

**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, Chapters 1 and 31b, as defined or used in this rule:

- (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 R156-31b-102(7);
  - (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; and
  - (d) training or educational presentations offered by the Division.
- (6) "Approved education program" means any nursing education program that meets the standards established in Section 58-31b-601 or Section R156-31b-602.
- (7) "CGFNS" means the Commission on Graduates of Foreign Nursing Schools.
- (8) "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 this Subsection (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.
- (9) "Contact hour" in the context of continuing education means 60 minutes, which may include a 10-minute break.
- (10) "Delegate" means:
  - (a) to transfer to another nurse the authority to perform a selected nursing task in a selected situation;
  - (b) in the course of practice of an APRN who specializes in psychiatric mental health nursing, to transfer to any individual licensed as a mental health therapist selected psychiatric APRN supervisory clinical experiences within generally-accepted industry standards; or
  - (c) to transfer to an unlicensed person the authority to perform a task that, according to generally-accepted industry standards or law, does not require a nursing assessment as defined in Sections R156-31b-102(8) and (14).
- (11) "Delegatee" means one or more persons assigned by a delegator to act on the delegator's behalf.
- (12) "Delegator" means a person who assigns to another the authority to perform a task on behalf of the person.
- (13)(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.
- (14) "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.

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

(16) "Individualized healthcare plan" or "IHP" means a written document that outlines the provision of student healthcare services intended to achieve specific student outcomes.

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

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

(b)(i) is currently enrolled in an accredited Utah-based 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.

(18) "LPN" means licensed practical nurse.

(19) "MAC" means medication aide certified.

(20) "Medication" means any prescription or nonprescription drug as defined in Subsections 58-17b-102(24), (37) or (61) of the Pharmacy Practice Act.

(21) "NCLEX" means the National Council Licensure Examination of the National Council of State Boards of Nursing.

(22) "Non-approved education program" means any nurse prelicensing course of study that does not meet the criteria of Section 58-31b-601, including a foreign nurse education program.

(23) "Nurse" means:

(a) an individual licensed under Title 58, Chapter 31b 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.

(24) "Other specified health care professionals," as used in Subsection 58-31b-102(15), 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).

(25) "Patient" means one or more individuals:

(a) who receive medical and/or nursing care; and

(b) to whom a licensee owes a duty of care.

(26) "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.

(27) "PN" means an unlicensed practical nurse.

(28) "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.

(29) "Practitioner" means a person authorized by law to prescribe treatment, medication, or medical devices.

(30) "RN" means a registered nurse.

(31) "School" means any private or public institution of primary or secondary education, including a charter school, pre-school, kindergarten, or special education program.

(32) "Supervision" is as defined in Subsection R156-1-102a(4).

(33) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 31b 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.

**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.**

In accordance with Subsection 58-31b-201(1), the Board 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;
- (4) two additional members licensed either as RNs or APRNs who are actively involved in nursing education; and
- (5) two public members.

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

(1) In accordance with 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 nursing education 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 public, private, and proprietary nursing programs; and
  - (b) any member of the Board who wishes to serve on the committee.

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

Upon issuance by the Division of an increased scope of practice license:

- (1) the increased licensure supersedes the lesser license;
- (2) the lesser license is automatically expired; and
- (3) the licensee shall immediately destroy any print or physical copy of the lesser license.

**R156-31b-301a. LPN License – Education, Examination, and Experience Requirements.**

(1) An applicant who has never obtained a license in any state or country shall:

- (a) demonstrate that the applicant:
    - (i) has successfully completed a PN prelicensing education program that meets the requirements of Section 58-31b-601;
    - (ii) has successfully completed a PN prelicensing education program that is equivalent to an approved program under Section 58-31b-601; or
    - (iii)(A) is enrolled in an RN prelicensing education program that meets the requirements of Section 58-31b-601; and
    - (B) has completed coursework that is equivalent to the coursework of an accredited practical nurse program;
  - (b) pass the NCLEX-PN examination pursuant to Section R156-31b-301e; and
  - (c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
- (2) An applicant who holds a current LPN license issued by another country or state shall:
- (a) demonstrate that the license issued by the other jurisdiction is active and in good standing as of the date of application;
  - (b) demonstrate that the PN prelicensing education completed by the applicant:
    - (i) is equivalent to PN prelicensing education approved in Utah as of the date of the applicant's graduation; and
    - (ii) if a foreign education program, meets all requirements outlined in Section R156-31b-301d;
  - (c) pass the NCLEX-PN examination pursuant to Section R156-31b-301e; and
  - (d) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
- (3) An applicant who holds a current LPN license in an interstate compact state shall apply for a license within 90 days of establishing residency in Utah and complete all requirements pursuant to R156-31b-301a(2).
- (4) An applicant who has been licensed previously in Utah, but whose license has expired or lapsed, shall:
- (a) if the applicant has not practiced as a nurse for up to five years, document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);
  - (b) if the applicant has not practiced as a nurse for more than five years but less than eight years:
    - (i) pass the NCLEX-PN examination within 60 days following the date of application; or

