

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
1.	<b>Title 2. Government Structure and Administration Chapter 18. State Employee Classification, Compensation, and Benefits Part 7. Group Insurance Generally 2-18-704. Mandatory provisions.</b>	(8) (a) An insurance contract or plan issued under this part that provides coverage for an individual in a member's family must provide coverage for well-child care for children from the moment of birth through 7 years of age. Benefits provided under this coverage are exempt from any deductible provision that may be in force in the contract or plan.  (d) For purposes of this subsection (8): (ii) "well-child care" means the services described in subsection (8)(b) and delivered by a physician, or a health care professional supervised by a physician.	Insurance coverage for "well-child care" if predicated on service provided by physician	Amend - add PA/ARPN	DOA/Benefits: We have had the opportunity to review the proposed statute changes that affect DOA/HCBD. Although we don't have any concern with the recommended changes, we share the same concerns raised during the September meeting that by
1.	<b>Title 2. Government Structure and Administration Chapter 18. State Employee Classification, Compensation, and Benefits Part 7. Group Insurance Generally 2-18-704. Mandatory provisions.</b>	(11) The state employee group benefit plans and the Montana university system group benefits plans must provide coverage for hospital inpatient care for a period of time as is determined by the attending physician and, in the case of a health maintenance organization, the primary care physician, in consultation with the patient to be medically necessary following a mastectomy, a lumpectomy, or a lymph node dissection for the treatment of breast cancer.	Insurance coverage for hospital inpatient care after surgical procedure as determined by "attending physician" or "primary care physician"	Amend – add PA/APRN  Note: Hospital privileges may dictate otherwise?	just adding PA/ARPN you may not being broad enough to address the full spectrum of providers. Would it be better to change "physician" to "licensed health care provider" to be more expansive?
2.	<b>Title 3. Judiciary, Courts Chapter 15. Juries and Jurors Part 3. Jurors – Competency and Excuses 3-15-313. Who may be excused — affidavit to claim excuse — permanent exclusion for chronically incapacitated.</b>	(3) A person who is chronically incapacitated by illness or injury may request a permanent exclusion from jury service by making and transmitting an affidavit to the jury commissioner of the person's place of residence. The affidavit must include a certification by the person's physician that the person is chronically incapacitated by illness or injury. The affidavit must be filed with the jury commissioner, who shall transmit it to the court. The court or jury commissioner with the approval of the court may permanently excuse a prospective juror from jury service if the prospective juror satisfies the provisions of this subsection (3).	Physician certification of chronic incapacity for permanent exclusion from jury duty	Amend - add PA/APRN	JUD
3.	<b>Title 7. Local Government Chapter 3. Alternative Forms of Local Government Part 13. City-County</b>	The director of the department of health must be a physician legally authorized to practice medicine and surgery in Montana. Except as otherwise provided in part 12 or this part, the director of the department of health has the powers and shall perform the duties conferred on and required of	Condition for employment as Health Department Director	Exclude unless recommended by agency.	DPPHS Local Government Stakeholders

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	<b>Consolidation – Option 2 Continued</b> <b>7-3-1346. Department of health.</b>	coroners and county health officers and local health officers by the general laws of the state. The director also has other powers and shall perform other duties that may be prescribed by ordinance.		Outside signatory authority, not an issue of scope of practice; discretionary decision of agency.	DPHHS: Agree with recommendation to exclude.  MT Counties: Reviewed proposed changes and have no comments.
4.	<b>Title 7. Local Government</b> <b>Chapter 4. Officers and Employees</b> <b>Part 29. Office of County Coroner</b> <b>7-4-2911. Duties of county coroner.</b>	The county coroner shall: (8) inquire into any human death when no <del>physician or surgeon</del> licensed in the state will sign a death certificate;	Coroner to conduct inquiry if physician unable to certify the cause of death.	Amend – add PA/APRN; delete “or surgeon”  May need to amend 50-15-403, MCA to add PA (person in charge of dead body will obtain medical certification of the death from “physician, APRN or coroner”).  See 50-15-405, MCA authorization for removal of body from place of death (includes physician, physician’s designee, or APRN)	DPHHS Local Government Stakeholders DPHHS: Amend to add “PA/APRN” and remove “or surgeon”  MT Counties: Reviewed proposed changes and have no comments.
5.	<b>Title 7. Local Government</b> <b>Chapter 6. Financial Administration and Taxation</b> <b>Part 15. Resort Tax</b> <b>7-6-1501. Definitions.</b>	As used in this part, the following definitions apply: (4) "Medical supplies" means items that are sold to be used for curative, prosthetic, or medical maintenance purposes, whether or not prescribed by a physician, <u>PA, or APRN</u> .	Exemption from tax	Amend – add PA/APRN	Local Government Stakeholders  MT Counties: Reviewed proposed changes and have no comments.
5.	<b>Title 7. Local Government</b> <b>Chapter 6. Financial Administration and Taxation</b> <b>Part 15. Resort Tax</b> <b>7-6-1501. Definitions.</b>	(5) "Medicine" means substances sold for curative or remedial properties, including both <del>physician-prescribed</del> <u>prescription</u> and over-the-counter medications.	Exemption from tax	Amend – delete “physician prescribed” and insert “prescription”	Local Government Stakeholders  MT Counties: Reviewed proposed changes and have no comments.
6.	<b>Title 7. Local Government</b> <b>Chapter 32. Law Enforcement</b>	To be appointed a reserve officer, a person: (8) must be examined by a licensed physician, <u>PA or APRN</u> within 30 days immediately preceding the date of	Physical Examination for Appointment	Amend – add PA/APRN	Local Government Stakeholders

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	<b>Part 2. Reserve and Auxiliary Officers</b> <b>7-32-213. Qualifications for appointment as reserve officer.</b>	appointment and pronounced in good physical condition; and			MT Counties: Reviewed proposed changes and have no comments.
7.	<b>Title 7. Local Government</b> <b>Chapter 32. Law Enforcement</b> <b>Part 3. Qualifications of Law Enforcement Officers</b> <b>7-32-303. Peace officer employment, education, and certification standards — suspension or revocation — penalty.</b>	(g) be free of any mental condition that might adversely affect performance of the duties of a peace officer, as determined after: (i) a mental health evaluation performed by a licensed physician, <u>PA, APRN</u> , or a mental health professional who is licensed by the state under Title 37, who is acting within the scope of the person's licensure when performing a mental health evaluation, who is not the applicant's personal <u>physician or licensed mental health professional provider</u> , and who is selected by the employing authority; or	Mental Health Evaluation for Employment as Peace Officer	Amend – add PA/APRN; delete “physician or licensed mental health professional” and insert “provider”	DOJ/POST and Local Government Stakeholders  MT Counties: Reviewed proposed changes and have no comments.  Cities/Towns: Number 7 has caused an issue for me in locating professionals to do the mental health evaluation for new officers. It is very difficult, especially in smaller jurisdictions to locate a psychiatrist with the ability to do a full mental work up and test. I have been forced to rely on clinical social workers which has worked great. I just think laws should be extended to these professionals.
7.	<b>Title 7. Local Government</b> <b>Chapter 32. Law Enforcement</b> <b>Part 3. Qualifications of Law Enforcement Officers</b> <b>7-32-303. Peace officer employment, education, and certification standards — suspension or revocation — penalty.</b>	(ii) satisfactory completion of a standardized mental health evaluation instrument determined by the employing authority to be sufficient to examine for any mental conditions within the meaning of this subsection (2)(g), if the instrument is scored by a licensed physician or a mental health professional acting within the scope of the person's licensure by a state;	Mental Health Evaluation for Employment as Peace Officer	Amend – add PA/APRN after physician	Local Government Stakeholders  MT Counties: Reviewed proposed changes and have no comments.  Cities/Towns: Number 7 has caused an issue for me in

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					locating professionals to do the mental health evaluation for new officers. It is very difficult, especially in smaller jurisdictions to locate a psychiatrist with the ability to do a full mental work up and test. I have been forced to rely on clinical social workers which has worked great. I just think laws should be extended to these professionals.
8.	<b>Title 7. Local Government Chapter 32. Law Enforcement Part 21. Sheriff's Office 7-32-2104. Qualifications of deputy sheriff.</b>	(1) A sheriff may not employ an individual as a deputy sheriff unless the individual: (e) has been examined by a physician licensed to practice in the state of Montana within 30 days immediately preceding the date of employment and has been pronounced in good physical condition.	Physical Examination	Amend – add PA/APRN	Local Government Stakeholders  MT Counties: Reviewed proposed changes and have no comments.
9.	<b>Title 15. Taxation Chapter 30. Individual Income Tax Part 21. Rate and General Provisions 15-30-2116. Additional exemption for dependent child with disability — physician's verification.</b>	(3) A taxpayer claiming the exemption provided for in subsection (1) shall provide with the taxpayer's income tax return written documentation by a licensed physician or <u>APRN</u> that the disability qualifies under subsection (2). The written documentation remains in effect in subsequent tax years for the purpose of claiming the additional exemption unless there is a change in the dependent's physical circumstances to the extent that the dependent no longer qualifies for the additional exemption. The taxpayer shall inform the department of any change in the dependent's eligibility. The department may inquire by mail whether any material change has occurred in the dependent's physical circumstances that may affect the dependent's eligibility for the additional exemption and that may require additional written documentation by a licensed physician at any time that the department considers necessary.	Verification of Disability for Tax Exemption	Exclude – moot based on repeal by CH. 503 L. 2021 (SB 399)	DOR – no concerns.

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10.	<b>Title 16. Alcohol and Tobacco Chapter 1. Administration and Taxation Part 2. Scope of Code and Exemptions 16-1-203. Health professions exemption.</b>	A physician, dentist, veterinarian, or pharmacist, acting within the scope of the individual's professional responsibility and license to practice, who prescribes, prepares, or administers alcohol or substances containing alcohol and sells or charges a fee does not violate the prohibitions of this code.	Exemption for prescribing alcohol	Amend – add PA/APRN	DOR – no concerns.
11.	<b>Title 16. Alcohol and Tobacco Chapter 6. Enforcement Part 3. Miscellaneous Prohibitions and Penalties 16-6-305. Age limit for sale or provision of alcoholic beverages — liability of provider.</b>	(1) (a) Except in the case of an alcoholic beverage provided in a nonintoxicating quantity to a person under 21 years of age by the person's parent or guardian, physician or dentist for medicinal purposes, a licensed pharmacist upon the prescription of a physician, or an ordained minister or priest in connection with a religious observance, a person may not sell or otherwise provide an alcoholic beverage to a person under 21 years of age.	Exemption for contributing to minors	Amend – use “prescriber” defined in 37-7-502 as “medical practitioner ... licensed ... to administer and prescribe medicine and drugs”	DOR – no concerns.
12.	<b>Title 19. Public Retirement Systems Chapter 3. Public Employee's Retirement System Part 10. Disability Retirement Benefits 19-3-1015. Medical examination of disability retiree — cancellation and reinstatement.</b>	(1) The board may, in its discretion, require a disabled member to undergo a medical examination. The examination must be made by a board-approved physician or surgeon at a place mutually agreed on by the board, the disabled member, and the physician or surgeon and at the board's expense. . .	Verification of Disability for Retirement Benefits	Amend – Add PA/APRN and delete “or surgeon”	MPERA
13.	<b>Title 19. Public Retirement Systems Chapter 5. Judge's Retirement Part 10. Disability Retirement Benefits 19-5-612. Medical examination of disability retiree — cancellation of benefit.</b>	(1) The board, in its discretion, may require the recipient of a disability retirement benefit to undergo a medical examination. The examination must be made by a board-approved physician or surgeon at a place mutually agreed on by the board, the disabled member, and the physician or surgeon and at the board's expense. . .	Verification of Disability for Retirement Benefits	Amend – Add PA/APRN and delete “or surgeon”	MPERA

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14.	<b>Title 19. Public Retirement Systems Chapter 6. Highway Patrol Officer's Retirement Part 6. Disability Retirement Benefits 19-6-612. Medical examination of disability retiree — cancellation of benefit.</b>	(1) The board may require the recipient of a disability retirement benefit to undergo a medical examination. The examination must be made by a board-approved physician or surgeon at a place mutually agreed on by the board, the disabled member, and the physician or surgeon and at the board's expense. . .	Verification of Disability for Retirement Benefits	Amend – Add PA/APRN and delete “or surgeon”	MPERA
15.	<b>Title 19. Public Retirement Systems Chapter 7. Sheriff's Retirement Part 6. Disability Retirement Benefits 19-7-612. Medical examination of disability retiree — cancellation of benefit.</b>	(1) The board, in its discretion, may require the recipient of a disability retirement benefit to undergo a medical examination. The examination must be made by a board-approved physician or surgeon at a place mutually agreed on by the board, the disabled member, and the physician or surgeon and at the board's expense. . .	Verification of Disability for Retirement Benefits	Amend – Add PA/APRN and delete “or surgeon”	MPERA
16.	<b>Title 19. Public Retirement Systems Chapter 8. Game Warden's and Peace Officer's Retirement Part 7. Disability Retirement Benefits 9-8-712. Medical examination of disability retiree — cancellation of benefit.</b>	(1) The board, in its discretion, may require the recipient of a disability retirement benefit to undergo a medical examination. The examination must be made by a board-approved physician or surgeon at a place mutually agreed on by the board, the disabled member, and the physician or surgeon and at the board's expense. . .	Verification of Disability for Retirement Benefits	Amend – Add PA/APRN and delete “or surgeon”	MPERA
17.	<b>Title 19. Public Retirement Systems Chapter 9. Police Retirement – Statewide Plan Part 9. Disability Retirement Benefits</b>	The board, in its discretion, may require the recipient of a disability retirement benefit to undergo a medical examination. The examination must be made by a board-approved physician or surgeon at a place mutually agreed on by the board, the disabled member, and the physician or surgeon and at the board's expense. . .	Verification of Disability for Retirement Benefits	Amend – Add PA/APRN and delete “or surgeon”	MPERA

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	<b>19-9-904. Termination of disability benefit.</b>				
<b>18.</b>	<b>Title 19. Public Retirement Systems Chapter 13. Firefighters' Unified Retirement System Part 8. Disability Retirement Benefits 19-13-804. Medical examination of disability retiree — cancellation of benefit.</b>	(1) The board, in its discretion, may require the recipient of a disability retirement benefit to undergo a medical examination. The examination must be made by a board-approved physician or surgeon at a place mutually agreed on by the board, the disabled member, and the physician or surgeon and at the board's expense. . .	Verification of Disability for Retirement Benefits	Amend – Add PA/APRN and delete “or surgeon”	MPERA
<b>19.</b>	<b>Title 19. Public Retirement Systems Chapter 17. Volunteer Firefighters' Compensation Act Part 6. Disability Retirement Benefits 9-17-604. Medical review of certain disability retirees.</b>	The board may require a member who receives a disability benefit to undergo periodic medical examinations. The examinations must be made by a board-approved physician or surgeon at a place mutually agreeable to the board, the physician or surgeon, and the member and at the board's expense. Upon the basis of these examinations and the advice of the board's consulting physician, the board shall determine, by reason of physical or mental capacity, whether the member remains permanently and totally disabled.	Verification of Disability for Retirement Benefits	Amend – Add PA/APRN and delete “or surgeon”	MPERA
<b>20.</b>	<b>Title 19. Public Retirement Systems Chapter 20. Teachers' Retirement Part 9. Disability Retirement 19-20-901. Eligibility for disability retirement — determination by board.</b>	(3) In making a determination under subsection (2), the retirement board or its representative may: (a) order examinations by a physician, psychologist, or vocational rehabilitation counselor;	Verification of Disability for Retirement Benefits	Amend to add PA/APRN	Teacher's Retirement System: This response is on behalf of the Montana Teachers' Retirement System (“TRS”) pertaining to items 20 and 21 on the Task Force List. Items 20 and 21 pertain to TRS statutes related to disability retirement determinations legally authorized to be made by the TRS Board (in Title 19, chapter 20, Part 9, MCA). In both provisions,
<b>21.</b>	<b>Title 19. Public Retirement Systems Chapter 20. Teachers' Retirement Part 9. Disability Retirement</b>	(1) Once each year during the first 5 years following the retirement of a member on a disability retirement allowance and once in every 3-year period thereafter, the retirement board may require a disability benefit recipient who has not yet attained the age of 60 to undergo a medical examination	Verification of Disability for Retirement Benefits	Amend to add PA/APRN	

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		by a physician or physicians designated by the retirement board. . .			the reference to “physician” and other health care provider types may be outdated, but simple addition of PAs and APRNs would not suffice. Both provisions need to be revised to more clearly authorize examination by healthcare providers qualified and authorized to conduct examinations for the purpose of making disability determinations. While that general description includes PAs and APRNs, it also includes other healthcare provider types not currently included in the statutes and not proposed to be added by the Task Force. In addition, the objectives of the TRS statutes may be better served by a more general statement of qualified healthcare providers and/or reference to a nationally recognized standard for identifying qualified healthcare providers. TRS staff is currently researching standards for identifying healthcare providers who are qualified to make disability determinations



