STATE VIA INTERSTATE COMPACT (1) A Montana-licensed physician who wishes to apply for expedited licensure in another state that is a member of the Interstate Medical Licensure Compact shall:

(a) submit a completed application on a form approved by the board;

(b) pay an application fee for licensure in another state via interstate compact per ARM 24.156.601; and

(c) designate Montana as the state of principal license in compliance with 37-3-356, MCA.

(2) Upon receiving an application for expedited licensure via the Interstate Medical Licensure Compact, the department shall:

(a) conduct a review of qualifications and a criminal background check as required by 37-3-356, MCA; and

(b) inform the Interstate Medical Licensure Compact Commission whether or not the applicant meets the qualifications of 37-3-356, MCA. (History: 37-3-203, MCA; IMP, 37-3-356, MCA; NEW, 2017 MAR p. 487, Eff. 4/29/17.)

Rule 24.156.614 reserved

24.156.615 RENEWALS (1) All licensees will renew for a period of two years.

(2) A physician actively engaged in the practice of medicine with an active license shall pay a license renewal fee. If the physician does not pay the license renewal fee and return the required renewal before the date set by ARM 24.101.413, the physician must pay the late penalty fee specified in ARM 24.101.403 in order to renew the physician's license.

(3) A physician with an active license who is not actively engaged in the clinical practice of medicine in this state, or who is absent from this state for a period of one or more years, may renew as an inactive licensee and pay the inactive fee listed in ARM 24.156.601.

(a) A physician seeking to renew an inactive Montana license as an active license (reactivate), and who has ceased the clinical practice of medicine in all jurisdictions for the two or more years during which the license has been inactive preceding the request for reactivation, must seek reactivation pursuant to ARM 24.156.618.

(4) The provisions of ARM 24.101.408 apply. (History: 37-1-131, 37-1-319, MCA; IMP, 37-1-131, 37-1-134, 37-1-141, 37-1-319, MCA; NEW, Eff. 3/7/76; AMD, 1979 MAR p. 40, Eff. 1/26/79; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1389, Eff. 7/16/82; AMD, 1982 MAR p. 1739, Eff. 10/1/82; AMD, 1985 MAR p. 687, Eff. 6/14/85; AMD, 1989 MAR p. 395, Eff. 3/31/89; AMD, 1990 MAR p. 1700, Eff. 8/31/90; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2007 MAR p. 505, Eff. 4/27/07; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2014 MAR p. 595, Eff. 3/28/14; AMD, 2018 MAR p. 2048, Eff. 10/20/18.)

24.156.616 REGISTRY (1) The board will keep a register of all physicians licensed in Montana, showing the status of each license.

(2) The board will keep a register of all physicians licensed in Montana and who hold a health corps participation registration. (History: 37-3-203, 37-3-802, MCA; IMP, 37-3-205, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 73, Eff. 1/15/10.)

24.156.617 LICENSE CATEGORIES (1) If the board determines that an applicant or licensee possesses the qualifications for licensure required under Title 37, chapter 3, MCA, the board may instruct the department to issue licenses in the following categories:

(a) active license;

(b) inactive license; or

(c) limited temporary (resident).

(2) An active license is required for a physician actively practicing medicine in this state at any time during the renewal period.

(a) The term "actively practicing medicine" means the exercise of any activity or process identified in 37-3-102, MCA.

(3) An active license is required for a physician participating in the Montana health corps.

(4) An inactive license may be obtained by a physician who is not actively practicing medicine in this state, and does not intend to actively practice medicine in this state at any time during the current renewal period, but may wish to reactivate in the next renewal period.

(a) To renew a license on inactive status, a physician must pay a fee prescribed by the board, and complete the renewal prior to the date set by ARM 24.101.413.

(b) If both the renewal fee and completed renewal are not returned prior to the date specified in ARM 24.101.413, the physician must pay the late penalty fee specified in ARM 24.101.403 in order to renew the license.

(5) An inactive-retired license may be renewed by the renewal date set in ARM 24.101.413 through March 31, 2016, after which date the inactive-retired status no longer will be granted. (History: 37-1-131, 37-1-319, 37-3-203, 37-3-802, 37-3-804, MCA; IMP, 37-1-131, 37-1-141, 37-1-319, 37-3-304, 37-3-305, 37-3-802, 37-3-804, MCA; NEW, 1996 MAR p. 3213, Eff. 12/20/96; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 73, Eff. 1/15/10; AMD, 2010 MAR p. 1506, Eff. 5/14/10; AMD, 2014 MAR p. 596, Eff. 3/28/14.)

24.156.618 REACTIVATION OF LICENSE (1) A physician seeking to reactivate a Montana license, which has been inactive for the two or more years preceding the request for reactivation, and who has ceased the clinical practice of medicine in all jurisdictions for the entire time during which the license has been inactive, may be required to do one or more of the following:

(a) practice for a specified period of time under a mentor/supervising physician who will provide periodic reports to the board;

(b) obtain certification or recertification by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS);

(c) complete one year of accredited postgraduate or clinical fellowship training, which must be preapproved by the board;

(d) pass the Special Purpose Examination (SPEX) or the Comprehensive Osteopathic Medical Variable Purpose Examination (COMVEX). The applicant who fails the SPEX or COMVEX examination three times, whether in Montana or other states, must successfully complete one year of an accredited residency or an accredited or board-approved clinical training before retaking the SPEX or COMVEX examination;

(e) undergo a competency evaluation by an entity approved by the board;

(i) if deemed necessary, complete a reentry plan that has been approved by the board prior to the applicant beginning the plan, to the satisfaction of the board;

(f) complete any other requirements as determined by the board; and

(g) pay the difference between the fee for an inactive and active license.

(2) A physician seeking to reactivate a Montana license, which has been inactive for the two or more years preceding the request for activation, and who has practiced medicine on an active license in another state or jurisdiction for the five years preceding the request to reactivate, may be required to appear before the board, and must:

(a) provide verification of one or more active licenses maintained during the time period the physician has held an inactive Montana license;

(b) identify all locations and dates of practice during the five years preceding the request for reactivation; and

(c) pay the difference between the fee for an inactive and active license.

(3) A physician seeking to participate in the Montana health corps and holding an active license, who has ceased the clinical practice of medicine for two or more years preceding the health corps application date, is required to comply with the requirements set forth in (1). (History: 37-1-319, 37-3-203, 37-3-802, MCA; IMP, 37-1-319, 37-3-101, 37-3-202, 37-3-802, MCA; NEW, 1992 MAR p. 1607, Eff. 7/31/92; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 73, Eff. 1/15/10; AMD, 2010 MAR p. 1506, Eff. 5/14/10; AMD, 2012 MAR p. 2464, Eff. 12/7/12; AMD, 2014 MAR p. 596, Eff. 3/28/14.)

24.156.619 OBLIGATION TO REPORT TO BOARD (1) A physician shall report to the board within three months from the date of a final judgment, order, or agency action, all information related to malpractice, misconduct, criminal, or disciplinary action in which the physician is a named party. (History: 37-1-131, 37-1-319, 37-3-202, MCA; IMP; 37-1-131, 37-1-319, 37-3-323, 37-3-401, 37-3-405, MCA; NEW, 2012 MAR p. 2464, Eff. 12/7/12.)

Rules 24.156.620 through 24.156.624 reserved

24.156.625 UNPROFESSIONAL CONDUCT (1) In addition to those forms of unprofessional conduct defined in 37-1-316, MCA, the following is unprofessional conduct for a licensee or license applicant under Title 37, chapter 3, MCA:

(a) conviction, including conviction following a plea of nolo contendere, of an offense involving moral turpitude, whether misdemeanor or felony, and whether or not an appeal is pending;

(b) fraud, misrepresentation, deception, or concealment of a material fact in applying for or securing a license or license renewal, or in taking an examination required for licensure. As used herein, "material" means any false or misleading statement or information;

(c) conduct likely to deceive, defraud, or harm the public;

(d) making a false or misleading statement regarding the licensee's skill or the effectiveness or value of the medicine, treatment, or remedy prescribed by the licensee or at the licensee's direction in the treatment of a disease or other condition of the body or mind;

(e) resorting to fraud, misrepresentation, or deception in the examination or treatment of a person; or in billing, giving, or receiving a fee related to professional services; or reporting to a person, company, institution, or organization, including fraud, misrepresentation, or deception with regard to a claim for benefits under Title 39, chapter 71 or 72, MCA;

(f) use of a false, fraudulent, or deceptive statement in any document connected with the practice of medicine;

(g) having been subject to disciplinary action of another state or jurisdiction against a license or other authorization to practice medicine, based upon acts or conduct by the licensee similar to acts or conduct that would constitute grounds for disciplinary action under Title 37, chapter 3, MCA, or these rules. A certified copy of the record of the action taken by the other state or jurisdiction is evidence of unprofessional conduct;

(h) willful disobedience of a rule adopted by the board, or an order of the board, regarding evaluation or enforcement of discipline of a licensee;

(i) habitual intemperance or excessive use of an addictive drug, alcohol, or any other substance to the extent that the use impairs the user physically or mentally;

(j) failing to furnish to the board or its investigators or representatives information legally requested by the board;

(k) failing to cooperate with a lawful investigation conducted by the board;

(l) failing to report to the board any adverse judgment, settlement, or award arising from a medical liability claim or other unprofessional conduct;

(m) obtaining a fee or other compensation, either directly or indirectly, by the misrepresentation that a manifestly incurable disease, injury, or condition of a person can be cured;

(n) abusive billing practices;

(o) commission of an act of sexual abuse, sexual misconduct, or sexual exploitation by the licensee, whether or not related to the licensee's practice of medicine;

(p) administering, dispensing, prescribing, or ordering a controlled substance as defined by the federal Food and Drug Administration or successors, otherwise than in the course of legitimate or reputable professional practice;

(q) conviction or violation of a federal or state law regulating the possession, distribution, or use of a controlled substance as defined by the federal Food and Drug Administration or successors, whether or not an appeal is pending;

(r) testifying in court on a contingency basis;

(s) conspiring to misrepresent or willfully misrepresenting medical conditions improperly to increase or decrease a settlement, award, verdict, or judgment;

(t) except as provided in this subsection, practicing medicine as the partner, agent, or employee of, or in joint venture with, a person who does not hold a license to practice medicine within this state; however, this does not prohibit:

(i) the incorporation of an individual licensee or group of licensees as a professional service corporation under Title 35, chapter 4, MCA;

(ii) a single consultation with or a single treatment by a person licensed to practice medicine and surgery in another state or territory of the United States or a foreign country;

(iii) the organization of a professional limited liability company under Title 35, chapter 8, MCA, for the providing of professional services as defined in Title 35, chapter 8, MCA; or

(iv) practicing medicine as the partner, agent, or employee of, or in joint venture with, a hospital, medical assistance facility, or other licensed health care provider; however,

(A) the partnership, agency, employment, or joint venture must be evidenced by a written agreement containing language to the effect that the relationship created by the agreement may not affect the exercise of the physician's independent judgment in the practice of medicine; and

(B) the physician's independent judgment in the practice of medicine must in fact be unaffected by the relationship; and

(C) the physician may not be required to refer any patient to a particular provider or supplier or take any other action that the physician determines not to be in the patient's best interest;

(u) failing to transfer pertinent and necessary medical records to another licensed health care provider, the patient, or the patient's representative when requested to do so by the patient or the patient's legally designated representative;

(v) failing to comply with an agreement the licensee has entered into with the program established by the board under 37-3-203, MCA;

(w) failing, as a medical director, to supervise, appropriately direct, and train emergency medical technicians (EMTs) practicing under the licensee's supervision, according to scope of practice and current board-approved USDOT curriculum standards, including revisions and board-approved statewide protocols for patient care;

(x) failing to supervise, manage, appropriately delegate, and train medical assistants under the licensee's supervision, according to scope of practice and generally accepted standards of practice;

(y) failing to supervise, appropriately delegate, and train physician assistants-certified practicing under the licensee's supervision, according to board-approved utilization plans, scope of practice, and generally accepted standards of practice;

(z) failing to supervise and appropriately train residents as defined in 37-3-305, MCA, practicing under the licensee's supervision, according to scope of practice and generally accepted standards of practice;

(aa) having voluntarily relinquished or surrendered a license or privileges, or having withdrawn an application for licensure or privileges, while under investigation or prior to the granting or denial of an application in this state, or in another state or jurisdiction;

(ab) terminating an existing relationship with a patient, for whatever reason, without verifiable written notice prior to terminating the relationship, and sufficiently far in advance to allow other medical care to be secured;

(ac) failing to make appropriate arrangements to transfer and place patient medical records in a secure location preceding, during, or following a change in a practice location; sale of practice; or termination of a patient relationship or a medical practice; or knowingly breaching the confidentiality of patient medical records with an individual unauthorized to receive medical records;

(ad) prescribing medication to a patient based solely on a questionnaire; or

(ae) any other act, whether specifically enumerated or not, that in fact constitutes unprofessional conduct. (History: 37-1-319, 37-3-203, MCA; IMP, 37-1-131, 37-1-316, 37-3-202, 37-3-305, 37-3-309, 37-3-323, MCA; NEW, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2004 MAR p. 731, Eff. 1/30/04; AMD, 2014 MAR p. 2833, Eff. 11/21/14; AMD, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.626 REVOCATION OR SUSPENSION PROCEEDINGS (1) In those cases brought pursuant to the provisions of 37-3-323, MCA, such proceedings may be initiated by any person or a member of the board by the filing of a written, signed complaint in which the charge or charges against the licensee are stated separately and with particularity. Such a complaint may be delivered to and filed with the board by any person of legal age or may be delivered to and filed with the board by the executive officer of the board or by the attorney for the board. (History: 37-3-203, MCA; IMP, 37-3-323, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.627 REINSTATEMENT (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-324, MCA; NEW, Eff. 12/31/74; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1990 MAR p. 1700, Eff. 8/31/90; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.628 MANAGEMENT OF INFECTIOUS WASTES (1) Each physician licensed by the board shall store, transport off the premises and dispose of infectious wastes, as defined in 75-10-1003, MCA, in accordance with the requirements set forth in 75-10-1005, MCA.

(2) Used sharps are properly packaged and labeled within the meaning of 75-10-1005, MCA, when this is done as required by the Occupational Safety and Health Administration (OSHA). (History: 37-1-131, 37-3-203, 75-10-1006, MCA; IMP, 37-1-131, 75-10-1006, MCA; NEW, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

24.156.629 DEFINITIONS For the purpose of these rules, the following definitions shall apply:

(1) "Board" means the Board of Medical Examiners for the State of Montana, created under 2-15-1731, MCA.

