

State of Utah  
Administrative Rule Analysis  
Revised June 2022

OUR FILE NO. 5711

DATE FILED 11.29.2022

NOTICE OF PROPOSED RULE

TYPE OF RULE: New ; Amendment ; Repeal ; Repeal and Reenact

Title No. - Rule No. - Section No.

Rule or Section Number:

R156-31b

Filing ID: Office Use Only

Agency Information

1. Department:	Department of Commerce	
Agency:	Division of Professional Licensing	
Room number:		
Building:	Heber M. Wells Building	
Street address:	160 East 300 South	
City, state and zip:	Salt Lake City UT 84111-2316	
Mailing address:	PO Box 146741	
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Please address questions regarding information on this notice to the agency.

General Information

2. Rule or section catchline:

Nurse Practice Act Rule.

3. Purpose of the new rule or reason for the change (Why is the agency submitting this filing?):

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, implement certain requirements in accordance with statutory changes made by HB 389, HB 384 and SB 101 passed in the 2022 General Session, and reduce barriers to licensure under Executive Order 2021-1.

4. Summary of the new rule or change (What does this filing do? If this is a repeal and reenact, explain the substantive differences between the repealed rule and the reenacted rule):

The amendments to R156-31b-102 define the "Certificate of Academic Status" to be completed by an applicant for a registered nurse apprentice license, and clarify the definition of an "Individualized Healthcare Plan".

The amendments to Section R156-31b-301a (renumbered to R156-31b-302b) remove barriers to licensure for an LPN who has not practiced as a nurse in any jurisdiction for eight or more years, by allowing the applicant the option of completing an approved re-entry program and passing the NCLEX-PN within 60 days of application, instead of completing all of the requirements for an applicant who has never held an LPN license.

New Section R156-31b-302c further defines the Registered Nurse Apprentice licensure process under statutory changes made by SB 101 in the 2022 General Session by: (1) requiring the student applicant to submit evidence of their qualifications under Subsections 58-31b-302(3)(e) through (f) by causing the program in which the applicant is enrolled to submit a Certificate of Academic Status directly to the Division; and (2) clarifying that the program has the sole discretion whether or not to submit a Certificate on behalf of its student.

The amendments to Section R156-31b-301b (renumbered to R156-31b-302d) remove barriers to licensure for an RN who has not practiced as a nurse in any jurisdiction for eight or more years, by allowing the applicant the option of completing an approved re-entry program and passing the NCLEX-RN within 60 days of application, instead of completing all of the requirements for an applicant who has never held an RN license.

The amendments to R156-31b-301d (renumbered to R156-31b-302f) remove an incorrect reference to the CGFNS Certification Program Verification Letter because this option is not available for an LPN.

The amendments to R156-31b-402 (renumbered to R156-31b-501): (1) update the table formatting; and (2) update the fine schedule to add fines for (a) violations of new Sections 58-1-510 and R156-31b-703b regarding anesthesia and sedation in accordance with HB 384 passed in the 2022 General Session; and (b) failing to comply with the American Nurses Association

Code of Ethics for Nurses in violation of Subsection R156-31b-703a(20).

In accordance with Subsection 58-31b-601 as amended by HB 389 in the 2022 general session, the amendments to R156-31b-602 (renumbered to R156-31b-601) and R156-31b-603 update the requirements for limited-time approval of non-accredited nursing education programs by providing a temporary approval process for nursing education programs seeking accreditation for the purpose of qualifying graduates for licensure.

The amendment to Section R156-31b-703a adds the American Nurses Association (ANA) Code of Ethics for Nurses, 2015 edition, to the nurse standards of professional accountability.

The amendments to R156-31b-703b establish the knowledge, skills, and education and training standards for a certified registered nurse anesthetist (APRN-CRNA) who provides general anesthesia, deep sedation, or moderate sedation, in accordance with new Section 58-1-510 enacted by HB 384 in the 2022 General Session. The standards incorporated by reference are the following: (1) American Association of Nurse Anesthesiology (AANA) Standards for Nurse Anesthesia Practice, 2019 edition; or the following American Society of Anesthesiologists (ASA) standards: (i) Basic Standards for Preanesthesia Care, 2020 edition; (ii) Standards for Basic Anesthetic Monitoring, 2020 edition; and (iii) Standards for Postanesthesia Care, 2019 edition; (2) the following American Dental Association (ADA) standards: (i) Guidelines for the Use of Sedation and General Anesthesia by Dentists, 2016 edition; (ii) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, 2016 edition; (iii) Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students, 2021 edition; and (iv) ADA Policy Statement: The Use of Sedation and General Anesthesia by Dentists, 2007 edition; or (3) the following American Association of Oral and Maxillofacial Surgeons (AAOMS) standards: (i) Office Anesthesia Evaluation Manual, 2018 9th edition; and (ii) Parameters of Care, 2017 6th edition.

Per Executive Order No. 2021-12, formatting changes are also made throughout the rule to conform the rule to the current edition of the OAR Rulewriting Manual.

#### Fiscal Information

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

###### A) State budget:

As described in paragraph 5.C for small businesses, the proposed amendments to renumbered Sections R156-31b-302b and R156-31b-302d may indirectly benefit state agencies who employ nurses if these state agencies are able to more easily hire qualified licensed nurses to practice in Utah, but the full fiscal and non-fiscal impacts cannot be estimated because the data necessary to determine how many such licensees might be hired is unavailable, and because the benefits each state agency may experience from any resulting increased ability to employ qualified nurses will vary widely depending on the requirements of the agency and the individual characteristics of each nurse. The remainder of the proposed amendments are not expected to result in any impact to the state budget as they merely streamline and update the rule in accordance with Executive Order No. 2021-12 or implement statutory changes made by HB 389, HB 384, and SB 101 passed in the 2022 General Session and will not affect state practices or procedures over and above the statutory changes.

###### B) Local governments:

As described in paragraph 5.C for small businesses, the proposed amendments to renumbered Sections R156-31b-302b and R156-31b-302d may indirectly benefit local governments who employ nurses if they are able to more easily hire qualified licensed nurses to practice in Utah, but the full fiscal and non-fiscal impacts cannot be estimated because the data necessary to determine how many such licensees might be hired is unavailable, and because the benefits each local government may experience from any resulting increased ability to employ qualified nurses will vary widely depending on the requirements of the local government and the individual characteristics of each nurse. The remainder of the proposed amendments are not expected to result in any impact to local governments as they merely streamline and update the rule in accordance with Executive Order No. 2021-12 or implement statutory changes made by HB 389, HB 384, and SB 101 passed in the 2022 General Session and will not affect local government practices or procedures over and above the statutory changes.