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					and will propose amendatory language appropriate for both provisions in light of their intended purpose, and final approval of such amendments, as they directly pertain to the fiduciary duty and authority of the TRS Board, should be made by deliberate action and at the request of the TRS Board. For these reasons, TRS requests that items 20 and 21 be removed from the Task Force's purview in favor of TRS's continued review of this matter and independent proposal for amendment in 2023. Thank you for your consideration
22.	<b>Title 20. Education Chapter 1. General Provisions Part 6. Montana Military Service Higher Education Act 20-1-605. Financial credit — readmission fees prohibited — refund.</b>	(1) Except as provided in subsection (2):  (d) if a student does not reenroll within the timeframe required under subsection (1)(a) due to an illness or injury, including posttraumatic stress disorder, documented by a <del>licensed</del> physician and incurred while performing the active duty, the student is entitled to a refund of the amount of the tuition and fees previously paid by or on behalf of the student for any course or courses the student withdrew from pursuant to 20-1-604.	Verification of Disability for Tuition Refund	Amend – add PA/APRN	OPI
23.	<b>Title 20. Education Chapter 5. Pupils Part 4. Health</b>	(2) When a parent, guardian, or adult who has the responsibility for the care and custody of a minor seeking to attend school or the person seeking to attend school, if an adult, files with the governing authority a written statement	Verification of Conditions Contraindicative for Immunization Exemption	Exclude – fixed in 2021 session CH. 294 L. 2021 already amended this section, changes physician to health care provider	OPI

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	<b>20-5-405. Medical or religious exemption.</b>	signed by a physician licensed to practice medicine in any jurisdiction of the United States or Canada stating that the physical condition of the person seeking to attend school or medical circumstances relating to the person indicate that some or all of the required immunizations are not considered safe and indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization, the person is exempt from the requirements of this part to the extent indicated by the physician's statement. The statement must be maintained as part of the person's immunization records.			
<b>24.</b>	<b>Title 20. Education Chapter 10. Transportation and Food Services Part 1. School Buses and Transportation 20-10-103. School bus driver qualifications.</b>	A driver of a school bus is qualified to drive a school bus if the driver: (4) has filed with the district a satisfactory medical examination report, on a form approved by the United States department of transportation, signed by any physician licensed in the United States or, if acceptable to an insurance carrier, any licensed physician;	Verification of Medical Condition to Drive Bus	Amend – add PA/APRN	OPI
<b>25.</b>	<b>Title 26. Evidence Chapter 1. Statutory Provisions on Evidence Part 8. Privileges 26-1-805. Doctor-patient privilege.</b>	Except as provided in Rule 35, Montana Rules of Civil Procedure, a licensed physician, surgeon, or dentist may not, without the consent of the patient, be examined in a civil action as to any information acquired in attending the patient that was necessary to enable the physician, surgeon, or dentist to prescribe or act for the patient. A communication described in 45-9-104(7) is not a privileged communication.	Physician – Patient Privilege	Exclude - exceeds “clean up” threshold, does not involve signatory authority	Outside of expertise of Task Force; no stakeholder agency to consult
<b>26.</b>	<b>Title 26. Evidence Chapter 2. Subpoenas and Witnesses Part 6. Expert Witness Qualifications – Medical Malpractice</b>	(2) If the malpractice claim involves treatment that is recommended or provided by a physician as defined in 37-3-102, a person may not testify as an expert witness with respect to issues of negligence or standards of care and practice concerning the treatment unless the person is also a physician.	Qualification for Expert Witness	Exclude - exceeds “clean up” threshold and does not involve signatory authority	Outside of expertise of Task Force; no stakeholder agency to consult

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	<b>26-2-601. Medical malpractice expert witness qualifications.</b>				
<b>27.</b>	<b>Title 27. Civil Liability, Remedies, and Limitations Chapter 1. Availability of Remedies – Liability Part 7. Liability 27-1-714. Limits on liability for emergency care rendered at scene of accident or emergency.</b>	(1) Any person licensed as a physician and surgeon under the laws of the state of Montana, any volunteer firefighter or officer of any nonprofit volunteer fire company, any search and rescue volunteer, or any other person who in good faith renders emergency care or assistance without compensation except as provided in subsection (2) at the scene of an emergency or accident is not liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by the person in rendering the emergency care or assistance.	Limit Liability of Persons Providing Emergency Care	Exclude - exceeds “clean up” threshold and does not involve signatory authority	Outside of expertise of Task Force; no stakeholder agency to consult
<b>28.</b>	<b>Title 33. Insurance and Insurance Companies Chapter 2. Regulation of Insurance Companies Part 22. Private Air Ambulance Services 3-2-2208. Trade practices.</b>	(4) A membership agreement requirement of medical necessity is satisfied if: (a) the treating physician requesting the transport certifies that the transport is medically necessary; or	Insurance Coverage Predicated on Medical Necessity	Amend - add PA/APRN	CSI
<b>29.</b>	<b>Title 33. Insurance and Insurance Companies Chapter 18. Unfair Trade Practices Part 2. Insurer's Relations with Insured and Claimant 33-18-201. Unfair claim settlement practices prohibited.</b>	A person may not, with such frequency as to indicate a general business practice, do any of the following: (12) delay the investigation or payment of claims by requiring an insured, claimant, or physician of either to submit a preliminary claim report and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information;	Unfair Claim Practice Prohibited – Cannot Require Physician to Submit Same Information Twice	Amend - add PA/APRN	CSI
<b>30.</b>	<b>Title 33. Insurance and Insurance Companies Chapter 20. Life Insurance Part 13. Viatical Settlements</b>	(1) Before a viatical settlement provider enters into a viatical settlement contract with a policyholder or certificate holder who has a terminal illness or condition, the viatical settlement provider shall first obtain the following:	Verification of Sound Mind of Person with Terminal Condition to Enter Insurance Settlement Contract	Amend – Amend only definition in (3) to add PA/ APRN	CSI

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	<b>33-20-1312. Conditions precedent to entering into viatical settlement contract.</b>	<p>(a) a written statement from an attending physician that the policyholder or certificate holder is of sound mind and not under constraint or undue influence; and</p> <p>(2) A viatical settlement provider may enter a viatical settlement contract only after the individual whose life would be the subject of the viatical settlement contract is determined to have a terminal illness or condition, as follows:</p> <p>(a) if the individual is the policyholder or certificate holder, an attending physician of the policyholder or certificate holder shall make the determination; or</p> <p>(b) if the individual is a person other than the policyholder or certificate holder, an attending physician of the individual or of the policyholder or certificate holder shall make the determination.</p> <p>(3) For purposes of this section, "attending physician" means a <del>medical doctor, a doctor of osteopathy, or a physician,</del> naturopathic <u>physician, PA, or APRN</u> licensed in this state, who is primarily responsible for the treatment or a portion of treatment of the individual whose life would be the subject of the viatical settlement contract.</p>			
31.	<b>Title 33. Insurance and Insurance Companies Chapter 20. Life Insurance Part 13. Viatical Settlements 33-20-1313. Requirements for entering into viatical settlement contract — prohibitions on finder's fee — solicitations — discrimination — false or misleading advertising or solicitation — misuse of confidential information.</b>	<p>(3) A licensee may not pay or offer to pay a finder's fee, commission, or other compensation to a person described in this subsection (3) in connection with a policy insuring the life of an individual with a terminal illness or condition. The prohibition under this subsection (3) applies with respect to payments or offers of payment to:</p> <p>(a) the physician, attorney, or accountant of the policyholder, the certificate holder, or the insured individual;</p> <p>(b) any person other than a physician, attorney, or accountant described in subsection (3)(a) who provides medical, legal, or financial planning services to the policyholder, to the certificate holder, or to the insured individual when the individual is other than the policyholder or certificate holder; or</p>	No finder's fee to sell life insurance policy on terminally ill patient may be paid to a physician or any person who provides medical services to the insured.	Exclude – (3)(b) already addresses any provider of “medical services.”	CSI

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32.	<b>Title 33. Insurance and Insurance Companies Chapter 22. Disability Insurance Part 1. General Provisions 33-22-131. Coverage for treatment of inborn errors of metabolism.</b>	(3) For purposes of this section: (a) "medical foods" means nutritional substances in any form that are: (i) formulated to be consumed or administered enterally under supervision of a physician; (b) "treatment" means licensed professional medical services under the supervision of a physician.		Amend – add PA/APRN	CSI
33.	<b>Title 33. Insurance and Insurance Companies Chapter 22. Disability Insurance Part 1. General provisions 33-22-132. Coverage for mammography examinations.</b>	(2) For the purpose of this section, "minimum mammography examination" means: (b) a mammogram every 2 years for any woman who is 40 years of age or older and under 50 years of age or more frequently if recommended by the woman's physician; and	Required insurance coverage predicated on mammogram recommended by physician	Amend – add PA/APRN	CSI
34.	<b>Title 33. Insurance and Insurance Companies Chapter 22. Disability Insurance Part 1. General provisions 33-22-134. Postmastectomy care.</b>	Each group and individual disability policy, certificate of insurance, or membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide coverage for hospital inpatient care for a period of time as is determined by the attending physician and, in the case of a health maintenance organization, also the primary care physician, in consultation with the patient, to be medically necessary following a mastectomy, a lumpectomy, or a lymph node dissection for the treatment of breast cancer. . .	Required insurance coverage for hospital inpatient postmastectomy care predicated on recommendation of physician	Amend – add PA/APRN	CSI
35.	<b>Title 33. Insurance and Insurance Companies Chapter 22. Disability Insurance Part 1. General provisions 33-22-135. Coverage for reconstructive breast surgery after mastectomy — benefits and conditions.</b>	(2) The treatment covered under subsection (1) must be determined in consultation with the attending physician and the patient.	Postmastectomy care predicated on recommendation of physician	Amend - add PA/APRN	CSI

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36.	<b>Title 33. Insurance and Insurance Companies Chapter 22. Disability Insurance Part 1. General provisions 33-22-139. Coverage of therapies for Down syndrome.</b>	<p>(2) Coverage under this section must include:</p> <p>(a) habilitative or rehabilitative care that is prescribed, provided, or ordered by a licensed physician, including but not limited to professional, counseling, and guidance services and treatment programs that are medically necessary to develop and restore, to the maximum extent practicable, the functioning of the covered child; and</p> <p>(6) When treatment is expected to require continued services, the insurer may request that the treating physician provide a treatment plan consisting of diagnosis, proposed treatment by type and frequency, the anticipated duration of treatment, the anticipated outcomes stated as goals, and the reasons the treatment is medically necessary. The treatment plan must be based on evidence-based screening criteria. The insurer may ask that the treatment plan be updated every 6 months.</p> <p>(7) As used in this section, "medically necessary" means any care, treatment, intervention, service, or item that is prescribed, provided, or ordered by a physician licensed in this state and that will or is reasonably expected to:</p> <p>(a) reduce or improve the physical, mental, or developmental effects of Down syndrome; or</p> <p>(b) assist in achieving maximum functional capacity in performing daily activities, taking into account both the functional capacity of the recipient and the functional capacities that are appropriate for a child of the same age.</p>	Required insurance coverage for Down syndrome predicated on physician recommendation	Amend – add PA/APRN	CSI
37.	<b>Title 33. Insurance and Insurance Companies Chapter 22. Disability Insurance</b>	<p>(5) For purposes of this section:</p> <p>(b) "well-child care" means the services described in subsection (2) and delivered by a physician or a health care professional supervised by a physician.</p>	Insurance coverage for “well-child care” if predicated on service provided by physician	Amend - add PA/ARPN	CSI

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>Part 3. Requirements for Certain Individual Coverages</b> <b>33-22-303. Coverage for well-child care.</b>				
<b>38.</b>	<b>Title 33. Insurance and Insurance Companies</b> <b>Chapter 22. Disability Insurance</b> <b>Part 5. Group Disability Insurance</b> <b>33-22-512. Coverage for well-child care.</b>	(5) For purposes of this section: (b) "well-child care" means the services described in subsection (2) and delivered by a physician or a health care professional supervised by a physician.	Insurance coverage for “well-child care” if predicated on service provided by physician	Amend - add PA/ARPN	CSI
<b>39.</b>	<b>Title 33. Insurance and Insurance Companies</b> <b>Chapter 22. Disability Insurance</b> <b>Part 5. Group Disability Insurance</b> <b>33-22-515. Coverage of autism spectrum disorders.</b>	(3) (a) Coverage under this section must include: (i) habilitative or rehabilitative care that is prescribed, provided, or ordered by a licensed physician or licensed psychologist, including but not limited to professional, counseling, and guidance services and treatment programs that are medically necessary to develop and restore, to the maximum extent practicable, the functioning of the covered child; (ii) medications prescribed by a physician licensed under Title 37, chapter 3; (iii) psychiatric or psychological care; and (iv) therapeutic care that is provided by a speech-language pathologist, audiologist, occupational therapist, or physical therapist licensed in this state. (6) When treatment is expected to require continued services, the insurer may request that the treating physician provide a treatment plan consisting of diagnosis, proposed treatment by type and frequency, the anticipated duration of treatment, the anticipated outcomes stated as goals, and the reasons the treatment is medically necessary. The treatment plan must be based on evidence-based screening criteria. The insurer may ask that the treatment plan be updated every 6 months.	Insurance coverage for spectrum disorders if predicated on service provided by physician	Amend - add PA/ARPN	CSI

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		(7) As used in this section, "medically necessary" means any care, treatment, intervention, service, or item that is prescribed, provided, or ordered by a physician or psychologist licensed in this state and that will or is reasonably expected to:			
40.	<b>Title 33. Insurance and Insurance Companies Chapter 22. Disability Insurance Part 9. Medicare Supplement Insurance Minimum Standards 33-22-904. Standards for policy provisions — rules.</b>	(4) Notwithstanding any other provisions of the law, a medicare supplement policy or certificate may not exclude or limit benefits for losses incurred more than 6 months from the effective date of coverage because it involved a preexisting condition. The policy or certificate may not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within 6 months before the effective date of coverage.	Policy may not define preexisting condition more restrictively than condition for which treatment was given by physician	Amend – add PA/APRN	CSI
41.	<b>Title 33. Insurance and Insurance Companies Chapter 22. Disability Insurance Part 10. Home Health Care Coverage 33-22-1001. Definition of home health care.</b>	"Home health care" means services provided by a licensed home health agency to an insured in the insured's place of residence that is prescribed by the insured's attending physician as part of a written plan of care. Services provided by home health care include:	Covered services predicated on physician order	Amend – add PA/APRN	CSI
42.	<b>Title 33. Insurance and Insurance Companies Chapter 30. Health Service Corporations Part 10. Health Service Corporation Plans 33-30-1014. Coverage for well-child care.</b>	(5) For purposes of this section: (b) "well-child care" means the services described in subsection (2) and delivered at the intervals required in that subsection by a physician or a health care professional supervised by a physician.	Insurance coverage for “well-child care” if predicated on service provided by physician	Amend - add PA/ARPN	CSI
43.	<b>Title 35. Corporations, Partnership, and Associations Chapter 20. Cemetery Associations</b>	The secretary shall perform all the duties of a secretary of a corporation and shall, in addition, keep a record of interments in which the secretary shall enter as correctly and carefully as may be the name, age, sex, place of birth, and	References authorized persons to sign ART form -- Certification of Death	Amend – add PA/APRN  See 50-16-504, MCA who may sign death certificate	Local Government Stakeholders, DPHHS



	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>Part 2. Operations Generally – Trustees of Association 35-20-209. Duties of secretary — record of interments.</b>	cause of death with date of burial of every person interred in the cemetery. The secretary shall procure these facts from friends or relatives of the deceased or the undertaker that gives the order for interment at that time or, if the deceased is a pauper, a stranger, or criminal, from the coroner, physician, or other public officer directing the burial of the deceased.		Does the ART (authorization for removal and transport) contain this information? We could refer to that instead of physician....  See amendment to 7-24-911	DPHHS: Amend to add “PA/APRN. 50-15-405 ART authorizes PA/APRN in attendance at the death to authorize final disposition of a body. Would not be expanding scope of practice for PA/APRN to direct burial of deceased, independent of 50-15-504.  MT Counties: Reviewed proposed changes and have no comments.
44.	<b>Title 37. Professions and Occupations Chapter 7. Pharmacy Part 5. Drug Product Selection 37-7-506. Notice to purchaser.</b>	(2) Each pharmacy shall display in a prominent place that is in clear and unobstructed public view, at or near the place where prescriptions are dispensed, a sign stating: "This pharmacy may be able to select a less expensive drug product that is equivalent to the one prescribed by your physician unless you or your physician request otherwise." The printing on the sign must be in block letters not less than 1 inch in height.	Required notice to substitute generic drug with the one prescribed.	Amend –substitute physician with “prescriber”	Board of Pharmacy/DLI
45.	<b>Title 37. Professions and Occupations Chapter 16. Hearing Aid Dispensers Part 1. General 37-16-103. Exemptions.</b>	This chapter does not apply to a person who is: (1) a physician licensed to practice by the state board of medical examiners;	Exemption for practice of hearing aid dispensing	Amend – add PA/APRN	Board of HAD/DLI
46.	<b>Title 37. Professions and Occupations Chapter 16. Hearing Aid Dispensers Part 3. Regulatory provisions 37-16-303. Bill of sale — medical evaluation requirements — waiver.</b>	(2) (a) Except as provided in subsection (2)(b), a hearing aid dispenser may not sell a hearing aid to a person unless the person has presented to the hearing aid dispenser a written statement signed by a licensed physician within the previous 6 months that states that the person's hearing loss has been medically evaluated and that there are no medical factors or conditions that render hearing aid use inadvisable as a treatment or remedy for hearing loss.	Certification regarding hearing loss treatment options.	Amend – add PA/APRN	Board of HAD/DLI

