State of Utah Administrative Rule Analysis Revised May 2023

DURFILE NO. 55914 Pure Fiveo 10-26-2023

VPPa1EN

11-9-2113

	Title No	Rule No Section No.	
Rule or Section Number:	R156-31b		Filing ID: Office Use Only
	Age	ency Information	
. Department:	Department of 0	Commerce	
gency:	Division of Profe	essional Licensing	
Room number:			
Building:	Heber M. Wells	Building	
treet address:	160 East 300 So	outh	
City, state and zip:	Salt Lake City U	JT 84111-2316	
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ity, state and zip:	Salt Lake City U	JT 84114-6741	
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General Information

2. Rule or section catchline:

Nurse Practice Act Rule

3. Purpose of the new rule or reason for the change:

The Division of Professional Licensing ("Division") in collaboration with the Board of Nursing and the Nursing Advisory Peer Education Committee is filing these proposed amendments to clarify and update the rule for nurses practicing in a school setting and to remove barriers to licensure as a medication aide as authorized by statutory changes made by HB 264 passed in the 2023 General Session.

4. Summary of the new rule or change:

The amendments to R156-31b-102 (20) and R156-31b-701b further define Individualized Health Plans for nurses to utilize in a school setting. The amendments to R156-31b-501 update the fine table to correspond to statutory changes. As authorized by Section 58-31b-302(1)(e) as amended by HB 264, the amendment to R156-31b-802 allows an individual seeking certification as a medication aide to obtain their required 2,000 hours of experience in any health facility defined in Subsection 78B-3-403(12) instead of only in long term care facilities. The remaining amendments make nonsubstantive formatting changes for clarity and to update the rule in accordance with the Rulewriting Manual of Utah.

Fiscal Information

5. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A) State budget:

The amendments to R156-31b-102(20) and R156-31b-701b are not expected to impact the state budget as they simply provide further direction for school nurses to practice safely. All school nurses statewide have been asked to standardize Individualized Health Plans (IHPs) to include the full scope of nursing process (assessment, diagnosis, interventions, and outcomes) as well as to write EAPs for school staff as needed. Standardization of IHPs and the utilization of EAPs is being implemented nationwide. As described in paragraph 5.C for small businesses, the amendment to R156-31b-802 may benefit state agencies that employ nurses or medication aides as this may increase the state agencies' ability to hire qualified medication aides instead of using more costly licensed nurses for medication passes, but the full fiscal and non-fiscal impacts cannot be estimated because the data necessary to determine how many licensees might be hired is unavailable, and because the benefits an employer may experience from any resulting increased ability to employ qualified medication aides will vary depending on the requirements of the employer and the individual characteristics of each medication aide. The remainder of the proposed amendments are not expected to result in any impact as they merely update the rule in accordance with statutory changes.

B) Local governments:

The amendments to R156-31b-102(20) and R156-31b-701b are not expected to impact local governments as they simply provide further direction for school nurses to practice safely. All school nurses statewide have been asked to standardize individualized Health Plans (IHPs) to include the full scope of nursing process (assessment, diagnosis, interventions, and outcomes) as well as to write EAPs for school staff as needed. Standardization of IHPs and the utilization of EAPs is being implemented nationwide. As described in paragraph 5.C for small businesses, the amendment to R156-31b-802 may benefit local governments that employ nurses or medication aides as this may increase their ability to hire qualified medication aides instead of using more costly licensed nurses for medication passes, but the full fiscal and non-fiscal impacts cannot be estimated because the data necessary to determine how many licensees might be hired is unavailable, and because the benefits an employer may experience from any resulting increased ability to employ qualified medication aides will vary depending on the requirements of the employer and the individual characteristics of each medication aide. The remainder of the proposed amendments are not expected to result in any impact as they merely update the rule in accordance with statutory changes.

