



**MONTANA
ADMINISTRATIVE
REGISTER**



DEPARTMENT OF LABOR AND INDUSTRY

NOTICE OF PROPOSED RULEMAKING

MAR NOTICE NO. 2025-149.1

Summary

Implementation of Senate Bill 518 and House Bills 246 and 336 - Transition of emergency care providers from a board to a program

Hearing Date and Time

Monday, December 1, 2025, at 1:00 p.m.

Virtual Hearing Information

A public hearing will be held via remote conferencing to consider the proposed changes to the agency's rules. There will be no in-person hearing. Interested parties may access the remote conferencing platform in the following ways:

Join Zoom Meeting: <https://mt-gov.zoom.us/j/83577538169>

Meeting ID: 835 7753 8169; Password: 7081631117

Dial by Telephone: +1 646 558 8656

Meeting ID: 835 7753 8169; Password: 7081631117

Comments

Concerned persons may present their data, views, or arguments at the hearing. Written data, views, or arguments may also be submitted at dli.mt.gov/rules or P.O. Box 1728, Helena, Montana 59624. Comments must be received by Friday, December 5, 2025, at 5:00 p.m.

Accommodations

The agency will make reasonable accommodations for persons with disabilities who wish to participate in this rulemaking process or need an alternative accessible format of this notice. Requests must be made by Monday, November 24, 2025, at 5:00 p.m.

Contact

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

General Reasonable Necessity Statement

The 2025 Montana Legislature passed Senate Bill (SB) 518 which was signed by the Governor May 5, 2025, and will become effective January 1, 2026. The bill transferred oversight of the emergency care provider license from the board to the department. The proposed rules will become effective on January 1, 2026.

The proposed rule amendments updates references from board to the department references to the emergency care provider license, which the board no longer regulates. Amending these rules to remove references to the emergency care provider license is necessary to ensure regulatory clarity, eliminate confusion for licensees, and align the board's administrative rules with current statutory authority. Emergency care provider licensing types include emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics.

Rulemaking Actions

TRANSFER AND AMEND

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

24.156.2701 (24.112.401) DEFINITIONS

- (1) For purposes of the rules set forth in this ~~subchapter~~ chapter, the following definitions apply:

- (a) "Apprentice" means a person who is a registered apprentice through the Department of Labor and Industry Workforce Services Division Registered Apprenticeship Program for emergency medical technicians.
- ~~(a)~~(b) "Clinical experience" means supervised instruction, observation, or practice in a patient care setting as part of a course curriculum.
- ~~(b)~~(c) "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.
- ~~(c)~~(d) "Curriculum" means the combination of the National EMS Educational Standards and Instructional Guidelines prepared by the USDOT, ~~and the Montana ECP Practice Guidelines~~ National Model EMS Clinical Guidelines, and the Montana ECP Scope of Practice Document.
- ~~(d)~~(e) "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~~ department, that expands the scope of practice of the ECP.
- ~~(e)~~(f) "Lead instructor" is an endorsement which indicates the endorsed licensee has attended a ~~board~~ department-approved instructor training program and is authorized to offer and conduct ECP courses.
- ~~(f)~~(g) "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.
- ~~(g)~~(h) "Montana ECP Practice Guidelines Scope of Practice Document" means the written guidelines developed, approved, and distributed by the ~~board~~ department, that provide guidance to medical directors and ECPs licensed to practice at all levels.
- ~~(h)~~(i) "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.
- ~~(i)~~(j) "Online medical control" means real-time interactive medical advice or orders to ECPs.

- (k) “Sponsor” means a currently licensed emergency care provider that has entered into an apprenticeship agreement with the registered apprenticeship program per ARM Title 24, chapter 21.

Authorizing statute(s): ~~37-3-203~~, 50-6-203, MCA

Implementing statute(s): ~~37-3-102, 37-3-203~~ [HB 336], 50-6-101, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-301, 50-6-302, MCA,

Reasonable Necessity Statement

Reasonable necessity exists to amend and transfer this rule due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department.