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

The proposed amendments to renumbered Sections R156-31b-302b and R156-31b-302d may indirectly benefit the estimated 6,069 small businesses in Utah comprising establishments employing nurses, such as private or group practices, hospitals, or medical centers (NAICS 623110, 621399, 621330, 623110, 622310, 622210, 624310, 624230, 621610, 624120, 623990, 623312, 623220, 622110, 621991, 621910, 621493, 621420, 62111), as the amendments may facilitate the ability of these businesses to hire qualified licensed nurses to practice in Utah. The full fiscal and non-fiscal impact cannot be estimated because the data necessary to determine how many such licensees might be hired is unavailable, and because the benefits that a small business may experience from any resulting increased ability to employ qualified nurses will vary widely depending on the requirements of the small business and the individual characteristics of each nurse. The remainder of the proposed amendments are expected to have no measurable impact on small businesses' revenues or expenditures as they merely streamline and update the rule in accordance with Executive Order No. 2021-12 or implement statutory changes made by HB 389, HB 384, and SB 101 passed in the 2022 General Session.

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

The proposed amendments to renumbered Sections R156-31b-302b and R156-31b-302d may indirectly benefit the estimated 382 non-small businesses in Utah comprising establishments employing nurses, such as private or group practices, hospitals, or medical centers (NAICS 623110, 621399, 621330, 623110, 622310, 622210, 624310, 624230, 621610, 624120, 623990, 623312, 623220, 622110, 621991, 621910, 621493, 621420, 62111), as the amendments may facilitate the ability of these businesses to hire qualified licensed nurses to practice in Utah. The full fiscal and non-fiscal impact cannot be estimated because the data necessary to determine how many such licensees might be hired is unavailable, and because the benefits that a non-small business may experience from any resulting increased ability to employ qualified nurses will vary widely depending on the requirements of the non-small business and the individual characteristics of each nurse. The remainder of the proposed amendments are expected to have no measurable impact on non-small businesses' revenues or expenditures as they merely streamline and update the rule in accordance with Executive Order No. 2021-12 or implement statutory changes made by HB 389, HB 384, and SB 101 passed in the 2022 General Session.

**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 50,679 licensed nurses that may be affected by the proposed amendments, but the Division does not anticipate any measurable fiscal impact to these persons over and above the statutory changes and the impact already addressed in the fiscal notes for 2022 HB 384, HB 389 and SB101. The proposed amendments to renumbered Sections R156-31b-302b and R156-31b-302d are expected to remove barriers to licensure for an RN or LPN who has not practiced as a nurse in any jurisdiction for eight or more years, by allowing them the option of completing an approved re-entry program and passing the NCLEX exam within 60 days of application, instead of completing all of the requirements for an applicant who has never held a license. However, the full fiscal and non-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 nurse.

**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	FY2023	FY2024	FY2025
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
<b>Total Fiscal Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Fiscal Benefits	FY2023	FY2024	FY2025
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
<b>Total Fiscal Benefits</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Fiscal Benefits</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**H) Department head comments on fiscal impact and approval of regulatory impact analysis:**

The Executive Director of the Department of Commerce, Margaret W. Busse, has reviewed and approved this fiscal analysis.

The Division of Professional Licensing ("Division"), in concert with the Board of Nursing and the Nursing Advisory Peer Education Committee, propose amendments to R156-31b, the Nurse Practice Act Rule. The proposed amendments are to update the rule and implement certain requirements in accordance with statutory changes made by HB 389, HB 384 and SB 101 passed during the 2022 General Session. The changes are to reduce barriers of entry for LPN and RN licensees to reenter the profession after a period of inactivity. Additionally, the Division has made formatting changes throughout the rule to conform to the Office of Administrative Rules' Formatting Manual in accordance with Executive Orders 2021-1 and 2021-12.

Small Businesses (less than 50 employees):

The Division finds that will not be a fiscal impact for small businesses. The Division approximates that there are 6,069 small businesses that employ nurses in private or group practices, hospitals, and medical centers (NAICS 623110, 621399, 621330, 622310, 622210, 624310, 624230, 621610, 624120, 623990, 623312, 623220, 622110, 621991, 621910, 621493, 621420, 62111). The proposed amendments are expected to benefit these small businesses by allowing them to hire nurses more easily. Further, the Division does not foresee any negative impact on small businesses since the grammatical amendments are made to make the rule comport to the Office of Administrative Rules Rule Writing Manual.

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

The Division finds that there are approximately 382 non-small businesses that employ nurses in private and group practices, hospitals, and medical centers (NAICS 623110, 621399, 621330, 623110, 622310, 622210, 624310, 624230, 621610, 624120, 623990, 623312, 623220, 622110, 621991, 621910, 621493, 621420, 62111)). However, these amendments will have no expected fiscal impact for non-small businesses in Utah for the same rationale as described above for small businesses. Further, any of these costs are either inestimable, for the reasons stated above, or there is no fiscal impact.

**Citation Information**

**6. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:**

Section 58-31b-101	Subsection 58-1-106(1)(a)	Subsection 58-1-202(1)(a)

**Incorporations by Reference Information**

**7. Incorporations by Reference (if this rule incorporates more than two items by reference, please include additional tables):**

**A) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; if none, leave blank):**

<b>Official Title of Materials Incorporated (from title page)</b>	American Nurses Association (ANA) Code of Ethics for Nurses
<b>Publisher</b>	American Nurses Association
<b>Issue Date</b>	2015 edition
<b>Issue or Version</b>	

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

<b>Official Title of Materials Incorporated (from title page)</b>	American Association of Nurse Anesthesiology (AANA) Standards for Nurse Anesthesia Practice
<b>Publisher</b>	American Association of Nurse Anesthesiology
<b>Issue Date</b>	2019 edition
<b>Issue or Version</b>	

**C) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; if none, leave blank):**

<b>Official Title of Materials Incorporated (from title page)</b>	American Society of Anesthesiologists (ASA) Standards - Basic Standards for Preanesthesia Care
<b>Publisher</b>	American Society of Anesthesiologists
<b>Issue Date</b>	2020 edition
<b>Issue or Version</b>	

**D) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; if none, leave blank):**

<b>Official Title of Materials Incorporated (from title page)</b>	American Society of Anesthesiologists (ASA) Standards - Standards for Basic Anesthetic Monitoring
<b>Publisher</b>	American Society of Anesthesiologists
<b>Issue Date</b>	2020 edition