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
47.	<b>Title 37. Professions and Occupations Chapter 27. Direct-Entry Midwifery Part 1. General 37-27-104. Exemptions.</b>	This chapter does not limit or regulate the practice of a licensed physician, certified nurse-midwife, or licensed emergency care provider. . .	Licensure exemption as Direct Entry Midwife for health care providers with obstetric scope of practices	???Exclude – scope of practice definition limited to this type of APRN - is within scope of PA ???	Board of AHC/DLI
48.	<b>Title 37. Professions and Occupations Chapter 27. Direct-Entry Midwifery Part 2. Licensure 37-27-205. Provisional license — apprentice license.</b>	(1) Upon payment of a \$200 fee to the department of labor and industry, the board may grant an apprentice direct-entry midwife license to a person who: (a) is working under the personal supervision of a licensed direct-entry midwife, a certified nurse-midwife, a licensed physician, or a licensed naturopathic physician who is certified for the specialty practice of naturopathic childbirth attendance; and	Experience credit for licensure qualifications to health care providers with obstetric scope of practices	Exclude – scope of practice definition limited to this type of APRN	Board of AHC/DLI
49.	<b>Title 37. Professions and Occupations Chapter 27. Direct-Entry Midwifery Part 3. Regulation of Practice 37-27-302. Administration of prescription drugs prohibited — exceptions.</b>	A licensed direct-entry midwife may not dispense or administer prescription drugs other than newborn vitamin K (oral or intramuscular preparations), pitocin (intramuscular) postpartum, xylocaine (subcutaneous), and, in accordance with administrative rules adopted by the department of public health and human services, prophylactic eye agents to newborn infants. These drugs may be administered only if prescribed by a physician.	Administration of obstetric medications predicated on prescription order of physician	??? need more information???	Board of AHC/DLI
50.	<b>Title 37. Professions and Occupations Chapter 27. Direct-Entry Midwifery Part 3. Regulation of Practice 37-27-311. Informed consent.</b>	(2) Informed consent must be evidenced by a written statement, in a form prescribed by the board and signed by the direct-entry midwife and the woman to whom care is to be given, in which the direct-entry midwife certifies that full disclosure has been made and acknowledged by the woman on the following: (e) the fact that the patient has been advised to consult with a physician at least twice during the pregnancy;	Informed consent to use Direct-Entry Midwife must include disclosure to consult physician during pregnancy	Amend – include or certified nurse midwife or certified naturopathic physician  Note: 37-27-315. Physician consultation advised. A licensed direct-entry midwife shall advise all women accepted for midwifery care to consult with a physician or certified nurse-midwife at least twice during the pregnancy.	Board of AHC/DLI

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
				History: En. Sec. 21, Ch. 550, L. 1991.	
51.	<b>Title 37. Professions and Occupations Chapter 27. Direct-Entry Midwifery Part 3. Regulation of Practice 37-27-320. Reports — failure to report.</b>	(1) A licensed direct-entry midwife shall submit semiannually to the board, on forms supplied by the board, a summary report on each patient who was given care. The report must include vital statistics on each patient and information on the procedures and scope of care administered, including transport of the patient to a hospital and physician referrals, but may not include information disclosing the identity of the patient.	Required to report referral to hospital and physician		Board of AHC/DLI
52.	<b>Title 37. Professions and Occupations Chapter 28. Respiratory Care Practitioners Part 1. General 37-28-102. Definitions.</b>	As used in this chapter, the following definitions apply: (2) "Qualified medical direction" means the direction of: (b) a licensed physician with a special interest and knowledge about the diagnosis and treatment of respiratory problems. (3) (a) "Respiratory care" means the care provided by a member of the allied health profession responsible for the treatment, management, diagnostic testing, and control of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The term includes but is not limited to: (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures that are necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician; (ii) transcription and implementation of the written or verbal orders of a physician regarding the practice of respiratory care; (iv) implementation of respiratory care protocols pursuant to a prescription by a physician; and (b) Respiratory care is not limited to a hospital setting but must be performed pursuant to a physician's order and under qualified medical direction. The term includes inhalation and respiratory therapy.	Respiratory care performed by order and direction of physician with special knowledge of respiratory problems	???Exclude – addresses scope of practice issue ???  If amending, could insert definition of physician to avoid multiple amendment...	Board of Respiratory Care/DLI

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
53.	<b>Title 39. Labor Chapter 2. The Employment Relationship Part 1. General Provisions 39-2-104. Mandatory leave of absence for employees holding public office.</b>	(2) An employee granted a leave of absence shall make arrangements to return to work within 10 days following the completion of the service for which the leave was granted unless the employee is unable to do so because of illness or disabling injury certified to by a licensed physician.	Certification of illness or injury for work absence by physician	Amend to add PA/APRN –	DLI Employment Relations
54.	<b>Title 39. Labor Chapter 2. The Employment Relationship Part 2. General Obligations of Employers 39-2-206. Definitions.</b>	As used in 39-2-205 through 39-2-211 [Workforce Drug and Alcohol Testing Act], the following definitions apply: (9) "Medical review officer" means a licensed physician trained in the field of substance abuse.  Note: 39-2-207(5) Before an employer may take any action based on a positive test result, the employer shall have the results reviewed and certified by a medical review officer who is trained in the field of substance abuse. An employee or prospective employee must be given the opportunity to provide notification to the medical review officer of any medical information that is relevant to interpreting test results, including information concerning currently or recently used prescription or nonprescription drugs.	Physician with training in substance abuse to certify positive test results of employee	Amend – Add PA/APRN	DLI Employment Relations
55.	<b>Title 39. Labor Chapter 71. Workers' Compensation Part 4. Coverage, Liability, and Subrogation 39-71-407. (Effective on occurrence of contingency) Liability of insurers — limitations.</b>	(5) Except as provided in subsection (6), an employee is not eligible for benefits otherwise payable under this chapter if the employee's use of alcohol or drugs not prescribed by a physician is the major contributing cause of the accident. (6) (a) An employee who has received written certification, as defined in 50-46-302, from a physician for the use of marijuana for a debilitating medical condition and who is otherwise eligible for benefits payable under this chapter is subject to the limitations of subsections (6)(b) through (6)(d). (7) The provisions of subsection (5) do not apply if the employer had knowledge of and failed to attempt to stop the employee's use of alcohol or drugs not prescribed by a	Benefit eligibility predicated on use of alcohol or drugs implicated in injury but prescribed by a physician  FYI. Section (5) amended effective on passage of Ch. 555 L. 2021.  CH. 576 L. 2021 (HB 701 Sec. 10) amends the reference in 6(a) from 50-46-302 to Title 16, ch 12,	Amend – add PA/APRN in all sections	DLI Employment Relations

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>physician. This subsection (7) does not apply to the use of marijuana for a debilitating medical condition because marijuana is not a prescribed drug.</p> <p><i>Note: CH. 555 L. 2021 amended (5) above to now read: (5) (a) Except as provided in subsection (6), an employee is not eligible for benefits otherwise payable under this chapter if the employee's use of alcohol or drugs not prescribed by a physician is the major contributing cause of the accident. (b) For the purposes of this subsection (5), if an employee fails or refuses to take a drug test after the accident and if the testing procedures comply with federal drug testing statutes and administrative regulations applicable to private sector employers and employees as provided in Title 39, chapter 2, there is a presumption that the major contributing cause of the accident was the employee's use of drugs not prescribed by a physician.</i></p>	effective 1/1/22. No substantive change.		
56.	<b>Title 39. Labor</b> <b>Chapter 71. Workers' Compensation</b> <b>Part 6. Claims for Benefits 39-71-604. Application for compensation — disclosure and communication without prior notice of health care information.</b>	<p>(1) If a worker is entitled to benefits under this chapter, the worker shall file with the insurer all reasonable information needed by the insurer to determine compensability. It is the duty of the worker's attending physician to lend all necessary assistance in making application for compensation and proof of other matters that may be required by the rules of the department without charge to the worker. The filing of forms or other documentation by the attending physician does not constitute a claim for compensation.</p> <p>(2) A signed claim for workers' compensation or occupational disease benefits authorizes disclosure to the workers' compensation insurer, as defined in 39-71-116, or to the agent of a workers' compensation insurer by the health care provider. The disclosure authorized by this subsection authorizes the physician or other health care provider to disclose or release only information relevant to the claimant's condition. . .</p> <p>(3) A signed claim for workers' compensation or occupational disease benefits or a signed release authorizes a workers' compensation insurer, as defined in 39-71-116, or the agent</p>	<p>(1) Physician duty to provide information for workers' comp claim</p> <p>(2) Physician or other health care provider authority to disclose information relevant to claim</p> <p>(3) Communication with physician or other health care provider authorized</p> <p>(4) Certification by physician that death caused by work related injury</p>	<p>(1) Amend – add PA/APRN</p> <p>(2) No change required</p> <p>(3) No change required</p> <p>(4) Amend – add PA/APRN</p>	DLI Employment Relations

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>of the workers' compensation insurer to communicate with a physician or other health care provider about relevant health care information, as authorized in subsection (2), by telephone, letter, electronic communication, in person, or by other means, about a claim and to receive from the physician or health care provider the information authorized in subsection (2) without prior notice to the injured employee, to the employee's authorized representative or agent, or in the case of death, to the employee's personal representative or any person with a right or claim to compensation for the injury or death.</p> <p>(4) If death results from an injury, the parties entitled to compensation or someone in their behalf shall file a claim with the insurer. The claim must be accompanied with proof of death and proof of relationship, showing the parties entitled to compensation, certificate of the attending physician, if any, and such other proof as may be required by the department.</p>			
57.	<b>Title 39. Labor Chapter 71. Workers' Compensation Part 7. Compensation and Benefits Generally 39-71-727. Payment for prescription drugs — limitations.</b>	(1) For payment of prescription drugs, an insurer is liable only for the purchase of generic-name drugs if the generic-name product is the therapeutic equivalent of the brand-name drug prescribed by the physician, unless the generic-name drug is unavailable.	Payment for prescription drugs	Amend – add PA/APRN or strike “by the physician” and move “prescribed” to modify “brand-named drug”	DLI Employment Relations
58.	<b>Title 40. Family Law Chapter 6. Parent and Child Part 1. Uniform Parentage Act 40-6-106. Artificial insemination.</b>	(1) If, under the supervision of a licensed physician and with the consent of the woman's husband, a wife is inseminated artificially with semen donated by a person who is not the husband, the husband is treated in law as if the husband were the natural father of a child conceived by artificial insemination. The husband's consent must be in writing and signed by the husband and the wife. The physician shall certify their signatures and the date of the insemination and file the husband's consent with the department of public health and human services, where it must be kept	<p>(1) Natural father designation predicated on AI performed under supervision of physician</p> <p>(2) Reference to “licensed physician” in AI process</p>	<p>(1) Amend – add definition of “health care provider” or “physician” in 46-6-102 to include PA/APRN; strike “licensed” – clean up</p> <p>(2) Amend – same as above.</p>	<p>DPHHS</p> <p>Agree that (1) 40-6-102 could add a definition for “health care provider” or something similar that includes physician and PA/APRN.</p> <p>(2) could change statute to say “health care provider”</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>confidential and in a sealed file. However, the physician's failure to file the consent does not affect the father and child relationship. All papers and records pertaining to the insemination, whether part of the permanent record of a court or of a file held by the supervising physician or elsewhere, are subject to inspection only upon an order of the court for good cause shown.</p> <p>(2) The donor of semen provided to a licensed physician for use in artificial insemination of a married woman other than the donor's wife is treated in law as if the donor is not the natural father of a child conceived by artificial insemination.</p>			since it would be defined by the recommendation in (1).
59.	<b>Title 40. Family Law Chapter 6. Parent and Child Part 4. Montana Safe Haven Newborn Protection Act 40-6-402. Definitions.</b>	<p>As used in this part, the following definitions apply:</p> <p>(10) "Newborn" means an infant who a physician reasonably believes to be no more than 30 days old.</p>	Certification of age of newborn by physician	<p>Amend – add “PA or APRN” or add to definitions section 40-6-402 definition of “physician” to include PA/APRN.</p> <p>See also 40-6-106</p>	<p>DPHHS</p> <p>DPHHS: Agree that 40-6-402 could be amended to add a definition for “health care provider” or something similar that includes physician, PA, or APRN.</p>
60.	<b>Title 40. Family Law Chapter 6. Parent and Child Part 4. Montana Safe Haven Newborn Protection Act 40-6-406. Medical care — report of abuse or neglect — report to department.</b>	<p>(2) A hospital that takes a newborn into temporary protective custody under this part must have the newborn examined by a physician. If a physician who examines the newborn either determines that there is reason to suspect the newborn has experienced abuse or neglect, other than being surrendered to an emergency services provider under 40-6-405, or comes to a reasonable belief that the infant is not a newborn, the physician shall immediately report to the department as required under 41-3-201. If the actual date of birth of the infant is not known, the physician shall determine a birth date based on the physician's examination of the infant.</p> <p>(3) If a physician is not required to report to the department under subsection (2), the hospital shall, no later than the first business day after taking possession of the newborn, notify</p>	Duties of physician with respect to newborn taken into temporary protective custody in hospital	Amend – use of physician multiple times... add PA/APRN to definitions section 40-6-402	<p>DPHHS</p> <p>DPHHS: Agree that amendment is appropriate to allow PA/APRN to perform this activity. Define as noted above for 40-6-402.</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		the department that the hospital has taken a newborn into temporary protective custody under this part.			
61.	<b>Title 40. Family Law Chapter 6. Parent and Child Part 4. Montana Safe Haven Newborn Protection Act 40-6-407. Assumption of care, custody, and control by department — placement of child — presumptions — Montana birth certificate.</b>	(4) A Montana birth certificate may be issued based on the presumption of birth in Montana as provided in subsection (3). A birth certificate issued to a newborn surrendered under 40-6-405 must provide a date of birth based on either the actual date of birth, if known, or on the date of birth determined by the physician who performs the medical examination of the newborn under 40-6-406.	See above	Amend - See above	DPHHS DPHHS: Agree with amending as provided for in 40-6-406.
62.	<b>Title 41. Minors Chapter 1. Rights and Obligations of Minors Part 4. Consent for Health Services 41-1-405. Emergencies and special situations.</b>	(1) A health professional may render or attempt to render emergency service or first aid, medical, surgical, dental, or psychiatric treatment, without compensation, to any injured person or any person regardless of age who is in need of immediate health care when, in good faith, the professional believes that the giving of aid is the only alternative to probable death or serious physical or mental damage. (2) A health professional may render nonemergency services to minors for conditions that will endanger the health or life of the minor if services would be delayed by obtaining consent from spouse, parent, parents, or legal guardian. (3) Consent may not be required of a minor who does not possess the mental capacity or who has a physical disability that renders the minor incapable of giving consent and who has no known relatives or legal guardians, if a physician determines that the health service should be given. ...	Consent waived if physician deems treatment service necessary for minor with disability	Amend – add PA/APRN	DPHHS DPHHS: Considered whether use of term “health professional” and its definition, use of the word “physician” could be deliberate act by legislature. Reviewed amendments to the statute dating back to 1995, but could not decipher legislative intent. Accordingly, agree that the statute could be amended to add PA/APRN.
63.	<b>Title 41. Minors Chapter 1. Rights and Obligations of Minors Part 4. Consent for Health Services</b>	When executed by a minor, the consent to the providing of psychiatric or psychological counseling by a physician or psychologist licensed to practice in this state, under circumstances when the need for the counseling is urgent in the opinion of the physician or psychologist involved because	When life/safety/property in danger as determined by physician or psychologist, consent of minor to “counseling” valid.	Amend – Add PA/AP N  Discuss whether it is necessary to qualify the PA or APRN has having the appropriate mental health	DPHHS DPHHS: Agree with recommendation.