- (ii) successfully complete an approved re-entry program;
- (c) if the applicant has not practiced as a nurse for more than eight years but less than 10 years:
  - (i) successfully complete an approved re-entry program; and
  - (ii) pass the NCLEX-PN examination within 60 days following the date of application; or
- (d) if the applicant has not practiced as a nurse for 10 years or more, comply with this Subsection (1).
- (5) An applicant who has been licensed in another state or country, but whose license has expired or lapsed, shall:
  - (a) comply with this Subsection (2)(b); and
  - (b) comply with this Subsection (4) as applicable; and
  - (c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

**R156-31b-301b. RN License – Education, Examination, and Experience Requirements.**

- (1) An applicant who has never obtained a license in any state or country shall:
  - (a) demonstrate that the applicant has successfully completed an RN prelicensing education program that:
    - (i) meets the requirements of Section 58-31b-601; or
    - (ii) is equivalent to an approved program under Section 58-31b-601;
  - (b) pass the NCLEX-RN examination pursuant to Section R156-31b-301e; and
  - (c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
- (2) An applicant who holds a current RN license issued by another country or state shall:
  - (a) demonstrate that the license issued by the other jurisdiction is current, active, and in good standing as of the date of application;
    - (b)(i) demonstrate that the applicant has graduated from an RN prelicensing education program; and
    - (ii) if a foreign education program, demonstrate that the program meets all requirements outlined in Section R156-31b-301d;
  - (c) pass the NCLEX-RN examination pursuant to Section R156-31b-301e; and
  - (d) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.
- (3) An applicant who holds a current RN license in an interstate compact state shall apply for a license within 90 days of establishing residency in Utah and complete all requirements pursuant to R156-31b-301b(2).
- (4) An applicant who has been licensed previously in Utah, but whose license has expired or lapsed, shall:
  - (a) if the applicant has not practiced as a nurse for up to five years, document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);
  - (b) if the applicant has not practiced as a nurse for more than five years but less than eight years:
    - (i) pass the NCLEX-RN examination within 60 days following the date of application; or
    - (ii) successfully complete an approved re-entry program;
  - (c) if the applicant has not practiced as a nurse for more than eight years but less than 10 years:
    - (i) successfully complete an approved re-entry program; and
    - (ii) pass the NCLEX-RN examination within 60 days following the date of application; or
  - (d) if the applicant has not practiced as a nurse for 10 years or more, comply with this Subsection (1).
- (5) An applicant who has been licensed in another state or country, but whose license has expired or lapsed, shall:
  - (a) comply with this Subsection (2)(b);
  - (b) comply with this Subsection (4) as applicable; and
  - (c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

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

- (1) An applicant who is not currently and validly licensed as an APRN in any state or country shall:
  - (a) demonstrate that the applicant holds a current, active RN license in good standing;
  - (b) demonstrate that the applicant has successfully completed an APRN prelicensing education program that meets the requirements of Subsection 58-31b-601(1) and Subsection 58-31b-302(4)(e);
  - (c) pass a national certification examination consistent with the applicant's educational specialty, pursuant to Section R156-31b-301e, and administered by one of the following credentialing bodies:
    - (i) the American Nurses Credentialing Center Certification;
    - (ii) the Pediatric Nursing Certification Board;
    - (iii) the American Association of Nurse Practitioners;
    - (iv) the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;
    - (v) the American Midwifery Certification Board, Inc.; or
    - (vi) the National Board of Certification and Recertification for Nurse Anesthetists;
  - (d) if the applicant specializes in psychiatric mental health nursing, demonstrate that the requirements outlined in this Subsection (2) are met; and
  - (e) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

(2) Requirements for APRN Specializing in Psychiatric Mental Health Nursing:

(a) In accordance with Subsection 58-31b-302(4)(g), the supervised clinical practice in mental health therapy and psychiatric and mental health nursing shall consist of a minimum of 4,000 hours of psychiatric mental health nursing education and clinical practice, including mental health therapy, as follows.

