

Client name Christine K. Bond
Form Montana Licensing Reform Task Force
Matter Christine K. Bond - Rules
Sent February 11, 2026 at 3:49 PM
Due
Submitted February 11, 2026 at 3:49 PM

Christine K. Bond

Date of birth

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Montana Licensing Reform Task Force

This Task Force was created pursuant to Executive Order 1-2026 on January 29, 2026.

Purpose of the Licensing Reform Task Force

The Task Force shall provide the Governor with recommendations and strategies for the State of Montana to reform the professional occupational licensing system for the purposes of:

- identifying and removing burdens and barriers faced by licensees that are not necessary to protect the public; and
- improving access to and availability of professional services for citizens across Montana, including rural communities.

In developing recommendations and strategies, the Task Force shall seek input from Montana citizens, legislators, Montana associations whose members are licensed occupational professionals, professional licensing boards, relevant state agencies, advisory groups and researchers focused on occupational licensing, and other appropriate stakeholders as determined by the Task Force.

Public Record

Please note that all information received through this form is public record.

Which committee would you like to receive your comment?

Full Task Force
Health Care Subcommittee

We want to hear from you!

We would like to receive any comments you would like the Task Force, or one of its subcommittees, to review. In addition, we are specifically looking for feedback for:

1. Specific topics a committee or the task force should consider, and
2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

Licensure for registered dietitians is critical for ensuring that safe and reliable nutrition information is disseminated to Montanas. Registered dietitians (RDs) are the only nutrition professionals who are required to earn a least a bachelors degree in a specific didactic program, complete a 10-12 month internship, and pass a board certification exam. We are also required to complete board-approved 75 units of continuing education credits every 5 years. Staying engaged and updated on evolving science is critical in relaying appropriate nutrition information to consumers, as nourishment influences all areas of physical and mental wellness, and reduces costs of managing chronic illnesses. The nutrition licensure ensures that a practitioner has the RD credentials. In this day in age of extremism and social media posting erroneous, lack-of-evidence-based information, the public is widely confused about what nutrition science actually supports. The licensed, registered dietitian is the ultimate professional for optimizing Montana's nutritional health and reducing costs.

Client name Erin Commons
Form Montana Licensing Reform Task Force
Matter Erin Commons - Rules
Sent February 11, 2026 at 4:37 PM
Due
Submitted February 11, 2026 at 4:37 PM

Erin Commons

Date of birth

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General comment

What are your comments?

Re: Dietitian Licensing Board

I'm a registered dietitian who has been licensed in multiple states, including Montana (resident for over 20 years and practicing as a dietitian). The state of Montana SHOULD CONTINUE require a license to practice dietetics to protect the safety of our population, ideally as part of the evolving/new national compact. Registered dietitians who are licensed to provide Medical Nutrition Therapy are the safest and wisest option for addressing the complex nature of health conditions and designing interventions unique to the individual. As I mentioned, I've practiced in multiple states. Montana's license IS appropriate and NOT burdensome. This process does not prevent dietitians from entering the workforce. I think Montana has historically done a great job of managing the licensing process. Please continue to do so! Do not eliminate the requirement.

Client name Richard Cosner
Form Montana Licensing Reform Task Force
Matter Richard Cosner - Rules
Sent February 12, 2026 at 9:20 AM
Due
Submitted February 12, 2026 at 9:20 AM

Richard Cosner

Date of birth

Company

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Which committee would you like to receive your comment?

Full Task Force
Health Care Subcommittee
Barriers Subcommittee

We want to hear from you!

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Specific person or topic

What are your comments?

In regard to National Certifications, State Licensing should expire or require renewal when a person's national license expires. The current state systems expire at two year intervals but National Certifications expire at different intervals and are required for State Licensing. Example: State EMT License expires every two years, but the NREMT expires at 3 years. An additional year MT license costs an EMT \$35, and is still required to renew their NREMT before their now renewed state license expires. Yes, this specific situation happened to me.

This places additional burdens on Rural EMRs, EMTs, AEMTs, Paramedics, Rural Fire and EMS, Volunteers, and anyone with National Certifications. Allowing state licensing to expire when National Certifications expire is cost saving to individuals, requires less tracking, prevents State Licensing from endorsing expired National Certifications.

An additional benefit to the Rural Healthcare System would be to allow volunteers who get licensed through a volunteer agency, Fire, EMS, or other, be allowed to License in the State for free. They already have to pay for classes, National Certification, and continued training, why not lessen the State burden for volunteers? This could also help recruit volunteers for Rural Agencies as it would benefit paid providers to volunteer with those Rural Agencies as a cost saving benefit.

Thank you for this opportunity.

Richard Cosner

Client name Olivia N. Martinez
Form Montana Licensing Reform Task Force
Matter Olivia N. Martinez - Rules
Sent February 12, 2026 at 8:26 AM
Due
Submitted February 12, 2026 at 8:26 AM

Olivia N. Martinez

Date of birth		Company	
Home email	oliviamartinez.otr@gmail.com	Home address	
Phone			

Montana Licensing Reform Task Force

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General comment

What are your comments?

For practitioners applying for initial licensure, with an active license, or applying for renewal, I am recommending a requirement for participation in an education training that incorporates a series of modules which provide a thorough review of patient-centered care across varied healthcare settings in rural and urban areas. It would be best for the training to include guidelines on appropriate communication and social interactions with patients, caregivers, colleagues, and administrative staff members. This training will be aligned with the healthcare facility's goals of: 1) increasing community outreach for healthcare access, health and wellness promotion, and disease prevention for all, 2) successfully identifying appropriate, cost-efficient, evidence-based interventions that eliminate and prevent risk factors in order to support the patient's ability to participate in occupations of varied roles, contexts, and/or settings, and 3) maximizing patient safety and education during therapeutic interventions including provision of recommendations that are empirically and scientifically driven to ensure exclusion of personal (including demographics), professional, cultural, and/or social bias.

Client name Rhiannon Ohman
Form Montana Licensing Reform Task Force
Matter Rhiannon Ohman - Rules
Sent February 12, 2026 at 7:33 AM
Due
Submitted February 12, 2026 at 7:33 AM

Rhiannon Ohman

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Montana Licensing Reform Task Force

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Specific person or topic

What are your comments?