<b>Issue or Version</b>	
<b>E) This rule adds, updates, or removes the following title of materials incorporated by references</b> (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; <i>if none, leave blank</i> ):	
<b>Official Title of Materials Incorporated (from title page)</b>	American Society of Anesthesiologists (ASA) Standards - Standards for Post anesthesia Care
<b>Publisher</b>	American Society of Anesthesiologists
<b>Issue Date</b>	2019 edition
<b>Issue or Version</b>	

<b>F) This rule adds, updates, or removes the following title of materials incorporated by references</b> (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; <i>if none, leave blank</i> ):	
<b>Official Title of Materials Incorporated (from title page)</b>	Guidelines for the Use of Sedation and General Anesthesia by Dentists
<b>Publisher</b>	American Dental Association (ADA)
<b>Issue Date</b>	2016 edition
<b>Issue or Version</b>	

<b>G) This rule adds, updates, or removes the following title of materials incorporated by references</b> (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; <i>if none, leave blank</i> ):	
<b>Official Title of Materials Incorporated (from title page)</b>	Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students
<b>Publisher</b>	American Dental Association (ADA)
<b>Issue Date</b>	2016 edition
<b>Issue or Version</b>	

<b>H) This rule adds, updates, or removes the following title of materials incorporated by references</b> (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; <i>if none, leave blank</i> ):	
<b>Official Title of Materials Incorporated (from title page)</b>	Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students
<b>Publisher</b>	American Dental Association (ADA)
<b>Issue Date</b>	2021 edition
<b>Issue or Version</b>	

<b>I) This rule adds, updates, or removes the following title of materials incorporated by references</b> (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; <i>if none, leave blank</i> ):	
<b>Official Title of Materials Incorporated (from title page)</b>	ADA Policy Statement: The Use of Sedation and General Anesthesia by Dentists
<b>Publisher</b>	American Dental Association (ADA)
<b>Issue Date</b>	2007 edition
<b>Issue or Version</b>	

<b>J) This rule adds, updates, or removes the following title of materials incorporated by references</b> (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; <i>if none, leave blank</i> ):	
<b>Official Title of Materials Incorporated (from title page)</b>	Office Anesthesia Evaluation Manual
<b>Publisher</b>	American Association of Oral and Maxillofacial Surgeons (AAOMS)
<b>Issue Date</b>	2018 9th edition
<b>Issue or Version</b>	

**K) This rule adds, updates, or removes the following title of materials incorporated by references** (a copy of materials

incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):

<b>Official Title of Materials Incorporated (from title page)</b>	Parameters of Care
<b>Publisher</b>	American Association of Oral and Maxillofacial Surgeons (AAOMS)
<b>Issue Date</b>	2017 6th edition
<b>Issue or Version</b>	

#### Public Notice Information

8. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. See Section 63G-3-302 and Rule R15-1 for more information.)

A) Comments will be accepted until: 01/17/2023

B) A public hearing (optional) will be held:

On (mm/dd/yyyy):	At (hh:mm AM/PM):	At (place):
12/20/2022	9:00 AM	160 East 300 South - Conference Room 475 - Salt Lake City, Utah and also electronically via Google Meet, information below  <b>Meeting link</b> meet.google.com/uvt-skdj-eip  <b>Join by phone</b> (US) +1 224-513-0291 PIN: 895025220

9. This rule change MAY become effective on: 01/24/2023

NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

#### Agency Authorization Information

**To the agency:** Information requested on this form is required by Sections 63G-3-301, 302, 303, and 402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

<b>Agency head or designee and title:</b>	Mark B. Steinagel, Division Director	<b>Date:</b>	11/28/2022
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R156. Commerce, [~~Occupational and~~] Professional Licensing.

R156-31b. Nurse Practice Act Rule.

R156-31b-101. Title - Authority - Relationship to Rule R156-1.

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

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

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

R156-31b-102. Definitions.

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

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

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

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

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

(5) "Approved continuing education" means:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

([11]12) "Comprehensive nursing assessment" means:

(a) conducting extensive initial and ongoing data collection:

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

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

(b) recognizing alterations to previous patient conditions;

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

(d) evaluating the impact of nursing care; and

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

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

(ii) plan nursing interventions;

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

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

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

([13]14) "Delegate" means:

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

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

(c) to transfer to an unlicensed individual, including unlicensed assistive personnel or a responsible caregiver, the authority to perform a task that, according to generally accepted industry standards or law, does not require a nursing assessment as defined in Subsections ([11]12) and ([17]18).

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

([15]16) "Delegator" means:

(a) a licensed nurse directly responsible for a patient's care, who assigns to another licensed or unlicensed individual the authority to

perform a task on behalf of the delegator in accordance with Subsection[s] 58-31b-102(12)(g) [7] or R156-31b-102(13), [~~and~~] or Section[s] R156-31b-701a [7] or R156-31b-701b; or

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

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

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

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

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

- (a) verification and evaluation of orders; and
- (b) assessment of:

- (i) the patient's nursing care needs;
- (ii) the complexity and frequency of the required nursing care;
- (iii) the stability of the patient; and
- (iv) the availability and accessibility of resources, including

appropriate equipment, adequate supplies, and other appropriate health care personnel to meet the patient's nursing care needs.

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

(~~19~~) 20) "Individualized healthcare plan" or "IHP" means a written document that:

(a) outlines the provision of student healthcare services intended to achieve specific student outcomes; and

(b) 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.

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

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

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

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

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

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

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

(~~23~~) 24) "Medication" means a prescription or nonprescription drug as defined in Subsection[s] 58-17b-102(26), 58-17b-102(39), or 58-17b-102(~~63~~) 64) of the Pharmacy Practice Act.

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

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

([26]27) "Nurse" means:

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

(i) a licensed practical nurse;

(ii) a registered nurse;

(iii) an advanced practice registered nurse; or

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

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

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

(a) an advanced practice registered nurse;

(b) a certified nurse midwife;

(c) a chiropractic physician;

(d) a dentist;

(e) an osteopathic physician;

(f) a physician assistant;

(g) a podiatric physician;

(h) an optometrist;

(i) a naturopathic physician; or

(j) a mental health therapist as defined in Subsection 58-60-102(5).

([28]29) "Patient" means one or more individuals:

(a) who receive medical or nursing care; and

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

([29]30) "Patient surrogate" means an individual who has legal authority to act on behalf of a patient when the patient ~~is unable to~~ cannot act or make decisions unaided, including:

(a) a parent;

(b) a foster parent;

(c) a legal guardian; or

(d) a person legally designated as the patient's attorney-in-fact.