	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>41-1-406. Psychiatric or psychological counseling under urgent circumstances.</b>	of danger to the life, safety, or property of a minor or of another person or persons and the consent of the spouse, parent, custodian, or guardian of the minor cannot be obtained within a reasonable time to offset the danger to life or safety, is as valid and binding as if the minor had achieved majority. . .		training where there is professional obligation to work within their training and competency.	For PA: Must be within the agreement between PA and Physician establishing scope.  For APRN: Must have appropriate education & training that is documented, setting must have policies and procedures, etc.
64.	<b>Title 41. Minors Chapter 3. Child Abuse and Neglect Part 1. General 41-3-123. (Temporary) Child abuse and neglect review commission — duties — confidentiality — liability — report to legislature.</b>	(11) For the purposes of this section, "near fatality" means an incident in which a child was certified by a physician to be in a medically serious or critical condition because of an action that constituted child abuse or neglect.		Exclude – terminates September 30, 2021 Ch. 235, L.2017.	DPHHS DPHHS: No review needed because this section has been terminated.
65.	<b>Title 41. Minors Chapter 3. Child Abuse and Neglect Part 2. Reports and Investigations 41-3-204. Admissibility and preservation of evidence.</b>	(4) A physician, either in the course of providing medical care to a minor or after consultation with child protective services, the county attorney, or a law enforcement officer, may require x-rays to be taken when, in the physician's professional opinion, there is a need for radiological evidence of suspected abuse or neglect. X-rays may be taken under this section without the permission of the parent or guardian. . .	Physician may require x-rays if abuse or neglect suspected	Amend – clean up - consider adding a definition of physician to 41-3-102 and add PA/APRN to it. Or, add PA/APRN to each occurrence of physician.	DPHHS DPHHS: Agree that the definition of “health care provider” or something similar should be added to 41-3-102 to include physician, PA, and APRN. Agree that PA/APRN can require that x-rays be taken if abuse or neglect is suspected.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
66.	<b>Title 41. Minors Chapter 3. Child Abuse and Neglect Part 2. Reports and Investigations 41-3-206. Procedure in case of child's death.</b>	(2) The medical examiner or coroner shall investigate the report and submit findings, in writing, to the local law enforcement agency, the appropriate county attorney, the local child protective service, the family of the deceased child, and, if the person making the report is a physician, the physician.	Report to go to physician who reported case of death by abuse or neglect.	Amend - Same as above	DPHHS DPHHS: Agree that “health care provider” or a similar definition that specifies physician, PA, or APRN can make this report.
67.	<b>Title 41. Minors Chapter 3. Child Abuse and Neglect Part 4. Abuse or Neglect Proceedings 41-3-443. Treatment plan — contents — changes.</b>	(3) A treatment plan may include but is not limited to any of the following remedies, requirements, or conditions: (b) the requirement of either the child or the child's parent or guardian to obtain medical or psychiatric diagnosis and treatment through a physician or psychiatrist licensed in the state of Montana;	Treatment plan to include diagnosis and treatment by physician or psychiatrist	Amend - Same as above	DPHHS DPHHS: Agree that “health care provider” or a similar definition that specifies physician, PA, or APRN because it is appropriate to require those records in this context.
68.	<b>Title 44. Law Enforcement Chapter 1. Highway Patrol Part 5. Salaries and Expenses 44-1-512. Determination of eligibility for salary benefit.</b>	(2) In determining the nature and extent of an officer's injuries and the extent of any recovery, the chief shall seek and consider the medical opinion of a qualified physician who has examined the injured officer. The chief may seek a second medical opinion.	Physical examination for benefits	Amend – add PA/APRN	DOJ
69.	<b>Title 44. Law Enforcement Chapter 1. Highway Patrol Part 5. Salaries and Expenses 44-1-513. Periodic medical examinations — waiver of right to salary benefit.</b>	(1) The chief may appoint a physician to examine an injured officer from time to time. If, in the physician's opinion, the injured officer has sufficiently recovered to perform light duties or regular duties, the physician shall certify that fact.	Physical examination for benefits	Amend – add PA/APRN	DOJ
70.	<b>Title 46. Criminal Procedure Chapter 4. Investigative Procedures Part 1. Investigation of Death – Autopsy 46-4-121. Inquiry defined.</b>	For the purposes of this part, an inquiry by a county coroner is an informal examination of a death and its attendant circumstances to determine whether: (2) the reporting physician should certify the death;	Reference to who has authority to certify death	Amend – strike “reporting physician” and insert “ <u>an authorized certifier under 50-15-403</u> ” to certify death.	DOJ /DPHHS DPHHS: Agree with recommendation.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
				See also 7-4-2911 above (#4). 50-15-403 includes “physician and APRN”  See also 7-4-2911 above and See 50-16-504, MCA who may sign death certificate	
71.	<b>Title 46. Criminal Procedure Chapter 4. Investigative Procedures Part 1. Investigation of Death – Autopsy 46-4-122. Human deaths requiring inquiry by coroner.</b>	The coroner shall inquire into and determine the cause and manner of death and all circumstances surrounding a human death: (2) whenever the death occurred: (e) in a manner that was unattended or unwitnessed and the deceased was not attended by a physician at any time in the 30-day period prior to death;	Deaths requiring inquiry	Amend – add PA/APRN  What is “attended by”	DOJ  Cities/Towns: Number 71 has me confused as most coroners are not medical professionals like physicians. I think it would be counterproductive and cause problems to give that much authority to a coroner over a physician. I may be reading it wrong.
72.	<b>Title 46. Criminal Procedure Chapter 23. Probation, Parole, and Clemency Part 2. Granting of Parole 46-23-210. Medical parole.</b>	(1) The board may release on medical parole by appropriate order any person confined in a state prison or adult community corrections facility or any person sentenced to a state prison and confined in a prerelease center who: (c) (i) has a medical condition requiring extensive medical attention; or (ii) has been determined by a physician to have a medical condition that will likely cause death within 6 months or less. (3) Medical parole may be requested by the board, the department, an incarcerated person, or an incarcerated person's spouse, parent, child, grandparent, or sibling by submitting a completed application to the administrator of the correctional institution in which the person is incarcerated. The application must include a detailed description of the person's proposed placement and medical care and an explanation of how the person's medical care will be financed if the person is released on medical parole. The application must include a report of an examination and	medical condition determination by physician for medical parole	Amend – add PA/APRN; in (3) strike “to practice medicine”  Or Definitions in 46-23-103 for this chapter – could include “health care provider” to mean P/PA/APRN.	DOC: supports changing Title 72 to include Advanced Practice Registered Nurses (APRNs) and physician assistants (PAs).

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		written diagnosis by a physician, <u>physician assistant, or advance practice registered nurse</u> licensed under Title 37 to <del>practice medicine</del> . The physician's report must include: (6) The hearing panel shall require as a condition of medical parole that the person agree to placement in an environment approved by the department during the parole period, including but not limited to a hospital, nursing home, hospice facility, or prerelease center, to intensive supervision, to some other appropriate community corrections facility or program, or to a family home. The hearing panel may require as a condition of parole that the person agree to periodic examinations and diagnoses at the person's expense. Reports of each examination and diagnosis must be submitted to the board and department by the examining physician. If either the board or department determines that the person's medical condition has improved to the extent that the person no longer requires extensive medical attention or is likely to pose a detriment to the person, victim, or community, a hearing panel may revoke the parole and return the person to the custody of the department.			
73.	<b>Title 50. Health and Safety Chapter 1. Administration of Public Health Laws Part 1. General Provisions 50-1-111. Asbestos disease account.</b>	There is an asbestos disease account in the state special revenue fund to be used by the department for grants to the Lincoln County health board to be used for the following purposes: (3) providing direct services to individuals who have a positive result as determined by a qualified physician for asbestos-related diseases;	Diagnosis by physician required for grant-funded services	Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN”
74.	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 1. General Provisions 50-5-101. Definitions.</b>	As used in parts 1 through 3 of this chapter, unless the context clearly indicates otherwise, the following definitions apply: (26) (a) "Health care facility" or "facility" means all or a portion of an institution, building, or agency, private or public, excluding federal facilities, whether organized for profit or not, that is used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative,	Definition of “health care facility”	Amend – add PA/APRN throughout except exclude addressing (38) as it already addresses PA/NP	DPHHS DPHHS: Since definition of “licensed health care professional” already includes PA and APRNs, if change is recommended, it would be easier to

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>or preventive care to any individual. The term includes chemical dependency facilities, critical access hospitals, eating disorder centers, end-stage renal dialysis facilities, home health agencies, home infusion therapy agencies, hospices, hospitals, infirmaries, long-term care facilities, intermediate care facilities for the developmentally disabled, medical assistance facilities, mental health centers, outpatient centers for primary care, outpatient centers for surgical services, rehabilitation facilities, residential care facilities, and residential treatment facilities.</p> <p>(b) The term does not include offices of private physicians, dentists, or other physical or mental health care workers regulated under Title 37, including licensed addiction counselors.</p> <p>(31) (a) "Hospital" means a facility providing, by or under the supervision of licensed physicians, services for medical diagnosis, treatment, rehabilitation, and care of injured, disabled, or sick individuals. Except as otherwise provided by law, services provided must include medical personnel available to provide emergency care onsite 24 hours a day and may include any other service allowed by state licensing authority. A hospital has an organized medical staff that is on call and available within 20 minutes, 24 hours a day, 7 days a week, and provides 24-hour nursing care by licensed registered nurses. The term includes:</p> <p>(36) "Licensed health care professional" means a licensed physician, physician assistant, advanced practice registered nurse, or registered nurse who is practicing within the scope of the license issued by the department of labor and industry.</p> <p>(38) "Medical assistance facility" means a facility that meets both of the following:</p> <p>(a) provides inpatient care to ill or injured individuals before their transportation to a hospital or that provides inpatient medical care to individuals needing that care for a period of no longer than 96 hours unless a longer period is required because transfer to a hospital is precluded because of</p>			<p>recommend use of licensed health care professional instead of inserting PA and APRNs where "physician" is used. Considered whether, given the definition, it was a deliberate legislative act to use "physician" where it did. Recommend inserting "licensed health care professional" in (26)(b) and (43), only. Agree with recommendation for (38).</p> <p>Do not recommend change in (31) as it seems to expand scope of PA/APRN practice. Similarly, do not recommend change for (48) as cannot find any authority that PA/APRN have autonomous admitting privileges.</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>inclement weather or emergency conditions. The department or its designee may, upon request, waive the 96-hour restriction retroactively and on a case-by-case basis if the individual's attending physician, physician assistant, or nurse practitioner determines that the transfer is medically inappropriate and would jeopardize the health and safety of the individual.</p> <p>(43) "Outpatient center for primary care" means a facility that provides, under the direction of a licensed physician, either diagnosis or treatment, or both, to ambulatory patients and that is not an outpatient center for surgical services.</p> <p>(48) "Practitioner" means an individual licensed by the department of labor and industry who has assessment, admission, and prescription authority.</p>			
75.	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 1. General Provisions 50-5-105. Discrimination prohibited.</b>	(3) A person who operates a facility may not discriminate among the patients of licensed physicians. The free and confidential professional relationship between a licensed physician and patient must continue and remain unaffected.		Amend – use “practitioner” defined above?	DPHHS DPHHS: Recommend adding PA/APRN, not -101 definition of “practitioner” since do not recommend amending 101(48).
76.	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 2. Licensing 50-5-216. Limitation on care provided in adult foster care home.</b>	(4) A resident of an adult foster care home licensed under subsection (2) must have a certification in the form of a signed statement, renewed on an annual basis, from a physician, a physician assistant, a nurse practitioner, or a registered nurse, whose work is unrelated to the operation of the home and who has actually visited the home within the year covered by the statement and certifies that:		Exclude – no changes necessary - already addresses PA/PN	DPHHS DPHHS: Agree.
76.	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 2. Licensing</b>	(5) As used in this section, "skilled nursing care" means 24-hour care supervised by a registered nurse or a licensed practical nurse under the orders of an attending physician.			DPHHS DPHHS: No changes recommended.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>50-5-216. Limitation on care provided in adult foster care home.</b>				
<b>77.</b>	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 2. Licensing 50-5-235. Hourly limitation waivable by department or department's designee.</b>	The department or the department's designee may waive the 24-hour limitation related to recovery care beds, as defined in 50-5-101, as that limitation applies to a particular bed, if the attending physician of the individual occupying the bed determines that the waiver is medically appropriate. The waiver may be granted by the department before or after the 24-hour limitation is exceeded.			DPHHS DPHHS: Recommend amending.
<b>78.</b>	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 6. Family Practice Residency Training 50-5-602. Definitions.</b>	As used in this part, the following definitions apply: (2) "Family practice" means comprehensive medical care with particular emphasis on the family unit, in which the physician's continuing responsibility for health care is not limited by the patient's age or sex or by a particular organ system or disease entity. (3) "Residency training" means a community-based family practice program to train family practice resident physicians, sponsored by one or more community hospitals and physicians in Montana, for inpatient and outpatient training. (4) "Resident physician" means any physician in advanced medical specialty training.		Exclude – applies only to physicians	DPHHS DPHHS: Agree with recommendation to exclude.
<b>79.</b>	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 7. Lay Caregivers 50-5-703. Notice to designated lay caregiver.</b>	(1) A hospital shall notify a patient's designated lay caregiver of the patient's impending discharge or transfer to another hospital or facility licensed by the state as soon as practicable. Notice may be provided after the patient's physician issues a discharge order and prior to the patient's discharge or transfer.		Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”
<b>80.</b>	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 11. Long-Term Health Care Facilities</b>	(2) In addition to the rights adopted under subsection (1), the state adopts for all residents of long-term care facilities the following rights: (j) In case of involuntary transfer or discharge, a resident has the right to reasonable advance notice to ensure an orderly transfer or discharge. Reasonable advance notice requires at		Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>50-5-1104. Rights of long-term care facility residents.</b>	least 21 days' written notification of any interfacility transfer or discharge except in cases of emergency or for medical reasons documented in the resident's medical record by the attending physician.			
<b>81.</b>	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 11. Long-Term Health Care Facilities 50-5-1106. Resident's rights devolve to authorized representative.</b>	The rights and responsibilities listed in 50-5-1104 and 50-5-1105 devolve to the resident's authorized representative when the resident: (2) has been found by the resident's physician to be medically incapable of understanding these rights; or		Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”
<b>82.</b>	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 12. Safety Devices in Long-Term Care Facilities 50-2-1201. Use of safety devices-request and consent-allowed individuals-intent.</b>	(1) The following individuals may request the use of and provide informed consent for the use of certain safety devices aimed at ensuring the physical safety of the resident by reducing the risk of falls and injuries associated with a resident's medical symptom even if the resident cannot easily remove the device or the device restricts the resident's total freedom of movement: (b) a family member of a resident who is unable to make decisions because the resident has a communication barrier or has been found by a physician to be medically incapable of granting informed consent, as provided in <a href="#">50-5-1203</a> ;		Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”
<b>83.</b>	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 12. Safety Devices in Long-Term Care Facilities 50-5-1202. Definitions.</b>	As used in this part, the following definitions apply: (2) <u>“Health care provider” means physician, physician assistant, or advanced practice registered nurse.</u> ... <del>(4) “Physician” includes an advanced practice registered nurse to the extent permitted by federal law.</del> NOTE THIS WAS PROPOSED BUT PULLED FROM BILL		???Amend as suggested??? In HB495.1 the initial draft added the definition of “health care provider” to include P, PA, or APRN. It then struck this (4). Would then need to strike physician from Title 50 chapter 5 and substitute HCP... term also appears in -1201 through -1205.	DPHHS DPHHS: Amend to strike physician definition and add health care provider definition.