I strongly oppose the proposal to remove licensing requirements for physical therapists in the State of Montana. Licensure is essential to ensure physical therapists have completed accredited education, passed national board examinations, and maintain ongoing competency through continuing education. Without licensure, the state would have no effective way to verify qualifications, regulate national board passage, or enforce continuing education standards—removing critical protections for patients.

Physical therapy directly impacts patient safety and recovery. Eliminating oversight will not improve access to care and instead risks inconsistent treatment, preventable injury, and erosion of public trust. Montanans deserve assurance that licensed healthcare professionals meet established, enforceable standards.

Thank you

Client name Lisa M. Spors Murphy
Form Montana Licensing Reform Task Force
Matter Lisa M. Spors-Murphy - Rules
Sent February 12, 2026 at 7:26 AM
Due
Submitted February 12, 2026 at 7:26 AM

Lisa M. Spors-Murphy

Date of birth

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Montana Licensing Reform Task Force

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Specific person or topic

What are your comments?

I would Like the MT OT board to consider allowing OT to dry needle within our scope of practice being Upper extremity Dry needling. Many other states allow this in their practice act. I feel MT should be included in the States that Allow OTs to Dry Needle.

Client name Shannon Grantham
Form Montana Licensing Reform Task Force
Matter Shannon Grantham - Rules
Sent February 12, 2026 at 6:44 AM
Due
Submitted February 12, 2026 at 6:44 AM

Shannon Grantham

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Health Care Subcommittee
Barriers Subcommittee

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General comment

What are your comments?

Regarding assessing licensure and barriers to jobs: As an Occupational Therapist having been licensed in 4 states over my career, Montana has one of the easiest licensure and renewal programs in terms of low cost and low requirements for CEUs which are the main barriers to licensure renewal. When I first applied for my license in this state, it was also relatively easy. The licensure team actually responded to me and was prompt with their responses (unheard of in other states). As far as the biggest barrier to the OT profession (and I assume PT and ST), the cost of schooling seems to be the biggest barrier. I did not have parents that could pay tens of thousands of dollars for my education and would not have been able to receive my degree with the current cap on student loans recently implemented for these "non-professional" degrees. The biggest barriers to these healthcare professions is access to the schooling needed to be a well-trained professional, not the affordable and easy to acquire yearly license to practice in this state.

Client name Stephanie Burcusa
Form Montana Licensing Reform Task Force
Matter Stephanie Burcusa - Rules
Sent February 11, 2026 at 7:58 PM
Due
Submitted February 11, 2026 at 7:58 PM

Stephanie Burcusa

Date of birth

Company

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Phone

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General comment

What are your comments?

Hello! I really appreciate the work that the healthcare subcommittee is doing, and I'm also curious why there is no representation for psychologists? This seems to be an important voice that is missing, so I'm wondering what will be done to bring their perspective to the table? Thank you!

Client name Sonia Sabrowsky
Form Montana Licensing Reform Task Force
Matter Sonia Sabrowsky - Rules
Sent February 12, 2026 at 12:27 PM
Due
Submitted February 12, 2026 at 12:27 PM

Sonia Sabrowsky

Date of birth

Company

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Specific person or topic

What are your comments?

For Montana's Licensing Reform Task Force Healthcare Subcommittee: thank you for ensuring the application and renewal process for obtaining and maintaining genetic counseling licensure remains smooth. In terms of accessibility, the cost of maintaining state licensure should be addressed. The national average for state licensure applications is \$220, while Montana's is over twice this cost at \$500. This can be a barrier for some genetic counselors hoping to provide excellent health care to individuals residing in Montana.

Client name Emily Herndon
Form Montana Licensing Reform Task Force
Matter Emily Herndon - Rules
Sent February 12, 2026 at 12:38 PM
Due
Submitted February 12, 2026 at 12:38 PM

Emily Herndon

Date of birth		Company	American Physical Therapy Association of Montana
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		Work address	12 MT Highway 28 Plains, MT 59859

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General comment

What are your comments?

I respectfully submit for your consideration a barrier that is not rooted in public safety, yet has significant consequences for employment, small businesses, and patient access to care in Montana: prolonged insurance credentialing delays.

When a healthcare professional is granted a Montana license, the State has already verified that individual's education, examination requirements, and qualifications. At that point, the provider is legally authorized to practice. However, in practical terms, many newly licensed providers are unable to fully begin working because they are waiting for approval from insurance companies to bill for services. In Montana, insurance credentialing delays of 90 to 180 days are common, and in some instances, the process takes even longer. During this period:

- A newly licensed provider may be unable to fully assume their position.*
- A rural clinic cannot bill for the provider's services.*
- Small healthcare businesses must absorb payroll risk or delay hiring.*

Patients experience longer wait times for care.

In a small rural healthcare practice, a 120-day credentialing delay can mean losing a qualified candidate to another state, postponing clinic expansion, or leaving a community with limited access to essential therapy services. For a small business owner, this is akin to informing a licensed contractor that they may perform work but cannot send an invoice for four months after receiving approval to operate.

Importantly, this delay is administrative in nature. It is not a matter of public health or safety. The provider has already been licensed by the State of Montana.

Several states have recognized this issue and taken action. Colorado requires insurers to complete credentialing within 60 days and provides enforcement mechanisms if deadlines are not met. Washington State requires credentialing decisions within 90 days and utilizes a centralized electronic credentialing system. Texas and New Jersey also impose 90-day deadlines through state policy.

These examples demonstrate that it is possible to maintain patient protections while also safeguarding employment and improving access to care.

If the goal of this Task Force is to identify and remove barriers to employment that are not directly tied to public health and safety, then insurance credentialing timelines and standardization merit thoughtful review. If Montana is serious about strengthening and expanding its healthcare workforce — particularly in rural communities — we must address administrative delays that prevent licensed professionals from serving patients in a timely manner.

Thank you for your time and consideration.

