

**Message to MNA Members reg. CE Repeal**  
**MAR Notice no. 24-159-93**

Dear MNA members and nurse colleagues,

MNA is disheartened that our Board of Nursing (BON) is considering repealing continuing education requirements which contributes to our professional development as professional nurses. In 2018 MNA approached the BON and submitted a proposal to the BON leadership to expand opportunities for nurses to demonstrate continuing competence. In 2019, the full board agreed to explore the concept and established a task force to complete this work. The task force decided to make a recommendation for adoption of most of the attached changes. Unfortunately, COVID interrupted progress on this proposal. MNA continues to support these recommendations, with the caveat that rules be adjusted to allow for options for continuing competence while continuing to specify what constitutes “competent development activities” and what records are to be maintained by the licensee (LPN, RN, and APRN). ***There is no expectation of increased burden on the part of the MT BON; routine auditing of records of continuing competence would be no different than the pre-COVID practice of routine auditing for certificates of continuing education.***

MNA supports expansion of rules to allow for a variety of options, including continuing education for nurses to demonstrate evidence of maintaining competence, as noted on the attached memo. MNA does **NOT** support repeal of rules regarding continuing education requirements for all nurses, including APRNs. MNA does **NOT** support elimination of the rule related to pharmacology continuing education for APRNs.

**MAR Notice no. 24-159-93 Emailed to every nurse licensee in Montana on June 29<sup>th</sup>, 2023.**

These rule changes are not all spelled out for easy reference and transparency of communication to the nurses and the nursing profession. MNA has included the current rule language, so the changes are described in more detail. The BON language from this notice is posted in **Black**, existing rule language for clarity and context is in **Blue**. MNA comments in **RED**.

**24.159.1468 PRESCRIPTIVE AUTHORITY RENEWAL (APRNs)**

(1) remains the same.

(1) **The term of an APRN's prescriptive authority is concurrent with licensure and ends every two years on the date set by ARM 24.101.413.**

**(MNA supports this rule)**

(2) To renew prescriptive authority, the APRN shall submit:

(a) a completed prescriptive authority renewal application and a nonrefundable fee;

~~(b) affirmation of a minimum of 12 contact hours of accredited education in pharmacology, pharmacotherapeutics, and/or clinical management of drug therapy completed during the two years immediately preceding the effective date of the prescriptive authority renewal period; and~~

~~(c) these contact hours can be used to satisfy 12 of the required 24 contact hours to renew the APRN license.~~

**(MNA does not support elimination of the continuing education requirement)**

(3) remains the same.

(3) When an APRN fails to renew prescriptive authority prior to the renewal date of that authority, the APRN's prescriptive authority will lapse and expire after 45 days. The APRN whose prescriptive authority has expired may not prescribe and must reapply for prescriptive authority under the requirement in ARM [24.159.1463](#)  
(MNA supports this rule)

REASON: In 2019, stakeholders asked the Board of Nursing (board) to consider expanding options for continuing education (CE). The board formed a task force to review this request in 2020, and due to the waiver of CE requirements for 2020 and 2021, put the discussion on hold to address more pressing pandemic related issues. The board has not seen an increase in complaints related to incompetent practice since the board began reviewing CE options. Because the board's professional conduct rule requires nurses to be technically competent, nurses should be able to choose educational offerings that support their professional development without specific board-prescribed requirements. The board determined it is reasonably necessary to amend this rule and ARM 24.159.1469, and repeal ARM 24.159.2101, 24.159. 2102, 24.159. 2104, and 24.159. 2106 to lessen CE requirements for maintaining licensure while still ensuring competent practice and maintaining the public's protection. These changes also support the Governor's Red Tape Relief initiative by reducing unnecessarily burdensome regulations.

Regarding the statement that continuing education poses “unnecessarily burdensome regulations”, it is not a burden but rather a professional responsibility to ensure competent practice, as noted in MAR Notice No. 24-159-93. The American Nurses Association’s Code of Ethics for Nurses and Nursing: Scope and Standards of Practice clearly specifies this responsibility. The BON’s obligation to protect the public requires that evidence of continuing competence for all nurses be available to the board upon request.

MNA supports the statement that nurses should chose professional development activities that are relevant to their needs to improve knowledge, skill, and/or practice. MNA does not support the statement that “specific board-prescribed requirements” are not necessary. Expanding the rule to provide a variety of opportunities for nurses to demonstrate evidence of maintaining competence would provide the board with evidence to fulfill its obligation to maintain the public’s protection.

#### **“24.159.1469 APRN COMPETENCE DEVELOPMENT**

(1) The APRN is expected to engage in ongoing competence development. Competence development is the method by which an APRN gains, maintains, or refines practice, knowledge, skills, and abilities. This development can occur through formal education programs, continuing education, or clinical practice and is expected to continue throughout the APRN's career. Documentation of competence development activities should be retained by the APRN for a minimum of five years and must be made available to the board upon request. The APRN must:

(a) remains the same.

(a) submit verification of national recertification to the board within 30 days of issuance; and

(MNA supports this rule in regard to verification of national recertification. However, MNA does not support the statement that “documentation of

competence development activities should be retained by the APRN...” without a definition of what specific documentation is required and what “activities” would be acceptable to the board. MNA proposed language as noted in the attached memo would strengthen this rule.)