	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
84.	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 12. Safety Devices in Long-Term Care Facilities 50-5-1203. Procedures-informed consent-physician involvement.</b>	(1) Upon receiving a request for use of a safety device, a long-term care facility shall inform the requestor of the alternatives and risks associated with the use of the safety device. The long-term care facility shall provide the requested safety device to the resident upon receipt of: (b) a written order from the attending physician that specifies the circumstances under and the duration for which the safety device may be used and the medical symptoms that the safety device is intended to address.		See above	DPHHS DPHHS: Amend to strike physician definition and add health care provider definition.
85.	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 12. Safety Devices in Long-Term Care Facilities 50-5-1204. Long-term care facility procedures.</b>	A long-term care facility that provides a safety device under <a href="#">50-5-1203</a> shall: (3) reevaluate the resident's need for the safety device, no less than quarterly, in consultation with the resident, the resident's family, and the attending physician.		See above	DPHHS DPHHS: Amend to strike physician definition and add health care provider definition.
86.	<b>Title 50. Health and Safety Chapter 5. Hospitals and Related Facilities Part 12. Safety Devices in Long-Term Care Facilities 50-5-1205. Survey compliance and department enforcement-rulemaking authority.</b>	(2) When determining compliance with state and federal standards for the use of a safety device, the department is bound by the statements and determinations contained in the attending physician's order regarding medical symptoms. A written order from the attending physician that contains statements and determinations regarding medical symptoms is sufficient evidence of the medical necessity of the safety device.		See above	DPHHS DPHHS: Amend to strike physician definition and add health care provider definition.
87.	<b>Title 50. Health and Safety Chapter 16. Health Care Information Part 7. Report of Exposure to Infectious Disease 50-16-702. Notification of exposure to infectious disease — report of exposure to disease.</b>	(1) (b) If the exposure described on the form occurred in a manner that may allow infection by HIV, as defined in 50-16-1003, by a mode of transmission recognized by the U.S. department of health and human services, centers for disease control and prevention, then submission of the form to the health care facility constitutes a request to the patient's physician to perform an HIV diagnostic test pursuant to 50-16-1014.	Physician to request HIV test if requested under specified conditions.	Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
88.	<b>Title 50. Health and Safety Chapter 16. Health Care Information Part 7. Report of Exposure to Infectious Disease 50-16-703. Notification of precautions after exposure to infectious disease.</b>	(1) After a patient is transported to a health care facility and if a physician determines that the transported patient has an infectious disease, the physician shall inform the infectious disease control officer of the health care facility of the determination within 24 hours after the determination is made.	Physician at health care facility duty to notify of diagnosis of infectious disease	???Amend – add PA/APRN???  Could add “HCP” definition in 50-16-701. OR Amend the definition at 50-1-101(10) from physician defined at 37-3-102 to be “health care provider” and substitute physician throughout with HCP	DPHHS DPHHS: Amend to add “PA/APRN.” (The definitions at 50-1-101 only apply to Title 50, Chapters 1 and 2.)
89.	<b>Title 50. Health and Safety Chapter 16. Health Care Information Part 7. Report of Exposure to Infectious Disease 50-16-704. Confidentiality — penalty for violation — immunity from liability.</b>	(3) A health care facility, a representative of a health care facility, a physician, or the designated officer of an emergency services provider's organization may not be held jointly or severally liable for providing the notification required by 50-16-703 when the notification is made in good faith or for failing to provide the notification if good faith attempts to contact an exposed person of exposure are unsuccessful.	Reporting immunity of above	Amend - add PA/APRN	DPHHS DPHHS: Amend to add PA/APRN. Context indicates intention to refer to the authorized health care practitioner treating the infected person, among other named involved individuals as well. Focus of statute is on liability rather than on scope of practice.
90.	<b>Title 50. Health and Safety Chapter 17. Disease Prevention and Control Part 1. Tuberculosis Control 50-17-102. Definitions.</b>	As used in this chapter, unless the context clearly indicates otherwise, the following definitions apply: (2) "Approved course of treatment" means a course of treatment for tuberculosis that includes medical treatment prescribed by a physician and consistent with accepted medical standards, as well as appropriate followup to ensure public health and safety as set out in the rules of the department.	For purposes of TB control, “approved course of treatment” is that prescribed by a physician	Amend- add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”
91.	<b>Title 50. Health and Safety Chapter 17. Disease Prevention and Control Part 1. Tuberculosis Control</b>	(1) The department or a local board may apply for an order from the district court if a person is reasonably suspected to have or to have been exposed to tuberculosis, upon request of:	TB control	Amend- add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN”

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>50-17-105. Application to require examination or treatment for tuberculosis.</b>	(a) a physician legally authorized to practice medicine in the state; (4) The application must state the names of witnesses by which facts alleged may be proved. At least one witness must be a physician.			
92.	<b>Title 50. Health and Safety Chapter 17. Disease Prevention and Control Part 1. Tuberculosis Control 50-17-113. Voluntary release.</b>	(1) If the physician for the person at the hospital or treatment location where the person has been committed and the department or local board that requested commitment concur that a person either does not have tuberculosis or has completed an approved course of treatment, the person must be released from the hospital or treatment location.	TB control	Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”
93.	<b>Title 50. Health and Safety Chapter 17. Disease Prevention and Control Part 1. Tuberculosis Control 50-17-115. Emergency detainment — petition — detention.</b>	(1) If a physician, the department, or a local health officer reasonably believes that a person has tuberculosis and that the person is likely to attempt to leave the jurisdiction to avoid a hearing on commitment, the physician, department, or local health officer shall notify the sheriff of the county in which the person is found, who shall cause the person to be detained in a hospital. At least by the next regular business day, the physician, department, or local health officer shall petition for an order from the district court of the county in which the person is found for continued detention of the person and to require examination or treatment for tuberculosis pursuant to 50-17-105. The sheriff must serve the summons required by 50-17-106 on the person the same day the petition is filed.	TB control	Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”
94.	<b>Title 50. Health and Safety Chapter 18. Sexually Transmitted Diseases Part 1. General Provisions 50-18-107. Powers and duties of health officers.</b>	(1) If found necessary or desirable to protect public health, state and local health officers or their authorized deputies or agents shall: (b) require persons infected to report for treatment to a reputable physician and continue treatment, which may be at public expense, until cured;	STD	Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
95.	<b>Title 50. Health and Safety Chapter 18. Sexually Transmitted Diseases Part 1. General Provisions 50-18-109. Permissible release of information concerning infected persons.</b>	(1) Information concerning persons infected or reasonably suspected to be infected with a sexually transmitted disease may be released only: (b) to a physician who has written consent of the person whose record is requested;	STD	Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”
96.	<b>Title 50. Health and Safety Chapter 18. Sexually Transmitted Diseases Part 1. General Provisions 50-18-111. Certificate of freedom from sexually transmitted disease not to be issued.</b>	No person shall issue a certificate of freedom from a sexually transmitted disease. However, a physician or health officer may issue a statement of freedom from diseases in an infectious state only if it is written in such form or given under safeguards that will prevent its use in solicitation for sexual intercourse. These statements shall not be used for solicitation for immoral purposes.	STD	Amend – add PA/APRN	DPHHS DPHHS: Amend to add “PA/APRN.”
97.	<b>Title 50. Health and Safety Chapter 19. Pregnant Women and Newborn Infants Part 2. Metabolic Tests of Infants – Genetics Program 50-19-204. Department and Montana developmental center to furnish assistance when requested.</b>	(2) The department may determine its procedure for advising the attending physician, the parents, or legal guardian of the newborn infant of any medical results of the test and the availability of assistance, services, or counseling of the department and the staff of the Montana developmental center.	STD	Amend – add PA/APRN	DPHHS DPHHS: Agree with recommendation to add PA/APRN. This statute is about who the department may advise about the metabolic test and who they may talk to about assistance, services, or counseling. It is not about who can run the test or give assistance, services, or counseling. Therefore, the question of practice is whether PA or APRNs would be the medical professional of the child or pregnant woman.  MCA 37.20.403(3): PA may diagnose, examine, and treat human conditions, ailments, diseases, or infirmities, either physical or mental, by any means, method, device, or instrumentality authorized by

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
					<p>the supervising physician. Because of what PAs can do, the department could advise them as the child's medical professional.</p> <p>MCA 24.159.406(1)(a): APRN can <u>only</u> practice in the role and population focus they have national certification in. They can order diagnostic tests (b)(iii) and provide care including physical examinations, screening activities, health assessments, (b)(i). They can receive and interpret results of laboratory, imaging, and/or diagnostic studies. It is within their scope of practice generally, but only if their role and population focus cover that area under (1)(a)'s limitation. So long as the APRN's role and population focus was children, the department could advise them. The department could advise a pediatric CNP, women's health and gender CNP, and a CNS or family CNP. It could not advise a CRNA, adult care CNP, adult gerontology CNP or CNS, a psychiatric and mental health CNP or CNS, or an acute and critical care CNP or CNS.</p>
98.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 1. Montana Abortion Control Act</b>	As used in this chapter, the following definitions apply: (5) "Informed consent" means voluntary consent to an abortion by the woman upon whom the abortion is to be performed only after full disclosure to the woman by:		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>50-20-104. Definitions.</b>	(a) the physician who is to perform the abortion of the following information: (b) the physician or an agent of the physician: (c) the physician or the agent that the printed materials described in 50-20-304 have been provided by the department and that the materials describe the unborn child and list agencies that offer alternatives to abortion.			
99.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 1. Montana Abortion Control Act 50-20-106. Informed consent.</b>	(2) Informed consent must be certified by a written statement in a form prescribed by the department and signed by the physician and the woman upon whom the abortion is to be performed in which the physician certifies that the physician has made the full disclosure provided in 50-20-104(5) and in which the woman upon whom the abortion is to be performed acknowledges that the disclosures have been made to the woman and that the woman voluntarily consents to the abortion. (4) The information required in 50-20-104(5)(a) may be provided by telephone without conducting a physical examination or tests of the patient. The information may be based on facts supplied to the physician by the woman and other relevant information that is reasonably available to the physician. The information may not be provided by a tape recording but must be provided during a consultation in which the physician is able to ask questions of the woman and the woman is able to ask questions of the physician. If a physical examination, tests, or the availability of other information subsequently indicates, in the medical judgment of the physician, a revision of information previously provided to the patient, the revised information may be communicated to the patient at any time prior to the performance of the abortion. (6) The informed consent or consent provided for in this section is not required if a licensed physician certifies that the abortion is necessary because of a medical emergency as defined in 50-20-303.		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
100.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 1. Montana Abortion Control Act 50-20-109. Control of practice of abortion.</b>	(1) Except as provided in 50-20-401, an abortion may not be performed within the state of Montana: (a) except by a licensed physician or physician assistant; (2) An abortion under subsection (1)(b) may be performed only to preserve the life or health of the mother and only if: (a) the judgment of the physician who is to perform the abortion is first certified in writing by the physician, setting forth in detail the facts relied upon in making the judgment; and (b) two other licensed physicians have first examined the patient and concurred in writing with the judgment. The certification and concurrence in this subsection (2)(b) are not required if a licensed physician certifies that the abortion is necessary to preserve the life of the mother.		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.  CH. 307 L. 2021 (HB 136) is being challenged and currently the subject of a preliminary injunction in <i>Planned Parenthood v. State of Montana</i> (Yellowstone County Cause No. DV-21-00999).
101.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 1. Montana Abortion Control Act 50-20-110. Reporting of practice of abortion.</b>	(1) Every facility in which an abortion is performed within the state shall keep on file upon a form prescribed by the department a statement dated and certified by the physician who performed the abortion setting forth such information with respect to the abortion as the department by regulation shall require, including but not limited to information on prior pregnancies, the medical procedure employed to administer the abortion, the gestational age of the fetus, the vital signs of the fetus after abortion, if any, and if after viability, the medical procedures employed to protect and preserve the life and health of the fetus. (2) The physician performing an abortion shall cause such pathology studies to be made in connection therewith as the department shall require by regulation, and the facility shall keep the reports thereof on file. (4) Such facility shall, within 30 days after the abortion, file with the department a report upon a form prescribed by the department and certified by the custodian of the records or physician in charge of such facility setting forth all of the information required in subsections (1), (2), and (3) of this section, except such information as would identify any individual involved with the abortion. The report shall		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		exclude copies of any documents required to be filed by subsection (3) of this section, but shall certify that such documents were duly executed and are on file.			
102.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 1. Montana Abortion Control Act 50-20-112. Penalties.</b>	(4) (a) A penalty may not be imposed against the woman upon whom the abortion is performed or attempted to be performed. (b) A penalty may not be imposed for failure to comply with the provision of 50-20-106 that requires a written certification that the woman has been informed of the opportunity to review the information referred to in 50-20-304 if the department has not made the written materials available at the time that the physician or the physician's agent is required to inform the woman of the right to review the materials.		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.  50-20-112(4)(b), MCA, was declared unconstitutional and permanently enjoined from being enforced in <i>Planned Parenthood of Missoula v. State of Montana</i> (Lewis & Clark County Cause No. BDV-95-722).
103.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 3. Woman's Right to Know 50-20-302. Legislative purpose and findings.</b>	(1) The legislature finds that: (c) in most instances, the only contact with a physician that a woman who has an abortion has occurs simultaneously with the abortion procedure, with little opportunity to receive counseling concerning the decision;		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.  50-20-302, MCA, was declared unconstitutional and permanently enjoined from being enforced in <i>Planned Parenthood of Missoula v. State of Montana</i> (Lewis & Clark County Cause No. BDV-95-722).
104.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 3. Woman's Right to Know 50-20-303. Definitions.</b>	As used in this part, unless the context requires otherwise, the following definitions apply: (1) "Medical emergency" means a condition that, on the basis of the physician's good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of the woman's		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.  50-20-303, MCA, was declared unconstitutional