(i) 1,000 hours shall be credited for completion of clinical experience in an approved education program in psychiatric mental health nursing.

(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 that are completed under the supervision of:

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

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

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

(c)(i) An approved supervisor shall verify practice as a licensee engaged in the practice of mental health therapy for not less than 4,000 hours in a period of not less than two years.

(ii) Duties and responsibilities of a supervisor include:

(A) being independent from control by the supervisee such that the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;

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

(C) submitting appropriate documentation to the Division with respect to all 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 or country shall:

(a) demonstrate that the license issued by the other state or country is current, active, and in good standing as of the date of application;

(b) demonstrate that the APRN prelicensing education completed by the applicant:

(i) if completed on or after January 1, 1987:

(A) is equivalent to APRN prelicensing education approved in Utah as of the date of the applicant's graduation; or

(B) constitutes a bachelor degree in nursing; and

(ii) if a foreign education program, meets all requirements outlined in Section R156-31b-301d;

(c) if the applicant specializes in psychiatric mental health nursing, demonstrate that the applicant has successfully engaged in active practice in psychiatric mental health nursing for not less than 4,000 hours in the three-year period immediately preceding the date of application; and

(d) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

(4) An applicant who has been licensed previously in Utah, but whose license has expired, lapsed, or been on inactive status, shall:

(a) demonstrate current certification in the individual's specialty area; and

(b) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

(5) An applicant who has been licensed previously in another state or country, but whose license has expired or lapsed, shall:

(a) comply with this Subsection (3)(b);

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

(c) submit to a criminal background check pursuant to Subsection 58-31b-302(5) and Section R156-31b-301g.

**R156-31b-301d. Foreign Education Programs.**

An applicant whose prelicensing education was completed through a foreign program that does not meet the requirements of Section 58-31b-601, shall demonstrate:

(1) (a) that all three components of the CGFNS certification process and the credentials evaluation service professional report have been completed so as to demonstrate that the courses completed are substantially equivalent to coursework of approved education programs as of the date of the applicant's graduation;

(b) that at least one of the following practice requirements has been met within the five-year period preceding the date of application:

(i) the applicant has practiced as a licensed nurse for a minimum of 960 hours in a state or territory of the United States;

(ii) the applicant has completed a Board-approved refresher course;

(iii) the applicant has obtained an advanced (master's or doctorate) nursing degree; or

(iv) the applicant has qualified for and obtained a license upgrade (LPN to RN or RN to APRN); and

(c) that the applicant has achieved a passing score on an approved English proficiency test prior to the date of application; or

(2)(a) that the applicant practiced as a licensed nurse for 6,000 hours in another state or territory of the United States during the five-year period immediately preceding the date of application; and

(b) that the applicant has achieved a passing score on an approved English proficiency test prior to the date of application.

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

(1)(a) An applicant for licensure as an LPN, RN, or APRN shall pass the applicable licensure or certification examination within five years of the applicant's date of graduation from the nurse 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 applicable licensure or certification examination pursuant to this Subsection (1)(a) or (b) as applicable shall complete another approved nursing education program before again attempting to pass the licensure or certification examination.

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

(3) The examinations required under these rules are national examinations and cannot be challenged before the Division.

**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. Criminal Background Checks.**

A criminal background check conducted during the application process is considered current and acceptable for that specific application only.

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

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two-year renewal cycle applicable to licensees under Title 58, Chapter 31b, is established by rule in Section R156-1-308a.

(2) Renewal procedures shall be in accordance with Section R156-1-308c.

(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) An 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 this Subsection (3)(a);

(b) pay all required fees, including any applicable 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:

(i) submitting the appropriate application for licensure complete with all supporting documents as required of an individual making an initial application for license demonstrating the applicant meets all current qualifications for licensure;

(ii) meeting the continuing competency requirements of this Subsection (3); and

(iii) paying the established license fee for a new applicant for licensure.

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

(1) An individual who has completed all requirements outlined in Subsection R156-31b-301c(1) except the certification examination requirement may apply for an APRN intern license.