The 2025 Montana Legislature passed HB 336 which took effect October 1, 2025. The bill allows people to qualify for emergency care provider licensure through completion of an apprenticeship program overseen by the Department of Labor and Industry Workforce Services Division Registered Apprenticeship Program under Title 39, chapter 6, MCA. House Bill 336 gives the department the authority to establish requirements for these apprenticeships including education and supervision. It is reasonably necessary to adopt definitions.

24.156.2711 (24.112.501) ECP LICENSURE QUALIFICATIONS

- (1) The ~~board~~ department 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; and
 - (b) possesses a current active or inactive NREMT certification equal to or greater than the level applied for, or provides a current unrestricted substantially equivalent ECP license or certification in another state which has a complaint process.
- (2) If an applicant is not eligible for certification by NREMT, the ~~board or its designee~~ department may approve the applicant to undergo an assessment exam administered by NREMT and provide proof of passage of the assessment exam to the department in lieu of a NREMT certification card.

Authorizing statute(s): ~~37-1-131~~, 50-6-203, MCA

Implementing statute(s): ~~37-1-304~~, 50-6-201, 50-6-203, MCA

Reasonable Necessity Statement

Reasonable necessity exists to amend and transfer the rule and to update the authorizing and implementation citations due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department.

24.156.2718 (24.112.2101) CONTINUED COMPETENCY REQUIREMENTS

- (1) All licensed ECPs are required to complete continued competency requirements prior to their license expiration date.
- (2) Proof of completion shall be retained by the ECP and submitted to the department upon request in one of the following forms:
 - (a) a current active or inactive NREMT certification card; or
 - (b) a certificate of completion, issued and signed by the lead instructor and/or medical director, of the NREMT continued competency training requirements.
- (3) The lead instructor is responsible for the quality, consistency, and management of the continued competency 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 training.
- (4) The medical director is responsible for the quality, consistency, and management of the continued competency 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 training.
- (5) All ECPs shall affirm understanding of their recurring duty to comply with continued competency requirements as part of license renewal.
 - (a) The ECP is responsible for maintaining documentation of completed continued competency training and their medical director's authorization/attestation of continued competence (including endorsement skills) on a ~~board~~ department-approved form which shall be made available to the ~~board~~ department upon request.
 - (b) The medical director may require the ECP to complete training to ensure competency of endorsement skills.

Authorizing statute(s): 50-6-203, MCA

Implementing statute(s): 50-6-203, MCA

Reasonable Necessity Statement

Reasonable necessity exists to amend and transfer this rule due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department.

24.156.2719 (24.112.508) 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 [24.112.2101].

Authorizing statute(s): ~~37-1-131~~, 50-6-203, MCA

Implementing statute(s): ~~37-1-141~~, 50-6-203, MCA

Reasonable Necessity Statement

Reasonable necessity exists to transfer the rule and to update the authorizing and implementation citations due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department. It is reasonably necessary to amend (1)(b) to reference emergency care provider renewal requirements which will transfer from the Board of Medical Examiners to the department.

24.156.2720 (24.112.503) 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~~ Scope of Practice Document and National Model EMS Clinical 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~~ department 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~~ department 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~~ department.

Authorizing statute(s): 50-6-203, MCA

Implementing statute(s): 50-6-203, MCA

Reasonable Necessity Statement

Reasonable necessity exists to amend and transfer this rule due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department. Further, it is reasonably necessary to update all references to the “ECP Practice Guidelines” to accurately reflect the document which is referred to as the “Montana ECP Scope of Practice Document.”

24.156.2751 (24.112.504) LEVELS OF ECP LICENSURE INCLUDING ENDORSEMENTS

- (1) The ~~board~~ department 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) lead instructor; and
 - (iii) 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) lead instructor; and
 - (vi) 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.

