

**R156. Commerce, Occupational and Professional Licensing.**

**R156-31b. Nurse Practice Act Rule.**

**R156-31b-101. Title.**

This rule is known as the "Nurse Practice Act Rule."

**R156-31b-102. Definitions.**

In addition to the definitions in Title 58, Chapter 1, General Rule of the Division of Occupational and Professional Licensing, and Title 58, Chapter 31b, Nurse Practice Act, the following rule definitions supplement the statutory definitions:

(1) "Accreditation" means formal recognition and approval of a nurse education program by an accrediting body for nursing education that is approved by the United States Department of Education.

(2) "Administering" means the direct application of a prescription drug or device, whether by injection, inhalation, ingestion, or by any other means, to the body of a human patient or research subject by another person.

(3) "APRN" means advanced practice registered nurse.

(4) "APRN-CRNA" means advanced practice registered nurse with registered nurse anesthetist certification.

(5) "Approved continuing education" means:

(a) continuing education that has been approved by a nationally or internationally recognized approver of professional continuing education for health-related industries;

(b) nursing education courses offered by an approved education program as defined in Subsection (6);

(c) health-related coursework taken from an educational institution accredited by a regional or national institutional accrediting body recognized by the U.S. Department of Education;

(d) continuing education approved by any state board of nursing; or

(e) training or educational presentations offered by the Division.

(6) "Approved education program" as defined in Subsection 58-31b-102(3) is further defined to mean a preclicensing nursing education program that meets the standards in Sections 58-31b-601 and R156-31b-602.

(7) "Approved re-entry program" means a program designed to evaluate nursing competencies for nurses that is:

(a)(i) approved by a state board of nursing; or

(ii) offered by an accredited nursing education program; and

(b) includes a minimum of 150 hours of supervised clinical learning.

(8) "Certificate of Academic Status" is a form completed by an approved registered nursing education program that lists the information regarding an applicant for a registered nurse apprentice license required in 58-31b-302(3)(e)(i) and (ii). The decision to complete the Certificate of Academic Status is at the discretion of the approved registered nursing education program.

(8) (9) "CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

~~(9)~~ (10) (a) "Clinical practice experiences" means, as used in the Commission on Collegiate Nursing Education Standards for Accreditation of Baccalaureate and Graduate Nursing Programs, amended 2018, planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level.

(b) "Clinical practice experiences" may be known as clinical learning opportunities, clinical practices, clinical strategies, clinical activities, experiential learning strategies, or practice.

~~(10)~~ (11) "Completed" an education program under Section 58-31b-302, means:

(a) graduation from the education program, verified by official transcripts showing degree and date of program completion;

and

(b) for an LPN applicant under Subsections 58-31b-302(2)(e) and R156-31-103a(1)(a), may include:

(i) current enrollment in an RN approved education program; and

(ii) completion of coursework in the RN approved education program that is equivalent to the coursework of a PN approved education program.

~~(11)~~ (12) "Comprehensive nursing assessment" means:

(a) conducting extensive initial and ongoing data collection:

(i) for individuals, families, groups, or communities; and

(ii) addressing anticipated changes in patient conditions as well as emergent changes in patient health status;

(b) recognizing alterations to previous patient conditions;

(c) synthesizing the biological, psychological, spiritual, and social aspects of the patient's condition;

(d) evaluating the impact of nursing care; and

(e) using data generated from the assessments conducted pursuant to Subsections (a) through (d) to:

(i) make independent decisions regarding patient health care needs;

(ii) plan nursing interventions;

(iii) evaluate any possible need for different interventions; and

(iv) evaluate any possible need to communicate and consult with other health team members.

~~(12)~~ (13) "Contact hour" in the context of continuing education means 60 minutes, and may include a ten-minute break.

~~(13)~~ (14) "Delegate" means:

(a) to transfer to another nurse the authority to perform a selected nursing task in a selected situation;

(b) for an APRN who specializes in psychiatric mental health nursing, to transfer to a licensed mental health therapist selected psychiatric APRN supervisory clinical experiences within generally accepted industry standards; or

(c) to transfer to an unlicensed individual, including unlicensed assistive personnel or a responsible caregiver, the authority to perform a task that, according to generally accepted industry standards or law, does not require a nursing assessment as defined in Subsections (11) and (17).

~~(14)~~ (15) "Delegatee" means one or more persons assigned by a delegator to act on the delegator's behalf.

~~(15)~~ (16) "Delegator" means:

(a) a licensed nurse directly responsible for a patient's care, who assigns to another licensed or unlicensed individual the authority to perform a task on behalf of the delegator in accordance with Subsections 58-31b-102(12)(g), R156-31b-102(13), and Sections R156-31b-701a, or R156-31b-701b; or

(b) a responsible caregiver who delegates to an unlicensed direct care worker the performance of nursing care for a patient in accordance with Sections 58-31b-308.1 and R156-31b-701c.

~~(16)~~ (17) (a) "Disruptive behavior" means conduct, whether verbal or physical, that:

- (i) is demeaning, outrageous, or malicious;
- (ii) occurs during the process of delivering patient care; and
- (iii) places a patient at risk.

(b) "Disruptive behavior" does not include criticism that is offered in good faith with the aim of improving patient care.

~~(17)~~ (18) "Focused nursing assessment" means an appraisal of a patient's status and situation at hand, including:

(a) verification and evaluation of orders; and

(b) assessment of:

- (i) the patient's nursing care needs;
- (ii) the complexity and frequency of the required nursing care;
- (iii) the stability of the patient; and
- (iv) the availability and accessibility of resources, including appropriate equipment, adequate supplies, and other appropriate health care personnel to meet the patient's nursing care needs.

~~(18)~~ (19) "Foreign nurse education program" means any program that originates or occurs outside of the United States.

~~(19)~~ (20) "Individualized healthcare plan" or "IHP" means a written document that outlines the provision of student healthcare services intended to achieve specific student outcomes. The IHP shall have a confirmed medical diagnosis which is created by a health care provider as defined in 78B-3-403(12) and within the health care provider's scope of practice.

~~(20)~~ (21) "Licensure by equivalency" applies only to a licensed practical nurse and may be warranted if the person seeking licensure:

(a)(i) has, within the two-year period preceding the date of application, successfully completed course work in a registered nurse education program that meets the criteria established in Sections 58-31b-601 and R156-31b-602; and

(ii) has been unsuccessful on the NCLEX-RN at least one time; or

(b)(i) is currently enrolled in an accredited registered nurse education program; and

(ii) has completed course work that is certified by the education program provider as being equivalent to the course work of an ACEN-accredited practical nursing program, as verified by the nursing education program director or administrator.