	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>pregnancy to avert the woman's death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.</p> <p>(2) "Physician" means a person licensed to practice medicine under Title 37, chapter 3.</p>			and permanently enjoined from being enforced in <i>Planned Parenthood of Missoula v. State of Montana</i> (Lewis & Clark County Cause No. BDV-95-722).
105.	<b>Title 50. Health and Safety</b> <b>Chapter 20. Abortion</b> <b>Part 3. Woman's Right to Know</b> <b>50-20-304. Publication of materials.</b>	<p>(3) The materials must state that:</p> <p>(b) a physician who performs an abortion on a woman without the woman's informed consent may be liable to the woman for damages in a civil action; and</p>		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	<p>DPHHS</p> <p>DPHHS: Agree with recommendation.</p> <p>50-20-304, MCA, was declared unconstitutional and permanently enjoined from being enforced in <i>Planned Parenthood of Missoula v. State of Montana</i> (Lewis &amp; Clark County Cause No. BDV-95-722).</p>
106.	<b>Title 50. Health and Safety</b> <b>Chapter 20. Abortion</b> <b>Part 3. Woman's Right to Know</b> <b>50-20-305. Emergency.</b>	<p>When a medical emergency compels the performance of an abortion, the physician shall inform the woman, before the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to avert the woman's death or that a 24-hour delay will create serious risk of substantial and irreversible impairment of a major bodily function.</p>		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	<p>DPHHS</p> <p>DPHHS: Agree with recommendation.</p> <p>50-20-305, MCA, was declared unconstitutional and permanently enjoined from being enforced in <i>Planned Parenthood of Missoula v. State of Montana</i> (Lewis &amp; Clark County Cause No. BDV-95-722).</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
107.	<b>Title 50. Health and Safety</b> <b>Chapter 20. Abortion</b> <b>Part 3. Woman's Right to Know</b> <b>50-20-306. Physician reporting requirements — penalty — action — department report.</b>	<p>(1) Within 90 days after July 1, 1995, the department shall prepare a reporting form to be used by physicians that contains a reprint of this chapter and on which the physician shall list:</p> <p>(a) the number of women to whom the physician provided the information described in 50-20-104(5)(a), including:</p> <p>(ii) the number of women in each group referred to in subsection (1)(a)(i) to whom the physician provided the information in the capacity of a referring physician and the number to whom it was provided in the capacity of a physician who is to perform the abortion;</p> <p>(b) the number of women to whom the physician or an agent of the physician provided the information described in 50-20-104(5)(b), including:</p> <p>(i) the number of women to whom the physician provided the information by telephone and the number to whom it was provided in person;</p> <p>(ii) the number of women in each group referred to in subsection (1)(b)(i) to whom the physician provided the information in the capacity of a referring physician and the number to whom it was provided in the capacity of a physician who is to perform the abortion; and</p> <p>(iii) the number of women in each group referred to in subsection (1)(b)(ii) to whom information was provided by the physician and the number to whom it was provided by an agent of the physician;</p> <p>(d) of each of the numbers described in subsections (1)(a) through (1)(c), the number who, to the best of the reporting physician's information and belief, obtained an abortion; and</p> <p>(2) The department shall ensure that copies of the reporting forms described in subsection (1) are provided:</p> <p>(a) by 120 days after July 1, 1995, to all physicians licensed in this state;</p> <p>(b) to each physician licensed to practice after July 1, 1995, at the time of licensure;</p> <p>(c) by December 1 of each succeeding year, to all physicians licensed to practice in this state.</p>		<p>Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.</p>	<p>DPHHS</p> <p>DPHHS: Agree with recommendation.</p> <p>50-20-306, MCA, was declared unconstitutional and permanently enjoined from being enforced in <i>Planned Parenthood of Missoula v. State of Montana</i> (Lewis &amp; Clark County Cause No. BDV-95-722).</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>(3) By February 28 of each year, each physician or the physician's agent who provided information to one or more women in accordance with 50-20-106 shall submit a copy of the reporting form described in subsection (1) to the department with the requested data entered accurately and completely.</p> <p>(4) Reports that are not submitted by March 31 are subject to a penalty of \$500 for each 30-day period that the reports are overdue. A physician who is required to report but who, more than 1 year after the due date, has not submitted a report or who has submitted an incomplete report may, in an action brought by the department, be directed by a district court to submit a complete report within a period stated in the court order or be subject to sanctions for civil contempt.</p>			
108.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 4. Miscellaneous Abortion Laws 50-20-401. Offense of partial-birth abortion — exception — definitions — penalties.</b>	(4) A person committing the offense provided for in subsection (1) is guilty of a felony and shall be punished by: (d) permanent revocation of the license of the physician performing the partial-birth abortion. The provisions of 37-1-203 and 37-1-205 do not apply to a physician whose license is revoked pursuant to this section.		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.
109.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 5. Parental Consent for Abortion Act 50-20-502. Legislative purpose and findings.</b>	(1) The legislature finds that: (d) parents ordinarily possess information essential to a physician in the exercise of the physician's best medical judgment concerning the minor;		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.
110.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 5. Parental Consent for Abortion Act 50-20-503. Definitions.</b>	<p>As used in this part, unless the context requires otherwise, the following definitions apply:</p> <p>(7) "Physician" means a person licensed to practice medicine under Title 37, chapter 3.</p> <p>(8) "Physician assistant" means a person licensed pursuant to Title 37, chapter 20, who provides medical services under the supervision of a physician.</p>		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
111.	<b>Title 50. Health and Safety Chapter 20. Abortion Part 5. Parental Consent for Abortion Act 50-20-506. Proof of identification and relationship to minor — retention of records.</b>	<p>(1) A parent or legal guardian of a minor who is consenting to the performance of an abortion on the minor shall provide the attending physician or physician assistant or the agent of the physician or physician assistant with government-issued proof of identity and written documentation that establishes that the parent or legal guardian is the lawful parent or legal guardian of the minor.</p> <p>(2) A physician or physician assistant shall retain the completed consent form and the documents provided pursuant to subsection (1) in the minor's medical file for 5 years after the minor reaches 18 years of age, but in no event less than 7 years.</p> <p>(3) A physician or physician assistant receiving documentation under this section shall execute for inclusion in the minor's medical record an affidavit stating: "I, (insert name of physician or physician assistant), certify that according to my best information and belief, a reasonable person under similar circumstances would rely on the information presented by both the minor and the minor's parent or legal guardian as sufficient evidence of identity and relationship."</p>		Exclude – DV 2018-73 CR Weems v. State pending litigation on whether APRN can perform abortions.	DPHHS DPHHS: Agree with recommendation.
112.	<b>Title 50. Health and Safety Chapter 21. Cadavers and Autopsies Part 1. General Provisions 50-21-101. Procurement of cadavers.</b>	(2) A physician or podiatrist licensed in the state of Montana may procure a cadaver specimen from a nationally accredited nontransplant anatomic bank for the purposes of anatomic dissection and surgical demonstration and training.	Physician or podiatrist may procure cadaver for training	Amend – add PA/APRN	DPHHS DPHHS: Amend to add PA/APRN.
113.	<b>Title 50. Health and Safety Chapter 21. Cadavers and Autopsies Part 1. General Provisions 50-21-103. Limitations on right to perform autopsy or dissection.</b>	<p>The right to perform an autopsy, dissect a human body, conduct surgical demonstration or training on a human body, or make any postmortem examination involving dissection of any part of a body is limited to cases:</p> <p>(6) in which the decedent died in the state, was a resident, but left no surviving husband, wife, or next of kin charged by law with the duty of burial and the attending physician obtains authority on order of the district court for the purpose of ascertaining the cause of death and then only to</p>	Physician may obtain court order to ascertain cause of death by autopsy.	Amend – add PA/APRN Attending physician	DPHHS DPHHS: Amend to add PA/APRN.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		the extent authorized by court order after it has been shown that the physician made diligent search for the next of kin responsible by law for burial.			
114.	<b>Title 50. Health and Safety Chapter 21. Cadavers and Autopsies Part 1. General Provisions 50-21-104. Autopsies.</b>	All autopsies of a human body must be performed by a physician legally authorized to practice medicine in this state. Upon completion, the physician shall send a written report of the physician's findings, including the cause of death if determined, to the: (1) physician attending the person at the time of death if other than the physician performing the autopsy;	Autopsies performed by physicians.	Exclude – scope expansion; but amend – (1) to add PA/APRN	DPHHS DPHHS: Amend (1) only to add PA/APRN.
115.	<b>Title 50. Health and Safety Chapter 32. Controlled Substances Part 2. Scheduling of Dangerous Drugs 50-32-229. Specific dangerous drugs included in Schedule IV. Schedule IV consists of the drugs and other substances, by whatever official, common, usual, chemical, or brand name designated, listed in this section.</b>	(5) Ephedrine. (c) Ephedrine may be immediately accessible for use by a licensed physician in a patient care area if it is under the physician's direct supervision.	Ephedrine may be used by a physician in a patient care area under physician's direct supervision.	Amend – add or certified nurse ?? Or repeal as outdated?	DPHHS – Board of Pharmacy DPHHS: Defer to DLI.
116.	<b>Title 50. Health and Safety Chapter 32. Controlled Substances Part 4. Transfer of Precursors to Controlled Substances 50-32-401. Report required for precursor to controlled substance.</b>	(3) This section does not apply to any of the following: (a) a pharmacist or other authorized person who sells or furnishes the substance upon the prescription of a physician, dentist, podiatrist, or veterinarian; (b) a physician, dentist, podiatrist, or veterinarian who administers or furnishes the substance to patients; (c) a manufacturer or wholesaler licensed by the board of pharmacy who sells, transfers, or otherwise furnishes the substance to a licensed pharmacist, physician, dentist, podiatrist, or veterinarian;	Manufacturer and sellers of specific substances to report to DOJ all transactions except for the following prescribers	Amend – add PA/APRN	DPHHS – Board of Pharmacy DPHHS: Defer to DLI.
117.	<b>Title 50. Health and Safety Chapter 33. Blood and Blood</b>	No physician, long-term care facility, or hospital may be held liable, in the absence of fault or negligence on the part of	Immunity for blood transfusions	Amend – add PA/APRN	DPHHS

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>Products</b> <b>Part 1. General Provisions</b> <b>50-33-103. Immunity of physicians and hospitals.</b>	such a hospital, long-term care facility, or doctor, for injuries resulting from the furnishing or performing of such services.			DPHHS: Amend to add PA/APRN.
118.	<b>Title 50. Health and Safety</b> <b>Chapter 33. Blood and Blood Products</b> <b>Part 1. General Provisions</b> <b>50-33-104. Immunity of blood banks and tissue banks.</b>	No blood bank or tissue bank may be held liable in the absence of fault or negligence for injuries resulting from the injecting, transfusing, transplanting, or transferring of whole blood, plasma, blood products, blood derivatives, human tissue, organs, or bones supplied by any such blood bank or tissue bank to any hospital or physician if such blood products or tissue products have been tested by the latest testing procedures in accordance with recommendations of the American association of blood banks or the American association of tissue banks and by such test are not found to be dangerous to the health of the recipient of such blood products or tissue products.	Immunity for blood or tissue bank for injuries resulting from blood or tissue provided to any “hospital or physician” if properly tested.	Amend – add PA/APRN	DPHHS DPHHS: Amend to add PA/APRN.
119.	<b>Title 50. Health and Safety</b> <b>Chapter 42. Dimethyl Sulfoxide (DMSO)</b> <b>Part 1. General Provisions</b> <b>50-42-103. Hospital not to interfere.</b>	A hospital or health care facility may not interfere with the physician-patient relationship by restricting or forbidding the use of DMSO when requested by a patient and prescribed or administered by a physician.	Facility may not prohibit prescription or administration of DMSO by physician.	Amend – add PA/APRN; possibly repeal if agency agrees as outdated	DPHHS/Board of Pharmacy DPHHS: Defer to DLI/Board of Medical Examiners. These compound-specific statutes would seem better addressed by Board of Medical Examiners.
120.	<b>Title 50. Health and Safety</b> <b>Chapter 42. Dimethyl Sulfoxide (DMSO)</b> <b>Part 1. General Provisions</b> <b>50-42-104. Health care facility nonliability.</b>	No hospital, health care facility, pharmacy, or employee thereof shall be held liable for the administration of DMSO to any person at the direction of a physician licensed in Montana.	Facility not liable for administration of DMSO at direction of a physician	Amend – add PA/APRN	DPHHS/Board of Pharmacy DPHHS: Defer to DLI/Board of Medical Examiners. These compound-specific statutes would seem better addressed by Board of Medical Examiners.
121.	<b>Title 50. Health and Safety</b> <b>Chapter 42. Dimethyl Sulfoxide (DMSO)</b> <b>Part 1. General Provisions</b>	A physician may not be subjected to disciplinary action by the board of medical examiners for prescribing or administering DMSO to a patient under the physician's care as an adjunct to recognized, customary, or accepted modes of therapy in	Physician not subject to disciplinary action for rx/admin DMSO	Amend – add PA/APRN	DPHHS/Board of Pharmacy DPHHS: Defer to DLI/Board of Medical Examiners. These compound-specific statutes would seem better

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>50-42-105. Physician not subject to disciplinary action.</b>	the treatment of any malignancy, disease, illness, or physical condition.			addressed by Board of Medical Examiners.
<b>122.</b>	<b>Title 50. Health and Safety Chapter 42. Dimethyl Sulfoxide (DMSO) Part 1. General Provisions 50-42-107. DMSO optional.</b>	This part does not require: (1) a physician, pharmacist, pharmacy, manufacturer, or distributor to manufacture, sell, or distribute DMSO; or (2) a physician to prescribe DMSO for any patient.	Physician not required to make or prescribe DMSO	Amend – add PA/APRN	DPHHS/Board of Pharmacy DPHHS: Defer to DLI/Board of Medical Examiners. These compound-specific statutes would seem better addressed by Board of Medical Examiners.
<b>123.</b>	<b>Title 50. Health and Safety Chapter 43. Calcium-EAP, Harnosal, and Phosetamin Part 1. General Provisions 50-43-101. Purpose.</b>	The purpose of this part is to provide for the continuation of medication initiated by a physician for multiple sclerosis. This medication includes the substances described in this part and has been found to be effective in alleviating the symptoms of multiple sclerosis.	MS medication ordered by physician to continue	Amend – add PA/APRN; possibly repeal if agency agrees because outdated	DPHHS/Board of Pharmacy DPHHS: Defer to DLI/Board of Medical Examiners. These compound-specific statutes would seem better addressed by Board of Medical Examiners.
<b>124.</b>	<b>Title 50. Health and Safety Chapter 43. Calcium-EAP, Harnosal, and Phosetamin Part 1. General Provisions 50-43-103. Authorization of medication.</b>	The manufacture, sale, possession, and distribution of calcium-EAP, harnosal, and phosetamin to provide for the continuation of medication initiated by a physician for multiple sclerosis are lawful within this state.		Amend – add PA/APRN	DPHHS/Board of Pharmacy DPHHS: Defer to DLI/Board of Medical Examiners. These compound-specific statutes would seem better addressed by Board of Medical Examiners.
<b>125.</b>	<b>Title 50. Health and Safety Chapter 43. Calcium-EAP, Harnosal, and Phosetamin Part 1. General Provisions 50-43-104. Health care facility may not interfere.</b>	A health care facility may not interfere with the physician-patient relationship by restricting or forbidding the use of calcium-EAP, harnosal, or phosetamin when prescribed or administered by a physician.		Amend – add PA/APRN	DPHHS/Board of Pharmacy DPHHS: Defer to DLI/Board of Medical Examiners. These compound-specific statutes would seem better addressed by Board of Medical Examiners.
<b>126.</b>	<b>Title 50. Health and Safety Chapter 43. Calcium-EAP,</b>	A physician may not be disciplined by the board of medical examiners for prescribing or administering calcium-EAP,		Amend – add PA/APRN	DPHHS/Board of Pharmacy

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>Harnosal, and Phosetamin Part 1. General Provisions 50-43-106. Physician not subject to disciplinary action.</b>	harnosal, or phosetamin to a patient under the physician's care in the treatment of any malignancy, disease, illness, or physical condition.			DPHHS: Defer to DLI/Board of Medical Examiners. These compound-specific statutes would seem better addressed by Board of Medical Examiners.
127.	<b>Title 50. Health and Safety Chapter 43. Calcium-EAP, Harnosal, and Phosetamin Part 1. General Provisions 50-43-108. Medication not required.</b>	This part does not require: (1) a physician to prescribe calcium-EAP, harnosal, or phosetamin for any patient; or (2) a physician, pharmacist, pharmacy, manufacturer, or distributor to manufacture, sell, or distribute calcium-EAP, harnosal, or phosetamin.		Amend – add PA/APRN	DPHHS/Board of Pharmacy DPHHS: Defer to DLI/Board of Medical Examiners. These compound-specific statutes would seem better addressed by Board of Medical Examiners.
128.	<b>Title 50. Health and Safety Chapter 46. Use of Marijuana for Debilitating Medical Conditions Part 3. Montana Medical Marijuana Act 50-46-302. Definitions.</b>	As used in this part, the following definitions apply: (4) "Debilitating medical condition" means: (c) severe chronic pain that is persistent pain of severe intensity that significantly interferes with daily activities as documented by the patient's treating physician; (14) (a) "Marijuana-infused products provider" means a person licensed by the department to manufacture and provide marijuana-infused products for a registered cardholder. (b) The term does not include the cardholder's treating or referral physician. (18) (a) "Provider" means a person licensed by the department to assist a registered cardholder as allowed under this part. (b) The term does not include a cardholder's treating physician or referral physician. (19) "Referral physician" means an individual who: (a) is licensed under Title 37, chapter 3; and (b) is the physician to whom a patient's treating physician has referred the patient for physical examination and medical assessment.		Exclude - Policy decision outside Task Force Scope of Work	DPHHS: DPHHS notes its understanding that Montana Medical Marijuana Act statutes referenced in rows 128 -135 will be repealed effective January 1, 2022, pursuant to section 104 of HB 701.