([30]31) "PN" means an unlicensed practical nurse.

([31]32) "Psychiatric mental health nursing specialty" means an expertise in psychiatric mental health, whether as a clinical nurse specialist or nurse practitioner licensed as an APRN.

([32]33) "Practica" means working in the nursing field as a student, not exclusive to patient care activities.

([33]34) "Practitioner" means a person authorized by law to prescribe treatment, medication, or medical devices.

([34]35) "RN" means a registered nurse.

([35]36) "School" means any private or public institution of primary or secondary education, including a charter school, pre-school, kindergarten, or special education program.

([36]37) "Supervision" means the global definitions of levels of supervision in Section R156-1-102a, as follows:

(a) "Direct supervision" and "immediate supervision" mean the same as defined in Section R156-1-102a.

(b) "Indirect supervision" means the same as defined in Section R156-1-102a.

(c) "General supervision" means the same as defined in Section R156-1-102a.

(d) "Supervising licensee" means the same as defined in Section R156-1-102a.

([37]38) (a) "Unlicensed assistive personnel," as used in Subsection 58-31b-102([17]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.

([38]39) "Unprofessional conduct," as defined in Title 58, Chapter 1, [General Rules of the] Division of [Occupational and] Professional Licensing Act, and Title 58, Chapter 31b, Nurse Practice Act, is further defined in Section R156-31b-502. [

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

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

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

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

**R156-31b-[301]302a. License Classifications - Professional Upgrade.**

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

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

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

**R156-31b-[301a]302b. LPN License - Education, Examination, and Experience Requirements.**

(1) Under Subsection 58-31b-302(2), an LPN applicant who has never obtained a license in any state, district, or territory of the United States or in any [country]jurisdiction outside of the United States shall:

(a) under Subsection 58-31b-302(2)(e), demonstrate that the applicant:  
(i) has completed a PN approved education program;

(ii) has completed a PN education program that is equivalent to a PN approved education program;

(iii)(A) has completed an RN approved education program; and  
(B) has taken, but not passed the NCLEX-RN at least one time; or

(iv)(A) is enrolled in an RN approved education program; and  
(B) has completed coursework that is equivalent to the coursework of a PN approved education program; and

(b) under Subsection 58-31b-302(2)(f), pass the NCLEX-PN examination pursuant to Section R156-31b-301e.

(2) Under Subsection 58-31b-302(2), an LPN applicant who holds a current LPN license issued by another state, district, or territory of the United States, or ~~[another country]~~ by a jurisdiction outside of the United States, shall:

(a) demonstrate that the license issued by the other jurisdiction meets the requirements for licensure by endorsement in Subsection 58-1-302(1); or

(b) complete the requirements of Subsection 58-31b-302(2) and Subsection (1) for an applicant who has never obtained an LPN license.

(3) An applicant who holds a current LPN license in an interstate Party state, as defined in Section 58-31e-102 of the Nurse Licensure Compact, shall:

(a) apply for a license within 90 days of establishing residency in Utah; and

(b) complete the requirements of Subsection(2).

(4) An LPN applicant who ~~[has been]~~ was licensed ~~[previously]~~ in Utah, but whose license has expired or lapsed, shall:

(a) if the applicant has not practiced as a nurse in any jurisdiction for up to five years, document current compliance with the continuing competency requirements in Subsection R156-31b-303(3);

(b) if the applicant has not practiced as a nurse in any jurisdiction 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) complete an approved re-entry program; or

(c) if the applicant has not practiced as a nurse in any jurisdiction for ~~[more than]~~ eight years or more ~~[but less than ten]~~ years:

(i) 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 in any jurisdiction for ten years or more, complete the requirements of Subsection 58-31b-302(2) and Subsection (1) for an applicant who has never obtained an LPN license].~~

(5) Under Subsection 58-31b-302(2), an LPN applicant who has been licensed in another state, district, or territory of the United States or another country, but whose license has expired or lapsed, shall:

(a)(i) demonstrate that the applicant meets the requirements of Subsections (1)(a) and R156-31b-~~[301e]~~ 302g(1); and

(b) comply with Subsection (4) as applicable.

R156-31b-302c. Registered Nurse Apprentice License - Education, Examination, and Experience Requirements.

(1) Under Subsection 58-31b-306.1(4), an applicant for a registered nurse apprentice license shall submit evidence of their qualifications under Subsections 58-31b-302(3)(e) through (f) by causing the approved registered nurse education program in which the applicant is enrolled to submit a Certificate of Academic Status directly to the Division.

(2) The registered nurse education program in which an applicant is enrolled has the sole discretion to decide if it will submit a Certificate of Academic Status for the applicant.

#### **R156-31b-~~[301b]~~302d. RN License - Education, Examination, and Experience Requirements.**

(1) Under Subsection 58-31b-302(~~[3]~~4), an RN applicant who has never obtained a license in any state, district, or territory of the United States, or ~~[any country]~~ in a jurisdiction outside of the United States, shall:

(a) under Subsection 58-31b-302(~~[3]~~4)(e) demonstrate that the applicant has completed an RN approved education program; and

(b) under Subsection 58-31b-302(~~[3]~~4)(f) pass the NCLEX-RN examination pursuant to Section R156-31b-~~[301e]~~302g.

(2) Under Subsection 58-31b-302(~~[3]~~4), an RN applicant who holds a current RN license issued by another state, district, or territory of the United States, or ~~[another country]~~ in a jurisdiction outside the United States, shall:

(a) demonstrate that the license issued by the other jurisdiction meets the requirements for licensure by endorsement in Subsection 58-1-302(1); or

(b) complete the requirements of Subsection 58-31b-302(~~[3]~~4) and Subsection (1) for an applicant who has never obtained an RN license.

(3) An applicant who holds a current RN license in an interstate Party state, as defined in Section 58-31e-102 of the Nurse Licensure Compact, shall:

(a) apply for a license within 90 days of establishing residency in Utah; and

(b) complete the requirements of Subsection (2).

(4) An RN applicant who ~~[has been]~~ was licensed ~~[previously]~~ in Utah, but whose license has expired or lapsed, shall:

(a) if the applicant has not practiced as a nurse in any jurisdiction for up to five years, document current compliance with the continuing competency requirements in Section R156-31b-303;

(b) if the applicant has not practiced as a nurse in any jurisdiction 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) complete an approved re-entry program; or

(c) if the applicant has not practiced as a nurse in any jurisdiction for ~~[more than] eight~~ or more years ~~[-but less than ten years]~~:

(i) 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 in any jurisdiction for ten years or more, complete the requirements of Subsection 58-31b-302(3) and Subsection (1) for an applicant who has never obtained an RN license].~~

(5) Under Subsection 58-31b-302([2]4), an RN applicant who has been licensed in another state, district, or territory of the United States or ~~[another country]~~ in a jurisdiction outside the United States, but whose license has expired or lapsed, shall:

- (a) comply with Subsection R156-31b-~~[301d]~~302f(1); and
- (b) comply with Subsection (4) as applicable.