Authorizing statute(s): ~~37-3-203~~, 50-6-203, MCA

Implementing statute(s): ~~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

Reasonable Necessity Statement

Reasonable necessity exists to amend and transfer the rule and to update the authorizing and implementation citations due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department.

24.156.2752 (24.112.505) ECP ENDORSEMENT APPLICATION

- (1) An applicant for an ECP endorsement, at any level, shall submit an application on a form prescribed by the ~~board~~ department, the appropriate fee, and:
 - (a) the applicant's verification of knowledge and skills as identified on a form provided by the ~~board~~ department 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.~~

Authorizing statute(s): 50-6-203, MCA

Implementing statute(s): 50-6-203, MCA

Reasonable Necessity Statement

Reasonable necessity exists to amend and transfer the rule due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department. Further, it is necessary to strike (2) as it is duplicative of ARM 24.101.403(6).

24.156.2753 (24.112.506) CIHC ENDORSEMENT

- (1) An applicant for CIHC endorsement shall submit an application, the appropriate fees, and:
 - (a) verification of completion of a ~~board~~ department-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-; and
 - (c) 48 hours of clinical experience.
- (2) An ECP acting under a current CIHC endorsement shall:
 - (a) act within their scope of practice according to the Montana ECP Practice Guidelines Scope of Practice Document;
 - (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.

Authorizing statute(s): ~~37-3-203~~, 50-6-203, MCA

Implementing statute(s): ~~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

Reasonable Necessity Statement

Reasonable necessity exists to amend and transfer the rule and to update the authorizing and implementation citations due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department. Further, it is reasonably necessary to update all references to the "ECP Practice Guidelines" to accurately reflect the document which is referred to as the "Montana ECP Scope of Practice Document." The proposed amendment in (1)(c) allows flexibility for an applicant for the CIHC endorsement to complete 48 hours of clinical experience in a setting beyond an accredited institution of higher learning.

**24.156.2761 (24.112.507) PROCEDURES FOR REVISION OF MONTANA ECP PRACTICE
GUIDELINES SCOPE OF PRACTICE DOCUMENT**

- (1) A medical director may submit a petition for revisions to the Montana ECP Practice Guidelines Scope of Practice Document. The department may accept public comment regarding the petition.
- (2) The petition must be submitted on a ~~board~~ department-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)~~(3) The ~~board~~ department shall approve the proposed revision when:
 - (a) it is demonstrated to the satisfaction of the ~~board~~ department that granting the petitioner's request is necessary to provide appropriate standards of medical care;
 - (b) the ~~board~~ department finds that the public's interest in granting the revision clearly outweighs the interest of maintaining the uniform Montana ECP Practice Guidelines Scope of Practice Document; and
 - (c) the ~~board~~ department concludes the revisions will protect public health, safety, and welfare.

Authorizing statute(s): 50-6-203, MCA

Implementing statute(s): 50-6-203, MCA

Reasonable Necessity Statement

Reasonable necessity exists to amend and transfer the rule and to update the authorizing and implementation citations due to passage of SB 518 (2025), which transfers oversight of

emergency care provider licensure from the Board of Medical Examiners to the department. Further, it is reasonably necessary to update the department's process for a medical director to submit revisions to the Montana ECP Scope of Practice Document. With the transfer of emergency care provider licensure to the department, there will not be a Board of Medical Examiner's committee to review the submission. Finally, the department may still accept public comment regarding the petition.

24.156.2771 (24.112.502) 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~~ Scope of Practice Document;
 - (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~~ department 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~~ department.
- (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 Scope of Practice Document, 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~~ department 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~~ department.
- (8) The ~~board or their designee~~ department may conduct onsite visits of state or federally managed incidents to assure compliance.

Authorizing statute(s): 50-6-203, MCA

Implementing statute(s): 50-6-203, MCA

Reasonable Necessity Statement

Reasonable necessity exists to amend and transfer this rule due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department. Further, it is reasonably necessary to update all references to

the “ECP Practice Guidelines” to accurately reflect the document which is known as the “Montana ECP Scope of Practice Document.”