Client name Loni M. Neilson Kattell
Form Montana Licensing Reform Task Force
Matter Loni M. Neilson-Kattell - Rules
Sent February 12, 2026 at 1:56 PM
Due
Submitted February 12, 2026 at 1:56 PM

Loni M. Neilson-Kattell

Date of birth**Work email** therapy@lonilcsw.com**Work phone** 406-201-8535**Company**

L. M. Neilson-Kattell, MSW, PLLC

Work address126 E Broadway street
#25
Missoula, MT 59802

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

My name is Loni M. Neilson-Kattell, and I am a licensed clinical social worker in Montana.

As you identify healthcare priorities, I want to emphasize two things.

First, the Social Work Interstate Compact should be prioritized. It improves workforce mobility while maintaining safeguards and strengthening coordination for investigation and discipline across states.

Second, any review of Title 37 healthcare licensing must include direct input from social workers, as behavioral health requires a profession-specific review. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety. Public protection in behavioral health depends on licensure pathways that clearly reflect the requirements of competent clinical practice—especially a defined number of direct client clinical hours completed under clinical supervision. Clinical supervision is not administrative red tape; it is a core mechanism for developing competence, strengthening ethical decision-making, and ensuring accountability as clinicians prepare for testing and independent practice.

I respectfully request that social work representation be included in this subcommittee's work and that the Compact be designated a top priority.

Thank you for your time and consideration.

Client name Kerrie Ghenie
Form Montana Licensing Reform Task Force
Matter Kerrie Ghenie - Rules
Sent February 12, 2026 at 1:35 PM
Due
Submitted February 12, 2026 at 1:35 PM

Kerrie Ghenie

Date of birth		Company	
Home email	kerriegsw310@gmail.com	Home address	1950 Meadowview Court Missoula, MT 59802
Mobile phone	14065440525		

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General comment

What are your comments?

My name is Kerrie Ghenie, and I am a licensed social worker in Montana. As you identify healthcare priorities, I want to emphasize two things.

First, the Social Work Interstate Compact should be prioritized. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states.

Second, any review of Title 37 healthcare licensing must include direct input from social workers. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety.

Streamlining administrative processes makes sense. Reducing clinical safeguards does not.

I respectfully ask you to include social work representation in this subcommittee's work and identify the Compact as a top priority.

Thank you.

*Kerrie A. Ghenie
BBH-LMSW-LIC 50188*

Client name Carolyn Belt
Form Montana Licensing Reform Task Force
Matter Carolyn Belt - Rules
Sent February 12, 2026 at 1:09 PM
Due
Submitted February 12, 2026 at 1:09 PM

Carolyn Belt

Date of birth	Company
Home email carolynbelt6@gmail.com	Home address
Phone	

Montana Licensing Reform Task Force

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General comment

What are your comments?

My name is Carolyn Belt and I am a pre-licensed social worker in Montana. As you identify healthcare priorities, I want to emphasize two things.

First, the Social Work Interstate Compact should be prioritized. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states.

Second, any review of Title 37 healthcare licensing must include direct input from social workers. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety.

Streamlining administrative processes makes sense. Reducing clinical safeguards does not. As a pre-licensed provider who will be able to seek my LCSW license this year, I want to emphasize that clinical supervision is not administrative red tape. Behavioral health requires profession-specific review!

I respectfully ask that social work representation be included in this subcommittee's work and that the Compact be identified as a top priority.

*Thank you,
Carolyn*

Client name Diane Lucente
Form Montana Licensing Reform Task Force
Matter Diane Lucente - Rules
Sent February 12, 2026 at 1:03 PM
Due
Submitted February 12, 2026 at 1:03 PM

Diane Lucente

Date of birth**Work email** dlucente@mgb.org**Work phone** 617-643-3199**Company** Massachusetts General Hospital**Work address** 165 Cambridge Street,
Suit 600
Boston, MA 02114

Montana Licensing Reform Task Force

This Task Force was created pursuant to Executive Order 1-2026 on January 29, 2026.

Purpose of the Licensing Reform Task Force

The Task Force shall provide the Governor with recommendations and strategies for the State of Montana to reform the professional occupational licensing system for the purposes of:

- identifying and removing burdens and barriers faced by licensees that are not necessary to protect the public; and
- improving access to and availability of professional services for citizens across Montana, including rural communities.

In developing recommendations and strategies, the Task Force shall seek input from Montana citizens, legislators, Montana associations whose members are licensed occupational professionals, professional licensing boards, relevant state agencies, advisory groups and researchers focused on occupational licensing, and other appropriate stakeholders as determined by the Task Force.

Public Record

Please note that all information received through this form is public record.

Which committee would you like to receive your comment?

Health Care Subcommittee

We want to hear from you!

We would like to receive any comments you would like the Task Force, or one of its subcommittees, to review. In addition, we are specifically looking for feedback for:

1. Specific topics a committee or the task force should consider, and
2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

I find Montana's genetic counselor licensing process easy to deal with, but your application price of \$500 is pretty steep. In fact, it's over twice the national average of \$220.

Client name Victoria Wagner
Form Montana Licensing Reform Task Force
Matter Victoria Wagner - Rules
Sent February 12, 2026 at 12:57 PM
Due
Submitted February 12, 2026 at 12:57 PM

Victoria Wagner

Date of birth

Company Color Health

Work email victoria.wagner@color.com

Work address 831 Mitten Rd
Burlingame, CA 94010

Phone

Montana Licensing Reform Task Force

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Full Task Force
Health Care Subcommittee
Barriers Subcommittee

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

While very excited that Montana has licensure for genetic counselors and the interface for application is very nicely designed and easy to use, the application fee of \$500 is very expensive. I believe on average other state GC licenses have an \$200-250 application cost; therefore, you can see Montana's price is at least 2 times that. Would appreciate the fee to be reconsidered as to reduce barriers employers and genetic counselors and, then indirectly, patients needing access to healthcare. Thank you.

Client name Danielle
Lemke
Form Montana Licensing Reform Task Force
Matter Danielle Lemke -
Rules
Sent February 12, 2026 at 3:04
PM
Due
Submitted February 12, 2026 at 3:04
PM

Danielle Lemke

Date of birth

Company Logan Health

Work email dlemke@logan.org

Work address 320 Sunnyview Lane
Kalispell, MT 59901

Work phone 14066078003

Montana Licensing Reform Task Force

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Full Task Force
Health Care Subcommittee
Barriers Subcommittee

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

To the Healthcare Subcommittee of the Licensing Reform Task Force,

My name is Danielle Lemke, and I am a Genetic Counselor in Montana. I am writing to urge the Task Force to maintain licensure for Genetic Counselors in our state.