~~(21) — "Licensed Practice" means nursing care experiences defined in Sections 58-31b-102 (11), 58-31b-102 (12) 58-31b-102 (13) 58-31b-102 (14) that require the active license of an APRN, RN or LPN for employment in healthcare facilities or communities, nurse educational settings, or volunteer and continuous skilled nursing care of a family member or friend.~~

~~(21)~~ (22) "LPN" means licensed practical nurse.

~~(22)~~ (23) "MAC" means medication aide certified.

~~(23)~~ (24) "Medication" means a prescription or nonprescription drug as defined in Subsections 58-17b-102(26), 58-17b-102(39), or 58-17b-102(63) of the Pharmacy Practice Act.

~~(24)~~ (25) "NCLEX" means the National Council Licensure Examination of the National Council of State Boards of Nursing.

~~(25)~~ (26) "Nonapproved education program" means a nurse prelicensing course of study that does not meet the criteria of Section 58-31b-601, including a foreign nurse education program.

~~(26)~~ (27) "Nurse" means:

(a) an individual licensed under Title 58, Chapter 31b, Nurse Practice Act as:

(i) a licensed practical nurse;

(ii) a registered nurse;

(iii) an advanced practice registered nurse; or

(iv) an advanced practice registered nurse-certified registered nurse anesthetist; or

(b) a certified nurse midwife licensed under Title 58, Chapter 44a, Nurse Midwife Practice Act.

~~(27)~~ (28) "Other specified health care professional," as used in Subsection 58-31b-102(13), means an individual in addition to a registered nurse or a licensed physician who is permitted to direct the tasks of a licensed practical nurse, and includes:

(a) an advanced practice registered nurse;

(b) a certified nurse midwife;

(c) a chiropractic physician;

(d) a dentist;

(e) an osteopathic physician;

(f) a physician assistant;

(g) a podiatric physician;

- (h) an optometrist;
- (i) a naturopathic physician; or
- (j) a mental health therapist as defined in Subsection 58-60-102(5).
- ~~(28)~~ (29) "Patient" means one or more individuals:
  - (a) who receive medical or nursing care; and
  - (b) to whom a licensee owes a duty of care.
- ~~(29)~~ (30) "Patient surrogate" means an individual who has legal authority to act on behalf of a patient when the patient is unable to act or make decisions unaided, including:
  - (a) a parent;
  - (b) a foster parent;
  - (c) a legal guardian; or
  - (d) a person legally designated as the patient's attorney-in-fact.
- ~~(30)~~ (31) "PN" means an unlicensed practical nurse.
- ~~(31)~~ (32) "Psychiatric mental health nursing specialty" means an expertise in psychiatric mental health, whether as a clinical nurse specialist or nurse practitioner licensed as an APRN.
- ~~(32)~~ (33) "Practica" means working in the nursing field as a student, not exclusive to patient care activities.
- ~~(33)~~ (34) "Practitioner" means a person authorized by law to prescribe treatment, medication, or medical devices.
- ~~(34)~~ (35) "RN" means a registered nurse.
- ~~(35)~~ (36) "School" means any private or public institution of primary or secondary education, including a charter school, pre- school, kindergarten, or special education program.
- ~~(36)~~ (38) ~~"Supervised clinical experiences" means a program designed by a healthcare facility as defined in Subsection 78B-3-403 (11) to evaluate nursing competencies for nurses under general supervision that includes a clinical competency checklist. -~~
- ~~(39)~~ ~~"Skilled nursing care" means a level of care for a resident, patient, client, family member or friend who requires licensed nursing care. The complexity of the prescribed services or care must be performed by or under the close supervision of licensed health care personnel.~~
- ~~(37)~~ (37) "Supervision" means the global definitions of levels of supervision in Section R156-1-102a, as follows:
  - (a) "Direct supervision" and "immediate supervision" mean the same as defined in Section R156-1-102a.
  - (b) "Indirect supervision" means the same as defined in Section R156-1-102a.
  - (c) "General supervision" means the same as defined in Section R156-1-102a.
  - (d) "Supervising licensee" means the same as defined in Section R156-1-102a.
- ~~(37)~~ (38) (a) "Unlicensed assistive personnel," as used in Subsection 58-31b-102(17), is further defined to mean an unlicensed individual who performs health care services in a complementary or assistive role to a nurse in carrying out acts included within the definition of the practice of nursing.
  - (b) "Unlicensed assistive personnel" includes the following:
    - (i) a nurse aide, orderly, assistant, attendant, technician, home health aide, medication aide permitted or certified by a state agency, unlicensed direct care worker, or any other individual who provides personal care or assistance regarding health-related services; and
    - (ii) a nursing student not licensed as a nurse, who provides care that is not part of the student's formal educational program, and who must comply with applicable laws and rules regarding the student's performance of care.
- ~~(38)~~ (39) "Unprofessional conduct," as defined in Title 58, Chapter 1, General Rules of the Division of Occupational and Professional Licensing, and Title 58, Chapter 31b, Nurse Practice Act, is further defined in Section R156-31b-502.

**R156-31b-103. Authority -- Purpose.**

This rule is adopted by the Division under the authority of Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 31b, Nurse Practice Act.

**R156-31b-104. Organization -- Relationship to Rule R156-1.**

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

**R156-31b-201. Board of Nursing -- Membership.**

Under Subsection 58-31b-201(1)(a), the Board nurse membership shall comprise:

- (1) one licensed practical nurse;
- (2) two advanced practice registered nurses, at least one of whom is an APRN-CRNA;
- (3) four RNs; and
- (4) two additional members licensed either as RNs or APRNs who are actively involved in nursing education.

**R156-31b-202. Advisory Peer Education Committee Created - Membership - Duties.**

- (1) Under Subsection 58-1-203(1)(f), there is created the Advisory Peer Education Committee.
- (2) The duties and responsibilities of the Advisory Peer Education Committee are to:
  - (a) review applications for approval of medication aide training programs;

(b) monitor a nursing education program that is approved for a limited time under Section R156-31b-602 as it progresses toward accreditation; and

(c) advise the Division as to nursing education issues.

(3) The composition of the Advisory Peer Education Committee shall be:

(a) seven RNs or APRNs actively involved in nursing education, including at least one representative from each of the following:

(i) a public nursing program;

(ii) a private nursing program; and

(iii) a proprietary nursing program; and

(b) any member of the Board who wishes to serve on the committee.