ADOPT

The rules proposed to be adopted are as follows:

NEW RULE 1 APPLICANTS WITH CRIMINAL CONVICTIONS

- (1) The department 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.

Authorizing statute(s): 50-6-203, MCA

Implementing statute(s): 50-6-203, MCA

Reasonable Necessity Statement

Reasonable necessity exists to adopt NEW RULE 1 due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department. Further, it is reasonably necessary to adopt NEW RULE 1 to provide further criteria distinguishing driving under the influence (DUI) convictions as 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.

NEW RULE 2 FEE SCHEDULE

- (1) Initial and active license renewal application fees:
 - (a) Emergency medical responder - \$20;
 - (b) Emergency medical technician - \$35;
 - (c) Advanced emergency medical technician - \$55;
 - (d) Paramedic - \$75;
 - (e) Emergency care provider endorsement – per submission - \$10.

A single submission may include multiple endorsement applications from a single applicant.

- (2) Additional standardized fees are in ARM 24.101.403.
- (3) All fees are nonrefundable.

Authorizing statute(s): 50-6-203, MCA

Implementing statute(s): 50-6-203, MCA

Reasonable Necessity Statement

Reasonable necessity exists to adopt NEW RULE 2 following the passage of SB 518 (2025), which transfers emergency care provider licensure from the Board of Medical Examiners to the department. Reasonable necessity exists to adopt fees for initial application and renewals of emergency care provider licensure types. The fee amounts will remain the same under the department's licensure oversight as they were while under the Board of Medical Examiners authority.

NEW RULE 3 LICENSURE BY APPRENTICESHIP

- (1) Applicants for licensure by apprenticeship must:
 - (a) complete an apprenticeship through the Montana Registered Apprenticeship Program; and
 - (b) pass examinations as described in ARM 24.156.2711 [24.112.501].

Authorizing statute(s): [HB 336], 50-6-203, MCA

Implementing statute(s): [HB 336], 50-6-203, MCA

Reasonable Necessity Statement

The 2025 Montana Legislature passed HB 336 which took effect October 1, 2025. The bill allows people to qualify for emergency care provides licensure through completion of an apprenticeship program overseen by the Department of Labor and Industry Workforce Services Division Registered Apprenticeship Program under Title 39, chapter 6, MCA. Qualifying for licensure through apprenticeships will be in addition to education and examination pathways under existing department statutes and administrative rules. House Bill 336 gives the

department the authority to establish requirements for these apprenticeships including education and supervision while adhering to federal apprenticeship requirements under 29 CFR part 29, subpart A, as Montana's program adheres to federal standards. The department proposes NEW RULE 3 to implement this legislation.

NEW RULE 4 MANAGEMENT OF INFECTIOUS WASTES

- (1) Each person licensed by the department shall store, transport off 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).

Authorizing statute(s): 50-6-203, 75-10-1006, MCA

Implementing statute(s): 50-6-203, 75-10-1006, MCA

Reasonable Necessity Statement

Reasonable necessity exists to adopt NEW RULE 4 following the passage of SB 518 (2025), which transfers emergency care provider licensure from the Board of Medical Examiners to the department. Reasonable necessity exists to ensure emergency care provider licensees properly store, transport off premises, and dispose of infectious wastes in accordance with statutory requirements.

NEW RULE 5 MEDICAL DIRECTOR

- (1) A medical director providing medical oversight over emergency care providers shall comply with ARM 24.156.2732.

Authorizing statute(s): 50-6-203, MCA

Implementing statute(s): 50-6-101, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-301, 50-6-302, MCA

Reasonable Necessity Statement

Reasonable necessity exists to adopt NEW RULE 5 following the passage of SB 518 (2025), which transfers emergency care provider licensure from the Board of Medical Examiners to the department. Reasonable necessity exists to acknowledge physician and physician assistants providing medical oversight as a medical director to an individual or group of ECPs remain licensed by the Board of Medical Examiners and must comply with the cited administrative rule.