	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>(26) "Standard of care" means, at a minimum, the following activities when undertaken in person or through the use of telemedicine by a patient's treating physician or referral physician if the treating physician or referral physician is providing written certification for a patient with a debilitating medical condition:</p> <p>(g) creating and maintaining patient records that remain with the physician.</p> <p>(30) "Treating physician" means an individual who:</p> <p>(a) is licensed under Title 37, chapter 3; and</p> <p>(b) has a bona fide professional relationship with the individual applying to be a registered cardholder.</p> <p>(32) "Written certification" means a statement signed by a treating physician or referral physician that meets the requirements of 50-46-310 and is provided in a manner that meets the standard of care.</p>			
129.	<b>Title 50. Health and Safety</b> <b>Chapter 46. Use of Marijuana for Debilitating Medical Conditions</b> <b>Part 3. Montana Medical Marijuana Act</b> <b>50-46-303. Medical marijuana registry — department responsibilities — issuance of cards and licenses — confidentiality.</b>	<p>(7) (a) Registry identification cards expire 1 year after the date of issuance unless a physician has provided a written certification stating that a card is valid for a shorter period of time.</p> <p>(8) (a) A registered cardholder shall notify the department of any change in the cardholder's name, address, or physician or change in the status of the cardholder's debilitating medical condition within 10 days of the change.</p>		Exclude - Policy decision outside Task Force Scope of Work	DPHHS: DPHHS notes its understanding that Montana Medical Marijuana Act statutes referenced in rows 128 -135 will be repealed effective January 1, 2022, pursuant to section 104 of HB 701.
130.	<b>Title 50. Health and Safety</b> <b>Chapter 46. Use of Marijuana for Debilitating Medical Conditions</b> <b>Part 3. Montana Medical Marijuana Act</b> <b>50-46-307. Individuals with debilitating medical conditions — requirements — minors — limitations.</b>	<p>(1) Except as provided in subsections (2) through (5), the department shall issue a registry identification card to an individual with a debilitating medical condition who submits the following, in accordance with department rules:</p> <p>(g) the name of the individual's treating physician or referral physician and the street address and telephone number of the physician's office;</p> <p>(i) the written certification and accompanying statements from the individual's treating physician or referral physician as required pursuant to 50-46-310.</p>		Exclude - Policy decision outside Task Force Scope of Work	DPHHS: DPHHS notes its understanding that Montana Medical Marijuana Act statutes referenced in rows 128 -135 will be repealed effective January 1, 2022, pursuant to section 104 of HB 701.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>(2) The department shall issue a registry identification card to a minor if the materials required under subsection (1) are submitted and the minor's custodial parent or legal guardian with responsibility for health care decisions:</p> <p>(b) signs and submits a written statement that:</p> <p>(i) the minor's treating physician or referral physician has explained to the minor and to the minor's custodial parent or legal guardian with responsibility for health care decisions the potential risks and benefits of the use of marijuana;</p> <p>(4) An application for a registry identification card for a minor must be accompanied by the written certification and accompanying statements required pursuant to 50-46-310 from a second physician in addition to the minor's treating physician or referral physician.</p>			
131.	<p><b>Title 50. Health and Safety</b></p> <p><b>Chapter 46. Use of Marijuana for Debilitating Medical Conditions</b></p> <p><b>Part 3. Montana Medical Marijuana Act</b></p> <p><b>50-46-310. Written certification — accompanying statements.</b></p>	<p>(1) The written certification provided by a physician must be made on a form prescribed by the department and signed and dated by the physician. The written certification must:</p> <p>(a) include the physician's name, license number, and office address and telephone number on file with the board of medical examiners and the physician's business e-mail address, if any; and</p> <p>(2) A treating physician or referral physician who is providing written certification for a patient shall provide a statement initialed by the physician that must:</p> <p>(a) confirm that the physician is:</p> <p>(i) the patient's treating physician and that the patient has been under the physician's ongoing medical care as part of a bona fide professional relationship with the patient; or</p> <p>(ii) the patient's referral physician;</p> <p>(d) confirm that the physician has assumed primary responsibility for providing management and routine care of the patient's debilitating medical condition after obtaining a comprehensive medical history and conducting a physical examination, whether in person or, in accordance with subsection (4), through the use of telemedicine, that included a personal review of any medical records</p>		Exclude - Policy decision outside Task Force Scope of Work	<p>DPHHS: DPHHS notes its understanding that Montana Medical Marijuana Act statutes referenced in rows 128 -135 will be repealed effective January 1, 2022, pursuant to section 104 of HB 701.</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>maintained by other physicians and that may have included the patient's reaction and response to conventional medical therapies;</p> <p>(g) confirm that the physician has reviewed all prescription and nonprescription medications and supplements used by the patient and has considered the potential drug interaction with marijuana;</p> <p>(h) state that the physician has a reasonable degree of certainty that the patient's debilitating medical condition would be alleviated by the use of marijuana and that, as a result, the patient would be likely to benefit from the use of marijuana;</p> <p>(i) confirm that the physician has explained the potential risks and benefits of the use of marijuana to the patient;</p> <p>(l) state that the physician will:</p> <p>(i) continue to serve as the patient's treating physician or referral physician; and</p> <p>(3) A physician who is the second physician recommending marijuana for use by a minor shall submit:</p> <p>(a) a statement initialed by the physician that the physician conducted a comprehensive review of the minor's medical records as maintained by the treating physician or referral physician;</p> <p>(b) a statement that in the physician's professional opinion, the potential benefits of the use of marijuana would likely outweigh the health risks for the minor; and</p> <p>(4) A physician who is providing written certification through the use of telemedicine:</p> <p>(b) may not use an audio-only visit unless the physician has first established a physician-patient relationship through an in-person encounter.</p>			
132.	<b>Title 50. Health and Safety Chapter 46. Use of Marijuana for Debilitating Medical Conditions</b>	<p>(1) (a) A registered cardholder <del>who has elected to obtain marijuana and marijuana-infused products through the system of licensed providers and marijuana-infused products providers may:</del></p>		Exclude - Policy decision outside Task Force Scope of Work	DPHHS: DPHHS notes its understanding that Montana Medical Marijuana Act statutes referenced in rows 128 -135

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>Part 3. Montana Medical Marijuana Act</b> <b>50-46-319. Legal protections — allowable amounts.</b>	<p>(d) (i) A registered cardholder may petition the department for an exception to the monthly limit on purchases. The request must be accompanied by a confirmation from the physician who signed the cardholder's written certification that the cardholder's debilitating medical condition warrants purchase of an amount exceeding the monthly limit.</p> <p>(3) A physician may not be arrested, prosecuted, or penalized in any manner or be denied any right or privilege, including but not limited to civil penalty or disciplinary action by the board of medical examiners or the department of labor and industry, solely for providing written certification for a patient with a debilitating medical condition.</p> <p>(4) Nothing in this section prevents the imposition of a civil penalty or a disciplinary action by a professional licensing board or the department of labor and industry if:</p> <p>(b) a physician violates the standard of care or other requirements of this part.</p>			will be repealed effective January 1, 2022, pursuant to section 104 of HB 701.
133.	<b>Title 50. Health and Safety</b> <b>Chapter 46. Use of Marijuana for Debilitating Medical Conditions</b> <b>Part 3. Montana Medical Marijuana Act</b> <b>50-46-327. Prohibitions on physician affiliation with providers and marijuana-infused products providers — sanctions.</b>	<p>(1) (a) A physician who provides written certifications may not:</p> <p>(b) Subsection (1)(a) does not prevent a physician from accepting a fee for providing medical care to a provider or marijuana-infused products provider if the physician charges the individual the same fee that the physician charges other patients for providing a similar level of medical care.</p> <p>(2) A provider or marijuana-infused products provider may not:</p> <p>(a) arrange for a physician to conduct a physical examination or review of medical records required under this part, either in the physician's office or at another location; or</p> <p>(b) pay all or a portion of the costs for an individual to be seen by a physician for the purposes of obtaining a written certification.</p> <p>(3) If the department has cause to believe that a physician has violated this section, has violated a provision of rules adopted pursuant to this part, or has not met the standard of care required under this part, the department may refer the</p>		Exclude - Policy decision outside Task Force Scope of Work	DPHHS: DPHHS notes its understanding that Montana Medical Marijuana Act statutes referenced in rows 128 -135 will be repealed effective January 1, 2022, pursuant to section 104 of HB 701.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		<p>matter to the board of medical examiners provided for in 2-15-1731 for review pursuant to 37-1-308.</p> <p>(4) A violation of this section constitutes unprofessional conduct under 37-1-316. If the board of medical examiners finds that a physician has violated this section, the board shall restrict the physician's authority to provide written certification for the use of marijuana. The board of medical examiners shall notify the department of the sanction.</p>			
134.	<b>Title 50. Health and Safety</b> <b>Chapter 46. Use of Marijuana for Debilitating Medical Conditions</b> <b>Part 3. Montana Medical Marijuana Act</b> <b>50-46-331. Fraudulent representation — penalties.</b>	<p>(2) A physician who purposely and knowingly misrepresents any information required under 50-46-310 is guilty of a misdemeanor punishable by imprisonment in a county jail for a term not to exceed 1 year or a fine not to exceed \$1,000, or both.</p>		Exclude - Policy decision outside Task Force Scope of Work	<p>DPHHS: DPHHS notes its understanding that Montana Medical Marijuana Act statutes referenced in rows 128 -135 will be repealed effective January 1, 2022, pursuant to section 104 of HB 701.</p>
135.	<b>Title 50. Health and Safety</b> <b>Chapter 46. Use of Marijuana for Debilitating Medical Conditions</b> <b>Part 3. Montana Medical Marijuana Act</b> <b>50-46-343. Legislative monitoring.</b>	<p>(3) (a) The department shall periodically report to the children, families, health, and human services interim committee and submit a report to the legislative clearinghouse, as provided in accordance with 5-11-210, on persons who are licensed or registered pursuant to 50-46-303. The report must include:</p> <p>(vi) the number of physicians providing written certification for registered cardholders and the number of written certifications each physician has provided.</p> <p>(b) The report may not provide any identifying information of cardholders, physicians, providers, marijuana-infused products providers, dispensaries, or testing laboratories.</p> <p>(5) The board of medical examiners shall report annually to the children, families, health, and human services interim committee in accordance with 5-11-210 on the number and types of complaints the board has received involving physician practices in providing written certification for the use of marijuana, pursuant to 37-3-203.</p>		Exclude - Policy decision outside Task Force Scope of Work	<p>DPHHS: DPHHS notes its understanding that Montana Medical Marijuana Act statutes referenced in rows 128 -135 will be repealed effective January 1, 2022, pursuant to section 104 of HB 701.</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
136.	<b>Title 50. Health and Safety Chapter 78. Employee and Community Hazardous Chemical Information Act Part 1. General 50-78-103. Applicability — exemptions.</b>	(2) Employers operating the following workplaces are in compliance with this chapter if they retain and make accessible to employees and, when applicable, to students, all material safety data sheets received or, if no material safety data sheet is received for a hazardous chemical, any other information received on its hazards and safe handling and if the provisions of 50-78-206, 50-78-301(2) through (4), and 50-78-305 are met: (e) an office of a physician, dentist, osteopath, podiatrist, optometrist, or veterinarian licensed under Title 37.	Offices of listed providers must maintain material safety data sheets on hazardous chemicals	Amend – add PA/APRN	DPHHS DPHHS: Defer to DEQ. Would amend to add PA/APRN.
137.	<b>Title 52. Family Services Chapter 3. Adult Services Part 8. Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act 52-3-813. Confidentiality.</b>	(2) The records and reports required to be kept confidential by subsection (1) may be disclosed, upon request, to the following persons or entities in this or any other state: (a) a physician who is caring for an older person or a person with a developmental disability who the physician reasonably believes was abused, sexually abused, neglected, or exploited;	Confidentiality of records of physician caring for certain persons	Amend – add PA/APRN	DPHHS DPHHS: Amend to add PA/APRN. Context indicates intention to refer to the authorized health care practitioner caring for the older person. Focus of statute is more on release of records than on scope of practice.
138.	<b>Title 52. Family Services Chapter 3. Adult Services Part 8. Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act 52-3-815. Evidence of abuse, sexual abuse, neglect, or exploitation to be gathered and submitted.</b>	(2) A physician required to report under 52-3-811 may, with the consent of an allegedly abused, sexually abused, neglected, or exploited older person or person with a developmental disability or without consent of the person if it appears that the person is an incapacitated person, require x-rays or other appropriate medical tests or procedures that would, in the professional opinion of the physician, assist in establishing evidence related to the allegation of abuse, sexual abuse, neglect, or exploitation.	Physician may provide diagnostic treatment to persons unable to consent in order to collect evidence of abuse	Amend – add PA/APRN 52-3-811(3) Professionals and other persons required to report are: (a) a physician, resident, intern, professional or practical nurse, physician assistant, or member of a hospital staff engaged in the admission, examination, care, or treatment of persons; (b) an osteopath, dentist, denturist, chiropractor, optometrist, podiatrist, medical examiner, coroner, or any other health or mental health professional;	DPHHS DPHHS: Agree with recommendation.

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
139.	<b>Title 52. Family Services Chapter 4. Services to the Disabled Part 2. Physically Disabled – Community Home Licensing 52-4-202. Definitions.</b>	As used in 52-4-201 through 52-4-205, the following definitions apply: (4) "Severe disability" means a permanent disability that substantially limits major life activity, such as walking, self-care, seeing, hearing, speaking, learning, reasoning, judgment, or memory, and that can be diagnosed by a physician. The term includes the condition of a person with severe disabilities as defined in 53-19-102.	Residency requirement predicated on disability that can be diagnosed by a physician	Amend – add PA/APRN	DPHHS DPHHS: Agree with recommendation.
140.	<b>Title 53. Social Services and Institutions Chapter 1. General Administration of Institutions Part 4. Per Diem Payments for Institutional Care 53-1-410. Nonpayment not grounds for discharge.</b>	A resident of an institution listed in 53-1-402 may not be discharged by reason of the nonpayment of the resident's cost of care unless, by certification of a physician consulted by the superintendent of the institution, the discharge is medically advisable.	Certification by physician that discharge is medically advisable is a predicate to discharge for nonpayment.	Amend – add PA/APRN	DPHHS DPHHS: Agree with recommendation.  PA – within agreement with physician establishing scope of practice. APRN – must have appropriate education & training that is documented, setting must have policies and procedures, etc.
141.	<b>Title 53. Social Services and Institutions Chapter 9. Services for Victims of Crime Part 1.The Crime Victims Compensation Act of Montana 53-9-123. Evidence of condition.</b>	(2) If the physical condition of a victim or claimant is material to a claim, the office may order the victim or claimant to submit from time to time to a physical examination by a physician or may order an autopsy of a deceased victim. The office shall pay for the examination or autopsy.	DOJ may require physical exam by physician to establish foundation for claim.	Amend – add PA/APRN	DOJ
142.	<b>Title 53. Social Services and Institutions Chapter 9. Services for Victims of Crime</b>	(2) The claimant is entitled to be reimbursed for reasonable services by a physician or surgeon, reasonable hospital services and medicines, and other treatment approved by the office for the injuries suffered due to criminally injurious conduct. Unless expressly requested by the claimant,	Reimbursement of medical costs as approved by agency.	Amend – add PA/APRN	DOJ

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>Part 1.The Crime Victims Compensation Act of Montana 53-9-128. Compensation benefits.</b>	benefits may not be paid under this subsection until the claimant has been fully compensated for total wage loss benefits as provided in subsection (1) or (7).			
<b>143.</b>	<b>Title 53. Social Services and Institutions Chapter 19. Physically Disabled Part 1. Services and Community Homes 53-19-112. Rulemaking.</b>	(2) The department shall, in cooperation with the board of nursing, adopt rules under which a properly trained staff member of a facility providing services to persons with severe disabilities under this part may supervise and assist a client of a facility in taking a medication if the medication is usually self-administered and if a physician has prescribed the assistance.	Trained staff may assist persons with severe disabilities to self-administer meds ordered by a physician.	Amend – add PA/APRN	DPHHS DPHHS: See comments in next note regarding who can and cannot prescribe medications. This would be the same for prescribing assistance with self-administration.
<b>144.</b>	<b>Title 53. Social Services and Institutions Chapter 20. Developmental Disabilities Part 1. Treatment 53-20-145. Right to be free from unnecessary or excessive medication.</b>	Residents have a right to be free from unnecessary or excessive medication. Medication may not be administered unless at the written order of a physician. The individual treatment planning team and the attending physician are responsible for all medication given or administered to a resident. The use of medication may not exceed standards of use that are advocated by the United States food and drug administration. Notation of each individual's medication must be kept in the individual's medical records. A pharmacist or a registered nurse shall review monthly the record of each resident on medication for potential adverse reactions, allergies, interactions, contraindications, rationality, and laboratory test modifications and shall advise the physician of any problems. Medications must be reviewed quarterly by the attending or staff physician. At least monthly, an attending physician shall review the drug regimen of each patient on psychotropic medication. All prescriptions must be written with a termination date that may not exceed 90 days. Medication for newly admitted residents must be reviewed and reordered as necessary upon admission and then every 30 days for the first 90 days. Medications may not be used as punishment, for the	Medication may not be administered to residents with DD unless ordered by physician – communication with physician re med problems – quarterly review of meds by physician – monthly review of psychotropic meds	Amend – add PA/APRN	DPHHS DPHHS: PA: MCA 37-20-404: PA can prescribe, dispense, and administer meds to extent authorized by supervising physician. Subsection (3) sets out which schedule of drugs and length of time permitted for administration. This is within their scope of authority/practice. (But must still be set out in the physician's assistant agreement.)  APRN: The statute does not specifically list prescribing assistance. However, ARM 24.159.1406(1) says that practice "may include" (a) "treating and managing patients with acute and



	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		convenience of staff, as a substitute for a habilitation program, or in quantities that interfere with the resident's treatment program. This section may not be interpreted to relieve a physician or other professional or medical staff person from any obligation to adequately monitor the medication of a resident, with due consideration to the nature of the medication, the purpose for which it is given, and the condition of the resident.			<p>chronic illness and diseases and (b) providing initial, ongoing, and comprehensive care. It is likely that prescribing assistance is a part of such care.</p> <p>In addition, ARM 24.159.1406(1) states that an APRN licensed in Montana “may <u>only</u> practice in the role and population focus in which the APRN has current national certification.” (Underline added for emphasis.) It appears there are 2 layers to whether an APRN can do something: 1<sup>st</sup> is it a general duty an APRN can do. 2<sup>nd</sup> is it within the role and population focus of the specific APRN’s national certification. If the answer to both questions is yes, then the APRN can. If the answer to the first question is yes but second is no, then no, they may not do it because of the limit under (1).</p> <p>This is under chapter 19’s “physically disabled” so the most likely APRNs who would have national certification in populations with severe disabilities are: adult gerontology CNP and CNS. APRNs who might have national certification in populations with severe disabilities are CNM, CNP, and possibly psychiatric and</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
					mental health CNP and CNS. Those APRNs who are unlikely to have national certification in this population are CRNA, acute care CNP or CNS, family CNP, pediatric CNP, and women's health/gender CNP.
145.	<b>Title 53. Social Services and Institutions Chapter 20. Developmental Disabilities Part 1. Treatment 53-20-146. Right not to be subjected to certain treatment procedures.</b>	(2) Physical restraint may be employed only when absolutely necessary to protect the resident from injury or to prevent injury to others. Mechanical supports used to achieve proper body position and balance that are ordered by a physician are not considered a physical restraint. Restraint may not be employed as punishment, for the convenience of staff, or as a substitute for a habilitation program. Restraint may be applied only if alternative techniques have failed and only if the restraint imposes the least possible restriction consistent with its purpose. Use of restraints may be authorized by a physician, a developmental disabilities professional, or a qualified intellectual disability professional. Orders for restraints must be in writing and may not be in force for longer than 12 hours. Whenever physical restraint is ordered, suitable provision must be made for the comfort and physical needs of the resident restrained.	Mechanical support ordered by physician not considered physical restraint – use of physical restraints on persons with DD to be ordered only by a physician or qualified DD or ID “professional” –	???Amend – add PA/APRN ?? could strike physician  Could be viewed as policy decision outside of task force scope of work ?	DPHHS DPHHS: 42 CFR 441.151 only permits inpatient psychiatric services for individuals under 21 who are in psychiatric facilities or programs to be provided under the direction of a physician. (see also 42 CFR 483.358 about PRTFs). There may be some overlap in DD populations who also receive inpatient psychiatric services, but any such overlap is likely small.  For those over 21 or who are not in psychiatric facilities: PAs: depends upon agreement between physician and PA (MCA 37-20-403(1) and (3) permit a physician to diagnose, examine and treat conditions, ailments, diseases, injuries and infirmities by any means, method, device, or instrumentality authorized by the supervising physician. 37-20-301(2) requires an agreement of duties and delegations. If the agreement