#### **R156-31b-301. License Classifications - Professional Upgrade.**

(1) A registered nurse apprentice shall be superseded upon the issuance of a registered nurse license.

(2) A licensed practical nurse license shall be superseded upon the issuance of a registered nurse license.

~~(2)~~ (3) (a) An advanced practice registered nurse may hold both an APRN and an RN license in Utah.

(b) Unless the APRN requests that both the APRN and RN licenses remain active, the RN license shall be superseded upon the issuance of the APRN license.

#### **R156-31b-301c. APRN License -- Education, Examination, and Experience Requirements.**

(1) Under Subsection 58-31b-302(4), an applicant for licensure as an APRN shall:

(a) under Subsection 58-31b-302(4)(d), demonstrate that the applicant holds a current, active RN license in good standing;

(b) under Subsection 58-31b-302(4)(e), demonstrate that the applicant has completed an APRN prelicensing education program that meets the requirements of Subsection 58-31b-601(1);

(c) pass a national certification examination for nurse practitioner, clinical nurse specialist, certified nurse midwife, or registered nurse anesthetist pursuant to Section R156-31b-301e, that is administered by a certification body approved by:

(i) the National Commission for Certifying Agencies; or

(ii) the Accreditation Board for Specialty Nursing Certification; and

(d) if the applicant specializes in psychiatric mental health nursing, demonstrate that the applicant meets the requirements in Subsection (2).

(2)(a) Under Subsection 58-31b-302(4)(g), the supervised clinical practice requirements in mental health therapy and psychiatric mental health nursing for an APRN practicing within the psychiatric mental health nursing specialty, shall consist of at least 4,000 hours of psychiatric mental health nursing education and clinical practice as follows:

(i) 1,000 hours shall be credited as a block of time for completion of Clinical Practice Experience in an approved education program in psychiatric mental health nursing, regardless of the number of hours completed by the applicant; and

(ii) the remaining 3,000 hours shall:

(A) be completed after passing the applicable national certification examination, and within five years of graduation from an accredited master's or doctoral level educational program;

(B) include a minimum of 1,000 hours of mental health therapy practice; and

(C) include at least 2,000 clinical practice hours completed under the supervision of:

(I) an APRN specializing in psychiatric mental health nursing;

(II) a licensed mental health therapist as delegated by the supervising APRN; or

(III) a physician holding active board certification with the American Board of Psychiatry and Neurology, or equivalent as determined by the Division.

(b) An applicant who obtains the clinical practice hours outside of Utah may receive credit for that experience by demonstrating that the training completed is equivalent to the training under Subsection (2)(a).

(c) An approved supervisor shall verify the applicant's practice as a licensee engaged in the practice of mental health therapy for at least 4,000 hours in a period of at least two years.

(d) Duties and responsibilities of a supervisor include:

(i) maintaining a relationship with the supervisee in which the supervisor is independent from control by the supervisee, and in which the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;

(ii) supervising not more than three supervisees unless otherwise approved by the Division in collaboration with the Board; and

(iii) submitting appropriate documentation to the Division for work completed by the supervisee, including the supervisor's evaluation of the supervisee's competence to practice.

(3) An applicant who holds a current APRN license issued by another state, district, or territory of the United States, or another country, shall:

(a)(i) demonstrate that the license issued by the other jurisdiction meets the requirements for endorsement in Subsection 58-31b-302(1); and

(ii) document current national certification as a nurse practitioner, clinical nurse specialist, certified nurse midwife, or registered nurse anesthetist pursuant to Section R156-31b-301e, from a certification body approved by:

(A) the National Commission for Certifying Agencies; or

(B) the Accreditation Board for Specialty Nursing Certification; or

(b) complete the requirements of Subsection 58-31b-302(4) and Subsection (1) for an applicant who has never obtained an APRN license.

(4) An APRN applicant who has been licensed previously in Utah, but whose license has expired, lapsed, or been on inactive status, shall demonstrate current certification in the individual's specialty area.

(5) An applicant who has been licensed previously in another state, district, or territory of the United States, or another country, but whose license has expired or lapsed, shall:

(a)(i) comply with Subsection (3)(a)(ii); and

(ii) demonstrate that the applicant is currently certified in the individual's specialty area; or

(b) complete the requirements of Subsection 58-31b-302(4) and Subsection (1) for an applicant who has never obtained an APRN license.

#### **R156-31b-301d. Nonapproved Nursing Education Programs.**

(1) Under Subsection 58-31b-303(1)(b) and R156-31b-301a, an applicant for LPN licensure who graduated from a nonapproved nursing education program shall demonstrate that the nursing education program completed by the applicant is equivalent by submitting:

(a) a CGFNS Credentials Evaluation Service Professional Report that is acceptable to the Division and the Board;

(b) ~~a CGFNS Certification Program Verification Letter~~; or

(c) documentation of meeting the endorsement requirements of Subsection 58-1-302(1).

(2) Under Subsections 58-31b-303(2)(b) and R156-31b-301b, an applicant for RN licensure who graduated from a nonapproved nursing education program shall submit:

(a) a CGFNS Certification Program Verification Letter; or

(b) documentation of meeting the endorsement requirements of Subsection 58-1-302(1).

#### **R156-31b-301e. Examination Requirements.**

(1)(a) An applicant for licensure as an LPN, RN, Certified Nurse Midwife, or APRN shall pass the applicable licensure or certification examination within five years of the applicant's date of graduation from the approved education program, except as provided in Subsection (1)(b).

(b) An individual specializing in psychiatric mental health nursing shall complete the applicable certification examination prior to beginning the 3,000 hours of required psychiatric clinical and mental health therapy practice.

(c) An individual who does not pass the licensure or certification examination pursuant to Subsection (1)(a) or (b) shall complete another approved nursing education program before again attempting to pass the licensure or certification examination.

(2) An applicant for certification as a MAC shall pass the NCSBN Medication Aide Certification Examination within one year of completing the approved training program.

#### **R156-31b-301f. Licensing Fees.**

An applicant for licensure shall pay the applicable nonrefundable application fee before the application may be considered by the Division or Board.

#### **R156-31b-301g. Registered Nurse Apprentice License -- Education, Examination, and Experience Requirements**

(1) In addition to Sections 58-31b-302(3) and 58-31b-306.1 a registered nurse apprentice license may be issued by the Division if the applicant meets the requirements listed in Section 58-31b-302(e)(i) and (ii) and is registered and waiting in their last semester, quarter or competency experience.