NEW RULE 6 SUBSTANTIAL EQUIVALENCY

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

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

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

Reasonable Necessity Statement

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

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

To implement the legislation and further the endorsement licensing process, the board is proposing to adopt NEW RULE 6. The department has compared current licensure standards of

the fifty United States for department licensees and determined those that are substantially equivalent per the definition in 37-1-302, MCA. This new rule will adopt and incorporate by reference the department's initial approved list of states having substantially equivalent licensing standards. The list will be published on the department's website. The department will analyze other states' licensing standards annually, and update the published list as needed.

NEW RULE 7 UNPROFESSIONAL CONDUCT

- (1) It is unprofessional conduct for a licensee or applicant to:
 - (a) violate any statute, rule, or standard of care governing their scope of practice;
 - (b) fail to report to the department within thirty days from the date of a final judgment, order, or agency action, all information related to malpractice, misconduct, criminal, or disciplinary action in which the licensee or applicant is a party;
 - (c) violate facility care policy or procedure while providing services in a healthcare facility
 - (d) administer, dispense, prescribe, order, or otherwise divert a controlled substance as defined by the federal Food and Drug Administration or its successors, otherwise than in the course of legitimate or reputable professional practice;
 - (e) regarding patient records, fail to:
 - (i) appropriately secure records;
 - (ii) appropriately document patient care; or
 - (iii) transfer records to another licensed health care provider, the patient, or the patient's representative when requested to do so by the patient or the patient's legally designated representative;
 - (f) fail to cooperate with or respond to a department request or investigation;
 - (g) fail to report an incident of unsafe practice or unethical conduct of another licensee to the licensing authority;
 - (h) perform services or use machines or devices that are outside of the licensee's scope of practice;
 - (i) practice under unsanitary or unsafe conditions;
 - (j) commit any act of sexual abuse, misconduct, or exploitation whether or not it is related to the licensee's practice;

- (k) while under investigation or during a pending complaint, in Montana or elsewhere, but prior to a determination:
 - (i) withdraw an application for licensure, certification, or registration; or
 - (ii) voluntarily relinquish or surrender a professional or occupational license, certification, registration, or privileges;
- (l) fail to adequately supervise apprentices.

Authorizing statute(s): 50-6-203, MCA

Implementing statute(s): 50-6-203, MCA

Reasonable Necessity Statement

Reasonable necessity exists to adopt NEW RULE 7 due to passage of SB 518 (2025), which transfers oversight of emergency care provider licensure from the Board of Medical Examiners to the department. Further, it is reasonably necessary to set forth unprofessional conduct rules to recognize instances in which an emergency care provider licensee may be disciplined.

Small Business Impact

Pursuant to 2-4-111, MCA, the Montana small businesses that will probably be affected by the proposed rule changes are hospitals and non-hospital-based ambulance services that are small businesses. The rules implementing HB 336 provide another avenue to obtain a license through apprenticeships. The department believes these changes will have positive effects, specifically in rural communities where individuals may remain employed while gaining experience through their apprenticeships. The department is not able to predict how many applicable small businesses will sponsor apprenticeships, nor is it possible to quantify the small business impact of the new apprenticeship opportunities. The board has determined that the proposed rule changes will not create a significant and direct impact on these small businesses.

The fee amounts will remain the same under the department's licensure oversight as they were while under the Board of Medical Examiners authority.

Bill Sponsor Notification

The primary bill sponsors were all contacted by electronic mail on the following dates: the SB 518 sponsor was contacted on April 18, 2025; the HB 336 sponsor on July 24, 2025; and the HB 246 sponsor on August 20, 2025.

Interested Persons

The agency maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by the agency. Persons wishing to have their name added to the list may sign up at dli.mt.gov/rules or by sending a letter to P.O. Box 1728, Helena, Montana 59624 and indicating the program or programs about which they wish to receive notices.

Rule Reviewer

Quinlan L. O'Connor

Approval

Sarah Swanson, Commissioner