**R156-31b-~~[301e]~~302e. APRN License - Education, Examination, and Experience Requirements.**

(1) Under Subsection 58-31b-302([4]5), an applicant for licensure as an APRN shall:

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

(b) under Subsection 58-31b-302([4]5)(e), demonstrate that the applicant has completed an APRN prelicensing education program that meets the requirements of Subsection 58-31b-601(1);

(c) pass a national certification examination for nurse practitioner, clinical nurse specialist, certified nurse midwife, or registered nurse anesthetist pursuant to Section R156-31b-~~[301e]~~302g, that is administered by a certification body approved by:

(i) the National Commission for Certifying Agencies; or

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

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

(2) (a) Under Subsection 58-31b-302([4]5)(g), the supervised clinical practice requirements in mental health therapy and psychiatric mental health nursing for an APRN practicing within the psychiatric mental health nursing specialty, shall consist of at least 4,000 hours of psychiatric mental health nursing education and clinical practice as follows:

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

(ii) the remaining 3,000 hours shall:

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

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

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

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

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

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

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

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

(d) Duties and responsibilities of a supervisor include:

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

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

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

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

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

(ii) document current national certification as a nurse practitioner, clinical nurse specialist, certified nurse midwife, or registered nurse anesthetist pursuant to Section R156-31b-~~[301e]~~302g, from a certification body approved by:

(A) the National Commission for Certifying Agencies; or

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

(b) complete the requirements of Subsection 58-31b-302([4]5) and Subsection (1) for an applicant who has never obtained an APRN license.

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

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

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

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

(b) complete the requirements of Subsection 58-31b-302([4]5) and Subsection (1) for an applicant who has never obtained an APRN license.

**R156-31b-~~[301d]~~302f. Nonapproved Nursing Education Programs.**

(1) Under Subsection 58-31b-303(1)(b) and Section R156-31b-~~[301a]~~302b, an applicant for LPN licensure who graduated from a nonapproved nursing education program shall demonstrate that the nursing education program completed by the applicant is equivalent by submitting:

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

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

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

(2) Under Subsection[s] 58-31b-303(2)(b) and Section R156-31b-~~[301b]~~302d, an applicant for RN licensure who graduated from a nonapproved nursing education program shall submit:

(a) a CGFNS Certification Program Verification Letter; or

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

**R156-31b-~~[301e]~~302g. Examination Requirements.**

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

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

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

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

**R156-31b-~~[301f]~~302h. 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-~~[309]~~306. APRN Intern License.**

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

(i) 180 days from the date of issuance;

(ii) 30 days after the applicant has failed the specialty certification examination; or

(iii) upon issuance of an APRN license.

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

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

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

(a) inform the Division of examination results within ten calendar days of receipt; and

(b) cause the examination agency to send the examination results directly to the Division.

**R156-31b-~~[402]~~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

FINE SCHEDULE

VIOLATION	FIRST OFFENSE		SUBSEQUENT OFFENSE	
58-1-501(1)(a)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(1)(b)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(1)(c)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(1)(d)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(1)(e)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(1)(f)(i)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(1)(g)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(a)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(b)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(c)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(d)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(e)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(f)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(g)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(h)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(i)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(j)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(k)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(l)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(m)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-1-501(2)(n)	\$ 250	\$ 4,000	\$ 4,000	\$ 8,000
58-1-501(2)(o)	\$ 250	\$ 4,000	\$ 4,000	\$ 8,000
58-1-501.5	\$ 250	\$ 4,000	\$ 4,000	\$ 8,000
58-1-508(2)	\$ 500 per violation			
58-31b-501(1)	\$ 500	\$ 4,000	\$ 4,000	\$ 8,000
58-31b-501(2)	\$ 500	\$ 4,000	\$ 4,000	\$ 8,000
58-31b-501(3)	\$ 2,000	\$ 7,500	\$ 7,500	\$ 9,500
58-31b-502(1)(a)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(b)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(c)	\$ 4,000	\$ 8,000	\$ 8,000	\$10,000
58-31b-502(1)(d)	\$ 2,000	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(e)	\$ 1,000	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(f)	\$ 1,000	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(g)	\$ 1,000	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(h)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(i)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(j)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(k)	\$ 500	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(l)	\$ 1,000	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(m)	\$ 1,000	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(n)	double the original penalty, up to \$20,000			
58-31b-502(1)(o)	\$ 1,000	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(p)	\$ 1,000	\$ 5,000	\$ 5,000	\$10,000
58-31b-502(1)(q)	\$ 1,000	\$ 5,000	\$ 5,000	\$10,000
58-31b-502.5(1)	\$ 500	\$ 5,000	\$ 1,500	\$10,000
Ongoing: \$2,000 per day but not less than the second offense				
58-31b-502.5(2)	\$ 500	\$ 5,000	\$ 1,500	\$10,000