(2) An applicant for a registered nurse apprentice license shall:

(a) Submit to the Division a completed application.

(b) Request a certificate of academic status be submitted from the approved registered nursing education program to the Division.

(3) The Division may extend the expiration date of a registered nurse apprentice license up to 60 days upon receiving notice that the registered nurse apprentice license holder has failed the RN NCLEX on the first attempt.

#### **R156-31b-303. LPN, RN, and APRN License Renewal - Professional Downgrade - Continuing Education.**

(1) Under Subsection 58-1-308(1), the renewal date for the two-year renewal cycle for licensees under Title 58, Chapter 31b, Nurse Practice Act, is established in Section R156-1-308a.

(2) Renewal procedures shall be in accordance with Sections R156-1-308b through R156-1-308l.

(3) Each applicant for renewal shall comply with the following continuing competency requirements:

(a) An LPN or RN shall complete one of the following during the two-year period immediately preceding the date of application for renewal:

(i) licensed practice for not less than 400 hours;

(ii) licensed practice for not less than 200 hours and completion of 15 contact hours of approved continuing education; or

(iii) completion of 30 contact hours of approved continuing education hours.

(b) An APRN shall comply with the following:

(i)(A) be currently certified or recertified in the licensee's specialty area of practice; or

(B) if licensed prior to July 1, 1992, complete 30 hours of approved continuing education and 400 hours of practice; and

(ii) if authorized to prescribe controlled substances, comply with Section R156-37-402 and Section 58-37-6.5.

(c) A MAC shall complete eight contact hours of approved continuing education related to medications or medication

administration during the two-year period immediately preceding the application for renewal.

(4) A licensee who wishes to downgrade the license in conjunction with a renewal or reinstatement application shall:

- (a) comply with the competency requirements of Subsection (3)(a);
- (b) pay required fees, including any late fees;
- (c) submit a completed renewal or reinstatement form as applicable to the license desired; and
- (d) complete and sign a license surrender document as provided by the Division.

(5) A licensee who obtained a license downgrade may apply for license upgrade by:

- (a) submitting the appropriate application for licensure complete with the supporting documents required for an initial application for license, demonstrating the applicant meets the current qualifications for licensure;
- (b) meeting the continuing competency requirements of Subsection (3); and
- (c) paying the license fee for a new applicant for licensure.

**R156-31b-309. APRN Intern License.**

(1)(a) Under Subsections 58-31b-306(1)(b) and (3)(b), an APRN intern license expires the earlier of:

- (i) 180 days from the date of issuance;
- (ii) 30 days after the applicant has failed the specialty certification examination; or
- (iii) upon issuance of an APRN license.

(b) The Division in collaboration with the Board may extend the term of an APRN intern license upon a showing of extraordinary circumstances beyond the control of the applicant.

(2) An individual holding an APRN intern license specializing in psychiatric mental health nursing shall work under the supervision of an APRN pursuant to R156-31b-301c.

(3) It is the professional responsibility of an APRN intern to:

- (a) inform the Division of examination results within ten calendar days of receipt; and
- (b) cause the examination agency to send the examination results directly to the Division.

**R156-31b-402. Administrative Penalties.**

Under Sections 58-1-501, 58-31b-501, 58-31b-502, 58-31b-502.5, 58-31b-503, Subsection 58-31b-102(1), and Section R156-31b-502, and unless otherwise ordered by the presiding officer, the following fine schedule shall apply:

TABLE  
FINE SCHEDULE

VIOLATION	FIRST OFFENSE	SUBSEQUENT OFFENSE
58-1-501(1)(a)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(1)(b)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(1)(c)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(1)(d)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(1)(e)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(1)(f)(i)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(1)(g)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(a)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(b)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(c)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(d)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(e)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(f)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(g)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(h)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(i)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(j)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(k)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(l)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(m)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(n)	\$ 250 - \$ 4,000	\$ 4,000 - \$ 8,000
58-1-501(2)(o)	\$ 250 - \$ 4,000	\$ 4,000 - \$ 8,000
58-1-501.5	\$ 250 - \$ 4,000	\$ 4,000 - \$ 8,000
58-1-508(2)	\$ 500 per violation	
58-31b-501(1)	\$ 500 - \$ 4,000	\$ 4,000 - \$ 8,000
58-31b-501(2)	\$ 500 - \$ 4,000	\$ 4,000 - \$ 8,000
58-31b-501(3)	\$ 2,000 - \$ 7,500	\$ 7,500 - \$ 9,500
58-31b-502(1)(a)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(b)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(c)	\$ 4,000 - \$ 8,000	\$ 8,000 - \$10,000
58-31b-502(1)(d)	\$ 2,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(e)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(f)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(g)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(h)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(i)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(j)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000

58-31b-502(1)(k)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(l)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(m)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(n)	double the original penalty, up to \$20,000	
58-31b-502(1)(o)	\$1,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(p)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(q)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502.5(1)	\$ 500 - \$ 5,000	\$ 1,500 - \$10,000
Ongoing: \$2,000 per day but not less than	the second offense	
58-31b-502.5(2)	\$ 500 - \$ 5,000	\$ 1,500 - \$10,000
Ongoing: \$2,000 per day but not less than	the second offense	
58-31b-502.5(3)	\$ 5,000	\$10,000
Ongoing: \$2,000 per day but not less than	the second offense	
58-31b-601	\$ 2,000 - \$ 7,500	\$ 7,500 - \$ 9,500
58-31b-801	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-803	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
58-37-19	first offense \$250, second offense \$500	
	subsequent offenses \$1,000	
R156-1-501(6)	\$ 500 - \$ 4,000	\$ 4,000 - \$ 8,000
R156-1-501(7)	\$ 500 - \$ 4,000	\$ 4,000 - \$ 8,000
R156-1-501(8)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-1-501(9)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-1-501.1	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1)(a)	\$ 500 - \$ 4,000	\$ 4,000 - \$ 8,000

DRAFT

R156-31b-502(1)(b)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1)(c)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1)(d)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1)(e)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1)(f)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1)(g)	\$ 250 - \$ 1,500	\$ 1,500 - \$10,000
R156-31b-502(1)(h)	\$ 250 - \$ 1,500	\$ 1,500 - \$10,000
R156-31b-502(1)(i)	\$ 250	second offense \$500
		subsequent offenses \$1,000
R156-31b-502(1)(j)	\$ 250	second offense \$500
		subsequent offenses \$1,000
<del>R156-31b-502(1)(l)</del>	<del>\$ 250-\$5,000</del>	<del>\$ 5,000 - \$10,000</del>
R156-31b-501(1)(k)	\$ 1,000 - \$ 5,000	\$5,000 - \$10,000
R156-31b-602	\$ 2,000 - \$ 7,500	\$ 7,500 - \$ 9,500
R156-37-502	\$ 1,000	\$ 1,000
	\$ 1,000 for each additional violation	

Subsequent offenses. Unless a specific fine amount is specified elsewhere, a sanction for an offense subsequent to a second offense shall be the greater of \$10,000 or \$2,000 per day.