(2) In accordance with Section 58-31b-306, and unless this Subsection (3) or (4) applies, an intern license expires the earlier of:

(a) 180 days from the date of issuance;

- (b) 30 days after the Division receives notice pursuant to this Subsection (4) that the applicant has failed the specialty certification examination; or
- (c) upon issuance of an APRN license.
- (3) If an intern is applying for licensure as an APRN specializing in psychiatric mental health nursing, the intern license expires three years from the date of issuance.
- (4) The Division in collaboration with the Board may extend the term of any intern license upon a showing of extraordinary circumstances beyond the control of the applicant.
- (5) It is the professional responsibility of an APRN intern:
  - (a) to inform the Division of examination results within ten calendar days of receipt; and
  - (b) to cause the examination agency to send the examination results directly to the Division.

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

In accordance with Sections 58-1-501, 58-31b-501, 58-31b-502, 58-31b-801 and R156-31b-502 and Subsection 58-31b-102(1), and unless otherwise ordered by the presiding officer, the following fine schedule shall apply to a nurse or MAC.

- (1) Initial and second offenses.
  - (a) Using a protected title, name, or initials, if the user is not properly licensed under this chapter, in violation of Subsection 58-31b-501(1):
    - initial offense: \$500 - \$4,000
    - second offense: \$4,000 - \$8,000
  - (b) Using any name, title, or initials that would cause a reasonable person to believe the user is licensed or certified under this chapter if the user is not properly licensed or certified under this chapter, in violation of Subsection 58-31b-501(2):
    - initial offense: \$500 - \$4,000
    - second offense: \$4,000 - \$8,000
  - (c) Conducting a nursing education program in the state for the purpose of qualifying individuals to meet requirements for licensure under this chapter without the program having been approved under Section 58-31b-601 or Subsection R156-31b-602, in violation of Subsection 58-31b-501(3):
    - initial offense: \$2,000 - \$7,500
    - second offense: \$7,500 - \$9,500
  - (d) Practicing or engaging in, representing oneself to be practicing or engaging in, or attempting to practice or engage in the practice of nursing, if the person is not licensed to do so or exempted from licensure under Utah Code 58-31b et seq or restricted from doing so by a suspended, revoked, restricted, temporary, probationary, or inactive license, or in violation of restrictions that have been placed on a license, in violation of Subsection 58-1-501(1)(a):
    - initial offense: \$500 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (e) Impersonating another licensee, or practicing an occupation or profession under a false or assumed name, in violation of Subsection 58-1-501(1)(b):
    - initial offense: \$500 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (f) Knowingly employing a person to practice or engage in or attempt to practice or engage in the practice of nursing if the employee is not licensed to do so, in violation of Subsection 58-1-501(1)(c):
    - initial offense: \$500 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (g) Knowingly permitting the person's authority to engage in the practice of nursing to be used by another person, in violation of Subsection 58-1-501(1)(d):
    - initial offense: \$500 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (h) Obtaining a passing score on a licensure examination, applying for or obtaining a license, or otherwise dealing with the Division or Board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission, in violation of Subsection 58-1-501(1)(e):
    - initial offense: \$500 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (i) Issuing, or aiding and abetting in the issuance of, an order or prescription for a drug or device to a person located in this state without prescriptive authority conferred by a license, or by an exception to licensure; or with prescriptive authority conferred by an exception or a multistate practice privilege, if the prescription was issued without first obtaining information, in the usual course of professional practice, that is sufficient to establish a diagnosis, to identify underlying conditions and to identify contraindications to the proposed treatment, in violation of Subsection 58-1-501(1)(f)(i):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(j) Violating or aiding or abetting any other person to violate any statute, rule, or order regulating the practice of nursing, in violation of Subsection 58-1-501(2)(a):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(k) Violating, or aiding or abetting any other person to violate any generally accepted professional or ethical standard applicable to the practice of nursing, in violation of Subsection 58-1-501(2)(b):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(l) Engaging in conduct that results in conviction or a plea of nolo contendere which is held in abeyance pending the successful completion of probation with respect to a crime of moral turpitude or any other crime that, when considered with the functions and duties of the practice of nursing, bears a reasonable relationship to the licensee's or applicant's ability to safely or competently practice the profession, in violation of Subsection 58-1-501(2)(c):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(m) Engaging in conduct that results in disciplinary action, including reprimand, censure, diversion, probation, suspension, or revocation, by any other licensing or regulatory authority having jurisdiction over the licensee or applicant in the profession of nursing if the conduct would, in the state of Utah, constitute grounds for denial of licensure or disciplinary proceedings under Section 58-1-401, in violation of Subsection 58-1-501(2)(d):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(n) Engaging in conduct, including the use of intoxicants, drugs, narcotics, or similar chemicals, to the extent that the conduct does, or might reasonably be considered to, impair the ability of the licensee or applicant to safely engage in practice of the nursing profession, in violation of Subsection 58-1-501(2)(e):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(o) Practicing or attempting to practice the profession of nursing despite being physically or mentally unfit to do so, in violation of Subsection 58-1-501(2)(f):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(p) Practicing or attempting to practice the profession of nursing through gross incompetence, gross negligence, or a pattern of incompetency or negligence, in violation of Subsection 58-1-501(2)(g):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(q) Practicing or attempting to practice the profession of nursing by any form of action or communication which is false, misleading, deceptive, or fraudulent, in violation of Subsection 58-1-501(2)(h):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(r) Practicing or attempting to practice the profession of nursing beyond the individual's scope of competency, abilities, or education, in violation of Subsection 58-1-501(2)(i):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(s) Practicing or attempting to practice the profession of nursing beyond the scope of licensure, in violation of Subsection 58-1-501(2)(j):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(t) Verbally, physically, mentally, or sexually abusing or exploiting any person through conduct connected with the licensee's practice in the profession of nursing or otherwise facilitated by the licensee's license, in violation of Subsection 58-1-501(2)(k):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(u) Acting as a supervisor without meeting the qualification requirements for that position that are defined by statute or under these rules, in violation of Subsection 58-1-502(2)(l):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(v) Issuing, or aiding and abetting in the issuance of, an order or prescription for a drug or device without first obtaining information in the usual course of professional practice, that is sufficient to establish a diagnosis, to identify conditions, and to identify