(2) "Montana Health Corps" means the entirety of those retired, but actively licensed Montana physicians authorized to engage in a limited home health care practice with limitations on liability, as created under the Montana Health Corps Act.

(3) "Licensee" means the current holder of an active license.

(4) "Health corps physician" means a physician, as defined in 37-3-102 and 37-6-101, MCA, who holds an active license to practice medicine in Montana, who is retired, and who has applied to participate in the health corps and completed the registration requirements imposed by the board.

(5) "Retired" means no longer maintaining a private, institutional, or governmental practice for the purposes of monetary remuneration within the United States. The board recognizes that occasional work within the United States may be necessary to maintain physician skills. Such occasional locum tenen work for monetary remuneration will not disqualify a physician from "retired" status. (History: 37-1-131, 37-3-203, 37-3-802, MCA; IMP, 37-1-131, 37-3-802, 37-3-804, MCA; NEW, 2010 MAR p. 73, Eff. 1/15/10.)

24.156.630 APPLICATION FOR PARTICIPATION IN HEALTH CORPS

(1) An applicant who holds an active license to practice medicine in the State of Montana and who wants to participate in the health corps program shall:

(a) complete and return a registration form approved by the board, together with accompanying documentation;

(b) submit a registration fee pursuant to ARM 24.156.631; and

(c) satisfy all of the requirements set forth in 37-3-804, MCA.

(2) An applicant who does not hold an active license to practice medicine in the State of Montana and wants to participate in the health corps program must submit an application for an active license, in addition to fulfilling the requirements listed above. (History: 37-1-131, 37-3-203, 37-3-802, 37-3-804, MCA; IMP, 37-1-131, 37-3-802, 37-3-804, MCA; NEW, 2010 MAR p. 73, Eff. 1/15/10.)

24.156.631 FEES (1) Applicants shall submit the following fees:

(a) a registration fee of $25 in the form of a check or money order, payable to the board; and

(b) any additional standardized fees as specified in ARM 24.101.403.

(2) All fees are nonrefundable. (History: 37-1-134, 37-3-203, 37-3-802, 37-3-804, MCA; IMP, 37-1-134, 37-3-804, MCA; NEW, 2010 MAR p. 73, Eff. 1/15/10.)

24.156.632 FAILURE TO COMPLETE APPLICATION AND REGISTRATION

(1) Failure of an applicant to submit the required application or registration fee, complete the required form(s), and submit any other additional required materials within one year from the date of receipt of the initial application or registration materials, shall be grounds for the board to discontinue processing the application. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-309, 37-3-802, 37-3-804, MCA; NEW, 2010 MAR p. 73, Eff. 1/15/10.)

24.156.633 HEALTH CORP PARTICIPATION REGISTRATION (1) The active physician license issued by the board to health corps participants will show the licensee's registration as a health corps physician, in addition to other information the board deems necessary.

(2) The address shown on the license shall be the address of the licensee, where all correspondence and renewal forms from the board shall be sent during the two years for which the registration is valid, and shall be the address deemed sufficient for purposes of service of process. (History: 37-1-131, 37-3-203, 37-3-802, MCA; IMP, 37-1-131, 37-3-802, 37-3-804, MCA; NEW, 2010 MAR p. 73, Eff. 1/15/10.)

24.156.634 RENEWALS (1) Health corps physicians must renew their registration every two years in conjunction with the licensee's renewal of their active license.

(2) Renewal notices will be sent as specified in ARM 24.101.414.

(3) The provisions of ARM 24.101.408 apply. (History: 37-1-131, 37-3-203, 37-3-802, 37-3-804, MCA; IMP, 37-1-131, 37-1-141, 37-3-802, 37-3-804, MCA; NEW, 2010 MAR p. 73, Eff. 1/15/10.)

24.156.635 SCOPE OF PRACTICE OF HEALTH CORPS PARTICIPANTS

(1) A retired physician who holds an active license to practice medicine in Montana and who is registered with the board as a health corps physician may:

(a) practice medicine by providing primary outpatient care through home healthcare visits to eligible patients; and

(b) engage in a limited scope of practice under a limitation of liability imposed by 37-3-806, MCA.

(2) Health corps physicians must report to the board in writing within 90 days, any denial of hospital privileges, restrictions or limitations of practice, or the initiation of any disciplinary action against the certificate or license to practice medicine by any state or territory, in which the licensee is licensed.

(3) Health corps physicians shall follow the participation guidelines as set forth by the board. Failure to follow participation guidelines may be grounds for discipline.

(4) Health corps physicians shall provide a written disclosure on the limitation on legal liability to patients referred to in the health corps program.

(5) Health corps physicians are subject to each of the grounds for disciplinary action as provided in 37-1-316, MCA, and ARM 24.156.625, in accordance with the procedures set forth in Title 37, chapters 1 and 3, MCA, and the Montana Administrative Procedure Act.

(6) Health corps physicians shall comply with all laws, rules, and regulations governing the maintenance of patient medical records, including patient confidentiality requirements.

(7) Health corps physicians shall notify the board of any change in the licensee's address, as contained on the participation registration, within 30 days of such change.

(8) Health corps physicians shall cooperate in the investigation of any possible grounds for discipline, including revocation or limitation of the license or participation registration, by timely compliance with all inquiries and subpoenas issued by the board for evidence or information. The licensee shall provide, within 21 days of receipt of a written request from the board, clear and legible copies of requested documents, including medical records, which may be related to possible grounds for discipline, including revocation or limitation of a license or participation registration. Failure to timely comply with a board inquiry or subpoena or to provide clear and legible copies of requested records shall be grounds for discipline. (History: 37-1-131, 37-3-203, 37-3-802, 37-3-804, MCA; IMP, 37-1-131, 37-3-310, 37-3-802, 37-3-804, MCA; NEW, 2010 MAR p. 73, Eff. 1/15/10.)

24.156.636 SANCTIONS (1) Any person who is not properly registered by the board who provides health corps services is subject to criminal prosecution for the unlicensed practice of medicine and/or injunctive or other action authorized in this state to prohibit or penalize continued practice without a license.

(2) This rule does not limit or restrict the board's authority to discipline any Montana licensed physician who violates the Medical Practice Act or who engages in the practice of medicine in any other state. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-325, 37-3-807, MCA; NEW, 2010 MAR p. 73, Eff. 1/15/10.)

24.156.637 REFERRALS TO HEALTH CORPS (1) Physicians or health care facilities may refer Medicare or Medicaid patients to the health corps.

(2) Eligible patients may receive primary outpatient health care in their homes from health corps physicians. (History: 37-1-131, 37-3-203, 37-3-802, 37-3-804, 37-3-805, MCA; IMP, 37-3-802, 37-3-805, MCA; NEW, 2010 MAR p. 73, Eff. 1/15/10.)

Rules 24.156.638 and 24.156.639 reserved

24.156.640 MEDICAL ASSISTANT (REPEALED) (History: 37-3-104, 37-3-203, MCA; IMP, 37-3-104, MCA; NEW, 2006 MAR p. 759, Eff. 3/24/06; REP, 2018 MAR p. 2048, Eff. 10/20/18.)

Subchapter 7 reserved

Subchapter 8

Telemedicine Rules

24.156.801 PURPOSE AND AUTHORITY (1) These rules are promulgated to regulate the practice of telemedicine by physicians pursuant to 37-3-301, MCA. (History: 37-3-203, 37-3-301, MCA; IMP, 37-3-102, 37-3-301, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2018 MAR p. 2048, Eff. 10/20/18.)

24.156.802 DEFINITIONS (1) "In-person encounter" means that a licensee and the patient are in the physical presence of each other during the physician-patient encounter.

(2) "Licensee" means the holder of a current license issued under 37-3-305 or 37-3-307, MCA, using telemedicine as defined by 37-3-102, MCA.

(3) "Physician-patient relationship" means that:

(a) the licensee agrees to undertake diagnosis and treatment of a person seeking medical services from a licensee; and

(b) the person agrees to be diagnosed and/or treated by the licensee whether or not there has been an in-person encounter between the licensee and the person.

(4) "Practice of telemedicine" means the practice of telemedicine as defined by 37-3-102, MCA. (History: 37-3-203, 37-3-301, MCA; IMP, 37-3-102, 37-3-301, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2018 MAR p. 2048, Eff. 10/20/18.)

24.156.803 LICENSE REQUIREMENT (REPEALED) (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-343, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.804 APPLICATION FOR A TELEMEDICINE LICENSE (REPEALED) (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-344, 37-3-345, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.805 FEES (REPEALED) (History: 37-1-134, 37-3-203, MCA; IMP, 37-1-134, 37-1-141, 37-3-344, 37-3-345, 37-3-347, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2015 MAR p. 820, Eff. 6/26/15; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.806 FAILURE TO SUBMIT FEES (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-347, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.807 ISSUANCE OF A TELEMEDICINE LICENSE (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-343, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.808 RENEWALS (REPEALED) (History: 37-1-141, 37-3-203, MCA; IMP, 37-1-141, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.809 EFFECT OF DETERMINATION THAT APPLICATION FOR TELEMEDICINE LICENSE DOES NOT MEET REQUIREMENTS (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-347, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.810 EFFECT OF TELEMEDICINE LICENSE (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-342, 37-3-348, 37-3-349, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2018 MAR p. 2048, Eff. 10/20/18.)

24.156.811 SANCTIONS (REPEALED) (History: 37-3-203, MCA; IMP, 37-3-348, MCA; NEW, 2000 MAR p. 2967, Eff. 10/27/00; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.812 OBLIGATION TO REPORT TO BOARD (REPEALED) (History: 37-1-131, 37-1-319, 37-3-202, MCA; IMP; 37-1-131, 37-1-319, 37-3-323, 37-3-401, 37-3-405, MCA; NEW, 2012 MAR p. 2464, Eff. 12/7/12; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.813 PRACTICE REQUIREMENTS FOR PHYSICIANS USING TELEMEDICINE (1) Treatment of a patient who is physically located in Montana by a licensee using telemedicine occurs where the patient is physically located.

(2) The licensee using telemedicine in the treatment and care of patients in Montana shall adhere to the same standards of care required for in-person medical care settings.

(3) A physician-patient relationship may be established for purposes of telemedicine:

(a) by an in-person medical interview and physical examination when the standard of care requires an in-person encounter;

(b) by consultation with another licensee or health care provider who has a documented relationship with the patient and who agrees to participate in, or supervise, the patient's care; or

(c) through telemedicine if the standard of care does not require an in-person encounter.

(4) The licensee using telemedicine in patient care may prescribe Schedule II drugs to a patient only after first establishing a physician-patient relationship through an in-person encounter which includes a medical interview and physician examination.

(5) The licensee using telemedicine in patient care shall:

(a) make available to the patient verification of the licensee's identity and credentials;

(b) verify the identity of the patient;

(c) establish a physician-patient relationship prior to initiating care;

(d) obtain a medical history sufficient for diagnosis and treatment in keeping with the applicable standard of care prior to providing treatment, issuing prescriptions, or delegating the patient's medical services to other health care providers;

(e) delegate the patient's medical care only to health care providers:

(i) who are known by the licensee to be qualified and competent to perform the delegated services;

(ii) with whom the patient has an established provider-patient relationship; or

(iii) who have physical or electronic access to the licensee for consultation and follow-up while the patient is under the licensee's or the delegee's care;

(f) securely maintain and make timely available:

(i) to the patient or the patient's representative all relevant medical and billing records received or produced in connection with the patient's care; and

(ii) to other health care providers all medical records received or produced in connection with the patient's care. (History: 37-3-203, 37-3-301, MCA; IMP, 37-3-301, MCA; NEW, 2018 MAR p. 2048, Eff. 10/20/18.)

Subchapter 9

Osteopathic Physicians

24.156.901 FEES (REPEALED) (History: 37-1-134, MCA; IMP, 37-5-302, 37-5-303, 37-5-307, MCA; NEW, 1982 MAR p. 1391, Eff. 7/16/82; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2007 MAR p. 506, Eff. 4/27/07.)

24.156.902 APPLICATIONS (REPEALED) (History: 37-3-203, MCA; IMP, 37-5-301, MCA; Eff. 12/31/72; AMD, 1980 MAR p. 660, Eff. 2/29/80; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from ARM Title 8, Ch. 38, 1982 MAR p. 1391, Eff. 7/16/82; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2007 MAR p. 506, Eff. 4/27/07.)

24.156.903 APPROVAL OF SCHOOLS (REPEALED) (History: 37-3-203, MCA; IMP, 37-5-302, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from ARM Title 8, Ch. 38, 1982 MAR p. 1391, Eff. 7/16/82; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2007 MAR p. 506, Eff. 4/27/07.)

24.156.904 RECIPROCITY LICENSES (REPEALED) (History: 37-3-203, MCA; IMP, 37-5-303, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from ARM Title 8, Ch. 38, 1982 MAR p. 1391, Eff. 7/16/82; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2007 MAR p. 506, Eff. 4/27/07.)

24.156.905 RENEWALS (REPEALED) (History: 37-3-203, MCA; IMP, 37-5-307, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from ARM Title 8, Ch. 38, 1982 MAR p. 1391, Eff. 7/16/82; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2007 MAR p. 506, Eff. 4/27/07.)

Subchapter 10

Podiatry

24.156.1001 APPLICATION FOR LICENSURE (1) An applicant for a podiatrist license shall submit an application on a form prescribed by the board. The application must be complete and accompanied by the appropriate fees and the following information and/or documentation:

(a) verification of the applicant's podiatric medical education, including graduate medical education;

(b) verification of passage of an examination as required by 37-6-302, MCA;

(c) a history of applicant's podiatry practice, including dates and locations and noting any periods of inactivity; and

(d) a Federation of Podiatric Medical Boards disciplinary report, submitted directly to the board by the FPMB. (History: 37-3-203, 37-6-106, MCA; IMP, 37-6-302, MCA; NEW, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1002 FEES (1) The following fees will be charged:

(a) license application fee	$500
(b) active license renewal	500
(c) inactive license renewal	250

(2) Additional standardized fees are specified in ARM 24.101.403. (History: 37-1-134, 37-6-106, MCA; IMP, 37-1-134, 37-1-141, 37-6-302, MCA; NEW, 1982 MAR p. 1392, Eff. 7/16/82; AMD, 1992 MAR p. 1607, Eff. 7/31/92; AMD, 1995 MAR p. 2480, Eff. 11/23/95; AMD, 1999 MAR p. 1766, Eff. 8/13/99; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2018 MAR p. 2048, Eff. 10/20/18.)