~~(b) complete 24 contact hours of continuing education during each two-year license renewal period as stated in ARM Title 24, subchapter 21, Renewals and Continuing Education; and~~

~~(i) At renewal, APRN licensees licensed less than two full years shall complete one contact hour per month licensed.~~

~~(ii) For the APRN who holds prescriptive authority, half of the contact hours must be in pharmacotherapeutics, where no more than two of these contact hours may concern the study of herbal or complementary therapies.~~

(MNA does not support elimination of the continuing education requirement, including specific pharmacotherapeutic content.)

(c) remains the same but is renumbered (b).

(e) (b) maintain an individualized quality assurance plan that:

(i) is relevant to the APRN's role and population focus, practice setting, and level of experience;

(ii) may include peer review, institutional review, and/or self-assessment;

(iii) includes methods for maintaining continued competence in providing patient care and evaluating patient outcomes; and

(iv) meets the standards set by the APRN's national professional organization.”

(MNA supports this rule)

These rules, which drastically impact our profession, are to be **repealed** by our BON/DOL, and are not spelled out for transparent and open communication. Here they are for you to view.

#### 4. The rules proposed to be repealed **in their entirety** are as follows:

24.159.2101 STANDARDS FOR CONTINUING EDUCATION (AUTH: 37-1-131, 37-1-319, 37-8-202, MCA IMP: 37-1-131, 37-1-306, 37-1-319, MCA )

##### **24.159.2101** STANDARDS FOR CONTINUING EDUCATION ([repeal](#))

(1) Continuing education for nurses is formal training that:

(a) provides new knowledge and skills to assist with advanced clinical decision making;

(b) offers greater depth of knowledge and skills in a particular area of nursing role or practice;

(c) enhances professional attitudes and behaviors;

(d) advances career goals;

(e) promotes professional development and currency in nursing practice;

(f) supports innovation and creativity in nursing practice;

(g) implements change within the individual's nursing practice and within healthcare; or

(h) addresses new and developing standards of nursing practice.

(2) To qualify as contact hours, continuing education courses must be approved by an accrediting organization or provided by an academic institution of higher learning, a continuing education provider, or an APRN certifying body.

(MNA does not support repeal of this rule. MNA does support expansion of the rule to allow for multiple options for a nurse to demonstrate continuing competence, as noted in the attached memo.)

24.159.2102 BIENNIAL CONTINUING EDUCATION REQUIREMENTS (AUTH: 37-1-131, 37-1-319, MCA IMP: 37-1-131, 37-1-306, 37-1-319, MCA)

**24.159.2102 BIENNIAL CONTINUING EDUCATION REQUIREMENTS (repeal)**

(1) All licensees must affirm an understanding of their recurring duty to comply with CE requirements as part of license renewal.

(a) Practical nurses must complete a minimum of 24 contact hours during the two-year renewal period.

(b) Registered nurses must complete a minimum of 24 contact hours during the two-year renewal period.

(c) APRNs must complete a minimum of 24 contact hours during the two-year renewal period that meet the requirements set forth in ARM 24.159.1469, with 12 contact hours of the continuing education required in pharmacotherapeutics, where no more than two pharmacology contact hours may concern the study of herbal or complementary therapies for maintaining prescriptive authority, if applicable, as set forth in ARM 24.159.1468.

(2) Excess continuing education contact hours may not be carried over for credit during the following two-year renewal period.

(3) The board may prorate the contact hour requirement for nurses who are licensed for less than two years.

(4) Licensees holding dual nursing licensure are required to meet the continuing education requirements for only the most advanced level of licensure.

(5) Licensees seeking reactivation or reinstatement of an inactive license must complete 24 contact hours of continuing education during the two-year period immediately preceding application for reinstatement.

(6) Licensees may submit a written request prior to the renewal deadline for an exemption from CE requirements due to hardship. Requests will be considered by the board.

(MNA does not support repeal of this rule. MNA does support expansion of the rule to allow for multiple options for a nurse to demonstrate continuing competence, as noted in the attached memo.)

24.159.2104 NONACCREDITED ACTIVITIES (repeal)

AUTH: 37-1-131, 37-1-319, 37-8-202, MCA IMP: 37-1-131, 37-1-306, 37-1-319, MCA

(MNA does not support repeal of this rule, with the exception that participation in research could be accepted if the rule regarding options for demonstrating continuing competence is revised to include research.)

24.159.2106 AUDITING OF CONTACT HOURS (repeal)

AUTH: 37-1-131, 37-1-319, MCA IMP: 37-1-131, 37-1-306, 37-1-319, 37-1-321, MCA

(MNA does not support repeal of this rule. Monitoring of nurse adherence to continuing competence rules is consistent with the board's charge of protecting the public.)

Further, the *National Academies of Science, Engineering, and Medicine* publication "The Future of Nursing 2020-2030" specifically recommends continuing education to support nursing's evolving role as key players in the rapidly changing, complex healthcare environment. Many studies have been published within the past five years demonstrating outcomes of continuing education that have improved the practice of nursing, improved patient outcomes, and facilitated achievement of organizational strategic goals. Requiring evidence of nurses' continuing competence activities for license renewal provides a mechanism for the MT BON to validate that nurses are continuing to learn, grow, and contribute safely to patient care.

As of June 2023, 42 out of 50 states require some form of continuing education for license renewal.