contraindications to the proposed treatment; or with prescriptive authority conferred by an exception issued under this title, or a multistate practice privilege recognized under this title, if the prescription was issued without first obtaining information, in the usual course of professional practice, that is sufficient to establish a diagnosis, to identify underlying conditions, and to identify contraindications to the proposed treatment, in violation of Subsection 58-1-501(2)(m):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(w) Failing to safeguard a patient's right to privacy as to the patient's person, condition, diagnosis, personal effects, or any other matter about which the licensee is privileged to know because of the licensee's or person with a certification's position, in violation of Subsection 58-31b-502(1):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(x) Failing to provide nursing service in a manner that demonstrates respect for the patient's human dignity and unique personal character and needs without regard to the patient's race, religion, ethnic background, socioeconomic status, age, gender, or nature of the patient's health problem, in violation of Subsection 58-31b-502(2):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(y) Engaging in sexual relations with a patient, in violation of Subsection 58-31b-502(3):

initial offense: \$4,000 - \$8,000

second offense: \$8,000 - \$10,000

(z) Exploiting or using information about a patient or exploiting the professional relationship by use of knowledge of the patient obtained while practicing the occupation or profession, in violation of Subsection 58-31b-502(4):

initial offense: \$2,000 - \$5,000

second offense: \$5,000 - \$10,000

(aa) Unlawfully obtaining, possessing, or using any prescription drug or illicit drug, in violation of Subsection 58-31b-502(5):

initial offense: \$1,000 - \$5,000

second offense: \$5,000 - \$10,000

(bb) Unauthorized taking or personal use of nursing supplies from an employer, in violation of Subsection 58-31b-502(6):

initial offense: \$1,000 - \$5,000

second offense: \$5,000 - \$10,000

(cc) Unauthorized taking or personal use of a patient's personal property, in violation of Subsection 58-31b-502(7):

initial offense: \$1,000 - \$5,000

second offense: \$5,000 - \$10,000

(dd) Knowingly entering into any medical record any false or misleading information or altering a medical record in any way for the purpose of concealing an act, omission, or record of events, medical condition, or any circumstance related to the patient and the medical or nursing care provided, in violation of Subsection 58-31b-502(8):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(ee) Unlawful or inappropriate delegation of nursing care, in violation of Subsection 58-31b-502(9):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(ff) Failing to exercise appropriate supervision of persons providing patient care services under supervision of the licensed nurse, in violation of Subsection 58-31b-502(10):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(gg) Employing or aiding and abetting the employment of unqualified or unlicensed person to practice as a nurse or MAC, in violation of Subsection 58-31b-502(11):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(hh) Failing to file or record any medical report as required by law, impeding or obstructing the filing or recording of such a report, or inducing another to fail to file or record such a report, in violation of Subsection 58-31b-502(12):