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
					<p>delegates authority to order restraints, then a PA can do so. Yes, generally speaking PA's can do so but it must be covered in the agreement for a specific PA to do so.</p> <p>APRNs: ARM 24.159.1406(1)(a) permits APRNs generally do treat patients and provide initial, ongoing, and comprehensive care. As to a specific APRN, ARM 24.159.1406(1)(a) states they may only practice in the role and population focus in which they have current national certification. Adult gerontology CNP and CNS and psychiatric and mental health CNPs and CNS can. CNPs and CNS can if within they are certified to that role and population focus. The other APRNs cannot.</p>
		(6) Electric shock devices are considered a research technique for the purpose of this part. Electric shock devices may be used only in extraordinary circumstances to prevent self-mutilation leading to repeated and possibly permanent physical damage to the resident and only after alternative techniques have failed. The use of electric shock devices is subject to the conditions prescribed by this part for experimental research generally and may be used only under the direct and specific order of a physician and an individual designated by the department of public health and human	Electric shock only by physician order and DPHHS designee	Exclude - Could be viewed as policy decision outside of task force scope of work?	<p>DPHHS DPHHS: Agree that this could be viewed as a policy decision. PAs: MCA 37-20-403(3): A PA may diagnose, examine, and treat human conditions, ailments, diseases, injuries, or infirmities, either physical or mental, by any means, method, device, or instrumentality authorized by the supervising physician.</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
		services to order the treatment for an individual placed in a residential facility			<p>Yes, if authorized by the supervising physician, they can do this.</p> <p>APRNs: There was insufficient information within the APRN scope of practice documents to determine if permissible for those APRNs that cover DD populations (such as adult gerontology CPN or CNS, CPN, psychiatric and mental health CNP or CNS.) For all others, the answer is clearly no, it is not within their authority.</p> <p>Recommendation: No. FDA banned electric shock devices in March 2020 and a federal appellate court overturned in July 2021. The liability risks are high, even if permitted by scope of practice.</p>
146.	<b>Title 53. Social Services and Institutions Chapter 20. Developmental Disabilities Part 1. Treatment 53-20-161. Maintenance of records.</b>	(3) These records must include: (m) a signed order by a qualified intellectual disability professional or physician for any physical restraints;	See above for physical restraint	<p>See above for physical restraint</p> <p>Follow changes made to 53-20-146(2) above</p>	<p>DPHHS:</p> <p>DPHHS: See comments for physical restraints number 145.</p>
147.	<b>Title 53. Social Services and Institutions Chapter 20. Developmental Disabilities Part 2. Community-Based Services 53-20-204. Rules.</b>	(2) The department shall adopt rules in cooperation with the board of nursing under which a properly trained staff member of a facility providing services to persons with developmental disabilities under this part may assist and supervise a client of the facility in taking medication if the medication is usually self-administered and if a physician has prescribed the assistance.	Trained staff may assist persons with developmental disabilities to self-administer meds ordered by a physician.	Amend – add PA/APRN	<p>DPHHS</p> <p>DPHHS: PAs: MCA 37-20-404(1) A physician assistant may prescribe, dispense, and administer drugs to the extent authorized by the supervising physician. Accordingly, PAs can do so but the delegation</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
					<p>must be within the physician's assistant agreement.</p> <p>APRNs: ARM 24.159.1406(1)(b)(ii) allows ability to prescribe legend and controlled substances when prescriptive authority is successfully applied for and obtained. ARM 24.159.1406(1) limits APRNs to practice only in the role and population focus in which they have current national certification. APRNs generally have this ability but the specific type of APRN is limited to those whose role and population focus/certification covers people with developmental disabilities. This may include adult gerontology CNPs and CNS and psychiatric and mental health CNPs and CNS. Possibly for CNPs, CNS, acute care CNP and acute and critical care CNS, and women's health/gender CNP. No for CRNA, CNM, Family CNP, Pediatric CNP.</p>
148.	<b>Title 53. Social Services and Institutions Chapter 21. Mentally Ill Part 1. Treatment of the Seriously Mentally Ill</b>	(6) The court may authorize the chief medical officer of a facility or a physician designated by the court to administer appropriate medication involuntarily if the court finds that involuntary medication is necessary to protect the respondent or the public or to facilitate effective treatment.	Court may order "chief medical officer" or physician administer meds involuntarily - must be approved by said persons before	Amend – add PA/APRN – Could be viewed as policy decision outside of task force scope of work?	<p>DPHHS</p> <p>DPHHS: This could be seen as a policy decision outside the intended scope of HB 495</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>53-21-127. Posttrial disposition.</b>	Medication may not be involuntarily administered to a patient unless the chief medical officer of the facility or a physician designated by the court approves it prior to the beginning of the involuntary administration and unless, if possible, a medication review committee reviews it prior to the beginning of the involuntary administration or, if prior review is not possible, within 5 working days after the beginning of the involuntary administration. . .	administration or within 5 working days after beginning		<p>PAs: MCA 37-20-401(3) definition of PA a member of a health care team, licensed by the board, who provides medical services that may include but are not limited to prescription of meds and treatment under licensed physician’s supervision. MCA 37-20-404(1)(a) and (b) allow PAs to prescribe, dispense, and administer certain Schedules of drugs for various time periods.</p> <p>APRNs: 24.159.1406(1)(a) and (b)—APRNs can only practice in the role and population focus they have certification in. This rule does not specifically permit administration of medications, only prescribing them. Only CRNA scope of duties specifically stated they can “select, order, prescribe and administer certain types of medications during preoperative, intraoperative and postoperative procedures and as part of other services. (For more details see Table 1 Nurse Anesthesia Scope of Practice).</p> <p>It may be possible for other APRNs to do so under 24.159.1406(1)(a) if administration of medication is considered part of treating and managing patients and</p>

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
					providing care. However, it would also require that persons with mental illness are within their role and population focus. This would include psychiatric and mental health CNPs and CNSs. It would not include family and pediatric CNPs, women's health/gender CNPs. It may include other types of APRNs. There was limited information discussing this in documentation. (Please note that Acute and Critical Care CNS and AACN require payment to review document on scope of practice.)
149.	<b>Title 61. Motor Vehicles Chapter 2. Highway Safety Part 5. Emergency Medical Service Providers Grant Program 61-2-502. Definitions.</b>	As used in this part, the following definitions apply: (2) (a) "Ambulance" means a privately or publicly owned motor vehicle or aircraft that is maintained and used for the transportation of patients. (b) The term does not include: (ii) air transportation services, such as charter or fixed-based operators, that are regulated by the federal aviation administration and that offer no special medical services or provide only transportation to patients or persons at the direction or under the supervision of an independent physician.	Air transport services ordered by physician exempt from EMS grant program	Amend – add PA/APRN	DOT – agree with the recommendation to add PA/APRN to the verbiage.
150.	<b>Title 61. Motor Vehicles Chapter 5. Driver's Licenses Part 1. Licensing Provisions 61-5-122. Low-speed restricted driver's license.</b>	(2) (a) To qualify for a low-speed restricted driver's license, an applicant shall submit to the department a medical evaluation or statement from a treating physician that attests to the person's impairment and resulting inability to safely operate a motor vehicle across the range of speeds permitted or required on a public highway.	Certification of impairment for restricted driver's license by physician.	Amend – add PA/APRN	DOJ

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
151.	<b>Chapter 61. Motor Vehicles Chapter 7. Accidents and Accident Reports Part 1. Uniform Accident Reporting Act 61-7-105. Duty to give information and render aid.</b>	(1) The driver of any vehicle required to stop pursuant to 61-7-103 shall: (b) render to any person injured in the accident reasonable assistance, including the transporting or the making of arrangements for the transporting of the person to a physician, surgeon, or hospital for medical or surgical treatment if it is apparent that the treatment is necessary or if transportation is requested by the injured person; and	Duty to stop a vehicle involved in an accident and transport to a physician, surgeon, or hospital ...	Amend – update make as generic as possible?	DOJ
152.	<b>Title 69. Public Utilities and Carriers Chapter 14. Railroads Part 10. Railroad Personnel 69-14-1005. Medical aid for injured train operator.</b>	(1) If a railroad train operator or employee of any railroad doing business in this state is injured during the operator's or employee's regular course of employment, any employee of the railroad is empowered and authorized to call upon and retain the services of the nearest practicing physician or surgeon to care for and treat <u>obtain medical treatment for</u> ?? the injured train operator or employee during and until the time that one of the regularly employed and paid physicians or surgeons of the railroad corporation is able to render service. (2) If the services of any physician or surgeon other than the regularly employed physician or surgeon of the railroad corporation are retained and hired as provided in this section, the physician or surgeon must be compensated and paid a reasonable fee for the services performed. (3) If a railroad corporation refuses or neglects to pay for the services of a physician as provided in subsection (2) within a reasonable time after the physician or surgeon has rendered the services, the railroad corporation is guilty of a misdemeanor.	RR employee authorized to retain physician or surgeon to treat injured RR employee	Amend – modernize and clarify	Public Service Commission: Email 11/4 from Chairman Brown states “the agency has no comment on or position on the proposed changed contemplated in the paragraph”.
153.	<b>Title 72. Estates, Trusts, and Fiduciary Relationships Chapter 5. UPC – Persons Under Disability, Guardianship, and Conservatorship Part 3. Guardians of Incapacitated Persons</b>	(3) The person alleged to be incapacitated must be examined by a physician appointed by the court who shall submit a report in writing to the court and must be interviewed by a visitor sent by the court. . . (4) The person alleged to be incapacitated is entitled to be present at the hearing in person and to see or hear all evidence bearing upon the person's condition. The person is entitled to be present by counsel, to present evidence, to	Court-appointed physician to certify incapacitation of person.	Amend – add PA/APRN	None



	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>72-5-315. Procedure for court appointment of guardian — hearing — examination — interview — procedural rights.</b>	cross-examine witnesses, including the court-appointed physician and the visitor, and to trial by jury. . .			
154.	<b>Title 72. Estates, Trusts, and Fiduciary Relationships Chapter 5. UPC – Persons Under Disability, Guardianship, and Conservatorship Part 4. Protection of Property of Minors and Persons Under Disability 72-5-408. Procedure concerning hearing and order on original petition.</b>	<p>(2) Upon receipt of a petition for appointment of a conservator or other protective order for reasons other than minority, the court shall set a date for hearing. Unless the person to be protected has counsel of the person's own choice, the court shall order the office of state public defender to assign counsel to represent the person pursuant to the Montana Public Defender Act, Title 47, chapter 1. If the alleged disability is mental illness or mental deficiency, the court may direct that the person to be protected be examined by a physician or professional person as defined in 53-21-102 designated by the court.</p> <p>(3) If the alleged disability is physical illness or disability, advanced age, chronic use of drugs, or chronic intoxication, the court may direct that the person to be protected be examined by a physician designated by the court. It is preferable that a physician designated by the court not be connected with any institution in which the person is a patient or is detained. The court may send a visitor to interview the person to be protected. The visitor may be a guardian ad litem or an officer or employee of the court.</p> <p><del>(3)</del> (4) In the case of an appointment pursuant to 72-5-410(1)(h), the court shall direct that the person to be protected be examined by a physician as set forth in subsection (2).</p>	<p>(2) examination for mental disability</p> <p>(3) exam for physical disability</p> <p>(4) exam can be conducted by either ???</p>	<p>Exclude - First clause in (2) and (3) do not need amending because PA/APRN included in 53-21-102...</p> <p>Amend to create new (3) for readability – the section will address physical illness or disability examinations and add PA/APRN. 53-21-102(11) "Mental health professional" means:</p> <p>(a) a certified professional person;</p> <p>(b) a physician licensed under Title 37, chapter 3;</p> <p>...</p> <p>(f) an advanced practice registered nurse, as provided for in 37-8-202, with a clinical specialty in psychiatric mental health nursing;</p> <p>or</p> <p>(g) a physician assistant licensed under Title 37, chapter 20, with a clinical specialty in psychiatric mental health.</p>	none
155.	<b>Title 72. Estates, Trusts, and Fiduciary Relationships Chapter 5. UPC – Persons Under Disability, Guardianship, and Conservatorship Part 4. Protection of Property</b>	If not otherwise compensated for services rendered, any visitor, lawyer, physician, conservator, or special conservator appointed in a protective proceeding is entitled to reasonable compensation from the estate.	Physician ordered to participate entitled to compensation in protective proceeding	Amend – substitute “provider” in 72-5-408 or “health care provider” in lieu of physician b/c the court is otherwise limited in who it can appoint.	none

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
	<b>of Minors and Persons Under Disability 72-5-432. Compensation and expenses.</b>				
156.	<b>Title 72. Estates, Trusts, and Fiduciary Relationships Chapter 31. Miscellaneous Provisions Relating to Fiduciaries Part 3. Uniform Power of Attorney Act 72-31-309. When power of attorney effective.</b>	(3) If a power of attorney becomes effective upon the principal's incapacity and the principal has not authorized a person to determine whether the principal is incapacitated or the person authorized is unable or unwilling to make the determination, the power of attorney becomes effective upon a determination in a writing or other record by: (a) a physician that the principal is incapacitated within the meaning of 72-31-302(5)(a); or	POA effective on verification of incapacity by physician	Amend – add PA/APRN	none
157.	<b>Title 81. Livestock Chapter 22. Manufactured Dairy Products Part 4. Sanitation, Qualify, and Labeling Requirements 81-22-411. Filled dairy products unlawful — exceptions.</b>	(3) The term "filled dairy product" does not mean or include: (b) any distinctive proprietary food compound not readily mistaken for a dairy product where such compound is customarily used on the order of a physician and is prepared and designed for medicinal or special dietary use and prominently so labeled;	Compound “customarily” ordered by physician exempt from definition of “FDP”	Amend – add PA/APRN	Livestock
158.	<b>Title 87. Fish and Wildlife Chapter 2. Fishing, Hunting, and Trapping Licenses Part 7. Special and Combination Licenses and Nongame Certificate 87-2-706. Drawing for special antelope licenses — licenses for those with life-threatening illness.</b>	(3) (a) The department may issue a special antelope license to a resident or nonresident who has been diagnosed with a life-threatening illness unless the person qualifies for a license pursuant to 87-2-805. As used in this subsection (3), "life-threatening illness" means any progressive, degenerative, or malignant disease or condition that results in a significant threat, likelihood, or certainty that the person's life expectancy will not extend more than 1 year from the date of the request for the license unless the course of the disease is interrupted or abated. (b) To qualify for the license, the department must receive documentation that the person has been diagnosed with a life-threatening illness from a licensed physician.	Certification of life-threatening illness by physician to obtain special hunting tag.	Amend – add PA/APRN	FWP

	TITLE	TEXT	DESCRIPTION	TASK FORCE RECOMMENDATION	AGENCY-COMMENT
159.	<b>Title 87. Fish and Wildlife Chapter 2. Fishing, Hunting, and Trapping Licenses Part 8. Exceptions to License Requirements 87-2-805. Licenses for persons under 18 years of age.</b>	(4) (a) The department may issue a free resident or nonresident big game combination license, as applicable, or a free resident or nonresident antelope license and wildlife conservation license, as applicable, to a resident or nonresident youth under 18 years of age who has been diagnosed with a life-threatening illness. In order for a youth to qualify for the free license, the department must receive documentation that the youth has been diagnosed with a life-threatening illness from a licensed physician. The free license may be issued to a youth on a one-time basis for only one hunting season. As used in this subsection, "life-threatening illness" means any progressive, degenerative, or malignant disease or condition that results in a significant threat, likelihood, or certainty that the child's life expectancy will not extend past the child's 19th birthday unless the course of the disease is interrupted or abated.	Certification of life-threatening illness by physician to obtain special hunting tag.	Amend – add PA/APRN	FWP