### R156-31b-502. Unprofessional Conduct.

- (1) "Unprofessional conduct" includes:
- (a) failing to destroy a license that has expired due to the issuance and receipt of an increased scope of practice license;
  - (b) knowingly accepting or retaining a license that has been issued pursuant to a mistake or on the basis of erroneous information;
  - (c) as an RN or LPN, issuing a prescription for a prescription drug to a patient, except in accordance with Section 58-17b-620 or as otherwise legally permissible;
  - (d) failing as the nurse accountable for directing nursing practice of an agency to verify:
    - (i) that standards of nursing practice are established and carried out;
    - (ii) that safe and effective nursing care is provided to patients;
    - (iii) that guidelines exist for the organizational management and management of human resources needed for safe and effective nursing care to be provided to patients; or
    - (iv) that the nurses employed by the agency have the knowledge, skills, ability, and current competence to carry out the requirements of their jobs;
  - (e) engaging in sexual contact with a patient surrogate concurrent with the nurse-patient relationship unless the nurse affirmatively shows by clear and convincing evidence that the contact:
    - (i) did not result in any form of abuse or exploitation of the surrogate or patient; and
    - (ii) did not adversely alter or affect in any way:
      - (A) the nurse's professional judgment in treating the patient;
      - (B) the nature of the nurse's relationship with the surrogate; or
      - (C) the nature of the nurse's relationship with the patient;
  - (f) engaging in disruptive behavior in the practice of nursing;
  - (g) prescribing to oneself any controlled substance drug, in violation of Subsection R156-37-502(1)(a);
  - (h) violating a federal or state law relating to controlled substances, including self-administering a controlled substance that is not lawfully prescribed by another licensed practitioner having authority to prescribe the drug, in violation of Section R156-37-502;
  - (i) as an APRN, failing to comply with Section 58-37-19, regarding discussion with a patient or the patient's guardian before issuing an initial opiate prescription;
  - (j) as an APRN, violating Title 26, Chapter 61a, Utah Medical Cannabis Act; and
  - (k) failing to practice within limits of competency, in violation of Section 58-31b-801.
- (1) violation of any provision of the American Nurses Association's (ANA) "Code of Ethics for Nurses", 2015 edition or most current, which is hereby incorporated by reference.
- (2) "Unprofessional conduct" does not include, when licensed as an RN, and in accordance with a school's policies and Sections R156-31b-70a and R156-31b-701b, delegating or training an unlicensed assistive person to administer medications in accordance with a prescribing practitioner's order and an IHP.

### R156-31b-602. Requirements for Limited-time Approval of Non-accredited Nursing Education Programs.

- (1) Under Subsection 58-31b-601(2), a nursing education program may, prior to obtaining an accreditation described in Subsection 58-31b-601(1), qualify for a limited time as an approved education program ~~[if the program was granted limited time approval on or before May 15, 2016].~~
- (2) The provider of a program with limited-time approval pursuant to ~~Subsection (1) shall, pursuant to Subsection (3):~~ 58-31b-601:
- (a) disclose to each student who enrolls that:
    - (i) program accreditation is pending. Pending program accreditation is defined as an active application on file with an accrediting body as defined in R156-31b-102 (1). An active application on file is defined as a program's initial notification to the accrediting body;
    - (ii) any education completed prior to the accrediting body's final determination will satisfy, at least in part, state requirements for prelicensing education; and
    - (iii) if the program fails to achieve accreditation ~~[on or before June 30, 2022]~~ in accordance with 58-31b-601, a student who

has not yet graduated will not be made eligible for the NCLEX by the state; and

(b) attest to each student who enrolls that the program is allowed to enroll new students because it meets the requirements of Subsection 58-31b-601~~(2)(e)~~.

(3) The disclosure required by Subsection (2) shall:

(a) be signed by each student who enrolls with the provider; and

(b) at a minimum, state the following: "The nursing program in which you are enrolling has not yet been accredited. The program is being reviewed by the (insert the name of the accrediting body). This program is allowed to enroll new students because it meets the requirements of Subsection 58-31b-601~~(2)(e)~~ for temporary approval. Any education you complete ~~on or before June 30, 2022, or~~ within the provisions of 58-31b-601 or final approved determination by the (insert the name of the accrediting body) will satisfy associated state requirements for licensure. If the (insert the name of the accrediting body) ultimately determines that the program does not qualify for accreditation, you will not be made eligible for the NCLEX by the state of Utah."

(4) If an accredited program receives notice or determines that its accreditation status is in jeopardy of not meeting the provisions of 58-31b-601, the institution offering the program shall:

(a) immediately notify the Board of its accreditation status;

(b) immediately and verifiably notify each enrolled student in writing of the program's accreditation status, including:

(i) the estimated date when the accrediting body will make its final determination as to the program's accreditation; and

(ii) the potential impact of a program's accreditation status on the graduate's ability to secure licensure and employment or transfer academic credits to another institution in the future; and

(c) attempt negotiations with other academic institutions to establish a transfer articulation agreement.

(5) If a program with limited-time approval fails to achieve accreditation ~~on or before June 30, 2022~~ within the provisions of 58-31b-601, or if a program loses its accreditation, the institution offering the program shall:

(a) submit a written report of official notice of losing accreditation to the Board within ten days of receiving formal notification from the accrediting body;

(b) notify each matriculated and pre-enrollment nursing student about the program's accreditation status;

(c) inform each nursing student who will graduate from a non-accredited program that they will not be eligible for initial licensure through the state; and

(d) provide the Board with a written plan to close the program and cease operations to the Board within ten days of receiving formal notice of losing accreditation from the program's accrediting body.

#### **R156-31b-603. Education Providers -- Requirements for Ongoing Communication with the Board.**

An education program that has achieved limited-time approval of its program shall provide to the Board:

(1) a Board-approved annual report, by December 31 of each calendar year; and

(2) copies of correspondence between the program provider and the accrediting body, within 30 days of receipt or submission of the correspondence.