initial offense: \$500 - \$5,000

second offense: \$5,000 - \$10,000

(ii) Breaching a statutory, common law, regulatory, or ethical requirement of confidentiality with respect to a person who is a patient, in violation of Subsection 58-31b-502(13):

initial offense: \$1,000 - \$5,000

second offense: \$5,000 - \$10,000

- (jj) Failing to pay a penalty imposed by the Division, in violation of Subsection 58-31b-502(14): double the original penalty amount up to \$20,000
  - (kk) Prescribing a schedule II-III controlled substance without a consulting physician or outside of a consultation and referral plan, in violation of Subsection 58-31b-502(15):
    - initial offense: \$1,000 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (ll) Failing to confine practice within the limits of competency, in violation of Section 58-31b-801:
    - initial offense: \$1,000 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (mm) Engaging in any other conduct which constitutes unprofessional or unlawful conduct, in violation of Subsection 58-1-501(1) or (2):
    - initial offense: \$500 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (nn) Engaging in a sexual relationship with a patient surrogate concurrent with the professional relationship, in violation of Subsection R156-31b-502(1)(e):
    - initial offense: \$1,000 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (oo) Failing to destroy a license that has expired due to the issuance and receipt of an increased scope of practice license, in violation of Subsection R156-31b-502(1)(a):
    - initial offense: \$500 - \$4,000
    - second offense: \$4,000 - \$8,000
  - (pp) Knowingly accepting or retaining a license that has been issued pursuant to a mistake or on the basis of erroneous information, in violation of Subsection R156-31b-502(1)(b):
    - initial offense: \$500 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (qq) Engaging in practice in a disruptive manner, in violation of Subsection R156-31b-502(1)(f):
    - initial offense: \$500 - \$5,000
    - second offense: \$5,000 - \$10,000
  - (rr) Violating the term of an order governing a license, in violation of Subsection 58-1-501(2)(o):
    - initial offense: \$250 - \$4,000
    - second offense: \$4,000 - \$8,000
- (2) Subsequent offenses. Sanctions for an offense subsequent to the second offense, shall be \$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 to an RN or LPN, issuing a prescription for a prescription drug to a patient except in accordance with the provisions of Section 58-17b-620, or as may be otherwise legally permissible;
  - (d) failing as the nurse accountable for directing nursing practice of an agency to verify any of the following:
    - (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 R156-37-501(1)(a); and

(h) violating any federal or state law relating to controlled substances, including self-administering any controlled substance which is not lawfully prescribed by another licensed practitioner having authority to prescribe the drug, in violation of Section R156-37-502.

(2) In accordance with a prescribing practitioner's order and an IHP, a registered nurse who, in reliance on a school's policies or the delegation rule as provided in Sections R156-31b-701 and R156-31b-701a, delegates or trains an unlicensed assistive person to administer medications under Sections 53A-11-601, R156-31b-701 and R156-31b-701a, shall not be considered to have engaged in unprofessional conduct for inappropriate delegation.

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

(1)(a) Pursuant to 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 provider demonstrates to the satisfaction of the Board that the program:

- (i) has established a timeline which allows for the initial accreditation visit to occur before the first students graduate;
- (ii) understands the accreditation standards of its selected accrediting body as demonstrated in a written report which includes plans and processes consistent with the accrediting body for:
  - (A) curricular organization and delivery method;
  - (B) student learning outcomes;
  - (C) student support;
  - (D) program administration and organization;
  - (E) learning environment and facilities;
  - (F) clinical learning and placements; and
  - (G) faculty and nurse administrator qualifications;
- (iii) clearly informs students and potential students about its accreditation status and the potential implications for future practice; and

(b) If the program provider is seeking accreditation from an accrediting body for nursing education as defined in Subsection R156-31b-102(1), the limited-time approval shall expire after 12 months unless Subsection (2) applies.

(c) If the program provider is seeking accreditation from the COA, the limited-time approval shall expire at the end of the COA initial review process unless this Subsection (2) applies.

(2)(a) A program that is granted limited-time approval pursuant to this Subsection (1) shall retain that approval if, during the applicable time period outlined in Subsection (1) it achieves candidate, applicant, or initial status with an accrediting body for nursing education that is approved by the United States Department of Education.

(b) A program that meets the qualifications described in this Subsection (2)(a) shall retain its limited-time approval until such time as the accrediting body makes a final determination on the program's application for accreditation.

(c) A program shall achieve full accreditation within five years of receiving candidate, applicant, or review status with the approved accrediting body.