Ongoing: \$2,000 per day but not less than the second offense  
~~58 31b 502.5(3) \$ 5,000 \$10,000~~  
Ongoing: \$2,000 per day but not less than the second offense  
~~58 31b 601 \$ 2,000 \$ 7,500 \$ 7,500 \$ 9,500~~  
~~58 31b 801 \$ 1,000 \$ 5,000 \$ 5,000 \$10,000~~  
~~58 31b 803 \$ 1,000 \$ 5,000 \$ 5,000 \$10,000~~  
~~58 37 19 first offense \$250, second offense \$500~~  
~~subsequent offenses \$1,000~~  
~~R156 1 501(6) \$ 500 \$ 4,000 \$ 4,000 \$ 8,000~~  
~~R156 1 501(7) \$ 500 \$ 4,000 \$ 4,000 \$ 8,000~~  
~~R156 1 501(8) \$ 500 \$ 5,000 \$ 5,000 \$10,000~~  
~~R156 1 501(9) \$ 500 \$ 5,000 \$ 5,000 \$10,000~~  
~~R156 1 501.1 \$ 500 \$ 5,000 \$ 5,000 \$10,000~~  
~~R156 31b 502(1)(a) \$ 500 \$ 4,000 \$ 4,000 \$ 8,000~~  
~~R156 31b 502(1)(b) \$ 500 \$ 5,000 \$ 5,000 \$10,000~~  
~~R156 31b 502(1)(c) \$ 500 \$ 5,000 \$ 5,000 \$10,000~~  
~~R156 31b 502(1)(d) \$ 500 \$ 5,000 \$ 5,000 \$10,000~~  
~~R156 31b 502(1)(e) \$ 1,000 \$ 5,000 \$ 5,000 \$10,000~~  
~~R156 31b 502(1)(f) \$ 500 \$ 5,000 \$ 5,000 \$10,000~~  
~~R156 31b 502(1)(g) \$ 250 \$ 1,500 \$ 1,500 \$10,000~~  
~~R156 31b 502(1)(h) \$ 250 \$ 1,500 \$ 1,500 \$10,000~~  
~~R156 31b 502(1)(i) \$ 250 second offense \$500~~  
~~subsequent offenses \$1,000~~  
~~R156 31b 502(1)(j) \$ 250 second offense \$500~~  
~~subsequent offenses \$1,000~~  
~~R156 31b 501(1)(k) \$ 1,000 \$ 5,000 \$ 5,000 \$10,000~~  
~~R156 31b 602 \$ 2,000 \$ 7,500 \$ 7,500 \$ 9,500~~  
~~R156 37 502 \$ 1,000 \$ 1,000~~  
~~\$ 1,000 for each additional violation~~

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

]

<u>VIOLATION</u>	<u>FIRST OFFENSE</u>	<u>SUBSEQUENT OFFENSE</u>
<u>58-1-501(1)(a)</u>	<u>\$ 500 - \$ 5,000</u>	<u>\$ 5,000 - \$10,000</u>
<u>58-1-501(1)(b)</u>	<u>\$ 500 - \$ 5,000</u>	<u>\$ 5,000 - \$10,000</u>
<u>58-1-501(1)(c)</u>	<u>\$ 500 - \$ 5,000</u>	<u>\$ 5,000 - \$10,000</u>
<u>58-1-501(1)(d)</u>	<u>\$ 500 - \$ 5,000</u>	<u>\$ 5,000 - \$10,000</u>
<u>58-1-501(1)(e)</u>	<u>\$ 500 - \$ 5,000</u>	<u>\$ 5,000 - \$10,000</u>
<u>58-1-501(1)(f) (i)</u>	<u>\$ 500 - \$ 5,000</u>	<u>\$ 5,000 - \$10,000</u>

58-1-501(1)(g)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(a)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(b)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(c)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(d)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(e)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(f)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(g)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(h)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(i)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(j)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(k)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(l)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(m)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-1-501(2)(n)	\$ 250 - \$ 4,000	\$ 4,000 - \$ 8,000
58-1-501(2)(o)	\$ 250 - \$ 4,000	\$ 4,000 - \$ 8,000
58-1-501.5	\$ 250 - \$ 4,000	\$ 4,000 - \$ 8,000
58-1-508(2)	\$500 per violation	
58-31b-501(1)	\$ 500 - \$ 4,000	\$ 4,000 - \$ 8,000
58-1-510	\$ 500 - \$ 1,000	\$1,000 - \$2,000
58-31b-501(2)	\$ 500 - \$ 4,000	\$ 4,000 - \$ 8,000
58-31b-501(3)	\$ 2,000 - \$ 7,500	\$ 7,500 - \$ 9,500
58-31b-502(1)(a)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(b)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(c)	\$ 4,000 - \$ 8,000	\$ 8,000 - \$10,000
58-31b-502(1)(d)	\$ 2,000 - \$ 5,000	\$ 5,000 - \$10,000
58-31b-502(1)(e)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000

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

R156-1-501(9)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-1-501.1	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1) (a)	\$ 500 - \$ 4,000	\$ 4,000 - \$ 8,000
R156-31b-502(1) (b)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1) (c)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1) (d)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1) (e)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1) (f)	\$ 500 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1) (g)	\$ 250 - \$ 1,500	\$ 1,500 - \$10,000
R156-31b-502(1) (h)	\$ 250 - \$ 1,500	\$ 1,500 - \$10,000
R156-31b-502(1) (i)	\$ 250	second offense \$500
subsequent offenses \$1,000		
R156-31b-502(1) (j)	\$ 250	second offense \$500
subsequent offenses \$1,000		
R156-31b-502(1) (k)	\$ 1,000 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1) (l)	\$ 250 - \$ 5,000	\$ 5,000 - \$10,000
R156-31b-502(1) (m)	\$ 500 - \$ 1,000	\$ 1,000 - \$ 2,000
R156-31b-602	\$ 2,000 - \$ 7,500	\$ 7,500 - \$ 9,500
R156-37-502	\$ 1,000	\$ 1,000
\$ 1,000 for each additional violation		
Subsequent offenses.	Unless a different fine amount is specified elsewhere, a sanction for an offense subsequent to a second offense is the greater of \$10,000 or \$2,000 per day.	

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

(1) "Unprofessional conduct" includes:

(a) failing to destroy a license that has expired due to the issuance and receipt of an increased scope of practice license;

(b) knowingly accepting or retaining a license that has been issued pursuant to a mistake or on the basis of erroneous information;

(c) as an RN or LPN, issuing a prescription for a prescription drug to a patient, except in accordance with Section 58-17b-620 or as otherwise legally permissible;

(d) failing as the nurse accountable for directing nursing practice of an agency to verify:

(i) that standards of nursing practice are established and carried out;

(ii) that safe and effective nursing care is provided to patients;

(iii) that guidelines exist for the organizational management and management of human resources needed for safe and effective nursing care to be provided to patients; or

(iv) that the nurses employed by the agency have the knowledge, skills, ability, and current competence to carry out the requirements of their jobs;

(e) engaging in sexual contact with a patient surrogate concurrent with the nurse-patient relationship, unless the nurse affirmatively shows by clear and convincing evidence that the contact:

(i) did not result in any form of abuse or exploitation of the surrogate or patient; and

(ii) did not adversely alter or affect in any way:

(A) the nurse's professional judgment in treating the patient;

(B) the nature of the nurse's relationship with the surrogate; or

(C) the nature of the nurse's relationship with the patient;

(f) engaging in disruptive behavior in the practice of nursing;

(g) prescribing to oneself any controlled substance drug, in violation of Subsection R156-37-502(1)(a);

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

(i) as an APRN, failing to comply with Section 58-37-19, regarding discussion with a patient or the patient's guardian before issuing an initial opiate prescription;

(j) as an APRN, violating Title 26, Chapter 61a, Utah Medical Cannabis Act; [~~and~~]

(k) failing to practice within limits of competency, in violation of Section 58-31b-801;

(l) failing to comply with the American Nurses Association (ANA) Code of Ethics for Nurses, in violation of Subsection R156-31b-703a(20);  
or

(m) violation Section R156-31b-703b.