24.156.1003 ANKLE SURGERY CERTIFICATION (1) Ankle surgery certification will be granted to a doctor of podiatric medicine licensed to practice in Montana, or to an otherwise qualified applicant for a license to practice podiatric medicine in Montana, who makes application on forms provided by the board, and who:

(a) submits proof of certification by the American Board of Foot and Ankle Surgery or its successor(s) in foot and ankle surgery or reconstructive rearfoot/ankle surgery; or

(b) submits proof of current licensure or certification to perform ankle surgery in another state whose licensing standards at the time the license or certificate was issued were essentially equivalent, in the judgment of the board, to those of this state; or

(c) submits proof of completion of a podiatric surgical residency approved in the year of the candidate's residency by the Council on Podiatric Medical Education or the American Board of Foot and Ankle Surgery or its successor(s), and submits evidence satisfactory to the board of not fewer than 25 ankle surgeries performed by the applicant and proctored by a primary surgeon of record who is an orthopedic surgeon with foot and ankle experience or a doctor of podiatric medicine with ankle surgery certification within the five years immediately preceding the application.

(2) The applicant shall submit a nonrefundable fee of $100 with the application for certification in ankle surgery. (History: 37-6-106, MCA; IMP, 37-6-107, MCA; NEW, 1995 MAR p. 2480, Eff. 11/23/95; AMD, 2001 MAR p. 1094, Eff. 6/22/01; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2018 MAR p. 2048, Eff. 10/20/18.)

24.156.1004 RENEWALS (REPEALED) (History: 37-1-131, 37-1-134, 37-1-141, 37-6-106, MCA; IMP, 37-1-134, 37-1-141, 37-6-304, MCA; NEW, 1992 MAR p. 1607, Eff. 7/31/92; AMD, 1997 MAR p. 2197, Eff. 12/2/97; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1005 UNPROFESSIONAL CONDUCT (1) In addition to those forms of unprofessional conduct defined in 37-1-316, MCA, the following is unprofessional conduct for a licensee or license applicant under Title 37, chapter 6, MCA:

(a) conviction, including conviction following a plea of nolo contendere of an offense involving moral turpitude, whether misdemeanor or felony, and whether or not an appeal is pending;

(b) fraud, misrepresentation, deception, or concealment of a material fact in applying for or securing a license, or license renewal, or in taking an examination required for licensure. As used herein, "material" means any false or misleading statement or information;

(c) conduct likely to deceive, defraud, or harm the public;

(d) making a false or misleading statement regarding the licensee's skill or the effectiveness or value of the medicine, treatment, or remedy prescribed by the licensee or at the licensee's direction in the treatment of a disease or other condition of the body or mind;

(e) resorting to fraud, misrepresentation, or deception in the examination or treatment of a person; or in billing, giving, or receiving a fee related to professional services; or reporting to a person, company, institution, or organization, including fraud, misrepresentation, or deception with regard to a claim for benefits under Title 39, chapter 71 or 72, MCA;

(f) use of a false, fraudulent, or deceptive statement in any document connected with the practice of podiatric medicine;

(g) having been subject to disciplinary action of another state or jurisdiction against a license or other authorization to practice podiatric medicine, based upon acts or conduct by the licensee, similar to acts or conduct that would constitute grounds for disciplinary action under Title 37, chapter 6, MCA, or these rules. A certified copy of the record of the action taken by the other state or jurisdiction is evidence of unprofessional conduct;

(h) willful disobedience of a rule adopted by the board, or an order of the board regarding evaluation or enforcement of discipline of a licensee;

(i) habitual intemperance or excessive use of an addictive drug, alcohol, or any other substance to the extent that the use impairs the user physically or mentally;

(j) failing to furnish to the board or its investigators or representatives information legally requested by the board;

(k) failing to cooperate with a lawful investigation conducted by the board;

(l) failing to report to the board any adverse judgment, settlement, or award arising from a medical liability claim or other unprofessional conduct;

(m) obtaining a fee or other compensation, either directly or indirectly, by the misrepresentation that a manifestly incurable disease, injury, or condition of a person can be cured;

(n) abusive billing practices;

(o) commission of an act of sexual abuse, misconduct, or exploitation by the licensee, whether or not related to the licensee's practice of podiatric medicine;

(p) administering, dispensing, prescribing, or ordering a controlled substance as defined by the federal Food and Drug Administration or successors, otherwise than in the course of legitimate or reputable professional practice;

(q) conviction or violation of a federal or state law regulating the possession, distribution, or use of a controlled substance as defined by the federal Food and Drug Administration or successors, whether or not an appeal is pending;

(r) testifying in court on a contingency basis;

(s) conspiring to misrepresent or willfully misrepresenting medical conditions improperly to increase or decrease a settlement, award, verdict, or judgment;

(t) except as provided in this subsection, practicing podiatric medicine as the partner, agent, or employee of, or in joint venture with, a person who does not hold a license to practice podiatric medicine within this state; however, this does not prohibit:

(i) the incorporation of an individual licensee or group of licensees as a professional service corporation under Title 35, chapter 4, MCA; or

(ii) the organization of a professional limited liability company under Title 35, chapter 8, MCA, for the providing of professional services as defined in Title 35, chapter 8, MCA; or

(iii) practicing podiatric medicine as the partner, agent, or employee of, or in joint venture with, a hospital, medical assistance facility, or other licensed health care provider; however,

(A) the partnership, agency, employment or joint venture must be evidenced by a written agreement containing language to the effect that the relationship created by the agreement may not affect the exercise of the podiatrist's independent judgment in the practice of podiatric medicine, and

(B) the podiatrist's independent judgment in the practice of podiatric medicine must in fact be unaffected by the relationship, and

(C) the podiatrist may not be required to refer any patient to a particular provider or supplier or take any other action that the podiatrist determines not to be in the patient's best interest;

(u) failing to transfer pertinent and necessary medical records to another licensed health care provider, the patient, or the patient's representative when requested to do so by the patient or the patient's legally designated representative;

(v) terminating an existing relationship with a patient, for whatever reason, without verifiable written notice prior to terminating the relationship, and sufficiently far in advance to allow other medical care to be secured;

(w) failing to place patient medical records in a secure location preceding, during, or following a change in practice location or termination of a patient relationship or a podiatric medical practice; or knowingly breaching confidentiality of patient medical records with an individual unauthorized to receive medical records; or

(x) any other act, whether specifically enumerated or not, that in fact constitutes unprofessional conduct. (History: 37-1-319, 37-6-106, MCA; IMP, 37-1-316, 37-6-311, MCA; NEW, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2014 MAR p. 2833, Eff. 11/21/14; AMD, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1006 MANAGEMENT OF INFECTIOUS WASTES (1) Each podiatrist licensed by the board shall store, transport off the premises and dispose of infectious wastes, as defined in 75-10-1003, MCA, in accordance with the requirements set forth in 75-10-1005, MCA.

(2) Used sharps are properly packaged and labeled within the meaning of 75-10-1005, MCA, when this is done as required by the Occupational Safety and Health Administration (OSHA). (History: 37-1-131, 37-6-106, 75-10-1006, MCA; IMP, 37-1-131, 75-10-1006, MCA; NEW, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

24.156.1007 OBLIGATION TO REPORT TO BOARD (1) A podiatrist shall report to the board within three months from the date of a final judgment, order, or agency action, all information related to malpractice, misconduct, criminal, or disciplinary action in which the podiatrist is a named party. (History: 37-1-131, 37-1-319, 37-6-106, MCA; IMP, 37-1-131, 37-1-319, 37-6-311, MCA; NEW, 2012 MAR p. 2464, Eff. 12/7/12.)

24.156.1008 PODIATRY POSTGRADUATE TRAINING (1) "Equivalent experience or training" per 37-6-302(2)(c), MCA, means:

(a) successful completion of a 12-month preceptorship in a jurisdiction that statutorily authorizes preceptorships and sets standards in rule for preceptor clinical affiliation, scope of preceptor practice, and standards for review and completion of the program;

(b) a minimum of three years of active clinical practice in another jurisdiction or in the armed forces with licensing standards substantially equivalent to or greater than the standards in this state;

(c) completion of at least one year of postdoctoral fellowship training;

(d) a minimum of two years of full-time teaching in a college of podiatric medicine subsequent to receipt of the degree of doctor of podiatric medicine; or

(e) successful evaluation of clinical competency in a program approved by the board prior to initiation of evaluation. (History: 37-3-203, 37-6-106, MCA; IMP, 37-6-302, MCA; NEW, 2014 MAR p. 2833, Eff. 11/21/14.)

Subchapters 11 and 12 reserved

Subchapter 13

Nutrition Practice Rules

24.156.1301 DEFINITIONS (1) The term "act" means chapter 25 of Title 37, Montana Code Annotated, sometimes called "the Dietetics-Nutrition Practice Act of the state of Montana."

(2) "Academy" means the Academy of Nutrition and Dietetics or its successor.

(3) "Commission" means the Commission on Dietetic Registration, accredited by the National Commission for Certifying Agencies.

(4) "Standards of dietetic practice" means Academy of Nutrition and Dietetics Standards of Practice and Standards of Professional Performance for Registered Dietitians.

(5) Further, for the purpose of this subchapter, the definitions contained in subchapter five of the administrative rules of the Montana State Board of Medical Examiners apply. (History: 37-1-131, 37-25-201, MCA; IMP, 37-25-201, 37-25-302, MCA; NEW, 1988 MAR p. 823, Eff. 4/29/88; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2014 MAR p. 2833, Eff. 11/21/14.)

24.156.1302 FEES (1) The board has adopted the following fee payment schedule:

(a) Initial fee	$100
(b) Renewal fee	150

(2) Additional standardized fees are specified in ARM 24.101.403. (History: 37-1-134, 37-25-201, MCA; IMP, 37-1-134, 37-1-141, 37-25-302, MCA; NEW, 1988 MAR p. 823, Eff. 4/29/88; AMD, 1992 MAR p. 1607, Eff. 7/31/92; AMD, 1995 MAR p. 2480, Eff. 11/23/95; AMD, 1997 MAR p. 2197, Eff. 12/2/97; AMD, 1999 MAR p. 1766, Eff. 8/13/99; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2015 MAR p. 820, Eff. 6/26/15.)

24.156.1303 LICENSURE APPLICATION (1) Application forms will be provided to applicants by the board. (History: 37-1-131, 37-25-201, MCA; IMP, 37-25-302, MCA; NEW, 1988 MAR p. 823, Eff. 4/29/88; TRANS, from Commerce, 2001 MAR p. 1471.)

24.156.1304 APPLICATION FOR LICENSURE (1) Each application for an initial license as a nutritionist under the act must be accompanied by:

(a) a completed application form;

(b) the initial license fee; and

(c) a copy of the registration by the commission.

(2) The board or its designee will obtain a query from the National Practitioner Data Bank for each applicant. (History: 37-1-131, 37-25-201, MCA; IMP, 37-1-131, 37-25-302, MCA; NEW, 1988 MAR p. 823, Eff. 4/29/88; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2014 MAR p. 2833, Eff. 11/21/14; AMD, 2017 MAR p. 487, Eff. 4/29/17; AMD, 2020 MAR p. 679, Eff. 4/18/20.)

24.156.1305 RENEWALS (REPEALED) (History: 37-1-131, 37-1-134, 37-25-201, MCA; IMP, 37-1-134, 37-1-141, MCA; NEW, 1988 MAR p. 823, Eff. 4/29/88; AMD, 1992 MAR p. 1607, Eff. 7/31/92; AMD, 1997 MAR p. 2197, Eff. 12/2/97; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1306 PROFESSIONAL CONDUCT AND STANDARDS OF PROFESSIONAL PRACTICE (1) A licensee shall conform to generally accepted principles and the standards of dietetic practice which are those generally recognized by the profession as appropriate for the situation presented, including those promulgated or interpreted by or under the Academy or commission, and other professional or governmental bodies.

(2) A licensee who demonstrates appropriate education and experience may engage in the practice of diabetes education as defined and credentialed by the Academy and the American Association of Diabetes Educators.

(3) A licensee shall maintain knowledge and skills required for continuing professional competence. (History: 37-1-131, 37-25-201, MCA; IMP, 37-1-131, 37-25-201, 37-25-301, MCA; NEW, 1988 MAR p. 823, Eff. 4/29/88; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2008 MAR p. 807, Eff. 4/25/08; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2014 MAR p. 2833, Eff. 11/21/14; AMD, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1307 UNPROFESSIONAL CONDUCT (1) In addition to those forms of unprofessional conduct defined in 37-1-316, MCA, the following is unprofessional conduct for a licensee or license applicant under Title 37, chapter 25, MCA:

(a) conviction, including conviction following a plea of nolo contendere, of an offense involving moral turpitude whether misdemeanor or felony, and whether or not an appeal is pending;

(b) fraud, misrepresentation, deception, or concealment of a material fact in applying for or securing a license or license renewal, or in taking an examination required for licensure. As used herein, "material" means any false or misleading statement or information;

(c) conduct likely to deceive, defraud, or harm the public;

(d) making a false or misleading statement regarding the licensee's skill or the effectiveness or value of the treatment or remedy prescribed by the licensee, or at the licensee's direction in the treatment of a disease or other condition of the body or mind;

(e) resorting to fraud, misrepresentation, or deception in the examination or treatment of a person; or in billing, giving, or receiving a fee related to professional services; or reporting to a person, company, institution, or organization, including fraud, misrepresentation, or deception with regard to a claim for benefits under Title 39, chapter 71 or 72, MCA;

(f) use of a false, fraudulent, or deceptive statement in any document connected with the practice of dietetics-nutrition;

(g) having been subject to disciplinary action of another state or jurisdiction against a license or other authorization to practice dietetics-nutrition, based upon acts or conduct by the licensee similar to acts or conduct that would constitute grounds for disciplinary action under Title 37, chapter 25, MCA, or these rules. A certified copy of the record of the action taken by the other state or jurisdiction is evidence of unprofessional conduct;

(h) willful disobedience of a rule adopted by the board, or an order of the board regarding enforcement of discipline of a licensee;

(i) habitual intemperance or excessive use of an addictive drug, alcohol, or any other substance to the extent that the use impairs the user physically or mentally;

(j) failing to furnish to the board or its investigators or representatives information legally requested by the board;

(k) failing to cooperate with a lawful investigation conducted by the board;

(l) failing to report to the board any adverse judgment, settlement, or award arising from a medical liability claim or other unprofessional conduct;

(m) obtaining a fee or other compensation, either directly or indirectly, by the misrepresentation that a manifestly incurable disease, injury, or condition of a person can be cured;

(n) abusive billing practices;

(o) commission of an act of sexual abuse, misconduct, or exploitation by the licensee, whether or not related to the licensee's practice of dietetics-nutrition;