While I support efforts to reduce unnecessary financial barriers—particularly the \$500 application fee, which exceeds the national average—the licensure requirement itself is essential. It protects patients by ensuring that only qualified, board-certified professionals provide complex genetic services. It is also necessary for hospital credentialing and insurance reimbursement, and it helps Montana attract and retain specialized providers, especially in rural communities.

I respectfully ask that the Task Force consider reducing licensure fees to align with national standards rather than eliminating the regulatory framework that safeguards patient care.

Thank you for your time and consideration.

*Sincerely,
Danielle Lemke, MS, CGC
Licensed Genetic Counselor*

Client name Nancy Thorson
Form Montana Licensing Reform Task Force
Matter Nancy Thorson - Rules
Sent February 12, 2026 at 2:57 PM
Due
Submitted February 12, 2026 at 2:57 PM

Nancy Thorson

Date of birth**Company** Billings Counseling Connection**Work email** indigocounseling@gmail.com**Work phone** 4068550013**Work address** 1220 Ave C Suite B
Billings, MT 59102

Montana Licensing Reform Task Force

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

As a seasoned mental health therapist (Licensed Clinical Social Worker), I would like the task force to consider allowing recent graduates from MSW programs to treat clients who have government insurance (Medicaid, Medicare, Tricare). At this point, graduates working under a licensed professional (candidates) can only treat Montanans with government insurance if they work in a Mental Health Center. The process for becoming a Mental Health Center is burdensome. I would like the candidates working under my license to be able to treat Montana's most vulnerable groups in my private practice. There is greater need than resources, and that could be an easy fix. My candidates can treat people with all of the private insurances (Blue Cross Blue Shield, Aetna, Cigna, United, etc.), but they are barred from treating people with low incomes, the elderly, veterans, or people on disability.

Thank you!

Nancy Thorson, MSW, LCSW

Client name Kaitlyn Bosshardt
Form Montana Licensing Reform Task Force
Matter Kaitlyn Bosshardt - Rules
Sent February 12, 2026 at 2:51 PM
Due
Submitted February 12, 2026 at 2:51 PM

Kaitlyn Bosshardt

Date of birth**Company****Home email** kaitlynbosshardt@gmail.com**Work address**2813 Queen St
Missoula, MT 59801**Home phone** 13606492701

Montana Licensing Reform Task Force

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Public Record

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Which committee would you like to receive your comment?

Full Task Force
Health Care Subcommittee

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1. Specific topics a committee or the task force should consider, and
2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

My name is Kaitlyn Bosshardt and I am a licensed social worker in Montana. As you identify healthcare priorities, I want to emphasize two things.

First, the Social Work Interstate Compact should be prioritized. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states.

Second, any review of Title 37 healthcare licensing must include direct input from social workers. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety.

Streamlining administrative processes makes sense. Reducing clinical safeguards does not.

I respectfully ask that social work representation be included in this subcommittee's work and that the Compact be identified as a top priority.

Thank you,

Client name Blair A. Hensen
Form Montana Licensing Reform Task Force
Matter Blair A. Hensen - Rules
Sent February 12, 2026 at 2:40 PM
Due
Submitted February 12, 2026 at 2:40 PM

Blair A. Hensen

Date of birth

Company

Work email office@openroutescounseling.com

Home address

1017 South Black Avenue
Bozeman, MT

Work phone 14062331336

Montana Licensing Reform Task Force

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Public Record

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Health Care Subcommittee

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1. Specific topics a committee or the task force should consider, and
2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

My name is Blair Anne Hensen, LCPC and I am a licensed counselor in Montana. As you identify healthcare priorities, I want to emphasize two things.

First, the Counselor Interstate Compact (<https://counselingcompact.gov/>) should be prioritized. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states.

Second, any review of Title 37 healthcare licensing must include direct input from counselor. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety.

Streamlining administrative processes makes sense. Reducing clinical safeguards does not.

I respectfully ask that social work, counseling, and psychology representation be included in this subcommittee's work and that the Compact be identified as a top priority.

*Thank you,
Blair Anne Hensen, LCPC #41966*

Client name Carin Espenschied
Form Montana Licensing Reform Task Force
Matter Carin Espenschied - Rules
Sent February 12, 2026 at 2:36 PM
Due
Submitted February 12, 2026 at 2:36 PM

Carin Espenschied

Date of birth	Company
Home email carinespen@gmail.com	Home address
Phone	

Montana Licensing Reform Task Force

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

Please ensure that Genetic Counselor licensure is maintained. Removing this would be a large step backward and remove the ability for these healthcare providers to effectively bill. However, please assess the costs of licensure in MT compared to other states. MT GC licensure costs are much higher than WA or CA and may prohibit those professionals who might not require a license for their job from voluntarily obtaining one. Reducing licensure costs, will enable broader licensure and ensure better healthcare services for Montanans.

Client name Tiana Pallister
Form Montana Licensing Reform Task Force
Matter Tiana Pallister - Rules
Sent February 12, 2026 at 2:32 PM
Due
Submitted February 12, 2026 at 2:32 PM

Tiana Pallister

Date of birth

Company Montana Association of Genetic Counselors

Home email tianajay@gmail.com

Home address Kalispell, MT 59901

Phone

Montana Licensing Reform Task Force

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Which committee would you like to receive your comment?

Full Task Force
Health Care Subcommittee
Barriers Subcommittee

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

To the Healthcare Subcommittee of the Licensing Reform Task Force:

My name is Tiana Pallister and I am a Genetic Counselor in Montana. I am writing to strongly urge the Task Force to maintain the current licensure for Genetic Counselors (GCs) in our state.

While I support the Governor's goal of reducing unnecessary barriers—specifically the high \$500 application fee, which is more than double the national average of \$220—the licensure itself is a vital protection for Montanans.

Eliminating GC licensure would be a significant step backward for several reasons:

Public Safety: Genetic information is highly complex. Licensure ensures that only qualified, board-certified individuals interpret these results. Without it, unqualified individuals could provide medical guidance, leading to misdiagnosis or inappropriate treatments.