#### **R156-31b-609. Standards for Out-of-State Programs Providing Clinical Experiences in Utah.**

A nursing education program provider located in another state that desires to place nursing students in Utah agencies or institutions for Clinical Practice Experiences or practica experiences shall, prior to placing a student, demonstrate to the satisfaction of the Division and Board that the program:

(1) is approved by the home state Board of Nursing;

(2) is accredited by an accrediting body for nursing education that is approved by the United States Department of Education;

(3) has faculty who:

(a) are employed by the nursing education program;

(b) meet the requirements to be a faculty member as established by the accrediting body and the home state's Board of Nursing;

(c) are licensed in good standing in Utah, or in a Party state as defined in Section 58-31e-102 of the Nurse Licensure Compact, if supervising face-to-face Clinical Practice Experiences or practica experiences; and

(d) are affiliated with an institution of higher education;

(4) has a plan for selection and supervision of:

(a) faculty or preceptor; and

(b) the clinical activity, including:

(i) the selection of an appropriate clinical location, and

(ii) ensuring that each preceptor is licensed in good standing in Utah, or in a Party state as defined in Section 58-31e-102 of the Nurse Licensure Compact;

(5)(a) maintains its accreditation with an accrediting body for nursing education that is approved by the United States Department of Education; and

(b) reports any changes in its accreditation status to the Board in a timely manner;

(6)(a) submits an annual report to the Board by August 1 of each year; and

(b) includes in the annual report:

(i) an overview of the number of students placed in Utah facilities;

(ii) an attestation that all face-to-face clinical faculty and preceptors used by the program are licensed in good standing in Utah, or in a Party state as defined in Section 58-31e-102 of the Nurse Licensure Compact; and

(iii) a verification that it is currently accredited, in good standing, with its accrediting body.

**R156-31b-701a. Delegation of Nursing Tasks in a Non-school Setting.**

DRAFT

Under Subsections 58-31b-102(12)(g) and R156-31b-102(13), the delegation of nursing tasks in a non-school setting is as follows:

- (1) Under Section 58-1-307.1, the nursing tasks that an unlicensed individual may perform without delegation by a health care provider are listed on the Division's website at <https://dopl.utah.gov/nurse>.
- (2) A delegator retains accountability for the appropriate delegation of tasks and for the nursing care of the patient.
- (3) Tasks that are appropriate for delegation with prior assessment are as follows:
  - (a) a delegator may not delegate to unlicensed assistive personnel a task requiring the specialized knowledge, judgment, or skill of a licensed nurse;
    - (b) a delegator may not delegate a task that is:
      - (i) outside the area of the delegator's responsibility;
      - (ii) outside the delegator's personal knowledge, skills, or ability; or
      - (iii) beyond the ability or competence of the delegatee to perform:
        - (A) as personally known by the delegator; and
        - (B) as evaluated according to generally accepted nursing practice standards of health, safety, and reasonable prudence; and
      - (c) a nursing task may be delegated if it meets the following criteria, as applied to each specific patient situation:
        - (i) it is considered routine care for the specific patient;
        - (ii) it poses little potential hazard for the patient;
        - (iii) it is generally expected to produce a predictable outcome for the patient;
        - (iv) it is administered according to a previously developed plan of care; and
        - (v) it does not inherently involve nursing judgment that cannot be separated from the procedure; and
      - (d) before determining which, if any, nursing tasks may be delegated, the delegator shall make a focused nursing assessment of the circumstances, and evaluate the following factors to determine the degree of supervision required to ensure safe care:
        - (i) the stability and condition of the patient;
        - (ii) the training, capability, and willingness of the delegatee to perform the delegated task;
        - (iii) the nature of the task being delegated, including the complexity, irreversibility, predictability of outcome, and potential for harm inherent in the task;
        - (iv) the proximity and availability to the delegatee of the delegator or other qualified nurse during the time when the task will be performed; and
        - (v) any immediate risk to the patient if the task is not carried out; and
      - (e) if a delegator, upon review of the criteria established in this subsection, determines that a proposed delegatee cannot safely provide the requisite care, the delegator may not delegate the task to the proposed delegatee.
    - (4) Requirements for instruction and demonstration of competency prior to the delegation of tasks are as follows:
      - (a) in delegating a nursing task, the delegator shall:
        - (i) provide instruction and direction necessary to allow the delegatee to safely perform the specific task;
        - (ii) explain the delegation to ensure that the delegatee understands which patient is to be treated, and according to what time frame; and
        - (iii) instruct the delegatee how to intervene in any foreseeable risks that may be associated with the delegated task; and
      - (b)(i) if the employing facility or agency requires initial and ongoing demonstration of competency of direct patient care tasks, and makes competency documentation available to the delegator, the delegator may use that competency documentation;
      - (ii) if the employing facility or agency does not require demonstration of competency or does not provide competency documentation that is satisfactory to the delegator, or if a task falls outside tasks in which the proposed delegatee has previously been proven competent, the delegator or qualified educator shall:
        - (A) require the proposed delegatee to provide to the delegator or qualified educator a physical or verbal demonstration of the delegated task; and
        - (B) document the observed or spoken demonstration; and
      - (iii) teaching of a task, demonstration of competency, and documentation may be conducted per individual or in a group training session.
    - (5) Requirements for a delegator during the supervision and monitoring of a task are as follows:
      - (a) provide ongoing appropriate supervision and evaluation of the delegatee;
      - (b) ensure that the delegator or another qualified nurse is readily available, either in person or by telecommunication, to:
        - (i) evaluate the patient's health status;
        - (ii) evaluate the performance of the delegated task;
        - (iii) determine whether goals are being met; and
        - (iv) determine the appropriateness of continuing delegation of the task; and
      - (c) if the delegated task is to be performed more than once, establish a system for ongoing monitoring of the delegatee.
    - (6) A delegatee is prohibited from the following without express permission from the delegator:
      - (a) further delegate to another person a delegated task, or any part of a delegated task; or
      - (b) expand the scope of the delegated task.
    - (7) A medical facility's internal policies or practices required or allowed to be performed by an unlicensed person shall not be deemed to have been delegated by a licensee.