C) Small businesses ("small business" means a business employing 1-49 persons):

The amendments to R156-31b-102(20) and R156-31b-701b are not expected to impact small businesses as they simply provide further direction for school nurses to practice safely. The amendment to R156-31b-802 may benefit the estimated 4,828 small businesses in Utah comprising establishments employing medication aides or nurses (NAICS 623110, 623110, 623110, 622310, 622210, 624230, 621610, 624120, 623990, 623312, 621399, 62422, 611100) as the amendments may facilitate the ability of these businesses to hire qualified medication aides to practice instead of using more costly licensed nurses for medication passes, but the full fiscal impact cannot be estimated because the data necessary to determine how many licensees might be hired is unavailable, and because the benefits an employer may experience from any resulting increased ability to employ qualified medication aides will vary widely depending on the requirements of the employer and the individual characteristics of each medication aide. The remainder of the proposed amendments are not expected to result in any impact on small business revenue or expenditures as they merely update the rule in accordance with statutory changes.

D) Non-small businesses ("non-small business" means a business employing 50 or more persons):

The amendments to R156-31b-102(20) and R156-31b-701b are not expected to impact small businesses as they simply provide further direction for school nurses to practice safely. The amendment to R156-31b-802 may benefit the estimated 314 non-small businesses in Utah comprising establishments employing medication aides or nurses (NAICS 623110, 623110, 622310, 622210, 624230, 621610, 624120, 623990, 623312, 621399, 62422, 611100) as the amendments may facilitate the ability of these businesses to hire qualified medication aides to practice instead of using more costly licensed nurses for medication passes, but the full fiscal impact cannot be estimated because the data necessary to determine how many licensees might be hired is unavailable, and because the benefits an employer may experience from any resulting increased ability to employ qualified medication aides will vary widely depending on the requirements of the employer and the individual characteristics of each medication aide. The remainder of the proposed amendments are not expected to result in any impact on non-small business revenue or expenditures as they merely update the rule in accordance with statutory changes.

E) Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):

There are approximately 45,641 (LPN and RN) nurses who may be affected by the proposed amendments to R156-31b-102(20) and R156-31b-701b if they choose to practice as a school nurse, but the Division does not anticipate any measurable fiscal impact to these persons beyond their receiving more clear direction to implement timely care of a student's medical condition. The proposed amendment to R156-31b-802 will remove barriers to licensure for medication aides; there are currently only 63 licensed medication aides in Utah and the proposed rule change may assist individuals who are interested in pursuing licensure as a certified medication aide. However, the full fiscal impact to these individuals cannot be estimated because the data necessary to determine how many of these individuals might be able to obtain licensure and then become hired is unavailable, and the benefits that each may experience from any resulting increased ability to become employed will vary depending on the employer and the individual characteristics of each medication aide.

F) Compliance costs for affected persons (How much will it cost an impacted entity to adhere to this rule or its changes?):

As described in paragraph 5.E for other persons, the Division does not anticipate any compliance costs for any affected persons from these proposed amendments.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table			
Fiscal Cost	FY2024	FY2025	FY2026
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0

Total Fiscal Cost	\$0	\$0	\$0	
Fiscal Benefits	FY2024	FY2025	FY2026	
State Government	\$0	\$0	\$0	
Local Governments	\$0	\$ 0	\$0	
Small Businesses	\$ 0	\$ 0	\$0	
Non-Small Businesses	\$0	\$0	\$0	
Other Persons	\$0	\$0	\$0	F 11F 14171 1412 1114 1114
Total Fiscal Benefits	\$0	\$0	\$0	
Net Fiscal Benefits	\$0	\$0	\$0	
H) Department head com	ments on fiscal impact	and approval of regulatory im	pact analysis:	
The Executive Director of the	ne Department of Comme	erce Margaret W Busse has re	viewed and approved this fiscal ar	alvsis

The Division of Professional Licensing ("Division"), in concert with the Utah Board of Nursing, proposes amendments to update the R156-31b, the Nurse Practice Act Rule. These proposed amendments clarify and update the rule for nurses practicing in a school setting and to remove barriers to licensure as a medication aide as authorized by statutory changes made by HB 264 passed in the 2023 General Session. These proposed amendments add additional fines to the fine schedule table to correspond with statutory changes.

Small Businesses (less than 50 employees):

The Division does not expect any foreseeable impact on small businesses. The proposed amendments to R156-31b will standardize school nursing practice and reduce licensing barriers for medication aides. The Division foresees benefits to the estimated 4,828 small businesses in Utah engaged in providing nursing services via medication aides (NAICS 623110, 622310, 622210, 624230, 621610, 624120, 623990, 623312, 621399, 62422, 611100).