(p) conviction or violation of a federal or state law regulating the possession, distribution, or use of any drug or any controlled substance as defined by the federal Food and Drug Administration or successors, whether or not an appeal is pending;

(q) testifying in court on a contingency basis;

(r) conspiring to misrepresent or willfully misrepresenting medical conditions improperly to increase or decrease a settlement, award, verdict, or judgment;

(s) except as provided in this subsection, practicing dietetics-nutrition as the partner, agent, or employee of, or in joint venture with, a person who does not hold a license to practice dietetics-nutrition within this state; however, this does not prohibit:

(i) the incorporation of an individual licensee or group of licensees as a professional service corporation under Title 35, chapter 4, MCA; or

(ii) the organization of a professional limited liability company under Title 35, chapter 8, MCA, for the providing of professional services as defined in Title 35, chapter 8, MCA; or

(iii) practicing dietetics-nutrition as the partner, agent, or employee of, or in joint venture with, a hospital, medical assistance facility, or other licensed health care provider; however,

(A) the partnership, agency, employment, or joint venture must be evidenced by a written agreement containing language to the effect that the relationship created by the agreement may not affect the exercise of the nutritionist's independent judgment in the practice of dietetics-nutrition; and

(B) the nutritionist's independent judgment in the practice of dietetics-nutrition must in fact be unaffected by the relationship; and

(C) the nutritionist may not be required to refer any patient to a particular provider or supplier or take any other action that the nutritionist determines not to be in the patient's best interest;

(t) failing to transfer pertinent and necessary patient records to another licensed health care provider, the patient, or the patient's representative when requested to do so by the patient or the patient's legally designated representative;

(u) practicing dietetics-nutrition as a registered or licensed nutritionist in this state without a current active Montana license; such unlicensed practice shall be grounds for denial of a license to that individual if the application is made subsequent to such conduct;

(v) terminating an existing relationship with a patient, for whatever reason, without verifiable written notice prior to terminating the relationship, and sufficiently far in advance to allow other dietetics-nutrition care to be secured;

(w) failing to place patient health records in a secure location preceding, during, or following a change in practice location or termination of a patient relationship or a dietetics-nutrition practice; or knowingly breaching confidentiality of patient health records with an individual unauthorized to receive health records; or

(x) any other act, whether specifically enumerated or not, that in fact constitutes unprofessional conduct. (History: 37-1-319, 37-25-201, MCA; IMP, 37-1-316, 37-25-308, MCA; NEW, 1996 MAR p. 269, Eff. 11/23/95; TRANS, 1996 MAR p. 2279, Eff. 8/23/96; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2014 MAR p. 2833, Eff. 11/21/14; AMD, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1308 MANAGEMENT OF INFECTIOUS WASTES (1) Each nutritionist licensed by the board shall store, transport off the premises and dispose of infectious wastes, as defined in 75-10-1003, MCA, in accordance with the requirements set forth in 75-10-1005, MCA.

(2) Used sharps are properly packaged and labeled within the meaning of 75-10-1005, MCA, when this is done as required by the Occupational Safety and Health Administration (OSHA). (History: 37-1-131, 37-25-201, 75-10-1006, MCA; IMP, 37-1-131, 75-10-1006, MCA; NEW, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

24.156.1309 OBLIGATION TO REPORT TO THE BOARD (1) A nutritionist licensed under this chapter shall report to the board within three months from the date of a final judgment, order, or agency action, all information related to malpractice, misconduct, criminal, or disciplinary action in which the nutritionist is a named party.

(2) A nutritionist with suspected or known impairment shall self-report to the board. In lieu of reporting to the board, the nutritionist may self-report to the board-endorsed professional assistance program.

(3) A nutritionist is obligated to report suspected or known impairment of other health care providers to the appropriate licensing board, agency, or in lieu of the board or agency, may report to the endorsed professional assistance program. (History: 37-1-131, 37-25-201, MCA; IMP, 37-1-131, 37-25-201, MCA; NEW, 2010 MAR p. 1187, Eff. 5/14/10.)

Subchapter 14

Acupuncture

24.156.1401 DEFINITIONS (1) "Examinations" means the examinations required for certification in acupuncture as granted by the National Commission for the Certification of Acupuncture and Oriental Medicine, or its successor.

(2) "National Commission for the Certification of Acupuncture and Oriental Medicine" is the organization known before 1997 as the National Commission for the Certification of Acupuncturists.

(3) "Council of Colleges for Acupuncture and Oriental Medicine" means the organization responsible for administering the clean needle technique examination.

(4) "Accreditation Commission for Acupuncture and Oriental Medicine" is the organization known before 1997 as the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine. (History: 37-1-131, 37-13-201, MCA; IMP, 37-13-201, 37-13-302, MCA; NEW, 1994 MAR p. 1580, Eff. 6/10/94; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2012 MAR p. 404, Eff. 2/24/12.)

24.156.1402 FEES (1) An applicant for licensure shall remit a license fee of $100 with his or her application.

(2) The renewal fee to practice acupuncture will be: $150

(3) Additional standardized fees are specified in ARM 24.101.403. (History: 37-1-134, 37-13-201, MCA; IMP, 37-1-134, 37-1-141, 37-13-302, 37-13-304, MCA; NEW, Eff. 12/5/74; AMD, Eff. 5/5/75; AMD, Eff. 6/4/77; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1389, Eff. 7/16/82; AMD, 1990 MAR p. 1700, Eff. 8/31/90; AMD, 1992 MAR p. 1607, Eff. 7/31/92; AMD, 1995 MAR p. 2480, Eff. 11/23/95; AMD, 1997 MAR p. 2197, Eff. 12/2/97; AMD, 1999 MAR p. 1766, Eff. 8/13/99; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2015 MAR p. 820, Eff. 6/26/15.)

24.156.1403 REQUIREMENTS FOR LICENSURE (1) Applicants for licensure must meet the prerequisites for and pass the examinations required for certification in acupuncture by the National Commission for the Certification of Acupuncture and Oriental Medicine, or its successor.

(2) Applicants for licensure must pass the examination in clean needle technique administered by the Council of Colleges for Acupuncture and Oriental Medicine, or its successor. (History: 37-13-201, MCA; IMP, 37-13-201, MCA; NEW, Eff. 12/5/74; AMD, Eff. 5/5/75; AMD, Eff. 6/4/77; AMD, 1981 MAR p. 143, Eff. 2/14/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1990 MAR p. 1700, Eff. 8/31/90; AMD, 1994 MAR p. 1580, Eff. 6/10/94; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2012 MAR p. 404, Eff. 2/24/12.)

24.156.1404 APPLICATION FOR LICENSURE (1) An applicant for an acupuncture license shall submit an application, the appropriate fees, and:

(a) applicant's official transcript from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine;

(b) applicant's clean needle exam results from the Council of Colleges of Acupuncture and Oriental Medicine or its successor; and

(c) acupuncture certification examination results provided by the National Commission for the Certification of Acupuncture and Oriental Medicine.

(2) The board or its designee will obtain a query from the National Practitioner Data Bank for each applicant.

(3) Applicants licensed in another state or jurisdiction shall cause all states and jurisdictions in which the applicant holds or has ever held a license to submit a current verification of licensure directly to the board on behalf of the applicant.

(4) The applicant may voluntarily withdraw the application prior to being placed on a board agenda by submitting a written request to the board. (History: 37-13-201, MCA; IMP, 37-13-201, 37-13-302, MCA; NEW, Eff. 12/5/74; AMD, Eff. 5/5/75; AMD, Eff. 6/4/77; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1990 MAR p. 1700, Eff. 8/31/90; AMD, 1997 MAR p. 2197, Eff. 12/2/97; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2012 MAR p. 404, Eff. 2/24/12; AMD, 2017 MAR p. 487, Eff. 4/29/17; AMD, 2020 MAR p. 679, Eff. 4/18/20.)

24.156.1405 APPROVAL OF SCHOOLS (REPEALED) (History: 37-13-201, MCA; IMP, 37-13-302, MCA; NEW, Eff. 12/5/74; AMD, Eff. 5/5/75; AMD, Eff. 6/4/77; AMD, 1981 MAR p. 143, Eff. 2/14/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 1395, Eff. 9/27/85; AMD, 1990 MAR p. 1700, Eff. 8/31/90; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2012 MAR p. 404, Eff. 2/24/12.)

24.156.1406 CURRICULUM (1) The board will review any equivalent curriculum as provided for in 37-13-302, MCA, on an individual basis, using acceptable curriculum existing at the time of the individual's study as a guide for evaluation. (History: 37-13-201, MCA; IMP, 37-13-301, 37-13-302, 37-13-304, MCA; NEW, 1999 MAR p. 276, Eff. 2/12/99; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2012 MAR p. 404, Eff. 2/24/12.)

24.156.1407 OBLIGATION TO REPORT TO THE BOARD (1) Within three months from the date of a final judgment, final order, or final disciplinary action, an acupuncturist licensed under this chapter shall report to the board all information related to the malpractice, misconduct, criminal, or disciplinary action in which the acupuncturist is a named party.

(2) An acupuncturist with suspected or known impairment shall self-report to the board. In lieu of reporting to the board, the acupuncturist may self-report to the board-endorsed professional assistance program.

(3) An acupuncturist is obligated to report suspected or known impairment of other health care providers to the appropriate licensing board, agency, or in lieu of the board or agency, may report to the endorsed professional assistance program. (History: 37-1-131, 37-13-201, MCA; IMP, 37-1-131, MCA; NEW, 2012 MAR p. 404, Eff. 2/24/12.)

24.156.1408 CONTINUING EDUCATION FOR ACUPUNCTURISTS

(1) Each acupuncture licensee of the Board of Medical Examiners shall earn 30 clock hours of accredited continuing acupuncture education during each two-year licensing period. Clock hours or contact hours shall be the actual number of hours during which instruction was given.

(2) A maximum of eight clock hours may be given for the first-time preparation of a new course, in-service training workshop, or seminar which is related to the enhancement of acupuncture practice, values, skills, and knowledge; or a maximum of eight clock hours credit may be given for the preparation by the author or authors of a professional acupuncture paper published for the first time in a recognized professional journal; or given for the first time at a statewide or national professional meeting.

(3) If a licensee completes more than 30 hours of continuing education in a two-year licensing period, excess hours in an amount not to exceed 15 hours may be carried forward to the next two-year licensing period.

(4) Any licensee may apply for a hardship exemption from the continuing acupuncture education requirements of these rules by filing a statement with the board setting forth good faith reasons why he or she is unable to comply with these rules and an exemption may be granted by the board.

(5) Continuing education is not required for licensees renewing their license for the first time. (History: 37-1-131, 37-1-319, 37-13-201, MCA; IMP, 37-1-131, 37-1-306, 37-13-201, MCA; NEW, 2012 MAR p. 404, Eff. 2/24/12; AMD, 2015 MAR p. 820, Eff. 6/26/15.)

24.156.1409 ACCREDITATION, APPROVAL, AND STANDARDS (1) The board shall appoint a continuing education review committee which shall assist the board in approving courses, papers, workshops, and other activities designed to meet the continuing education requirements of licensed acupuncturists.

(2) The continuing education review committee shall approve continuing acupuncture education courses, papers, workshops, and other activities that meet the following standards:

(a) They shall have significant intellectual or practical content, and the primary objective shall be to increase the participant's professional competence as an acupuncturist.

(b) They shall constitute an organized program of learning dealing with matters directly related to the practice of acupuncture, professional responsibility, or ethical obligations of acupuncturists.

(c) Providers of continuing acupuncture education and authors of published papers shall apply to the board for course or publication approval by submitting an application on a form prescribed by the department. The application must be complete and accompanied by the appropriate documents.

(d) Applicants shall demonstrate that the offered course complies with the standards.

(e) The board, in its discretion, may determine the number of hours acceptable for any continuing education credit.

(f) Courses accredited by the National Commission for the Certification of Acupuncture and Oriental Medicine shall be preapproved by the board.

(g) Courses sponsored by a state acupuncture association or an acupuncture school shall be preapproved by the board.

(h) Teaching acupuncture in an accredited academic or continuing education program shall be accepted as continuing education.

(3) Licensees may claim five hours of self-study toward meeting the requirements of ARM 24.156.1408. (History: 37-1-131, 37-1-319, 37-13-201, MCA; IMP, 37-1-131, 37-1-306, 37-13-201, MCA; NEW, 2012 MAR p. 404, Eff. 2/24/12; AMD, 2018 MAR p. 2048, Eff. 10/20/18.)

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24.156.1410 REPORTING REQUIREMENTS (1) Each licensee shall maintain a record of courses attended on a form approved by the board, attesting to the number of accredited continuing education hours completed each year. (History: 37-1-131, 37-1-319, 37-13-201, MCA; IMP, 37-1-131, 37-1-306, 37-13-201, MCA; NEW, 2012 MAR p. 404, Eff. 2/24/12.)