**R156-31b-701b. Delegation of Tasks in a School Setting.**

In addition to Section R156-31b-701a, the following requirements apply to the delegation of tasks in a school setting:

- (1) before a registered nurse may delegate a task to be performed within a school setting, the registered nurse shall:
  - (a) develop an IHP in conjunction with the student and each applicable parent or parent surrogate, educator, and healthcare provider; and
  - (b) ensure that the IHP is available to school personnel.
- (2) Each task being delegated by a registered nurse shall be identified within the student's current IHP; and
- (3)(a) a registered nurse shall personally train each unlicensed person who will be delegated the task of administering medications that are routine for the student;
  - (b) the training required under Subsection (3)(a) shall be performed at least annually;
  - (c) a registered nurse may not delegate to an unlicensed individual the administration of medication:
    - (i) that has known, frequent side effects that can be life threatening;
    - (ii) that requires the student's vital signs or oxygen saturation to be monitored before, during, or after administration;
    - (iii) that is being administered as a first dose in a school setting:
      - (A) of a new medication; or
      - (B) after a dosage change; or
    - (iv) that requires nursing assessment or judgment prior to or immediately after administration; and
  - (d) in addition to delegating other tasks pursuant to this rule, a registered nurse may delegate to an unlicensed individual who has been properly trained, the following tasks regarding a diabetic student's IHP:
    - (i) administration of a scheduled dose of insulin; and
    - (ii) administration of glucagon in an emergency situation, as prescribed by the practitioner's order or specified in the IHP.

**R156-31b-701c. Delegation of Nursing Care by a Responsible Caregiver.**

In addition to Section 58-31b-308.1, the delegation of nursing care by a responsible caregiver to an unlicensed direct care work is as follows:

- (1) A responsible caregiver retains accountability for the appropriate delegation of a task and for the nursing care of the patient.
- (2) A delegatee may not:
  - (a) further delegate to another person a delegated task, or any part of a delegated task; or
  - (b) expand the scope of the delegated task.

**R156-31b-703a. Standards of Professional Accountability.**

The following standards apply equally to the LPN, RN, and APRN licenses. In demonstrating professional accountability, a licensee shall:

- (1) practice within the legal boundaries that apply to nursing;
  - (2) comply with applicable statutes and rules;
  - (3) demonstrate honesty and integrity in nursing practice;
  - (4) base nursing decisions on nursing knowledge and skills, and the needs of patients;
  - (5) seek clarification of orders when needed;
  - (6) obtain orientation and training competency when encountering new equipment and technology or unfamiliar care situations;
  - (7) demonstrate attentiveness in delivering nursing care;
  - (8) implement patient care, including medication administration, properly and in a timely manner;
  - (9) document any care provided;
  - (10) communicate to other health team members relevant and timely patient information, including:
    - (a) patient status and progress;
    - (b) patient response or lack of response to therapies;
    - (c) significant changes in patient condition; and
    - (d) patient needs;
  - (11) take preventive measures to protect patient, others, and self;
  - (12) respect patients' rights, concerns, decisions, and dignity;
  - (13) promote a safe patient environment;
  - (14) maintain appropriate professional boundaries;
  - (15) contribute to the implementation of an integrated health care plan;
  - (16) respect patient property and the property of others;
  - (17) protect confidential information unless obligated by law to disclose the information;
  - (18) accept responsibility for individual nursing actions, competence, decisions, and behavior in the course of nursing practice;
- and
- (19) maintain continued competence through ongoing learning and application of knowledge in each patient's interest.

**R156-31b-703b. Scope of Nursing Practice Implementation.**

- (1) Under Subsection 58-31b-102(13), an LPN shall be expected to:
  - (a) conduct a focused nursing assessment;
  - (b) plan for and implement nursing care within limits of competency;

- (c) conduct patient surveillance and monitoring;
  - (d) assist in identifying patient needs;
  - (e) assist in evaluating nursing care;
  - (f) participate in nursing management by:
    - (i) assigning appropriate nursing activities to other LPNs;
    - (ii) delegating care for stable patients to unlicensed assistive personnel in accordance with these rules and applicable statutes;
    - (iii) observing nursing measures and providing feedback to nursing managers; and
    - (iv) observing and communicating outcomes of delegated and assigned tasks; and
  - (g) serve as faculty in areas of competence.
- (2) Under Subsection 58-31b-102(14), an RN shall be expected to:
- (a) interpret patient data, whether obtained through a focused nursing assessment or otherwise, to:
    - (i) complete a comprehensive nursing assessment; and
    - (ii) determine whether, and according to what timeframe, another medical professional, a patient's family member, or any other person should be apprised of a patient's nursing needs;
  - (b) detect faulty or missing patient information;
  - (c) apply nursing knowledge effectively in the synthesis of the biological, psychological, spiritual, and social aspects of the patient's condition;
  - (d) utilize broad and complete analyses to plan strategies of nursing care and nursing interventions that are integrated within each patient's overall health care plan or IHP;
  - (e) demonstrate appropriate decision making, critical thinking, and clinical judgment to make independent nursing decisions and to identify health care needs;
    - (f) correctly identify changes in each patient's health status;
    - (g) comprehend clinical implications of patient signs, symptoms, and changes as part of ongoing or emergent situations;
    - (h) critically evaluate the impact of nursing care, the patient's response to therapy, and the need for alternative interventions;
    - (i) intervene on behalf of a patient when problems are identified so as to revise a care plan as needed;
    - (j) appropriately advocate for patients by:
      - (i) respecting patients' rights, concerns, decisions, and dignity;
      - (ii) identifying patient needs;
      - (iii) attending to patient concerns or requests; and
      - (iv) promoting a safe and therapeutic environment by:
        - (A) providing appropriate monitoring and surveillance of the care environment;
        - (B) identifying unsafe care situations; and
        - (C) correcting problems or referring problems to appropriate management level when needed;
    - (k) communicate with other health team members regarding patient choices, concerns, and special needs, including:
      - (i) patient status and progress;
      - (ii) patient response or lack of response to therapies; and
      - (iii) significant changes in patient condition;
    - (l) demonstrate the ability to responsibly organize, manage, and supervise the practice of nursing by:
      - (i) delegating tasks in accordance with these rules and applicable statutes; and
      - (ii) matching patient needs with personnel qualifications, available resources, and appropriate supervision;
  - (m) teach and counsel patient families regarding an applicable health care regimen, including general information about health and medical conditions, specific procedures, wellness, and prevention;
    - (n) if acting as a chief administrative nurse:
      - (i) ensure that organizational policies, procedures, and standards of nursing practice are developed, kept current, and implemented to promote safe and effective nursing care;
      - (ii)(A) assess the knowledge, skills, and abilities of nursing staff and assistive personnel; and
      - (B) ensure personnel are assigned to nursing positions appropriate to their determined competence and licensure, certification, or registration level; and
      - (iii) ensure that thorough and accurate documentation of personnel records, staff development, quality assurance, and other aspects of the nursing organization are maintained;
    - (o) if employed by a department of health:
      - (i) implement standing orders and protocols; and
      - (ii) complete and provide to a patient prescriptions that have been prepared and signed by a physician in accordance with Section 58-17b-620;
    - (p) serve as faculty in areas of competence; and
    - (q) perform any task within the scope of practice of an LPN.
- (3) Under Subsection 58-31b-102(11), the following scope and standards shall apply to the practice of advanced practice registered nursing:
- (a) An APRN who chooses to change or expand from a primary focus of practice shall, at the request of the Division, document competency within that expanded practice based on education, Clinical Practice Experiences, and certification. The burden to demonstrate competency rests upon the licensee.
  - (b) An individual licensed as an APRN may practice within the scope of practice of an RN and an LPN in Utah.