(3) The provider of a program that receives limited-time approval pursuant to this Subsection (1) and (2) shall, pursuant to this Subsection (4), disclose to each student who enrolls:

- (a) that program accreditation is pending;
- (b) that any education completed prior to the accrediting body's final determination will satisfy, at least in part, state requirements for prelicensing education; and
- (c) that, if the program fails to achieve accreditation, any student who has not yet graduated will be unable to complete a nurse prelicensing education program through the provider.

(4) The disclosure required by this Subsection (3) 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 (accrediting body). Any education you complete prior to a final determination by the (accrediting body) will satisfy associated state requirements for licensure. However, if the (accrediting body) ultimately determines that the program does not qualify for accreditation, you will need to transfer into a different program in order to complete your nurse prelicensing education. There is no guarantee that another institution will accept you as a transfer student. If you are accepted, there is no guarantee that the institution you attend will accept the education you have completed at (name of institution providing disclosure) for credit toward graduation."

(5) If an accredited program receives notice or determines that its accreditation status is in jeopardy, the institution offering the program shall:

- (a) immediately notify the Board of its accreditation status;
- (b) immediately and verifiably notify all enrolled students in writing of the program's accreditation status, including:
  - (i) the estimated date on which 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.
- (6) If a program fails to achieve accreditation or loses its accreditation, the institution offering the program shall:
  - (a) submit a written report to the Board within ten days of receiving formal notification from the accrediting body;
  - (b) meet with the Board as soon as practicable after receiving formal notification from the accrediting body to discuss programmatic options including:
    - (i) an appeal of the accrediting body's action;
    - (ii) a one-time reapplication with an approved accrediting body for applicant or candidate status with an onsite evaluation by the accrediting body to be completed within three years of the date the accreditation was lost;
    - (iii) a one-time reapplication for limited-time program approval pursuant to Subsections R156-31b-602(1) through (4); or
    - (iv) written plans to close the program and cease operations.
- (7) A program that has exhausted all limited-time approval options shall submit written plans to cease enrollment and close the program.

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

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

- (1) a Board-approved annual report by December 31 of each calendar year; and
- (2) copies of any 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 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 a Compact state if supervising face-to-face clinical or practica experiences; and
- (d) are affiliated with an institution of higher education; and
- (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 a Compact state;
- (5) maintains its accreditation with an accrediting body for nursing education that is approved by the United States Department of Education; and
  - (a) reports any changes in its accreditation status to the Utah Board of Nursing in a timely manner;
  - (6) submits an annual report to the Utah Board of Nursing by August 1 of each year; and
    - (a) 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 a Compact state; and
      - (iii) a verification that it is currently accredited, in good standing, with its accrediting body.

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

In accordance with Subsection 58-31b-102(14)(g), the delegation of nursing tasks is further defined, clarified, or established as follows:

- (1)(a) The delegator retains accountability for the appropriate delegation of tasks and for the nursing care of the patient.
- (b) The delegator may not delegate to unlicensed assistive personnel, including a physician's medical assistant, any task requiring the specialized knowledge, judgment, or skill of a licensed nurse.
- (c) Before determining which, if any, nursing tasks may be delegated, the delegator shall make a focused nursing assessment of the circumstances.

- (d) 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.
- (e) 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) provide ongoing appropriate supervision and evaluation of the delegatee who is performing the task;
  - (iii) explain the delegation to ensure that the delegatee understands which patient is to be treated, and according to what time frame;
    - (iv) instruct the delegatee how to intervene in any foreseeable risks that may be associated with the delegated task;
    - (v) if the delegated task is to be performed more than once, establish a system for ongoing monitoring of the delegatee; and
    - (vi)(A) 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(s) when the task will be performed; and
      - (V) any immediate risk to the patient if the task is not carried out; and
    - (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.
- (2) Nursing tasks that may be delegated shall meet the following criteria as applied to each specific patient situation:
  - (a) be considered routine care for the specific patient;
  - (b) pose little potential hazard for the patient;
  - (c) be generally expected to produce a predictable outcome for the patient;
  - (d) be administered according to a previously developed plan of care; and
  - (e) be limited to those tasks that do not inherently involve nursing judgment that cannot be separated from the procedure.
- (3) If the nurse, upon review of the patient's condition, the complexity of the task, the ability of the proposed delegatee, and other criteria established in this Subsection, determines that the proposed delegatee cannot safely provide the requisite care, the nurse shall not delegate the task to such proposed delegatee.
- (4) A delegatee may not:
  - (a) further delegate to another person any task delegated to the individual by the delegator; or
  - (b) expand the scope of the delegated task without the express permission of the delegator.
- (5) Tasks that, according to the internal policies or practices of a medical facility, are required or allowed to be performed by an unlicensed person shall not be deemed to have been delegated by a licensee.