Billing & Sustainability: Most healthcare systems and insurance payers require a state license for credentialing and reimbursement. Removing licensure would jeopardize the ability of Montana facilities to bill for these essential services, potentially leading to the loss of specialized jobs.

Workforce Retention: Professional licensure provides "title protection" and legal recognition. Without it, Montana becomes less competitive in attracting and retaining these highly specialized providers to our rural communities.

I ask the Task Force to focus on reducing the financial barrier (the \$500 fee) rather than removing the regulatory framework that ensures safe and professional genetic care for Montana families.

Thank you for your time and consideration.

Client name Megan Keenan
Form Montana Licensing Reform Task Force
Matter Megan Keenan - Rules
Sent February 12, 2026 at 3:10 PM
Due
Submitted February 12, 2026 at 3:10 PM

Megan Keenan

Date of birth

Company

Work email mkeenancounseling@gmail.com

Home address

1309 Idaho Street
Missoula, MT 59801

Home phone 14062499017

Montana Licensing Reform Task Force

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

My name is Megan Keenan and I am a licensed social worker in Montana. As you identify healthcare priorities, I want to emphasize two things.

First, the Social Work Interstate Compact should be prioritized. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states.

Second, any review of Title 37 healthcare licensing must include direct input from social workers. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety.

Streamlining administrative processes makes sense. Reducing clinical safeguards does not.

I respectfully ask that social work representation be included in this subcommittee's work and that the Compact be identified as a top priority.

*Thank you,
Megan Keenan, LCSW*

Client name Emma Fosbinder
Form Montana Licensing Reform Task Force
Matter Emma Fosbinder - Rules
Sent February 12, 2026 at 3:14 PM
Due
Submitted February 12, 2026 at 3:14 PM

Emma Fosbinder

Date of birth

Company Logan Health

Home email efosbinder@gmail.com

Home address

Phone

Montana Licensing Reform Task Force

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Purpose of the Licensing Reform Task Force

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Full Task Force
Health Care Subcommittee
Barriers Subcommittee

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

My name is Emma Fosbinder, and I am a certified genetic counselor and resident in Montana. I am writing to urge the Task Force to maintain licensure for Genetic Counselors in our state but reduce financial barriers to application.

Licensure is essential to protecting patient safety. Genetic counseling involves complex risk assessment, interpretation of clinical genetic test results, medical management recommendations, and psychosocial counseling. Licensure ensures that only qualified, board-certified professionals with appropriate graduate education and supervised clinical training are permitted to provide these services. Without licensure, patients can be exposed to inaccurate information, misinterpretation of results, and inappropriate medical recommendations—outcomes that can lead to unnecessary anxiety, delayed diagnoses, improper treatment decisions, and increased healthcare costs. Maintaining licensure safeguards the quality and reliability of genetic services for Montana patients.

Although licensure is essential to upholding our professional standards, there is a large financial barrier to access to licensure in Montana. Currently, there is a \$500 application fee and \$255 renewal fee, which is double the national average of \$220 application fee and \$145 renewal fee.

I urge the Task Force to focus on reducing the financial barrier to licensure while upholding the licensure requirements that protect our Montana patients.

Thank you for your time and consideration.

*Sincerely,
Emma Fosbinder, MS, CGC*

Client name Ben Bergstrom
Form Montana Licensing Reform Task Force
Matter Ben Bergstrom - Rules
Sent February 12, 2026 at 4:30 PM
Due
Submitted February 12, 2026 at 4:30 PM

Ben Bergstrom

Date of birth	Company
Home email bensbergstrom@gmail.com	Home address 1 Owl Ct Clancy, MT 59634-9222
Home phone +14066030269	

Montana Licensing Reform Task Force

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

Thank you for convening this Task Force to address these important issues.

Montana has one of the oldest populations in the United States, one of the lowest population densities, and a healthcare system heavily dependent on critical access hospitals. As a result, our state faces persistent challenges in recruiting and retaining specialists. Demand for care continues to rise faster than workforce replacement, leading to increasing reliance on temporary providers such as traveling clinicians.

At the same time, healthcare professionals participating in the Montana Assistance Program are often restricted from practicing in their specialties for longer durations than comparable professionals in other states. This has a dual impact: it further reduces the number of residential providers available to serve Montana communities and increases financial strain on both the state and healthcare systems—without evidence of increased public safety benefit.

For example, I am a Certified Registered Nurse Anesthetist who has participated in the Assistance Program for two years. Despite undergoing multiple evaluations indicating that I am safe to return to practice, I have been unable to do so due to program and Board of Nursing restrictions. In other states, professionals with similar credentials and similar circumstances are often permitted to return to practice in a more timely manner under structured monitoring.

Given Montana's workforce shortages and rural healthcare needs, it may be worth evaluating whether current policies appropriately balance public protection with workforce sustainability and rehabilitation.

Client name Kate Loranger
Form Montana Licensing Reform Task Force
Matter Kate Loranger - Rules
Sent February 12, 2026 at 4:34 PM
Due
Submitted February 12, 2026 at 4:34 PM

Kate Loranger

Date of birth	Company
Home email	Home address
Phone	

Montana Licensing Reform Task Force

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

Your genetic counseling license application price of \$500 is quite high compared to other states. In fact, it's over twice the national average of \$220.

Client name Ronald Hartley
Form Montana Licensing Reform Task Force
Matter Ronald Hartley - Rules
Sent February 13, 2026 at 6:27 AM
Due
Submitted February 13, 2026 at 6:27 AM

Ronald Hartley

Date of birth	Company
Home email ronaldhartley@gmail.com	Home address 736 Nottingham Circle Apt #8 Billings , MT 59105
Mobile phone 4066983381	

Montana Licensing Reform Task Force

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Full Task Force
Health Care Subcommittee
Barriers Subcommittee

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1. Specific topics a committee or the task force should consider, and
2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

I held a license in Oregon as a CADAC I. I passed the NAADAC exam. Upon relocating to Montana I was unable to become licensed as an LAC or an LAC Candidate through reciprocity due to more educational requirements needed to qualify. In the end, it still required passing the NAADAC exam. This resulted in me going back to working in the construction industry and one less Addictions Counselor to assist those in need here in Montana.

