**02-380**

**MAINE STATE BOARD OF NURSING**

2025-2026 Regulatory Agenda

June 9, 2025

AGENCY UMBRELLA-UNIT NUMBER: **02-380**

AGENCY NAME: **Maine State Board of Nursing**

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**EMERGENCY RULES ADOPTED SINCE THE LAST REGULATORY AGENDA:**

None

**EXPECTED 2025-2026 RULE-MAKING ACTIVITY:**

**CHAPTER 3:** General Requirements Relating to Licensure

STATUTORY AUTHORITY: 32 M.R.S. §2153-A(1)

PURPOSE:This chapter explains the procedure for change of name and/or address; policy and procedure in regard to a lost license; and verification of Maine licensure to another state or country. Proposed revisions to this chapter include ensuring rules conform to the requirements as set in statute.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Licensees

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**CHAPTER 4:** Disciplinary Action and Violations of Law

STATUTORY AUTHORITY: 32 M.R.S. §§ 2105-A, 2153-A(1)

PURPOSE: This chapter lists the legal grounds for action against a license; explains the procedure for initiating disciplinary action; describes disciplinary proceedings and sanctions; states the authority of the Administrative Court, following a formal hearing, to revoke or suspend a licensee; lists the violations of law over which the District Court and the Superior Court shall have jurisdiction for prosecution; and defines unprofessional conduct. Proposed revisions to this chapter include amending disciplinary process by further defining fraud and deceit and addressing multi-state licensure.

SCHEDULE FOR ADOPTION: Anticipated completion 2026.

AFFECTED PARTIES: Licensed Nurses

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**CHAPTER 5:** Rule Relating to Training Programs and Delegation by Registered Professional Nurses of Selected Nursing Tasks to Certified Nursing Assistants

STATUTORY AUTHORITY: 32 M.R.S. §§ 2102, 2104 and 2153-A(1)

PURPOSE: This chapter defines delegation; states the responsibilities of a registered professional nurse in delegating selected nursing tasks to certified nursing assistants; sets forth the requirements relating to training programs; and states the criteria for listing on the MAINE REGISTRY OF CERTIFIED NURSING ASSISTANTS. Proposed revisions to this chapter include ensuring rules conform to the requirements as set in statute.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Licensed Nurses, Certified Nursing Assistants, Certified Nursing Assistants-Medication

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**CHAPTER 6:** Rule Relating to Coordination and Oversight of Patient Care Services by Unlicensed Health Care Assistive Personnel

STATUTORY AUTHORITY: 32 M.R.S. §§ 2102(2)(H), 2153-A(1)

PURPOSE: This chapter sets forth regulations governing coordination and oversight by registered professional nurses of patient care services provided by unlicensed health care assistive personnel. Proposed revisions include repealing the rule and replacing it with Chapter XX, Rule Relating to Delegation of Nursing Activities and Tasks to Unlicensed Assistive Personnel by Registered Professional Nurses.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Licensed Nurses, Unlicensed Assistive Personnel

CONSENSUS-BASED RULE DEVELOPMENT: Substantive rule

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**CHAPTER XX:** Rule Relating to Delegation of Nursing Activities and Tasks to Unlicensed Assistive Personnel by Registered Professional Nurses

STATUTORY AUTHORITY: 32 M.R.S. §§ 2102(2)(H), 2102 (11), 2153-A(1)

PURPOSE: The proposed rule will replace Chapter 6 of the Board of Nursing’s rules, “Regulations Relating to Coordination and Oversight of Patient Care Services by Unlicensed Assistive Personnel.” The updated rule defines delegation and identifies the responsibilities of a registered professional nurse when delegating nursing activities and tasks to unlicensed assistive personnel. The Board of Nursing is required under 32 M.R.S. § 2102(2)(H), as amended by Public Law 2024, ch. 592 (effective August 9, 2024), to adopt major substantive rules to implement § 2102(2)(H) and (11).

SCHEDULE FOR ADOPTION: In Process: Anticipated completion 2026

AFFECTED PARTIES: Licensed Nurses, Unlicensed Assistive Personnel

CONSENSUS-BASED RULE DEVELOPMENT: Yes

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**CHAPTER 7:** Rule for Approval of Prelicensure Nursing Education Programs

STATUTORY AUTHORITY: 32 M.R.S. §§ 2104(1)(B), 2153-A(1)

PURPOSE: This chapter serves as a basic guide to the minimum legal requirements for approval of educational programs in nursing by the Board of Nursing; provides information and guidance for administrators and faculty, and for all persons concerned with the establishment, development and implementation of educational programs in nursing; and provides criteria for self-appraisal by faculty and serves as a basis for continued program improvement. Proposed revisions to this chapter are to ensure rules conform to requirements as set in statute.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Nursing Education Programs

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**CHAPTER 8:** Rule Relating to Advanced Practice Registered Nursing

STATUTORY AUTHORITY: 32 M.R.S. §§ 2102(2-A), 2153-A(1), 2210, 2211(4)