24.156.1411 RENEWALS (REPEALED) (History: 37-1-131, 37-1-134, 37-1-141, 37-13-201, MCA; IMP, 37-1-134, 37-1-141, MCA; NEW, 1992 MAR p. 1607, Eff. 7/31/92; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1412 UNPROFESSIONAL CONDUCT (1) In addition to those forms of unprofessional conduct defined in 37-1-316, MCA, the following is unprofessional conduct for a licensee or license applicant under Title 37, chapter 13, MCA:

(a) commission of an act of sexual abuse, sexual misconduct, or sexual exploitation, whether or not related to the licensee's practice of acupuncture;

(b) failure to utilize clean needle technique, as required by the National Commission for the Certification of Acupuncture and Oriental Medicine, or its successor;

(c) conduct likely to deceive, defraud, or harm the public;

(d) making a false or misleading statement regarding the licensee's skill or the effectiveness or value of the medicine, treatment, or remedy prescribed by the licensee or at the licensee's direction, in the treatment of a disease or other condition of the body or mind;

(e) resorting to fraud, misrepresentation, or deception in the examination or treatment of a person; or in billing, giving, or receiving a fee related to professional services; or reporting to a person, company, institution, or organization, including fraud, misrepresentation, or deception with regard to a claim for benefits under Title 39, chapter 71 or 72, MCA;

(f) use of a false, fraudulent, or deceptive statement in any document connected with the practice of acupuncture;

(g) having been subject to disciplinary action of another state or jurisdiction against a license or other authorization to practice acupuncture, based upon acts or conduct by the licensee similar to acts or conduct that would constitute grounds for disciplinary action under Title 37, chapter 13, MCA, or these rules. A certified copy of the record of the action taken by the other state or jurisdiction is evidence of unprofessional conduct;

(h) willful disobedience of a rule adopted by the board, or an order of the board regarding enforcement of discipline of a licensee;

(i) failing to furnish to the board or its investigators or representatives information legally requested by the board;

(j) failing to cooperate with a lawful investigation conducted by the board;

(k) obtaining a fee or other compensation, either directly or indirectly, by the misrepresentation that a manifestly incurable disease, injury, or condition of a person can be cured;

(l) abusive billing practices;

(m) testifying in court on a contingency basis;

(n) conspiring to misrepresent or willfully misrepresenting a medical condition improperly to increase or decrease a settlement, award, verdict, or judgment;

(o) except as provided in this subsection, practicing acupuncture as the partner, agent, or employee of, or in joint venture with, a person who does not hold a license to practice acupuncture within this state; however, this does not prohibit:

(i) the incorporation of an individual licensee or group of licensees as a professional service corporation under Title 35, chapter 4, MCA;

(ii) the organization of a professional limited liability company under Title 35, chapter 8, MCA, for the providing of professional services as defined in Title 35, chapter 8, MCA;

(iii) practicing acupuncture as the partner, agent or employee of, or in joint venture with, a hospital, medical assistance facility or other licensed health care provider; however,

(A) the partnership, agency, employment or joint venture must be evidenced by a written agreement containing language to the effect that the relationship created by the agreement may not affect the exercise of the acupuncturist's independent judgment in the practice of acupuncture;

(B) the acupuncturist's independent judgment in the practice of acupuncture must in fact be unaffected by the relationship; and

(C) the acupuncturist may not be required to refer any patient to a particular provider or supplier or take any other action that the acupuncturist determines not to be in the patient's best interest;

(p) failing to transfer pertinent and necessary patient records to another licensed health care provider, the patient, or the patient's representative when requested to do so by the patient or the patient's legally designated representative;

(q) misrepresenting professional credentials (i.e., education, training, experience, level of competence, skills, and/or certification status);

(r) engaging in conduct that demonstrates a lack of knowledge of, or lack of ability in, or failure to apply the prevailing principles and/or skills of the profession in which the individual has been certified;

(s) terminating an existing relationship with a patient, for whatever reason, without verifiable written notice prior to terminating the relationship, and sufficiently far in advance to allow other medical care to be secured;

(t) failing to place patient medical records in a secure location preceding, during, or following a change in practice location or termination of a patient relationship or an acupuncture practice; or knowingly breaching confidentiality of patient medical records with an individual unauthorized to receive medical records; or

(u) any other act, whether specifically enumerated or not, that in fact constitutes unprofessional conduct. (History: 37-1-136, 37-1-319, 37-13-201, MCA; IMP, 37-1-308, 37-1-309, 37-1-310, 37-1-311, 37-1-312, 37-1-316, 37-1-319, 37-13-201, MCA; NEW, 1993 MAR p. 1322, Eff. 6/25/93; AMD, 1994 MAR p. 1580, Eff. 6/10/94; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2012 MAR p. 404, Eff. 2/24/12; AMD, 2014 MAR p. 2833, Eff. 11/21/14; AMD, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1413 MANAGEMENT OF INFECTIOUS WASTES (1) Each acupuncturist licensed by the board shall store, transport off the premises, and dispose of infectious wastes, as defined in 75-10-1003, MCA, in accordance with the requirements set forth in 75-10-1005, MCA.

(2) Used sharps are properly packaged and labeled within the meaning of 75-10-1005, MCA, when this is done as required by the Occupational Safety and Health Administration (OSHA). (History: 37-1-131, 37-13-201, 75-10-1006, MCA; IMP, 37-1-131, 75-10-1006, MCA; NEW, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10.)

24.156.1414 CONTINUING EDUCATION AUDIT (1) The board shall conduct a random audit of continuing education following each renewal period.

(2) Licensees selected for the audit shall submit documentation as required in Rule Reporting Requirements that attests to completion of the continuing education hours.

(3) Failure to comply with continuing education requirements may be grounds for discipline. (History: 37-1-131, 37-1-319, 37-13-201, MCA; IMP, 37-1-131, 37-1-306, 37-13-201, MCA; NEW, 2012 MAR p. 504, Eff. 2/24/12.)

Subchapter 15 reserved

Subchapter 16

Physician Assistant – Scope of Practice

24.156.1601 DEFINITIONS As used in this subchapter the following definitions apply:

(1) "Board" means the Board of Medical Examiners.

(2) "Direct supervision" means the supervisor is physically present with the person being supervised.

(3) "General supervision" means accepting responsibility for, and overseeing the medical services of, a physician assistant by telephone (voice or text), radio, video, or in person as frequently as necessary considering the location, nature of practice, and experience of the physician assistant.

(4) "On-site supervision" means the supervisor must be in the facility and quickly available to the person being supervised. (History: 37-20-202, MCA; IMP, 37-20-101, 37-20-301, 37-20-403, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1993 MAR p. 341, Eff. 3/12/93; AMD, 1994 MAR p. 1582, Eff. 6/10/94; AMD, 1999 MAR p. 277, Eff. 2/12/99; AMD, 2000 MAR p. 627, Eff. 2/25/00; AMD, 2000 MAR p. 3520, Eff. 12/22/00; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1958, Eff. 8/11/06; AMD, 2021 MAR p. 65, Eff. 1/16/21.)

24.156.1602 BOARD POLICY (REPEALED) (History: 37-20-201, MCA; IMP, 37-20-202, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1993 MAR p. 341, Eff. 3/12/93; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1603 QUALIFICATIONS OF PHYSICIAN ASSISTANT-CERTIFIED (REPEALED) (History: 37-20-201, MCA; IMP, 37-20-101, 37-20-402, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1982 MAR p. 2134, Eff. 12/17/82; AMD, 1993 MAR p. 341, Eff. 3/12/93; AMD, 1994 MAR p. 1582, Eff. 6/10/94; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1604 TRAINING OF STUDENT PHYSICIAN ASSISTANTS (1) A physician assistant student training in Montana is not required to apply for licensure under these rules.

(2) A physician assistant student must train under the supervision of a physician or a physician assistant who is licensed in Montana.

(3) A physician assistant student training in Montana must:

(a) be currently enrolled in a physician assistant training program accredited by the Accreditation Review Commission on Education for the Physician Assistant or, if accreditation was granted before 2001, accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs; and

(b) conspicuously wear an identification badge indicating that he or she is a "physician assistant student" whenever engaged in patient care activities. (History: 37-20-202, MCA; IMP, 37-20-303, 37-20-402, MCA; NEW, 1993 MAR p. 341, Eff. 3/12/93; AMD, 1994 MAR p. 1582, Eff. 6/10/94; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1958, Eff. 8/11/06; AMD, 2021 MAR p. 65, Eff. 1/16/21.)

24.156.1605 FEES (REPEALED) (History: 37-1-134, 37-1-141, 37-20-201, MCA; IMP, 37-1-134, 37-1-141, 37-20-203, 37-20-302, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1992 MAR p. 2375, Eff. 10/30/92; AMD, 1994 MAR p. 1582, Eff. 6/10/94; AMD, 1995 MAR p. 2480, Eff. 11/23/95; AMD, 1999 MAR p. 1766, Eff. 8/13/99; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1583, Eff. 7/1/06; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1606 APPLICATION (REPEALED) (History: 37-20-201, MCA; IMP, 37-20-101, 37-20-203, 37-20-301, 37-20-402, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1982 MAR p. 2134, Eff. 12/17/82; AMD, 1993 MAR p. 341, Eff. 3/12/93; AMD, 1994 MAR p. 1582, Eff. 6/10/94; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1607 TEMPORARY APPROVAL (REPEALED) (History: 37-20-201, MCA; IMP, 37-20-203, 37-20-301, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1982 MAR p. 2134, Eff. 12/17/82; AMD, 1994 MAR p. 1582, Eff. 6/10/94; AMD, 2000 MAR p. 2965, Eff. 1/1/02; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1608 SCOPE OF PRACTICE (REPEALED) (History: 37-20-202, MCA; IMP, 37-20-301, MCA; NEW, 1993 MAR p. 341, Eff. 3/12/93; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1609 PRESCRIBING/DISPENSING AUTHORITY (REPEALED) (History: 37-20-201, MCA; IMP, 37-20-404, MCA; NEW, 1993 MAR p. 341, Eff. 3/12/93; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1610 UTILIZATION PLAN (REPEALED) (History: 37-20-201, MCA; IMP, 37-20-301, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1993 MAR p. 395, Eff. 3/12/93; AMD, 1994 MAR p. 1582, Eff. 6/10/94; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1611 UTILIZATION PLAN - TERMINATION AND TRANSFER (REPEALED) (History: 37-20-201, MCA; IMP, 37-20-202, MCA; NEW, 1993 MAR p. 341, Eff. 3/12/93; AMD, 1994 MAR p. 1582, Eff. 6/10/94; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1612 PROHIBITIONS (REPEALED) (History: 37-20-201, MCA; IMP, 37-20-202, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1993 MAR p. 341, Eff. 3/12/93; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1613 PROTOCOL (REPEALED) (History: 37-20-201, MCA; IMP, 37-20-202, 37-20-403, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1993 MAR p. 341, Eff. 3/12/93; AMD, 1994 MAR p. 1582, Eff. 6/10/94; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1614 SUPERVISION OF MORE THAN ONE PHYSICIAN ASSISTANT-CERTIFIED (REPEALED) (History: 37-20-201, 37-20-202, MCA; IMP, 37-20-202, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1993 MAR p. 341, Eff. 3/12/93; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1615 INFORMED CONSENT (REPEALED) (History: 37-20-201, MCA; IMP, 37-20-202, 37-20-203, MCA; NEW, 1982 MAR p. 485, Eff. 3/12/82; AMD, 1993 MAR p. 341, Eff. 3/12/93; AMD, 1994 MAR p. 1582, Eff. 6/10/94; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2006 MAR p. 1958, Eff. 8/11/06.)

24.156.1616 MAINTAINING NCCPA CERTIFICATION (REPEALED) (History: 37-20-201, 37-20-202, MCA; IMP, 37-20-202, 37-20-301, 37-20-302, 37-20-402, MCA; NEW, 1999 MAR p. 277, Eff. 2/12/99; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1617 APPLICATION FOR PHYSICIAN ASSISTANT LICENSE

(1) An applicant for a physician assistant license shall submit an application, the appropriate fees, and:

(a) applicant's professional education and work experience since completing physician assistant training;

(b) verification of education as required by 37-20-402, MCA;

(c) verification of passage of an exam as required by 37-20-402, MCA; and

(d) certificate of completion of the board-approved online training for physician assistants and supervising physicians.

(2) The board or its designee will obtain a query from the National Practitioner Data Bank for each applicant.

(3) Applicants licensed in another state or jurisdiction shall cause all states and jurisdictions in which the applicant holds or has ever held a license to submit a current verification of licensure directly to the board on behalf of the applicant.

(4) The applicant may voluntarily withdraw the application, if the application has not appeared on a board agenda, by submitting a written request to the board office. All application fees submitted will be forfeited. (History: 37-1-131, 37-20-202, MCA; IMP, 37-1-131, 37-20-203, 37-20-302, 37-20-402, MCA; NEW, 2006 MAR p. 1958, Eff. 8/11/06; AMD, 2017 MAR p. 487, Eff. 4/29/17; AMD, 2021 MAR p. 65, Eff. 1/16/21.)

24.156.1618 PHYSICIAN ASSISTANT FEES (1) The following fees must be paid in connection with physician assistant licensure:

(a) license application fee	$500
(b) active renewal fee	300
(c) inactive renewal fee	150
(d) supervision agreement fee	25

(2) Licensees desiring to activate an inactive physician assistant license must contact the department and pay an activation fee of $150.

(3) All fees provided for in this rule are nonrefundable and are not prorated for portions of the licensing period. (History: 37-1-134, 37-20-202, MCA; IMP, 37-1-134, 37-1-141, 37-20-302, MCA; NEW, 2006 MAR p. 1958, Eff. 8/11/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2018 MAR p. 2048, Eff. 10/20/18; AMD, 2021 MAR p. 65, Eff. 1/16/21.)

24.156.1619 RENEWALS (REPEALED) (History: 37-1-131, 37-1-134, 37-20-202, MCA; IMP, 37-1-134, 37-1-141, 37-20-302, MCA; NEW, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; REP, 2017 MAR p. 487, Eff. 4/29/17.)

24.156.1620 PHYSICIAN ASSISTANT LICENSE RENEWAL (REPEALED) (History: 37-1-131, 37-20-202, MCA; IMP, 37-1-141, 37-20-203, 37-20-302, 37-20-402, MCA; NEW, 2006 MAR p. 1958, Eff. 8/11/06; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2014 MAR p. 2833, Eff. 11/21/14; REP, 2021 MAR p. 65, Eff. 1/16/21.)

24.156.1621 REPORTING TO THE BOARD (1) A physician assistant shall report to the board within 30 days of the date of the final judgment, order, or agency action, any malpractice, professional misconduct, criminal or disciplinary action in which the physician assistant or the physician assistant's supervisor, based on the physician assistant's conduct, is a named party, or any loss of privileges.

(2) A physician assistant shall, within ten days of receipt of a complaint from the board, provide the department with the name of the supervising physician who is responsible under the supervision agreement to which the complaint is related.

(3) A physician assistant with known impairment shall self-report to the board. In lieu of reporting to the board, the physician assistant may self-report to the board-endorsed professional assistance program.

(4) A physician assistant may report suspected or known impairment of other health care providers to the appropriate licensing board or agency; or, in lieu of the board or agency, may report to the board-endorsed professional assistance program. (History: 37-1-131, 37-3-203, MCA; IMP, 37-1-131, 37-3-401, MCA; NEW, 2006 MAR p. 1958, Eff. 8/11/06; AMD, 2018 MAR p. 2048, Eff. 10/20/18; AMD, 2021 MAR p. 65, Eff. 1/16/21.)

24.156.1622 SUPERVISION OF PHYSICIAN ASSISTANT (1) A supervising physician may provide the following types of supervision to a physician assistant:

(a) direct supervision;

(b) onsite supervision; or

(c) general supervision.

(2) A physician who has never previously acted as a supervising physician in Montana, as defined by 37-20-401, MCA, must complete the board-approved online training for physician assistant supervision and a certificate of completion must be submitted to the board office with the signed supervision agreement prior to the supervision agreement taking effect.

(3) The supervising physician shall communicate with each supervised physician assistant a minimum of once a month for the purposes of discussion, education, and training, to include but not be limited to practice issues and patient care.