Client name Kevin Shon
Form Montana Licensing Reform Task Force
Matter Kevin Shon - Rules
Sent February 12, 2026 at 9:36 PM
Due
Submitted February 12, 2026 at 9:36 PM

Kevin Shon

Date of birth		Company	Summits Beyond Counseling
Work email	summitsbeyond@gmail.com	Work address	44 N Last Chance Gulch, STE 14 Helena, MT 59601
Work phone	14067296645		

Montana Licensing Reform Task Force

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- improving access to and availability of professional services for citizens across Montana, including rural communities.

In developing recommendations and strategies, the Task Force shall seek input from Montana citizens, legislators, Montana associations whose members are licensed occupational professionals, professional licensing boards, relevant state agencies, advisory groups and researchers focused on occupational licensing, and other appropriate stakeholders as determined by the Task Force.

Public Record

Please note that all information received through this form is public record.

Which committee would you like to receive your comment?

Full Task Force
Health Care Subcommittee
Construction Subcommittee
Barriers Subcommittee
Sunset Review Subcommittee

We want to hear from you!

We would like to receive any comments you would like the Task Force, or one of its subcommittees, to review. In addition, we are specifically looking for feedback for:

1. Specific topics a committee or the task force should consider, and
2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

My name is Kevin Shon and I am a licensed social worker in Montana. As you identify healthcare priorities, I want to emphasize two things.

First, the Social Work Interstate Compact should be prioritized. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states.

Second, any review of Title 37 healthcare licensing must include direct input from social workers. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety.

Streamlining administrative processes makes sense. Reducing clinical safeguards does not. I respectfully ask that social work representation be included in this subcommittee's work and that the Compact be identified as a top priority.

Public protection in behavioral health depends on qualified, licensed, and excellently trained mental health practitioners - social workers go through rigorous clinical supervision prior to becoming fully licensed - a substantial equalizer in the cross comparison of psychology interns, counseling graduate trainees, and MSW graduates pursuing a professional future of direct clinical services practice.

I am concerned that during previous legislative session, that social workers were potentially misrepresented as only social services and family services enforcement agents. Although tCPS and APS services are incredibly necessary to keep the vulnerable safe, clinical social workers comprise several more roles in the community at a clinical level that support access to and the receipt of mental health services, including psychotherapy. Finally:

Clinical supervision is not administrative red tape; and interstate compact portability can be improved and can include licensed clinical social workers without weakening safeguards.

Thank you,

Kevin Shon, LCSW

Client name Darcie Kelly
Form Montana Licensing Reform Task Force
Matter Darcie Kelly - Rules
Sent February 12, 2026 at 8:11 PM
Due
Submitted February 12, 2026 at 8:11 PM

Darcie Kelly

Date of birth

Company

Home email freshstepseap@gmail.com

Home address

1609 Flowerree Street
Helena, MT 59601

Home phone 14064397766

Montana Licensing Reform Task Force

This Task Force was created pursuant to Executive Order 1-2026 on January 29, 2026.

Purpose of the Licensing Reform Task Force

The Task Force shall provide the Governor with recommendations and strategies for the State of Montana to reform the professional occupational licensing system for the purposes of:

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Public Record

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Which committee would you like to receive your comment?

Full Task Force
Health Care Subcommittee

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

My name is Darcie Kelly, and I am a licensed social worker in Montana. As you identify healthcare priorities, I want to emphasize two things.

First, the Social Work Interstate Compact should be prioritized. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states.

Second, any review of Title 37 healthcare licensing must include direct input from social workers. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety.

Streamlining administrative processes makes sense. Reducing clinical safeguards does not.

I respectfully ask that social work representation be included in this subcommittee's work and that the Compact be identified as a top priority.

Thank you,

Darcie Kelly, LCSW MBA

Client name Melanie Hardy
Form Montana Licensing Reform Task Force
Matter Melanie Hardy - Rules
Sent February 12, 2026 at 8:04 PM
Due
Submitted February 12, 2026 at 8:04 PM

Melanie Hardy

Date of birth

Company

Home email mwhardy47@gmail.com

Home address

Phone

Montana Licensing Reform Task Force

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Public Record

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Which committee would you like to receive your comment?

Full Task Force
Health Care Subcommittee
Barriers Subcommittee

We want to hear from you!

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

The cost for the genetic counseling license is astronomically high. It's much higher than the national average. It's preventing patient access to capable genetic counselors who practice through telehealth from across the country.

Client name Mc Kenna Mill
Form Montana Licensing Reform Task Force
Matter McKenna Mill - Rules
Sent February 12, 2026 at 7:23 PM
Due
Submitted February 12, 2026 at 7:23 PM

McKenna Mill

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Mobile phone 4068999339	

Montana Licensing Reform Task Force

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Which committee would you like to receive your comment?

Full Task Force
Health Care Subcommittee

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1. Specific topics a committee or the task force should consider, and
2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

My name is McKenna Mill, and I am a licensed clinical social worker in Montana. As you identify healthcare priorities, I want to emphasize two things.

First, the Social Work Interstate Compact should be prioritized. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states.

Second, any review of Title 37 healthcare licensing must include direct input from social workers. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety.

Streamlining administrative processes makes sense. Reducing clinical safeguards does not.

I respectfully ask that social work representation be included in this subcommittee's work and that the Compact be identified as a top priority.

Thank you,

McKenna

Client name K.C. Mc Laughlin
Form Montana Licensing Reform Task Force
Matter K.C. McLaughlin - Rules
Sent February 13, 2026 at 9:39 AM
Due
Submitted February 13, 2026 at 9:39 AM

K.C. McLaughlin

Date of birth		Company	Rural community health LCSW
Home email	kcmclaughlin867@gmail.com		
Mobile phone	14065995776	Home address	107 Belmont Ave Hamilton MT 59840 Apt 2 Hamilton, MT 59840

Montana Licensing Reform Task Force

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Which committee would you like to receive your comment?

Health Care Subcommittee

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

My name is K.C. McLaughlin, and I am a licensed social worker practicing in Montana. As this body identifies healthcare priorities for the state, I submit the following recommendations regarding the stability and integrity of the behavioral health workforce.