Regulatory Impact to Non-Small Businesses (50 or more employees):

The proposed amendments are not expected to impact the 314 non-small businesses that provide nursing services. The amendments may benefit non-small business in Utah comprising establishments employing medication aides or nurses (NAICS 623110, 622310, 622210, 624230, 621610, 624120, 623990, 62312, 621399, 62422, 611100). These amendments will have no expected fiscal impact for non-small businesses in Utah for the same rationale as described above for small businesses. These costs are either inestimable, for the reasons stated above, or there is no fiscal impact.

Citation Information

Section 58-31b-101	Subsection 58-1-106(1)(a)	Subsection 58-1-202(1)(a)
		00000001100 1-202(1)(0)
		••
	Incorporations by Reference Info	
7. Incorporations by Reference ((if this rule incorporates more than two item	s by reference, please include additional tables):
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A) This rule adds, updates, or re	**	corporated by references (a copy of materials
A) This rule adds, updates, or re incorporated by reference must be Official Title of Materials Incor	emoves the following title of materials incessions submitted to the Office of Administrative R	corporated by references (a copy of materials
A) This rule adds, updates, or re incorporated by reference must be Official Title of Materials Incor (from tit	emoves the following title of materials inc e submitted to the Office of Administrative R rporated	corporated by references (a copy of materials
A) This rule adds, updates, or re incorporated by reference must be Official Title of Materials Inco (from tit	emoves the following title of materials incessible submitted to the Office of Administrative R rporated tile page)	corporated by references (a copy of materials

B) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materi	ials
incorporated by reference must be submitted to the Office of Administrative Rules; if none, leave blank):	
Official Title of Materials Incorporated	

	Official little of Materials incorporated (from title page)
	Publisher
	Issue Date
The state of the s	Issue or Version

Public Notice Information

8. The public may shearing by submitting	submit written or oral commer g a written request to the agency	nts to the agency iden y. See Section 63G-3-3	tified in box 1. (The public may also request a 802 and Rule R15-1 for more information.)	
A) Comments will be accepted until:			12/15/2023	
B) A public hearing	յ (optional) will be held:			
Date (mm/dd/yyyy):	Time (hl	n:mm AM/PM):	Place (physical address or URL):	
11/17/2023	9:00 AM		160 East 300 South, Conference Room 474 (4th floor), Salt Lake City, Utah and also via Google Meet link below	
			Google Meet Meeting link meet.google.com/ngx-fsph-bwc Join by phone (US) +1 302-440-5055 PIN: 550866830	
	ore space is needed for a physic Il take place, continue to add rov		er readers to Box 4 in General Information. If more	
9. This rule change	MAY become effective on:	12/22/2	023	
NOTE: The date abo	ve is the date the agency anticip	pates making the rule o	r its changes effective. It is NOT the effective date.	
	Agenc	y Authorization Inforr	nation	
402. Incomplete forr			63G-3-301, 63G-3-302, 63G-3-303, and 63G-3- ly delaying publication in the <i>Utah State Bulletin</i>	
Agency head or designee and title:	Mark B. Steinagel, Division Di	rector Date:	10/26/2023	

R156. Commerce, Professional Licensing.

R156-31b. Nurse Practice Act Rule.

R156-31b-102. Definitions.

[The following definitions supplement the definitions] Terms used in this rule are defined in Title 58, Chapter 1, Division of Professional Licensing Act, and Title 58, Chapter 31b, Nurse Practice Act. In addition:

- (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 prelicensing nursing education program that meets the standards in Sections 58-31b-601 and R156-31b-601.
- (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" means the Division form that may be completed by an approved registered nursing education program for an applicant for a registered nurse apprentice license, to prove the applicant's qualifications for licensure under Subsections 58-31b-302(3)(e) and (f) and Section R156-31b-302c.
- (9) "CGFNS" means the Commission on Graduates of Foreign Nursing Schools.
- (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.
 - (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.
 - (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.
- (13) "Contact hour" in the context of continuing education means 60 minutes, and may include a ten-minute break.
 - (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 (12) and (18).
- (15) "Delegatee" means one or more persons assigned by a delegator to act on the delegator's behalf.
 - (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 Subsection 58-31b-102(12)(g) or R156-31b-102(13), or Section 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.
- (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.
- (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.
- (19) "Foreign nurse education program" means any program that originates or occurs outside of the United States.
- (20) "Individualized healthcare plan" or "IHP" means a written document that:
- (a) is developed by the school nurse using the nursing process that includes assessment, diagnosis, outcome identification, planning, implementation, and evaluation;
- ([a]b) outlines the provision of student healthcare services intended to achieve specific student outcomes; [-and]
- ([b]c) includes a confirmed medical diagnosis by a licensed health care provider as defined in Subsection 78B-3-403(13), that is within the health care provider's scope of practice; and
- (d) may be used to develop an Emergency Action Plan (EAP) that instructs school staff how to manage a specific student's medical emergency.
- (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.
 - (22) "LPN" means licensed practical nurse.
 - (23) "MAC" means medication aide certified.
- (24) "Medication" means a prescription or nonprescription drug as defined in Subsection 58-17b-102(26), 58-17b-102(39), or 58-17b-102([64]65) of the Pharmacy Practice Act.
- (25) "NCLEX" means the National Council Licensure Examination of the National Council of State Boards of Nursing.
- (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.
 - (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.
- (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).
 - (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.
- (30) "Patient surrogate" means an individual who has legal authority to act on behalf of a patient when the patient cannot act or make decisions unaided, including:
 - (a) a parent;
 - (b) a foster parent;
 - (c) a legal quardian; or
 - (d) a person legally designated as the patient's attorney-in-fact.
 - (31) "PN" means an unlicensed practical nurse.
- (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.
- (33) "Practica" means working in the nursing field as a student, not exclusive to patient care activities.
- (34) "Practitioner" means a person authorized by law to prescribe treatment, medication, or medical devices.
 - (35) "RN" means a registered nurse.
- (36) "School" means any private or public institution of primary or secondary education, including a charter school, pre-school, kindergarten, or special education program.
- (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.
- (38)(a) "Unlicensed assistive personnel," as used in Subsection 58-31b-102(18), 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.
- (39) "Unprofessional conduct," as defined in Title 58, Chapter 1, Division of Professional Licensing Act, and Title 58, Chapter 31b, Nurse Practice Act, is further defined in Section R156-31b-502.

R156-31b-501. 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 1				
Fine Schedule				
VIOLATION	FIRST	SUBSEQUE		
	OFFENSE	NT		
		OFFENSE		
58-1-	\$ 500	\$ 5,000		
501(1)(a) <u>/</u>	- \$	-		
(b), (c), (d),	5,000	\$10,000		
<u>(e), (f)(i),</u>				
or (g)				
-[58-1-	\$ 500	\$ 5,000		
501(1)(b)	\$	_		
	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)	\$ 500	\$ 5,000		
(i)	\$	_		
	5,000	\$ 10,000		