(4) A supervising physician may supervise more than one physician assistant if the supervising physician:

(a) agrees to supervise more than one physician assistant by signing and filing multiple supervision agreements with the board;

(b) provides appropriate and real time means of communication or back up supervision for the physician assistants;

(c) determines the appropriate level of supervision identified in (1), based on the physician assistant's education, training, and experience; and

(d) assumes professional and legal responsibility for all physician assistants under the supervising physician's supervision regardless of the varying types of supervision.

(5) The supervision agreement and duties and delegation agreement must assure the safety and quality of physician assistant services, considering the location, nature, and setting of the practice and the experience of the physician assistant, and shall provide for:

(a) an appropriate type or combination of types of supervision identified in (1), including specific supervising physician response and availability times;

(b) an appropriate scope of delegation of practice authority and appropriate limitations upon the practice authority of the physician assistant; and

(c) appropriate frequency and duration of meetings.

(6) The supervision agreement and duties and delegation may provide for periodic changes in the type of supervision, scope of delegation, practice limitations, frequency, and duration of face-to-face meetings, and percentage of charts reviewed, based upon the duration and nature of experience gained by the physician assistant, the supervising physician's written assessment and evaluation of the physician assistant's experience and judgment, and other factors relevant to the nature and degree of supervision appropriate to assure the safety and quality of physician assistant services.

(7) The duties and delegation agreement must be available at the practice site at all times and must be submitted to the board or its designee upon request. (History: 37-1-131, 37-20-202, MCA; IMP, 37-1-131, 37-20-101, 37-20-301, 37-20-403, MCA; NEW, 2006 MAR p. 1958, Eff. 8/11/06; AMD, 2012 MAR p. 404, Eff. 2/24/12; AMD, 2017 MAR p. 487, Eff. 4/29/17; AMD, 2021 MAR p. 65, Eff. 1/16/21.)

24.156.1623 CHART REVIEW (1) Chart review for a physician assistant having less than one year of full-time practice experience from the date of initial licensure in Montana must be 20 percent for the first six months of practice, and then may be reduced to 10 percent for the next six months, on a monthly basis, for each supervision agreement.

(2) After twelve months, further chart review shall occur. The amount of chart review shall be at the discretion of the physician assistant and the supervising physician to determine in a duties and delegation agreement. (History: 37-1-131, 37-20-202, MCA; IMP, 37-1-131, 37-20-101, 37-20-301, MCA; NEW, 2006 MAR p. 1958, Eff. 8/11/06; AMD, 2012 MAR p. 404, Eff. 2/24/12; AMD, 2017 MAR p. 487, Eff. 4/29/17; AMD, 2020 MAR p. 679, Eff. 4/18/20.)

24.156.1624 PATIENT RIGHTS (1) For the purposes of implementing this chapter, if the patient is being medically cared for or treated by a physician assistant:

(a) The patient may request to be treated or seen by the supervising physician in lieu of the physician assistant, if the supervising physician is available;

(b) If the supervising physician is not available, the patient must be given an explanation for the unavailability of the supervising physician and the patient's request and explanation must be documented in the patient's chart at the time of the request. The patient must also be given the opportunity to be treated by the supervising physician when the supervising physician is available; and

(c) The physician assistant shall report to the supervising physician the patient's request to be seen or treated by the supervising physician. (History: 37-20-202, MCA; IMP, 37-20-101, 37-20-301, MCA; NEW, 2006 MAR p. 1958, Eff. 8/11/06; AMD, 2021 MAR p. 65, Eff. 1/16/21.)

24.156.1625 UNPROFESSIONAL CONDUCT (1) In addition to those forms of unprofessional conduct defined in 37-1-316, MCA, the following are considered unprofessional conduct for a physician assistant:

(a) conduct likely to deceive, defraud, or harm the public;

(b) violation of any statute or rule under the board's jurisdiction;

(c) failing to cooperate with an investigation or request for information by the board or its designee;

(d) failing to report to the board office within 30 days of the date of a final judgment, order, or agency action, any malpractice, professional misconduct, criminal or disciplinary action in which the physician assistant or the physician assistant's employer, on account of the physician assistant's conduct, is a named party, or any loss of privileges;

(e) commission of an act of sexual abuse, misconduct, or exploitation by the licensee, whether or not occurring in the licensee's practice of medicine;

(f) testifying in a legal proceeding on a contingency basis;

(g) except as provided in this subsection, practicing medicine as the partner, agent, or employee of, or in joint venture with, a person who does not hold a license to practice medicine within this state; however, this does not prohibit:

(i) the incorporation of an individual licensee or group of licensees as a professional service corporation under Title 35, chapter 4, MCA; or

(ii) the organization of a professional limited liability company under Title 35, chapter 8, MCA, for the providing of professional services as defined in Title 35, chapter 8, MCA; or

(iii) practicing medicine as the partner, agent or employee of, or in joint venture with, a hospital, medical assistance facility or other licensed health care provider; however,

(A) the partnership, agency, employment, or joint venture must be evidenced by a written agreement containing language to the effect that the relationship created by the agreement may not affect the exercise of the physician's independent judgment in the practice of medicine; and

(B) the physician's independent judgment in the practice of medicine must in fact be unaffected by the relationship; and

(C) neither the physician nor the physician assistant may be required to refer any patient to a particular provider or supplier or take any other action that the physician or physician assistant determines not to be in the patient's best interest;

(h) failing to transfer pertinent and necessary medical records to another licensed health care provider, the patient, or the patient's representative when requested to do so by the patient or the patient's legally designated representative, in accordance with Title 50, chapter 16, MCA;

(i) promoting the sale of services, goods, appliances, or drugs in such a manner as to exploit the patient for the financial gain of the licensee or a third-party;

(j) harassing, abusing, or intimidating a patient, either physically or verbally;

(k) failing to maintain a record for each patient which accurately reflects the evaluation, diagnosis, and treatment of the patient;

(l) failing to exercise appropriate supervision over persons who provide health care under the supervision of the licensee;

(m) conduct that presents a danger to public health or safety, or to any patient;

(n) having voluntarily relinquished or surrendered a professional or occupational license, certificate, or registration in this state, or in another state or jurisdiction while under investigation or during a pending complaint;

(o) having withdrawn an application for licensure, certification, or registration while under investigation or prior to a determination of the completed application in this state, or in another state or jurisdiction;

(p) providing information to the board, which the licensee knows, or should know, is false or misleading;

(q) falsifying patient records, documenting patient records inaccurately, or failing to appropriately and timely document patient records;

(r) diversion of a medication for any purpose;

(s) violating state or federal laws relative to drugs;

(t) failing to comply with any agreement the licensee has entered into with a program established by the board under 37-3-203, MCA;

(u) failing to submit to the board a completed supervision agreement prior to commencing physician assistant practice in Montana; and

(v) violating state or federal laws while performing or attempting to perform the practice of medicine. (History: 37-1-319, 37-20-202, MCA; IMP, 37-1-316, 37-1-319, 37-3-202, 37-20-403, MCA; NEW, 1995 MAR p. 2480, Eff. 11/23/95; AMD, 1999 MAR p. 277, Eff. 2/12/99; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2006 MAR p. 1958, Eff. 8/11/06; AMD, 2014 MAR p. 2833, Eff. 11/21/14; AMD, 2017 MAR p. 487, Eff. 4/29/17; AMD, 2021 MAR p. 65, Eff. 1/16/21.)

24.156.1626 MANAGEMENT OF INFECTIOUS WASTES (1) Each physician assistant licensed by the board shall store, transport off the premises, and dispose of infectious wastes, as defined in 75-10-1003, MCA, in accordance with the requirements set forth in 75-10-1005, MCA.

(2) Used sharps are properly packaged and labeled within the meaning of 75-10-1005, MCA, when this is done as required by the Occupational Safety and Health Administration (OSHA). (History: 37-1-131, 75-10-1006, MCA; IMP, 37-1-131, 75-10-1006, MCA; NEW, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; AMD, 2010 MAR p. 1187, Eff. 5/14/10; AMD, 2021 MAR p. 65, Eff. 1/16/21.)

Subchapter 17

Routine, Specialized, and Advanced Procedures

24.156.1701 PHYSICIAN ASSISTANT PERFORMING RADIOLOGIC PROCEDURES – ROUTINE AND ADVANCED PROCEDURES (1) A physician assistant performing routine radiologic procedures must maintain an active limited technologist permit issued by the Montana Board of Radiologic Technologists or provide proof of completion of the coursework required for a limited technologist permit, or provide proof of completion of a course equivalent to that required for a limited technologist permit, or be able to provide proof of adequate training or experience in the clinical setting to assure safe use of ionizing radiation in performance of delegated routine procedures. Such proof must be presented to the board.

(2) A physician assistant performing routine radiologic procedures who holds a limited technologist permit or whose education or training meets the requirements of (1) may not perform procedures that exceed the scope of practice of a limited technologist permit holder. Routine radiologic procedures, within the scope of practice of a limited technologist permit holder, are set forth in rule and adopted by the Montana Board of Radiologic Technologists.

(3) A physician assistant performing fluoroscopy or advanced radiologic procedures, without the direct supervision and guidance of a physician, must meet the education requirements established by the Board of Radiologic Technologists for a Radiology Practitioner Assistant license or have completed the Fluoroscopy Education Framework for the Physician Assistant created through the collaboration of the American Academy of Physician Assistants and the American Society of Radiologic Technologists.

(4) A physician assistant performing advanced radiologic procedures may not perform radiologic procedures that exceed the scope of practice of a radiologic practitioner assistant as set forth in rule by the Montana Board of Radiologic Technologists. (History: 37-1-131, 37-20-202, MCA; IMP, 37-1-131, 37-20-101, 37-20-403, MCA; NEW, 2012 MAR p. 404, Eff. 2/24/12.)

Subchapter 18

Emergency Medical Technician General

24.156.1801 DEFINITIONS (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1986 MAR p. 1073, Eff. 6/27/86; AMD, 1988 MAR p. 2374, Eff. 11/11/88; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.1802 EMERGENCY MEDICAL SERVICES BUREAU - DUTIES (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.1803 APPLICATION - PROGRAM APPROVAL (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-204, 50-6-205, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1986 MAR p. 1073, Eff. 6/27/86; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.1804 CANDIDATES - CERTIFICATION (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-204, 50-6-205, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1986 MAR p. 1073, Eff. 6/27/86; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, 1/30/04.)

24.156.1805 EQUIVALENCY (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-204, 50-6-205, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1986 MAR p. 1073, Eff. 6/27/86; AMD, 1988 MAR p. 2374, Eff. 11/11/88; AMD, 1991 MAR p. 2027, Eff. 11/1/91; AMD, 1996 MAR p. 144, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.1806 SUSPENSION OR REVOCATION OF CERTIFICATION (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 37-1-131, 50-6-203, 50-6-204, 50-6-205, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1986 MAR p. 1073, Eff. 6/27/86; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.1807 MANAGEMENT OF INFECTIOUS WASTES (REPEALED) (History: 37-1-131, 50-6-203, 75-10-1006, MCA; IMP, 75-10-1006, MCA; NEW, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04; REP, 2004 MAR p. 188, Eff. 1/30/04.)

Subchapter 19

Emergency Medical Technician-Basic

24.156.1901 EMT-BASIC: ACTS ALLOWED (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-204, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.1902 EMT-BASIC: COURSE REQUIREMENTS (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-204, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1986 MAR p. 1073, Eff. 6/27/86; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.1903 EMT-BASIC: STUDENT PREREQUISITES (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-204, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.1904 EMT-BASIC: CERTIFICATION (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-204, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.1905 EMT-BASIC: RECERTIFICATION (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-204, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

Subchapter 20

Emergency Medical Technician-Advanced

24.156.2001 EMT-ADVANCED: ACTS ALLOWED (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-205, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1988 MAR p. 2374, Eff. 11/11/88; AMD, 1995 MAR p. 2480, Eff. 11/23/95; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.2002 EMT-ADVANCED: COURSE REQUIREMENTS (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-205, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.2003 EMT-ADVANCED: STUDENT ELIGIBILITY (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-205, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.2004 EMT-ADVANCED: CERTIFICATION (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-204, 50-6-205, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; AMD, 1988 MAR p. 2374, Eff. 11/11/88; AMD, 1991 MAR p. 2027, Eff. 11/1/91; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.2005 EMT-ADVANCED: RECERTIFICATION (REPEALED) (History: 50-6-203, MCA; IMP, 50-6-205, MCA; NEW, 1983 MAR p. 475, Eff. 5/13/83; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

Rules 24.156.2006 through 24.156.2010 reserved

24.156.2011 EMT-DEFIBRILLATION: ACTS ALLOWED (REPEALED) (History: 50-6-203, MCA; IMP, 50-6-204, MCA; NEW, 1986 MAR p. 1073, Eff. 6/27/86; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.2012 EMT-DEFIBRILLATION: COURSE REQUIREMENTS (REPEALED) (History: 50-6-203, MCA; IMP, 50-6-204, MCA; NEW, 1986 MAR p. 1073, Eff. 6/27/86; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.2013 EMT-DEFIBRILLATION: STUDENT ELIGIBILITY (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-204, MCA; NEW, 1986 MAR p. 1073, Eff. 6/27/86; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

24.156.2014 EMT-DEFIBRILLATION: CERTIFICATION (REPEALED) (History: 37-1-131, 50-6-203, MCA; IMP, 50-6-203, 50-6-204, MCA; NEW, 1986 MAR p. 1073, Eff. 6/27/86; AMD, 1988 MAR p. 2374, Eff. 11/11/88; TRANS, from Commerce, 2001 MAR p. 1471; REP, 2004 MAR p. 188, Eff. 1/30/04.)

Subchapters 21 through 26 reserved

Subchapter 27

Emergency Care Providers

24.156.2701 DEFINITIONS (1) For purposes of the rules set forth in this subchapter, the following definitions apply:

(a) "AEMT" means an individual licensed by the board at the level of advanced emergency medical technician.

(b) "Board" means the Board of Medical Examiners.

(c) "CIHC" means community-integrated health care as defined under 37-3-102, MCA.

(d) "Clinical experience" means supervised instruction, observation, or practice in a patient care setting as part of a course curriculum.

(e) "Clinical preceptor" means an individual licensed to a licensure level greater than the student, who is responsible for supervising and teaching the student in a clinical setting, under the supervision of the medical director or lead instructor.

(f) "Curriculum" means the combination of the National EMS Educational Standards and Instructional Guidelines prepared by the USDOT, and the Montana ECP Practice Guidelines.

(g) "ECP" means an emergency care provider as defined under 37-3-102, MCA.

(h) "EMR" means an individual licensed by the board at the level of emergency medical responder.

(i) "EMS" means an emergency medical service licensed by the Department of Public Health and Human Services pursuant to Title 50, chapter 6, MCA.