(2) "Unprofessional conduct" does not include, when licensed as an RN, and in accordance with a school's policies and Sections R156-31b-70a and R156-31b-701b, delegating or training an unlicensed assistive person to administer medications in accordance with a prescribing practitioner's order and an IHP.

**R156-31b-~~602~~601. Requirements for [~~Limited-time Approval of~~] Non-accredited Nursing Education Programs.**

(1) [~~Under Subsection 58-31b-601(2), a nursing education program may, prior to obtaining an accreditation described in Subsection 58-31b-~~

~~601(1), qualify for a limited time as an approved education program if the program was granted limited time approval on or before May 15, 2016.~~

~~(2) The provider of a]A nursing education program with [limited-time]temporary approval under Subsection 58-31b-601(2) or (3)(a) shall: [pursuant to Subsection (1) shall, pursuant to Subsection (3):]~~

(a) disclose to each student who enrolls that:

(i) program accreditation is pending, meaning that the program has an active application on file with an accrediting body as defined in Subsection R156-31b-102(1), by having submitted initial notification to the accrediting body;

(ii) any education completed [prior to]before the accrediting body's final determination will satisfy, at least in part, state requirements for prelicensing education; and

(iii) if the program fails to achieve accreditation [on or before June 30, 2022]in accordance with Section 58-31b-601, a student who has not yet graduated will not be made eligible for the NCLEX by the state; and

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

~~(3)2~~ The disclosure required by Subsection (~~2~~1) shall:

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

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

(3) A nursing education program with temporary approval under Subsection 58-31b-601(2) or (3)(a) shall provide to the Board:

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

(b) copies of the correspondence between the program provider and the accrediting body, within 30 days of the program's receipt or transmission of the correspondence.

(4) If an accredited program under Subsection 58-31b-601(1) or a program with temporary approval under Subsection 58-31b-601(2) or (3)(a) receives notice or determines that its accreditation status or candidacy for accreditation is in jeopardy, the [institution offering the-]program shall:

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

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

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

(ii) the potential impact of [a]the program's accreditation status on the [graduate's]student's ability to;

(A) secure licensure and employment~~[-er]~~; and  
(B) transfer academic credits to another institution in the future;  
and

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

(5) ~~[If]~~ Under Section 58-31b-601, if a program with ~~[limited-time]~~ temporary approval fails to achieve accreditation~~[-on or before June 30, 2022]~~, or if an accredited~~[a]~~ program loses its accreditation, the ~~[institution offering the]~~ program shall:

~~(a) [submit a written report of official notice of losing accreditation to the Board]~~ within ten days of receiving formal notification from the accrediting body, submit to the Board:

(i) a written report of official notice of losing accreditation; and

(ii) a written plan to close the program and cease operations;

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

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

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

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

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

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

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

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

Under Subsections 58-31b-102(12)(g) and R156-31b-102(~~[13]~~14), the delegation of nursing tasks in a non-school setting is as follows:

(1) Under Section 58-1-307.1, the nursing tasks that an unlicensed individual may perform without delegation by a health care provider are listed on the Division's website at <https://dopl.utah.gov/nurse>.

(2) A delegator retains accountability for the appropriate delegation of tasks and for the nursing care of the patient.

(3) Tasks that are appropriate for delegation with prior assessment are as follows:

(a) a delegator may not delegate to unlicensed assistive personnel a task requiring the specialized knowledge, judgment, or skill of a licensed nurse;

(b) a delegator may not delegate a task that is:

(i) outside the area of the delegator's responsibility;

(ii) outside the delegator's personal knowledge, skills, or ability;

or

(iii) beyond the ability or competence of the delegatee to perform:

- (A) as personally known by the delegator; and
- (B) as evaluated according to generally accepted nursing practice standards of health, safety, and reasonable prudence; and
- (c) a nursing task may be delegated if it meets the following criteria, as applied to each specific patient situation:
  - (i) it is considered routine care for the specific patient;
  - (ii) it poses little potential hazard for the patient;
  - (iii) it is generally expected to produce a predictable outcome for the patient;
  - (iv) it is administered according to a previously developed plan of care; and
  - (v) it does not inherently involve nursing judgment that cannot be separated from the procedure; and
- (d) before determining which, if any, nursing tasks may be delegated, the delegator shall make a focused nursing assessment of the circumstances, and evaluate the following factors to determine the degree of supervision required to ensure safe care:
  - (i) the stability and condition of the patient;
  - (ii) the training, capability, and willingness of the delegatee to perform the delegated task;
  - (iii) the nature of the task being delegated, including the complexity, irreversibility, predictability of outcome, and potential for harm inherent in the task;
  - (iv) the proximity and availability to the delegatee of the delegator or other qualified nurse during the time when the task will be performed; and
  - (v) any immediate risk to the patient if the task is not carried out; and
- (e) if a delegator, upon review of the criteria established in this subsection, determines that a proposed delegatee cannot safely provide the requisite care, the delegator may not delegate the task to the proposed delegatee.

(4) Requirements for instruction and demonstration of competency [~~prior to~~ before] the delegation of tasks are as follows:

- (a) in delegating a nursing task, the delegator shall:
  - (i) provide instruction and direction necessary to allow the delegatee to safely perform the specific task;
  - (ii) explain the delegation to ensure that the delegatee understands which patient is to be treated, and according to what time frame; and
  - (iii) instruct the delegatee how to intervene in any foreseeable risks that may be associated with the delegated task; and
- (b) (i) if the employing facility or agency requires initial and ongoing demonstration of competency of direct patient care tasks, and makes competency documentation available to the delegator, the delegator may use that competency documentation;
- (ii) if the employing facility or agency does not require demonstration of competency or does not provide competency documentation that is satisfactory to the delegator, or if a task falls outside tasks in which the proposed delegatee has previously been proven competent, the delegator or qualified educator shall:

(A) require the proposed delegatee to provide to the delegator or qualified educator a physical or verbal demonstration of the delegated task; and

(B) document the observed or spoken demonstration; and

(iii) teaching of a task, demonstration of competency, and documentation may be conducted per individual or in a group training session.