PURPOSE: This chapter identifies the role of a registered professional nurse in advanced practice registered nursing; implements the Board's authority to approve the credentials for practice as a certified nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, and certified clinical nurse specialist; delineates the scope of practice; implements the Board's authority to grant prescriptive authority, clarifies the 24 months supervision requirement for new nurse practitioners, outlines the continuing education requirement for advanced practice registered nurses, and clarifies the treatment and prescribing of medications to family members. Proposed revisions to this chapter include adding the definition of “practice category,” adding the definition of “supervising nurse practitioner” from 32 M.R.S §§ 2102 (10); clarification of supervision requirements for certified nurse practitioners; clarification of initial educational requirements and ongoing educational requirements; and updating the requirement of evidence of an active RN license throughout licensure as an advanced practice registered nurse.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Advanced Practice Registered Nurses

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**CHAPTER 10:** Joint Rule Regarding Intravenous Therapy by Licensed Nurses

STATUTORY AUTHORITY: 32 M.R.S. §2153-A(1); 32 M.R.S. §2102(2)(C)

PURPOSE: This chapter identifies the roles of licensed nurses in the administration of intravenous therapy. It also includes the approved course outlines for the administration of intravenous therapy by the licensed practical nurse, who works with the adult and/or pediatric patient. The Board may propose changes to this chapter to include clarifying and updating standards of current practice in intravenous therapy to ensure rules conform to the requirements as set in statute.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Licensed Nurses; Facilities hiring licensed practical nurses

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**CHAPTER 11:** Telehealth Standards of Practice

STATUTORY AUTHORITY: 32 M.R.S. §2266

PURPOSE: This chapter is a joint rule with the Board of Osteopathic Licensure and the Board of Licensure in Medicine to establish standards for using telehealth in providing health care. Proposed revisions to this chapter are to ensure rules conform to requirements as set in statute.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Licensees

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**CHAPTER 12:** Joint Rule Regarding Office Based Medication-Assisted Treatment of Opioid Addiction with Buprenorphine

STATUTORY BASIS: 32 M.R.S. §§ 2102(2-A), 2153-A(1), 2210

PURPOSE: This chapter is a joint rule with the Board of Osteopathic Licensure and the Board of Licensure in Medicine to ensure safe and adequate treatment of opioid use disorder with Approved Medications in an outpatient medical setting that is not a certified Opioid Treatment Program. Proposed revisions to this chapter are to ensure rules conform to requirements as set in state and federal laws and regulations.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Advanced Practice Registered Nurses with prescriptive authority and patients.

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**CHAPTER 13:** Criminal History Record Information

STATUTORY BASIS: 32 M.R.S. §2111 and §2173

PURPOSE: This rule implements fingerprint-based background checks for all applicants for initial licensure or licensure by endorsement, including applications for multistate licensure. Proposed revisions to this chapter are to ensure rules conform to requirements as set in state and federal laws and regulations.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Licensees

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**Chapter 14: Ethical Standards of Practice for Nurses**

STATUTORY AUTHORITY: 32 M.R.S. §§ 2105-A(2)(F), 2153-A(1)

PURPOSE: This proposed rule establishes the American Nurses Association Code of Ethics as the ethical standard of practice for licensees and incorporates the Code of Ethics for Nurses, 2025 Edition, Copyright © 2025, The American Nurses Association, into this rule by reference.

SCHEDULE FOR ADOPTION: Anticipated completion 2025

AFFECTED PARTIES: Licensees

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**CHAPTER 21**: Use of Controlled Substances for Treatment of Pain

STATUTORY BASIS: 32 M.R.S. §§ 2102(2-A), 2153-A(1), 2210

PURPOSE: This chapter is a joint rule with the Board of Osteopathic Licensure, the Board of Licensure in Medicine, the Board of Podiatric Medicine, and the Board of Nursing to insure adequate relief of pain to the citizens of Maine. This chapter outlines exemptions for applicability of certain portions of the rule for inpatients of medical facilities or custodial care facilities where controlled substances are dispensed or administered to the patient and exemptions for applicability of certain portions of the rule for patients who are terminally ill and who are receiving hospice services as defined in the rule. Proposed revisions to this chapter include are to ensure rules conform to requirements as set in state and federal laws and regulations.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Advanced Practice Registered Nurses with prescriptive authority and patients.

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**The Interstate Commission of Nurse Licensure Compact Administrators Rules**

STATUTORY AUTHORITY: 10 M.R.S. § 8003 sub-§5(F); PL 258, 2017; 32 M.R.S. § 2153-A(1); 32 M.R.S. § 2177(3).

PURPOSE: This chapter is superseded by Sec.A-1. 32 MRSA c. 31, sub-c. 2-A, also entitled Nurse Licensure Compact, adopted into law on June 25, 2017. Proposed revisions to this chapter are to ensure rules conform to requirements as set in statute.

SCHEDULE FOR ADOPTION: Anticipated completion 2026.

AFFECTED PARTIES: Licensed Nurses

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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**CHAPTER XX:** **Joint Rule Regarding Intravenous (IV) Therapy and Medical Spa Standards of Practice**

STATUTORY AUTHORITY: 32 M.R.S. § 2102(2-A), 2153-1(A), 2270

PURPOSE: This proposed chapter is a joint rule with the Board of Osteopathic Licensure and the Board of Licensure in Medicine to establish standards of practice for providing health care services in IV therapy businesses and medical spas.

SCHEDULE FOR ADOPTION: Anticipated completion 2026

AFFECTED PARTIES: Licensed Nurses

CONSENSUS-BASED RULE DEVELOPMENT: Not contemplated

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