(j) "EMT" means an individual licensed by the board at the level of emergency medical technician.

(k) "Endorsement" means a supplement within a level of licensure issued in conjunction with the appropriate standard license type (EMR, EMT, AEMT, or Paramedic). Each endorsement acquired by a licensee indicates the licensee has obtained a defined set of skills and knowledge, determined and approved by the board or its designee, that expands the scope of practice of the ECP.

(l) "Lead instructor" is an endorsement which indicates the endorsed licensee has attended a board-approved instructor training program and is authorized to offer and conduct ECP courses.

(m) "Medical director" means a physician or physician assistant who holds a current unrestricted Montana license and is professionally and legally responsible for training, providing medical direction, and oversight of licensed ECPs under the medical director's supervision.

(n) "Montana ECP Practice Guidelines" means the written guidelines developed, approved, and distributed by the board, that provide guidance to medical directors and ECPs licensed to practice at all levels.

(o) "NPDB" means the National Practitioner Databank established by Public Law 99-660 (42 USC 11101, et seq.).

(p) "NREMT" means the National Registry of Emergency Medical Technicians.

(q) "Offline medical direction" means general medical oversight and supervision for an emergency medical service or an ECP, including, but not limited to, review of patient care techniques, emergency medical service procedures, and quality of care.

(r) "Online medical control" means real-time interactive medical advice or orders to ECPs.

(s) "Refresher" means a program, training, or course that reviews and documents the knowledge and skills of an ECP's current licensure level.

(t) "USDOT" means United States Department of Transportation. (History: 37-3-203, 50-6-203, MCA; IMP, 37-3-102, 37-3-203, 50-6-101, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-301, 50-6-302, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 507, Eff. 4/27/07; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2019 MAR p. 431, Eff. 4/27/19; AMD, 2020 MAR p. 679, Eff. 4/18/20.)

Rules 24.156.2702 through 24.156.2704 reserved

24.156.2705 UNPROFESSIONAL CONDUCT (1) In addition to those forms of unprofessional conduct defined in 37-1-316, MCA, the following are considered unprofessional conduct for an ECP:

(a) conviction, including conviction following a plea of nolo contendere, of an offense involving moral turpitude, whether or not an appeal is pending;

(b) conduct likely to deceive, defraud, or harm the public;

(c) conduct that presents a danger to public health or safety, or to any patient;

(d) having voluntarily relinquished or surrendered a professional or occupational license, certificate, or registration in this state, or in another state or jurisdiction while under investigation or during a pending complaint;

(e) having withdrawn an application for licensure, certification, or registration, while under investigation or prior to a determination of the completed application in this state, or in another state or jurisdiction;

(f) failure to practice within the scope of practice of the ECP licensure level and endorsements, including any restrictions determined by the ECP's medical director;

(g) failure to practice within Montana ECP Practice Guidelines or direction, procedures, or restrictions set by the ECP's medical director;

(h) disobedience of the provisions of Title 37, chapter 1, MCA, any statute or rule under the Board of Medical Examiners' jurisdiction, or any order of the board regarding enforcement of discipline of a licensee;

(i) habitual intemperance or repetitive excessive use of an addictive drug, alcohol, or any other substance to the extent that the use impairs the user physically or mentally; this provision does not apply to a licensee who is in compliance with an approved therapeutic regimen as described in 37-3-203, MCA;

(j) failing to cooperate with a lawful investigation conducted by the board or its designee, including furnishing information requested by the board or in response to an inquiry;

(k) filing a complaint with or providing information to the board, which the licensee knows, or should know, is false or misleading;

(l) failing to report to the board any adverse judgment or award arising from a medical liability claim or other unprofessional conduct;

(m) commission of any act of sexual abuse, misconduct, or exploitation by the licensee whether or not related to the practice;

(n) testifying in a legal proceeding on a contingency fee basis;

(o) falsifying or altering patient records, or failing to document patient records;

(p) diversion of a medication for any purpose or a violation of state or federal laws governing the administration of medications;

(q) failing as a clinical preceptor or lead instructor, to supervise, manage, or train students practicing under the licensee's supervision, according to state laws and rules applicable to ECPs;

(r) harassing, abusing, or intimidating a patient, either physically or verbally; and

(s) failing to comply with any agreement the licensee has entered into with a program established by the board under 37-3-203, MCA. (History: 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2014 MAR p. 2833, Eff. 11/21/14; AMD, 2019 MAR p. 431, Eff. 4/27/19.)

24.156.2706 OBLIGATION TO REPORT TO THE BOARD (REPEALED) (History: 37-1-131, 37-1-319, 50-6-203, MCA; IMP; 37-1-131, 37-1-319, 50-6-203, MCA; NEW, 2012 MAR p. 2464, Eff. 12/7/12; REP, 2015 MAR p. 820, Eff. 6/26/15.)

24.156.2707 REPORTING TO THE BOARD (1) As permitted in 37-1-308, MCA, an ECP licensed under this chapter shall report to the board within three months from the date of a final judgment, order, or agency action, all information related to malpractice, misconduct, criminal, or disciplinary action in which the ECP is a named party.

(2) An ECP with known impairment shall self-report to the board. In lieu of reporting to the board, the ECP may self-report known impairment to the board-endorsed professional assistance program.

(3) An ECP may report suspected or known impairment of other healthcare providers to the appropriate licensing board or agency; or, in lieu of the board or agency, may report to the board-endorsed professional assistance program. (History: 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2019 MAR p. 431, Eff. 4/27/19.)

24.156.2708 COMPLAINTS INVOLVING PREHOSPITAL CARE, INTERFACILITY CARE, EMERGENCY MEDICAL TECHNICIANS (ECPs), OR EMERGENCY MEDICAL SERVICE (EMS) OPERATIONS (REPEALED) (History: 37-3-203, 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2013 MAR p. 120, Eff. 2/1/13; REP, 2019 MAR p. 431, Eff. 4/27/19.)

Rules 24.156.2709 and 24.156.2710 reserved

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24.156.2711 ECP LICENSURE QUALIFICATIONS (1) The board shall license an applicant as an ECP at the appropriate licensure level if the applicant:

(a) has successfully completed an ECP course of instruction at or above the level of requested licensure;

(b) possesses a current active or inactive NREMT certification equal to or greater than the level applied for, or successfully completes a written and practical third-party examination approved by the board, or provides a current unrestricted substantially equivalent ECP license or certification in another state which has a complaint process;

(c) has obtained a high school diploma or equivalency; and

(d) is 18 years of age or older. (History: 37-1-131, 50-6-203, MCA; IMP, 37-1-304, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2019 MAR p. 431, Eff. 4/27/19; AMD, 2020 MAR p. 679, Eff. 4/18/20.)

Rule 24.156.2712 reserved

24.156.2713 ECP LICENSE APPLICATION (1) An applicant for an initial ECP license, at any level, shall submit an application, the appropriate fees, and:

(a) verification of course completion for the level or above the level for which the applicant is applying; and

(b) documentation of a current active or inactive NREMT certification equal to or greater than the level applied for, or the successful completion of a board-approved written and practical third-party examination, or current substantially equivalent licensure in another state.

(2) The board or its designee will obtain a query from the NPDB for each applicant.

(3) A current Montana ECP licensee who is applying for an ECP license at a greater level shall submit an application, the appropriate fees, and documentation of a current active or inactive NREMT certification equal to or greater than the level applied for, or verification of the successful completion of a board-approved written and practical examination, or current substantially equivalent licensure in another state.

(4) A current Montana ECP licensee who is applying for an ECP license at a lower level shall submit an application and the appropriate fees.

(5) Applicants licensed in another state or jurisdiction shall cause all states and jurisdictions in which the applicant holds or has ever held a license or certification to submit a current verification of licensure directly to the board on behalf of the applicant.

(6) The applicant may voluntarily withdraw the application by submitting a written request to the board, if the application has not appeared on a board agenda. All application fees submitted will be forfeited. (History: 37-1-131, 50-6-203, MCA; IMP, 37-1-131, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2019 MAR p. 431, Eff. 4/27/19; AMD, 2020 MAR p. 679, Eff. 4/18/20.)

Rule 24.156.2714 reserved

24.156.2715 SUBSTANTIALLY EQUIVALENT EDUCATION (1) The board or its designee shall evaluate an applicant's ECP course completed in another jurisdiction, and shall accept out-of-state courses which are determined to be substantially equivalent.

(2) For the purposes of 37-1-304, MCA, the board defines "substantially equivalent" as ECP education and training greater than or equivalent to current curriculum. (History: 37-1-131, 50-6-203, MCA; IMP, 37-1-131, 37-1-304, 37-3-203, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2019 MAR p. 431, Eff. 4/27/19.)

Rule 24.156.2716 reserved

24.156.2717 ECP LICENSE RENEWAL (REPEALED) (History: 50-6-203, MCA; IMP, 37-1-131, 37-1-141, 37-1-306, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; REP, 2019 MAR p. 431, Eff. 4/27/19.)

24.156.2718 CONTINUING EDUCATION AND REFRESHER REQUIREMENTS (1) All licensed ECPs are required to complete continuing education (CE) and refresher requirements prior to their license expiration date.

(a) EMRs must complete an EMR level refresher.

(b) EMTs must complete 48 hours of CE and an EMT refresher.

(c) AEMTs must complete 36 hours of CE and an AEMT refresher.

(d) Paramedics must complete 24 hours of CE and a paramedic refresher.

(2) CE consists of topics contained within the current curriculum of the ECP licensure level.

(3) ECPs must complete a refresher in which a lead instructor or medical director validates knowledge and skills.

(a) An ECP may not meet refresher program requirements by combining CE courses;

(b) The refresher must assess the licensee's competency, demonstrated during the course, to function at the ECP license level in accordance with the scope of education and practice; and

(c) The refresher may be a course of instruction or a combination of quality improvement and quality assurance activities coordinated by an active local medical director, and the content must be structured to assess competency of the core knowledge and skills for the level of the ECP's license.

(4) ECPs certified by the NREMT may report completed CE and refresher credits to the NREMT for registration purposes and also to the board to meet, in whole or in part, the requirements of (1), (2), and (3).

(5) The lead instructor is responsible for the quality, consistency, and management of the refresher training at the EMR and EMT levels and shall maintain records of all courses conducted including an agenda and detailed student performances that document the licensee's ability demonstrated during the refresher.

(6) The medical director is responsible for the quality, consistency, and management of the refresher training at the EMT with endorsement(s), AEMT, and paramedic levels. The medical director may assign duties as appropriate, but retains the overall responsibility for the refresher.

(7) All ECPs shall affirm understanding of their recurring duty to comply with CE requirements as part of license renewal.

(a) The ECP is responsible for maintaining documentation of completed CE and refresher and their medical director's authorization/attestation of continued competence (including endorsement skills) on a board-approved form which shall be made available to the board upon request.

(b) The medical director may require the ECP to complete additional CE hours or training to ensure competency of endorsement skills. (History: 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2017 MAR p. 487, Eff. 4/29/17; AMD, 2019 MAR p. 431, Eff. 4/27/19; AMD, 2020 MAR p. 679, Eff. 4/18/20.)

24.156.2719 EXPIRED LICENSE (1) An expired ECP license may be reactivated upon completion of an expired license renewal application. To reactivate an expired license an ECP shall:

(a) meet department requirements under ARM 24.101.403 and 24.101.408; and

(b) provide documentation of completion of all renewal requirements required under ARM 24.156.2718. (History: 37-1-131, 50-6-203, MCA; IMP, 37-1-141, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2009 MAR p. 415, Eff. 4/17/09; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2019 MAR p. 431, Eff. 4/27/19.)

24.156.2720 ECP TRAINING COURSES (1) An individual, corporation, partnership, or any other organization may conduct ECP training courses. All ECP training courses or programs must include the following:

(a) current USDOT curriculum;

(b) Montana ECP Practice Guidelines;

(c) statutes and rules governing ECPs in Montana;

(d) a final competency evaluation including a practical skill evaluation; and

(e) certificate of successful completion which states:

(i) full name of student;

(ii) start and end dates of the course;

(iii) course level; and

(iv) names of designated lead instructor and/or medical director.

(2) A clinical component must be included and documented in the following levels of ECP courses:

(a) EMT course participants must complete a minimum of ten hours of clinical experience during which the student shall:

(i) observe patient care on at least 5 patients; and

(ii) perform a patient assessment on at least 5 adult patients.

(b) AEMT course participants shall:

(i) properly administer medications at least 10 times to live patients;

(ii) successfully access the venous circulation at least 15 times on live patients of various age groups;

(iii) ventilate at least 15 live patients of various age groups;

(iv) perform an advanced patient assessment on at least 15 adult patients, 5 pediatric patients, and 10 trauma patients;

(v) perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 patients with chest pain;

(vi) perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 adult patients and 3 pediatric patients with dyspnea/respiratory distress;

(vii) perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 patients with altered mental status; and

(viii) serve as the team leader for at least 20 prehospital emergency responses.

(c) Paramedic course participants shall:

(i) properly administer medications at least 15 times to live patients;

(ii) successfully intubate at least 5 live patients;

(iii) successfully access the venous circulation at least 25 times on live patients of various age groups;

(iv) ventilate at least 20 live patients of various age groups;

(v) perform a comprehensive patient assessment on at least 50 adult patients, 30 pediatric patients (including newborns, infants, toddlers, and school age), 40 trauma patients, 30 geriatric patients, 10 obstetric patients, and 20 psychiatric patients;

(vi) perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 30 patients with chest pain;

(vii) perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 adult patients and 8 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress;

(viii) perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 10 patients with syncope;

(ix) perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with abdominal complaints;

(x) perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with altered mental status; and

(xi) serve as the team leader for at least 50 prehospital emergency responses.

(3) Upon written request from the medical director of an AEMT or paramedic course, the board or its designee may approve substitution of patient simulators for up to 50 percent of the live patient requirements specified under (2)(b) and (c).

(4) All levels of ECP courses must designate a lead instructor and a medical director. The lead instructor is under the supervision of the board and medical director for these courses.

(5) The medical director of an ECP course shall be responsible for the overall quality, consistency, and management of the ECP course in which they agree to provide medical oversight. The medical director may delegate duties where appropriate.

(a) Medical direction of an EMR or EMT level course consists of review of agenda, selection of instructors, review of evaluation tools, and review of clinical offerings and objectives.

(b) Medical direction of an AEMT or paramedic level course consists of approval of agenda, approval and selection of instructors, involvement in the development and implementation of evaluation tools, participation as an instructor, approval of clinical offerings and objectives to be met by clinical components, and verification of successful course completion for each student.