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

In addition to the delegation rule found in Section R156-31b-701, the delegation of tasks in a school setting is further defined, clarified, or established as follows:

- (1) Before a registered nurse may delegate a task that is required to be performed within a school setting, the registered nurse shall:
  - (a) develop, in conjunction with the applicable student, parent(s) or parent surrogate(s), educator(s), and healthcare provider(s) an IHP; and
  - (b) ensure that the IHP is available to school personnel.
- (2) Any task being delegated by a registered nurse shall be identified within the patient's current IHP.
- (3)(a) A registered nurse shall personally train any unlicensed person who will be delegated the task of administering routine medication(s), as defined in Subsection 58-31b-102(17), to a student.
  - (b) The training required under this Subsection (3)(a) shall be performed at least annually.
  - (c) A registered nurse may not delegate to an unlicensed person the administration of any medication:
    - (i) with 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 of the drug;

- (iii) that is being administered as a first dose:
  - (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.
- (d) In addition to delegating other tasks pursuant to this rule, a registered nurse may delegate to an unlicensed person who has been properly trained regarding a diabetic student's IHP:
  - (i) the administration of a scheduled dose of insulin; and
  - (ii) the administration of glucagon in an emergency situation, as prescribed by the practitioner's order or specified in the IHP.

**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 all 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/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 all 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) LPN. 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 area(s) of competence.
- (2) RN. 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 all personnel are assigned to nursing positions appropriate to their determined competence and licensure/certification/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 the provisions of Section 58-17b-620;
  - (p) serve as faculty in area(s) of competence; and
  - (q) perform any task within the scope of practice of an LPN.
- (3) APRN.
  - (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, experience, 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.
  - (c) An individual licensed in good standing in Utah as an APRN and residing in this state may practice as an RN in any Compact state.

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

In accordance with Subsection 58-31b-102(12)(b)(i), the formulary and protocols for an MAC to administer routine medications are as follows.

- (1) Under the supervision of a licensed nurse, an 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 approved routes as listed in Subsection 58-31b-102(17)(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) An 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) gastronomy or jejunostomy tubes.
- (3) An 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) An MAC may not:
  - (a) administer any 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 controlled substances, unless assisted by another MAC or a nurse who is physically present.
- (5) In accordance with Section R156-31b-701, a nurse may refuse to delegate to an 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 shall not supervise more than two MACs per shift.
- (b) A nurse providing nursing services in a facility that is not required to provide nursing services 24 hours per day may supervise as many as four MACs per shift.

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

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

- (1) All training programs shall be approved by the Division in collaboration with the Board and shall obtain approval prior to the program being implemented.
- (2) Training programs 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 model curriculum set forth in Section R156-31b-803; and
  - (b) 40 hours of practical training within a long-term care facility.
- (4) The classroom instructor shall:
  - (a)(i) have a current, 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 experience; 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 experience.
- (5)(a) The on-site practical training experience instructor shall meet the following criteria:
  - (i)(A) have a current, active, LPN, RN or APRN license in good standing or a multistate privilege to practice nursing in Utah; and
  - (B) have at least one year of clinical experience; or
  - (ii)(A) be an approved certified nurse aide (CNA) instructor who has completed a "Train the Trainer" program recognized by the Utah Nursing Assistant Registry; and
  - (B) have at least one year of clinical experience.
- (b) 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.
- (c) The on-site practical training experience instructor shall be on site and available at all times if the student is not being directly supervised by a licensed nurse during the practical training experience.
- (6) An entity seeking approval to provide an 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 referenced in Section R156-31b-803;
  - (d) document minimal admission requirements, which shall include:
    - (i) an earned high school diploma, successful passage of the general educational development (GED) 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 certified nurse aide 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 (CPR) certification.

**R156-31b-803. Medication Aide Certified - Model Curriculum.**

A school that offers a medication aide certification program shall follow 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.

**KEY: licensing, nurses**

**Date of Enactment or Last Substantive Amendment: December 8, 2015**

**Notice of Continuation: March 18, 2013**

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

## NURSE PRACTICE ACT RULE

R156-31b  
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