58-1-501(1)(g)		\$ 5,000
	- \$ 5,000	- \$10,000]
58-1-	\$ 500	\$ 5,000
501(2)(a)(i),	- \$	-
(ii), (iii),	5,000	\$10,000
(iv), (v),		
(vi), (vii),		
(viii), (ix),		
(x), (xi), (xii), (xiii),		
(xiv), or		
(xv),		
58-1-	\$ 500	\$ 5,000
501(2)[(b)] <u>(a)</u>	- \$	410 000
(xvi)	5,000	\$10,000
violating 58- 1-511		
[58-1-	\$ 500	\$ 5,000
501(2)(c)	\$	_
	5,000	\$10,000
58-1-501(2)(d)	\$ 500	\$ 5,000
	-\$	-
E0 1 E01(D)(-)	5,000	\$10,000
58 1 501(2)(e)	\$ 500 -\$	\$ 5,000
	5,000	\$10,000
58-1-501(2)(£)	\$ 500	\$ 5,000
58-1-501(2)(±)	\$ 500 \$	
	- \$ 5,000	- \$10,000
58-1-501(2)(±) 58-1-501(2)(g)	\$ 5,000 \$ 500	
	\$ 5,000 \$ 500 -\$	\$10,000 \$5,000
58-1-501(2)(g)	\$ 5,000 \$ 500 -\$ 5,000	\$\frac{10,000}{\$5,000}\$ -\frac{\$10,000}{}
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58-1-501(2)(g)	\$ 5,000 \$ 500 -\$ 5,000 \$ 5,000	\$\frac{10,000}{\$5,000}\$ -\frac{\$10,000}{}
58-1-501(2)(g)	\$\frac{5,000}{\$,000}\$\$\$ \frac{500}{\$,000}\$\$\$\$ \frac{500}{\$,000}\$\$\$\$\$ \frac{5,000}{\$,000}\$	\$10,000 \$5,000 - \$10,000 \$5,000
58-1-501(2)(g) 58-1-501(2)(h)	\$ 5,000 \$ 500 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000	\$10,000 \$5,000 - \$10,000 \$5,000 - \$10,000 \$5,000
58-1-501(2)(g) 58-1-501(2)(h) 58-1-501(2)(i)	\$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000	\$10,000 \$5,000 - \$10,000 \$5,000 - \$10,000 \$10,000
58-1-501(2)(g) 58-1-501(2)(h)	\$ 5,000 \$ 500 \$ 5,000 \$ 500 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000	\$10,000 \$5,000 - \$10,000 \$5,000 - \$10,000 \$5,000
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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 by a registered nurse 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) if a student's health condition requires special consideration, ensure that [the THP] an Emergency Action Plan (EAP) is available to school personnel[-]; and
- ([2]c) [Each task being delegated by a registered nurse shall be identified] identify each task within the student's current IHP; [-and]
- ([3]2)(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; and
- ([e]3) a registered nurse may not delegate to an unlicensed individual the administration of medication:
- $([\pm]\underline{a})$ that has known, frequent side effects that can be life threatening;
- ([ii]b) that requires the student's vital signs or oxygen saturation to be monitored before, during, or after administration;
- ([iii]c) that is being administered as a first dose in a school setting:
 - ([A]i) of a new medication; [-or]
 - ([B]ii) after a dosage change; or
- ([iv]iii) that requires nursing assessment or judgment [prior to] before 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 or EAP.

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 $[\cdot]$:

- (1) [U] 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]16)(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] a MAC may not administer medication via the following routes:
 - (a) central lines;
 - (b) colostomy;
 - (c) intramuscular;
 - (d) subcutaneous;
 - (e) intrathecal;
 - (f) intravenous;
 - (q) nasoqastric;
 - (h) nonmetered inhaler;
 - (i) intradermal;
 - (j) urethral;
 - (k) epidural;
 - (1) endotracheal; or
 - (m) gastronomy or jejunostomy tubes[-];
 - (3) [A] 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] a MAC may not:
- (a) administer medication that requires nursing assessment or judgment [prior to] before 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 $[\cdot]$;
- (5) [\text{\text{\$\begin{subarrange}{0.95\textwidth}{0.95\text{\$\}\$}}}\$}}}}}}}} ender \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}\exititt{\$\text{\$\text{\$\text{\$\text{\$
 - (6) $[\frac{a}{a}]$ [A] a nurse practicing in a facility that:
- (a) is required to provide nursing services 24 hours [per]a day may not supervise more than two MACs per shift [-]; and
- (b) [A nurse practicing in a facility that] is not required to provide nursing services 24 hours [per] a 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] $\underline{4}$), 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[$\underline{\cdot}$]:

- (1) [Each] a MAC training program shall be approved by the Division in collaboration with the [Board prior to] Advisory Peer Education Committee created in Section R156-31b-202 before the program [being] is implemented[-];
- (2) [A] a MAC training program may be offered only by an educational institution, a health care facility, or a health care association [-];
 - (3) [The] a MAC training 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] healthcare facility as defined in Subsection 78B-3-402(12);
- (4) [The]each classroom training 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] a 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 [-]; and
- (6) $[\frac{An}{an}]$ entity seeking approval to provide a MAC training program shall $[\div]$
- ([b]a) [provide] evidence of adequate and appropriate trainers and resources to provide the training program, including a well-stocked clinical skills lab or the equivalent;
- ([e]b) [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]c) [document] documentation of the MAC training program's minimal admission requirements, [that] which 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] healthcare facility as defined in Subsection 78B-3-403(12); 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 Enactment or Last Substantive Amendment: [January 24,]2023 Notice of Continuation: October 27, 2022

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