1. Prioritization of the Social Work Interstate Compact

I urge the subcommittee to prioritize the adoption of the Social Work Interstate Compact. This framework enhances workforce mobility and increases access to care for Montanans without compromising professional standards. Furthermore, it strengthens multi-state disciplinary coordination, ensuring that practitioner oversight remains robust across jurisdictional lines.

2. Preservation of Clinical Standards in Title 37 Regulatory Reviews

Any evaluation of Title 37 healthcare licensing must include formal representation and direct input from the social work profession. Behavioral health licensure is predicated on a rigorous triad of master's-level education, supervised clinical experience, and defined scope-of-practice protections. These regulations are not merely administrative hurdles; they are essential clinical safeguards designed to ensure public safety.

Social workers adhere to the NASW Code of Ethics, which serves as the professional benchmark for clinical integrity. The deregulation of mental health services creates a significant risk to the public by removing the mechanisms required to hold practitioners accountable for suboptimal or harmful outcomes. As a professional dedicated to the protection of vulnerable populations, I am concerned that reducing these clinical safeguards will disproportionately impact those most in need of high-quality, regulated care.

Conclusion

While the streamlining of administrative processes is a commendable goal, it must be decoupled from the reduction of clinical and educational requirements. I respectfully request that social work representation be formally integrated into this subcommittee's proceedings and that the Social Work Interstate Compact be designated as a primary legislative priority.

Thank you for your time and for your commitment to the health of our communities.

Respectfully,

KCM/LCSW

Licensed Clinical Social Worker, Montana

Client name Amy Wellborn
Form Montana Licensing Reform Task Force
Matter Amy Wellborn - Rules
Sent February 13, 2026 at 8:40 AM
Due
Submitted February 13, 2026 at 8:40 AM

Amy Wellborn

Date of birth	Company
Home email yammilla@gmail.com	Home address
Phone	

Montana Licensing Reform Task Force

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Health Care Subcommittee

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

Hello. My name is Amy Wellborn, and I am licensed clinical social worker (LCSW) in Montana. As you identify healthcare priorities, I want to emphasize two things.

1) Please prioritize the Social Work Interstate Compact. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states. It also supports our patients and communities well by enabling patients to continue care for counseling when traveling to another state (that is also part of the compact). This could significantly improve care for our Montana population that spends months of the year out of state.

(2) Any review of Title 37 healthcare licensing must include direct input from social workers. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety.

Streamlining administrative processes makes sense. Reducing clinical safeguards does not.

I respectfully ask that social work representation be included in this subcommittee's work and that the Compact be identified as a top priority.

*Thank you,
Amy Wellborn, LCSW*

Client name Amber Hughes
Form Montana Licensing Reform Task Force
Matter amber Hughes - Rules
Sent February 13, 2026 at 10:07 AM
Due
Submitted February 13, 2026 at 10:07 AM

amber Hughes

Date of birth		Company	Montana Therapy and Consulting
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Home phone	4064126768		

Montana Licensing Reform Task Force

This Task Force was created pursuant to Executive Order 1-2026 on January 29, 2026.

Purpose of the Licensing Reform Task Force

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Health Care Subcommittee

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

I am very concerned that this is a response to the president minimizing Social workers credentials and licensing. I worked incredibly hard to get my MSW and spent an additional 2.5 years to get me LCSW.

Client name Veronica I. Johnson
Form Montana Licensing Reform Task Force
Matter Veronica I. Johnson - Rules
Sent February 13, 2026 at 10:48 AM
Due
Submitted February 13, 2026 at 10:48 AM

Veronica I. Johnson

Date of birth		Company	University of Montana
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Home email	ronib80@yahoo.com		
Home phone	14062406543		

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Purpose of the Licensing Reform Task Force

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Public Record

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Health Care Subcommittee

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

My name is Veronica Johnson, LCPC-1344, and I am a licensed clinical professional counselor in Montana, and a counselor educator at the University of Montana. As you identify healthcare priorities, I want to emphasize two things.

First, the Counseling Interstate Compact should be prioritized. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states.

Second, any review of Title 37 healthcare licensing must include direct input from licensed counselors. Behavioral health licensing involves education, supervised clinical experience, and scope protections that are essential for public safety.

Streamlining administrative processes makes sense. Reducing clinical safeguards does not.

I respectfully ask that licensed clinical professional counselor representation be included in this subcommittee's work and that the Counseling Compact be identified as a top priority.

Thank you,

**VERONICA I. JOHNSON, ED.D., LCPC
PROFESSOR & DEPARTMENT CHAIR**

*Department of Counseling
ED 338 | 32 Campus Drive | 406-243-4205
Veronica.johnson@umontana.edu*

UNIVERSITY OF MONTANA

Client name Paul B. Kilzer
Form Montana Licensing Reform Task Force
Matter Paul B. Kilzer - Rules
Sent February 13, 2026 at 10:25 AM
Due
Submitted February 13, 2026 at 10:25 AM

Paul B. Kilzer

Date of birth

Company

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Home address 4321 Cold Springs Court
Missoula, MT 59803

Home phone 14063705456

Montana Licensing Reform Task Force

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Purpose of the Licensing Reform Task Force

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Public Record

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Full Task Force
Health Care Subcommittee

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

As a Montana physician, with more than 25 years of healthcare provider credentialing experience in hospital and PPO settings and the current Medical Director of Credentialing at Monida Healthcare Network, I agree that Montana professional occupational licensing should eliminate barriers that are not necessary to protect the public. It's a worthy goal to make Montana licensing more efficient. However, our paramount goal must continue to be "...to protect the health, safety, and well being of Montana citizens" as stated in the Montana Board of Medical Examiners Mission Statement.

While the vast majority of Montana health care providers are ethical and competent and deserve an efficient and responsive licensing system, I am aware of a small but troubling subset of healthcare providers who were granted Montana licenses or had their licenses maintained or reinstated in Montana, despite available information that their licenses in other states had been surrendered or suspended or their license applications in other states had been rejected. Some of these individuals were never members of the Monida Healthcare provider network, and my knowledge of them is entirely from Montana newspaper articles and Montana District Court and Montana Supreme Court documents. I cannot share protected information and, unless contacted by a Montana Licensing Task Force Healthcare Subcommittee representative, will not share the details of publicly available information.