(5) Requirements for a delegator during the supervision and monitoring of a task are as follows:

(a) provide ongoing appropriate supervision and evaluation of the delegatee;

(b) ensure that the delegator or another qualified nurse is readily available, either in person or by telecommunication, to:

(i) evaluate the patient's health status;

(ii) evaluate the performance of the delegated task;

(iii) determine whether goals are being met; and

(iv) determine the appropriateness of continuing delegation of the task; and

(c) if the delegated task is to be performed more than once, establish a system for ongoing monitoring of the delegatee.

(6) A delegatee is prohibited from the following without express permission from the delegator:

(a) further delegate to another person a delegated task, or any part of a delegated task; or

(b) expand the scope of the delegated task.

(7) A medical facility's internal policies or practices required or allowed to be performed by an unlicensed person shall not be deemed to have been delegated by a licensee.

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

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

(1) practice within the legal boundaries that apply to nursing;

(2) comply with applicable statutes and rules;

(3) demonstrate honesty and integrity in nursing practice;

(4) base nursing decisions on nursing knowledge and skills, and the needs of patients;

(5) seek clarification of orders when needed;

(6) obtain orientation and training competency when encountering new equipment and technology or unfamiliar care situations;

(7) demonstrate attentiveness in delivering nursing care;

(8) implement patient care, including medication administration, properly and in a timely manner;

(9) document any care provided;

(10) communicate to other health team members relevant and timely patient information, including:

(a) patient status and progress;

(b) patient response or lack of response to therapies;

(c) significant changes in patient condition; and

(d) patient needs;

(11) take preventive measures to protect patient, others, and self;

- (12) respect patients' rights, concerns, decisions, and dignity;
- (13) promote a safe patient environment;
- (14) maintain appropriate professional boundaries;
- (15) contribute to the implementation of an integrated health care plan;
- (16) respect patient property and the property of others;
- (17) protect confidential information unless obligated by law to disclose the information;
- (18) accept responsibility for individual nursing actions, competence, decisions, and behavior in the course of nursing practice; [and]
- (19) maintain continued competence through ongoing learning and application of knowledge in each patient's interest; and
- (20) comply with the American Nurses Association (ANA) Code of Ethics for Nurses, 2015 edition, which is incorporated by reference.

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

- (1) Under Subsection 58-31b-102(13), an LPN shall be expected to:
  - (a) conduct a focused nursing assessment;
  - (b) plan for and implement nursing care within limits of competency;
  - (c) conduct patient surveillance and monitoring;
  - (d) assist in identifying patient needs;
  - (e) assist in evaluating nursing care;
  - (f) participate in nursing management by:
    - (i) assigning appropriate nursing activities to other LPNs;
    - (ii) delegating care for stable patients to unlicensed assistive personnel in accordance with [~~these rules~~] this rule and applicable statutes;
    - (iii) observing nursing measures and providing feedback to nursing managers; and
    - (iv) observing and communicating outcomes of delegated and assigned tasks; and
  - (g) serve as faculty in areas of competence.
- (2) Under Subsection 58-31b-102(14), an RN shall be expected to:
  - (a) interpret patient data, whether obtained through a focused nursing assessment or otherwise, to:
    - (i) complete a comprehensive nursing assessment; and
    - (ii) determine whether, and according to what timeframe, another medical professional, a patient's family member, or any other person should be apprised of a patient's nursing needs;
  - (b) detect faulty or missing patient information;
  - (c) apply nursing knowledge effectively in the synthesis of the biological, psychological, spiritual, and social aspects of the patient's condition;
  - (d) utilize broad and complete analyses to plan strategies of nursing care and nursing interventions that are integrated within each patient's overall health care plan or IHP;
  - (e) demonstrate appropriate decision-making [~~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]~~ this rule and applicable statutes; and

(ii) matching patient needs with personnel qualifications, available resources, and appropriate supervision;

(m) teach and counsel patient families regarding an applicable health care regimen, including general information about health and medical conditions, specific procedures, wellness, and prevention;

(n) if acting as a chief administrative nurse:

(i) ensure that organizational policies, procedures, and standards of nursing practice are developed, kept current, and implemented to promote safe and effective nursing care;

(ii)(A) assess the knowledge, skills, and abilities of nursing staff and assistive personnel; and

(B) ensure personnel are assigned to nursing positions appropriate to their determined competence and licensure, certification, or registration level; and

(iii) ensure that thorough and accurate documentation of personnel records, staff development, quality assurance, and other aspects of the nursing organization are maintained;

(o) if employed by a department of health:

(i) implement standing orders and protocols; and

(ii) complete and provide to a patient prescriptions that have been prepared and signed by a physician in accordance with Section 58-17b-620;

(p) serve as faculty in areas of competence; and

(q) perform any task within the scope of practice of an LPN.

(3) Under Subsection 58-31b-102(11), the following scope and standards shall apply to the practice of advanced practice registered nursing:

(a) ~~[An]~~an APRN who chooses to change or expand from a primary focus of practice shall, at the request of the Division, document competency within that expanded practice based on education, Clinical Practice Experiences, and certification~~[-The]~~ with the burden to demonstrate competency [rests] upon the [licensee] APRN.

(b) ~~[An individual licensed as]~~ an APRN may practice within the scope of practice of an RN and an LPN in Utah~~[-]~~;

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

(4) Under Subsections 58-1-510(3) and (4) and 58-31b-102(11)(d), a certified registered nurse anesthetist (APRN-CRNA) licensed under Subsection 58-31b-301(2) who provides general anesthesia, deep sedation, or moderate sedation, shall possess the knowledge, skills, and education and training required by the following standards, and shall comply with the following standards, which are incorporated by reference:

(a)(i) American Association of Nurse Anesthesiology (AANA) Standards for Nurse Anesthesia Practice, 2019 edition; or

(ii) the following American Society of Anesthesiologists (ASA) standards:

(A) Basic Standards for Preanesthesia Care, 2020 edition;

(B) Standards for Basic Anesthetic Monitoring, 2020 edition; and

(C) Standards for Postanesthesia Care, 2019 edition; or

(b) the following American Dental Association (ADA) standards:

(i) Guidelines for the Use of Sedation and General Anesthesia by Dentists, 2016 edition;

(ii) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, 2016 edition;

(iii) Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students, 2021 edition; and

(iv) ADA Policy Statement: The Use of Sedation and General Anesthesia by Dentists, 2007 edition; or

(c) the following American Association of Oral and Maxillofacial Surgeons (AAOMS) standards:

(i) Office Anesthesia Evaluation Manual, 2018 9th edition; and

(ii) Parameters of Care, 2017 6th edition.

**KEY: licensing, nurses**

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