(6) The lead instructor of an EMR course shall:

(a) issue a certificate as provided under (1)(e);

(b) complete the course within six months of the date the course commences; and

(c) provide at least one instructor per six students when practical skills are taught or evaluated.

(7) The lead instructor of an EMT course shall:

(a) issue a certificate as provided under (1)(e);

(b) complete the course within 12 months of the date the course commences;

(c) provide at least one instructor per six students when practical skills are taught or evaluated; and

(d) provide the clinical experience as specified under (2)(a).

(8) The lead instructor and medical director of an AEMT or paramedic course shall:

(a) issue a certificate as provided under (1)(e);

(b) provide clinical experience as specified under (2)(b) and (c);

(c) complete the course in the following time frames:

(i) AEMT course within 18 months from the starting date of the course; and

(ii) paramedic course within 24 months from the starting date of the course;

(d) provide clinical experiences with no fewer than one clinical preceptor for every two students; and

(e) provide sufficient patient accessibility to allow students to complete all clinical experiences within the course dates.

(9) Requests for extension of required course completion times stated in (8)(c) must be submitted in writing and may be granted by the board or its designee. (History: 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2019 MAR p. 431, Eff. 4/27/19; AMD, 2020 MAR p. 679, Eff. 4/18/20; AMD, 2020 MAR p. 963, Eff. 5/30/20.)

24.156.2721 FINAL PRE-LICENSING EXAMINATIONS (1) A candidate must successfully complete an ECP course for the level of licensure the candidate is seeking to be eligible to take a final pre-licensing practical or written examination.

(2) To be eligible for licensure at any ECP level, a candidate must successfully complete, in this order, the following:

(a) a final pre-licensing practical examination; and

(b) a final pre-licensing written examination.

(3) A candidate must have completed the practical examination in (2)(a) within the past two years to be eligible to take the written examination in (2)(b).

(4) A board-approved third party may create and/or conduct final pre-licensing examinations.

(5) All final pre-licensing practical examinations must test all skills required by the NREMT 2016 Psychomotor Examination for the level of licensure the candidate is seeking.

(6) A medical director shall be responsible for conducting final pre-licensing practical examinations, other than those conducted by NREMT, and may delegate duties when appropriate. (History: 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2019 MAR p. 431, Eff. 4/27/19.)

Rules 24.156.2722 through 24.156.2730 reserved

24.156.2731 FEES (1) The following fees must be paid in connection with EMT licensure:

(a) EMR application fee	$30
(b) EMT application fee	50
(c) AEMT application fee	70
(d) paramedic application fee	100
(e) endorsement application fee	10
(f) EMR biennial renewal fee	30
(g) EMT biennial renewal fee	50
(h) AEMT biennial renewal fee	70
(i) paramedic biennial renewal fee	100

(2) Additional standardized fees are specified in ARM 24.101.403.

(3) All fees provided for in this rule are nonrefundable and are not prorated for portions of the licensing period. (History: 37-1-134, 50-6-203, MCA; IMP, 37-1-134, 37-1-141, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2006 MAR p. 1583, Eff. 7/1/06; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2019 MAR p. 431, Eff. 4/27/19.)

24.156.2732 MEDICAL DIRECTION (1) Within 60 days of taking on the responsibilities of providing medical oversight as a medical director to an individual or group of ECPs, a physician or physician assistant shall:

(a) notify the board they are providing medical direction to ECPs on a form provided by the board; and

(b) provide proof of completion of a board-approved medical director training program or a board-approved exemption from the training on a form provided by the board.

(2) The medical director shall be responsible for the overall medical care provided by the ECPs for whom the director agrees to provide medical oversight.

(3) The medical director overseeing an ECP may grant or restrict the ECP's practice or utilization of any endorsement.

(4) The medical director must maintain and have access to records of all ECPs for whom the director provides medical oversight. These records must document:

(a) the name, address, and current Montana licensure of the ECP, including any endorsements;

(b) date when medical oversight began and at what level the ECP is authorized to practice; and

(c) any changes to limit or approve the ECP's authorization to function at the ECP's current licensure level including endorsement(s).

(5) The medical director must develop a process to continuously meet the applicable standard of medical practice and patient care. This process may include regular review of patient care reports (PCR), direct observation of care, skills demonstrations, and ongoing involvement in ECP education. Documentation of these activities must be maintained by the medical director.

(6) The medical director is responsible for assessing competency of skills required for endorsements held by ECPs under the medical director's supervision and shall sign an affidavit stating such competence as required under ARM 24.156.2718.

(7) A medical director may assign duties where appropriate, but retains the responsibility for all assigned duties. This includes delegation of:

(a) local offline medical direction responsibilities to another unrestricted Montana licensed physician or physician assistant; and

(b) maintenance of records required under (4).

(8) The medical director will approve and review the offering of online medical control which must be provided by any unrestricted Montana licensed physician or physician assistant who has been contacted for this purpose.

(9) A medical director shall provide written notice to the ECP and the board upon discontinuing medical oversight.

(10) The medical director shall be responsible for and approve a system to assure the inventory, storage, and security of all the medications utilized by the ECPs to whom the medical director provides medical oversight. The medical director may delegate the day-to-day duties where appropriate but retains overall responsibility.

(11) A medical director may not unilaterally alter a patient care plan developed by a physician, PA, or APRN for care provided by an ECP with a CIHC endorsement. (History: 37-3-203, 50-6-203, MCA; IMP, 37-3-102, 37-3-203, 50-6-101, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-301, 50-6-302, MCA; NEW, 2009 MAR p. 416, Eff. 4/17/09; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2017 MAR p. 487, Eff. 4/29/17; AMD, 2019 MAR p. 431, Eff. 4/27/19; AMD, 2020 MAR p. 679, Eff. 4/18/20.)

Rules 24.156.2733 through 24.156.2740 reserved

24.156.2741 ECP TRAINING PROGRAM/COURSE APPLICATION AND APPROVAL (REPEALED) (History: 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; REP, 2019 MAR p. 431, Eff. 4/27/19.)

Rules 24.156.2742 through 24.156.2744 reserved

24.156.2745 EXAMINATIONS (REPEALED) (History: 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; REP, 2019 MAR p. 431, Eff. 4/27/19.)

Rules 24.156.2746 through 24.156.2750 reserved

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24.156.2751 LEVELS OF ECP LICENSURE INCLUDING ENDORSEMENTS

(1) The board issues four levels of licenses for ECPs. Each level has endorsements that may be added to an ECP license. Endorsements do not have to be acquired in the order listed below and may consist of one or more combinations within each ECP level. The levels of licensure and endorsements are as follows:

(a) EMR licenses:

(i) EMR monitoring;

(ii) naloxone;

(iii) lead instructor; and

(iv) CIHC.

(b) EMT licenses:

(i) medication;

(ii) IV and IO (intravenous infusion and intraosseous infusion) initiation;

(iii) IV and IO (intravenous infusion and intraosseous infusion) maintenance;

(iv) airway;

(v) naloxone;

(vi) lead instructor; and

(vii) CIHC.

(c) AEMT licenses:

(i) AEMT medication;

(ii) AEMT-99;

(iii) lead instructor; and

(iv) CIHC.

(d) Paramedic licenses:

(i) critical care paramedic;

(ii) lead instructor; and

(iii) CIHC. (History: 37-3-203, 50-6-203, MCA; IMP, 37-3-102, 37-3-203, 50-6-101, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-301, 50-6-302, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2019 MAR p. 431, Eff. 4/27/19; AMD, 2020 MAR p. 679, Eff. 4/18/20.)

24.156.2752 ECP ENDORSEMENT APPLICATION (1) An applicant for an ECP endorsement, at any level, shall submit an application on a form prescribed by the board, the appropriate fee, and:

(a) the applicant's verification of knowledge and skills as identified on a form provided by the board for each endorsement level for which the applicant is applying; and

(b) attestation of current Montana ECP license at the appropriate level to qualify for the endorsement.

(2) The applicant may voluntarily withdraw the application by submitting a written request to the board. All application fees submitted will be forfeited. (History: 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2019 MAR p. 431, Eff. 4/27/19.)

24.156.2753 CIHC ENDORSEMENT (1) An applicant for CIHC endorsement shall submit an application, the appropriate fees, and:

(a) verification of completion of a board-approved curriculum in community-integrated health care provided by an accredited institution of higher learning, which must include 48 hours of clinical experience; and

(b) attestation of a minimum of one year of experience at the applicant's current level of licensure.

(2) An ECP acting under a current CIHC endorsement shall:

(a) act within their scope of practice according to the Montana ECP Practice Guidelines;

(b) follow the patient care plan developed by the physician, PA, or APRN directing the CIHC to their patient, which may not be unilaterally altered by the ECP's medical director; and

(c) consult their medical director regarding scope of practice. (History: 37-3-203, 50-6-203, MCA; IMP, 37-3-102, 37-3-203, 50-6-101, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-301, 50-6-302, MCA; NEW, 2020 MAR p. 679, Eff. 4/18/20.)

24.156.2754 INITIAL ECP COURSE REQUIREMENTS (REPEALED) (History: 50-6-203, MCA; IMP, 37-1-131, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; REP, 2019 MAR p. 431, Eff. 4/27/19.)

24.156.2755 POST-COURSE REQUIREMENTS (REPEALED) (History: 37-3-203, 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2013 MAR p. 120, Eff. 2/1/13; REP, 2019 MAR p. 431, Eff. 4/27/19.)

Rule 24.156.2756 reserved

24.156.2757 ECP CLINICAL REQUIREMENTS (REPEALED) (History: 50-6-203, MCA; IMP, 37-1-131, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; REP, 2019 MAR p. 431, Eff. 4/27/19.)

Rules 24.156.2758 through 24.156.2760 reserved

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24.156.2761 PROCEDURES FOR REVISION OF MONTANA ECP PRACTICE GUIDELINES (1) A medical director may submit a petition for revisions to the Montana ECP Practice Guidelines.

(2) The petition must be submitted on a board-approved form with the following supporting documentation:

(a) a written recommendation and/or position statement for the revision; and

(b) literature supporting the recommendations and/or position.

(3) Upon receiving the petition, the board shall proceed as follows:

(a) the board's medical direction committee (committee) shall review an initial petition to determine whether to place the petition as an action item on the agenda for the next regularly scheduled board meeting;

(b) the committee may accept public comment regarding the petition;

(c) the committee shall present the board with a written recommendation; and

(d) the board shall consider the committee's recommendation and take action on the petition no sooner than the next regularly scheduled board meeting.

(4) The board shall approve the proposed revision when:

(a) it is demonstrated to the satisfaction of the board that granting the petitioner's request is necessary to provide appropriate standards of medical care;

(b) the board finds that the public's interest in granting the revision clearly outweighs the interest of maintaining uniform Montana ECP Practice Guidelines; and

(c) the board concludes the revisions will protect public health, safety, and welfare. (History: 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2019 MAR p. 431, Eff. 4/27/19.)

Rules 24.156.2762 through 24.156.2770 reserved

24.156.2771 ECP SCOPE OF PRACTICE (1) An ECP licensed at an EMR or EMT level may perform any acts allowed within the ECP's licensure or endorsement level when:

(a) operating independently within the most current version of the Montana ECP Practice Guidelines;

(b) under the medical oversight of a medical director who is taking responsibility for the ECP; or

(c) participating in a continuing education program.

(2) An ECP licensed at an EMT with endorsement(s), AEMT, or paramedic level may perform any acts allowed within the ECP's licensure level or endorsement level when:

(a) under medical oversight of a medical director who is taking responsibility for the ECP; or

(b) participating in a continuing education program.

(3) An ECP legally licensed in good standing in the state from which they are responding may perform within their scope of practice at the level licensed, when functioning as a member of a licensed ambulance service that finds itself within the boundaries of Montana, while:

(a) responding to an emergency where the border is not clearly known;

(b) responding to an emergency in accordance to a mutual aid agreement with a Montana licensed EMS service; or

(c) conducting a routine transfer to or from a Montana medical facility.

(4) A student may perform beyond the level of his or her individual licensure when functioning as a student in an ECP training course conducted in accordance with board rules including participating in a clinical component of a course or program of instruction originating in another state that has a clinical contract with a Montana healthcare facility or a Montana licensed EMS agency and functions under the direct supervision of a clinical preceptor licensed in Montana. The student must perform within the Montana scope of practice at the level for which the student is a student candidate.

(5) Except as provided in (4), an ECP may not perform any acts that are beyond the ECP's level of licensure or endorsement.

(6) The medical director may limit the functioning scope of an ECP due to community needs and/or issues with maintaining competency. If, after remediation and review of an individual ECP's performance, the medical director has continuing concerns as to the ECP's ability to perform to the ECP's scope of practice, this shall be reported to the board.

(7) An ECP currently licensed and in good standing in another state may function during a state or federally managed incident in compliance with the Montana ECP Practice Guidelines, but shall comply with all of the following:

(a) the ECP's practice shall be limited to the duration of the state or federally managed incident;

(b) practice shall be conducted within the geographic area, whether on federal, state, or private land, designated as being within the state or federally managed incident;

(c) the ECP practices only at the level licensed in another state; however, if the ECP is licensed above the basic EMT level, the practice above a basic EMT level may only occur if the ECP has medical direction oversight provided by a Montana licensed physician or physician assistant approved by the board as a medical director, and the medical director authorizes the ECP to function beyond the basic EMT level;

(d) provide proof of current licensure and good standing in another state; and

(e) submit the appropriate form to the board.

(8) The board or their designee may conduct onsite visits of state or federally managed incidents to assure compliance. (History: 50-6-203, MCA; IMP, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2007 MAR p. 507, Eff. 4/27/07; AMD, 2007 MAR p. 1813, Eff. 11/9/07; AMD, 2013 MAR p. 120, Eff. 2/1/13; AMD, 2015 MAR p. 820, Eff. 6/26/15; AMD, 2019 MAR p. 431, Eff. 4/27/19; AMD, 2020 MAR p. 679, Eff. 4/18/20; AMD, 2021 MAR p. 277, Eff. 3/13/21.)

Rules 24.156.2772 through 24.156.2774 reserved

24.156.2775 MANAGEMENT OF INFECTIOUS WASTES (1) Each ECP licensed by the board shall store, transport off the premises, and dispose of infectious wastes as defined in 75-10-1003, MCA, in accordance with the requirements set forth in 75-10-1005, MCA.

(2) Used sharps shall be properly packaged and labeled within the meaning of 75-10-1005, MCA, as required by the Occupational Safety and Health Administration (OSHA). (History: 50-6-203, MCA; IMP, 37-1-131, 50-6-203, MCA; NEW, 2004 MAR p. 188, Eff. 1/30/04; AMD, 2013 MAR p. 120, Eff. 2/1/13.)