(c) An APRN who wishes to practice as an RN in a Party state, as defined in Section 58-31e-102 of the Nurse Licensure Compact, shall reinstate, qualify for, and obtain an RN Compact license in Utah.

**R156-31b-801. Medication Aide Certified -- Formulary and Protocols.**

Under Subsection 58-31b-102(10)(b)(i), the formulary and protocols for a MAC to administer routine medications are as follows.

- (1) Under the supervision of a licensed nurse, a MAC may:
  - (a) administer over-the-counter medication;
  - (b) administer prescription medications:
    - (i) if expressly instructed to do so by the supervising nurse; and
    - (ii) via the routes listed in Subsection 58-31b-102(15)(b);
  - (c) turn oxygen on and off at a predetermined, established flow rate;
  - (d) destroy medications per facility policy;
  - (e) assist a patient with self administration; and
  - (f) account for controlled substances with another MAC or nurse physically present.
- (2) A MAC may not administer medication via the following routes:
  - (a) central lines;
  - (b) colostomy;
  - (c) intramuscular;
  - (d) subcutaneous;
  - (e) intrathecal;
  - (f) intravenous;
  - (g) nasogastric;
  - (h) nonmetered inhaler;
  - (i) intradermal;
  - (j) urethral;
  - (k) epidural;
  - (l) endotracheal; or
  - (m) gastrostomy or jejunostomy tubes.
- (3) A MAC may not administer the following kinds of medications:
  - (a) barium and other diagnostic contrast;
  - (b) chemotherapeutic agents, except oral maintenance chemotherapy;
  - (c) medication pumps including client controlled analgesia; and
  - (d) nitroglycerin paste.
- (4) A MAC may not:
  - (a) administer medication that requires nursing assessment or judgment prior to administration, through ongoing evaluation, or during follow-up;
  - (b) receive written or verbal patient orders from a licensed practitioner;
  - (c) transcribe orders from the medical record;
  - (d) conduct patient or resident assessments or evaluations;
  - (e) engage in patient or resident teaching activities regarding medications, unless expressly instructed to do so by the supervising nurse;
  - (f) calculate drug doses, or administer any medication that requires a medication calculation to determine the appropriate dose;
  - (g) administer the first dose of a new medication or a dosage change, unless expressly instructed to do so by the supervising nurse; or
  - (h) account for or administer controlled substances, unless assisted by another MAC or a nurse who is physically present.
- (5) Under Sections R156-31b-701a or R156-31b-701b, a nurse may refuse to delegate to a MAC the administration of medications to a specific patient or in a specific situation.
  - (6)(a) A nurse practicing in a facility that is required to provide nursing services 24 hours per day may not supervise more than two MACs per shift.
  - (b) A nurse practicing in a facility that is not required to provide nursing services 24 hours per day may supervise up to four MACs per shift.

**R156-31b-802. Medication Aide Certified - Approval of Training Programs.**

Under Subsection 58-31b-601(3), the minimum standards for a MAC training program to be approved by the Division in collaboration with the Board, and the process to obtain approval are as follows.

- (1) Each MAC training program shall be approved by the Division in collaboration with the Board prior to the program being implemented.
- (2) A MAC training program may be offered by an educational institution, a health care facility, or a health care association.
- (3) The program shall consist of at least:

- (a) 60 clock hours of didactic classroom training that is consistent with the Medication Assistant-Certified (MA-C) Model Curriculum adopted by the National Council of State Boards of Nursing's Delegate Assembly on August 9, 2007, which is hereby adopted and incorporated by reference; and
- (b) 40 hours of practical training in a long-term care facility.
- (4) The classroom instructor and the on-site practical training experience instructor shall:
  - (a)(i) have an active LPN, RN, or APRN license in good standing or a multistate privilege to practice nursing in Utah; and
  - (ii) have at least one year of Clinical Practice Experiences; or
  - (b)(i) be an approved certified nurse aide (CNA) instructor who has completed a "Train the Trainer" program recognized by the Utah Nursing Assistant Registry; and
  - (ii) have at least one year of Clinical Practice Experiences.
- (5)(a) The practical training instructor-to-student ratio shall be no greater than:
  - (i) 1:2 if the instructor is working with individual students to administer medications; or
  - (ii) 1:6 if the instructor is supervising students who are working one-on-one with medication nurses to administer medications in clinical facilities.
- (b) The on-site practical training experience instructor shall be on-site and available at any time if the student is not being directly supervised by a licensed nurse during the Clinical Practice Experiences.
- (6) An entity seeking approval to provide a MAC training program shall:
  - (a) submit to the Division a complete application form prescribed by the Division;
  - (b) provide evidence of adequate and appropriate trainers and resources to provide the training program, including a well-stocked clinical skills lab or the equivalent;
  - (c) submit to the Division a copy of the proposed training curriculum and an attestation that the proposed curriculum is consistent with the model curriculum in Subsection (3)(a); and
  - (d) document minimal admission requirements, that shall include:
    - (i) an earned high school diploma, successful passage of the general educational development test, or equivalent education as approved by the Board;
    - (ii) current certification as a nursing aide, in good standing, from the Utah Nursing Assistant Registry;
    - (iii) at least 2,000 hours of experience completed:
      - (A) as a CNA working in a long-term care setting; and
      - (B) within the two-year period preceding the date of application to the training program; and
    - (iv) current cardiopulmonary resuscitation certification.

**KEY: licensing, nurses**

**Date of Last Change: December 27, 2021**

**Notice of Continuation: January 8, 2018**

**Authorizing, and Implemented or Interpreted Law: 58-31b-101; 58-1-106(1)(a); 58-1-202(1)(a)**