In my view, Montana's licensing standards and/or their implementation have been less stringent than those of other states, allowing the licensing of some healthcare providers who present an undue risk to Montana citizens.

In submitting this comment, my goal is not to disparage anyone but to emphasize the importance of assuring that Montana licensing standards and their implementation truly protect the health, safety, and wellbeing of Montana citizens.

*Paul Kilzer, MD
Missoula*

Client name Allysha M. Dalzell
Form Montana Licensing Reform Task Force
Matter Allysha M. Dalzell - Rules
Sent February 13, 2026 at 11:08 AM
Due
Submitted February 13, 2026 at 11:08 AM

Allysha M. Dalzell

Date of birth	Company
Home email allyshadalzell@gmail.com	Home address Helena, MT 59602
Phone	

Montana Licensing Reform Task Force

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Public Record

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Full Task Force
Health Care Subcommittee

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

Hello committee members, I appreciate you taking the time to read these comments. I'm a pre-licensed social worker in Montana and I'm hoping there are a few things I can convey to you:

First, the Social Work Interstate Compact (or any federal/inter-state compacts to ensure these health care standards can move from state to state with more ease while upholding qualifications) should be prioritized. It improves workforce mobility without lowering standards and strengthens disciplinary coordination across states.

Second, behavioral health licensing involves education (making sure we have the correct education and hours to indicate scope, experience, qualifications), supervised clinical experience (to ensure we can be welcome and safe/qualified additions to the workforce), and scope protections that are essential for public safety. And when I say "essential" it is absolutely that. Reducing any of these safeguards is negligent at best and downright dangerous otherwise.

Licensing (and the process to ensure appropriateness and qualifications of candidates) does not restrict workforce numbers, it ensures safety of its citizens and the workforce itself. Streamlining administrative processes makes sense. Reducing those clinical safeguards does not. Even at this point, the administrative process is fairly straightforward and streamlined, and doesn't take too much time (I just went through it not long ago).

I respectfully ask that social work and other health care workers representations be included in this subcommittee's work with a real ear to the reality of the situation.

Thank you for your time.

Client name Deborah Kimmet
Form Montana Licensing Reform Task Force
Matter Deborah Kimmet - Rules
Sent February 13, 2026 at 1:21 PM
Due
Submitted February 13, 2026 at 1:21 PM

Deborah Kimmet

Date of birth		Company	Business League for Massage Therapy & Bodywork
Home email	deb@debkimmet.com	Work address	3942 Doc Holiday Ct Missoula, MT 59801
Home phone	406-544-4704		

Montana Licensing Reform Task Force

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Purpose of the Licensing Reform Task Force

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Health Care Subcommittee

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

Dear Co-Chairs Etchart and King and Members of the Healthcare Subcommittee,

I'd like to follow up on my public comment during the subcommittee meeting this morning.

RE: Board Consolidation

The Business League for Massage Therapy and Bodywork has suspected for some time that it is likely that the Board of Massage Therapy would be consolidated with another board.

To give you an idea of the size of our board, we have more licensees than the Board of Dentistry and fewer than the Board of Physical Therapy Examiners (when it existed).

Our main concern is the board where we'd go. During the last interim (2023-24), we told the Economic Affairs Interim Committee that if we were to be consolidated, the new Physical Rehab board was not the place.

We believe that the massage therapy profession should be combined with another healthcare profession. And we believe that the Alternative Health Care Board is the place to go. It was designed to be expandable and massage therapy, while being integrated into mainstream medical care, is often considered alternative or complementary.

I spoke at length with the BLMTB Board of Directors and the Chair of the Montana Board of Massage Therapy about this. While the Chair of the Board cannot speak as a representative of the Board, she did convey that, personally, she was in agreement with this plan. She also allowed me to convey that during my public comment.

RE: Endorsements vs. Licensure

I also mentioned that creating endorsement credentials for professions instead of licensing could affect membership in licensing compacts. The 2025 legislature enacted massage therapy compact licensing. Adopting an endorsement and eliminating licensure would inevitably lead to revocation of membership in the Massage Therapy Compact. I say "inevitably" because California has a voluntary certification that many cities are making a mandatory credential to do business in those cities. California cannot belong to the compact. In short, it would impede the ability of massage therapists to work in Montana and Montanans to work elsewhere.

RE: Another Comment

And finally, I want to comment on what another person said about massage therapy licensure impeding bodywork practitioners' ability to work in Montana. That is not the case. Bodywork practitioners who practice non-massage therapy techniques are exempt from licensure. Where these folks can run into problems are when they imply that what they offer is massage therapy (such as advertising under the massage category) or if they are not a bona fide practitioner of that bodywork modality. The exemptions in the law are very clear on this. This could potentially be a place where endorsements might be helpful.

Thank you for all your hard work and I am at your disposal to have discussions about any of these matters.

Sincerely,

*Deborah Kimmet, M.S., LMT
Executive Director, BLMTB*

Client name Shelbi Gragg
Form Montana Licensing Reform Task Force
Matter Shelbi Gragg - Rules
Sent February 13, 2026 at 12:54 PM
Due
Submitted February 13, 2026 at 12:54 PM

Shelbi Gragg

Date of birth	Company
Home email shelbithespeechtherapist@gmail.com	Home address 932 1st Avenue Laurel, MT 59044
Home phone 13072504526	

Montana Licensing Reform Task Force

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Purpose of the Licensing Reform Task Force

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Public Record

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Which committee would you like to receive your comment?

Full Task Force
Health Care Subcommittee
Barriers Subcommittee

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

I'm a pediatric speech-language pathologist (SLP). I've worked for 7 years, mostly in Montana, supporting children with a variety of disorders, including Autism, Down Syndrome, Cerebral Palsy, and feeding disorders. I believe I have a valuable perspective for this taskforce.

A state license for speech-language pathology is still needed to protect the community and maintain quality services.

Barriers that prevent/complicate practicing SLP in Montana:

-expensive annual payments to national certification body ASHA. SLP's pay about \$260/yr vs PT's and OT's who pay less than \$100.

-Low Medicaid reimbursement rates. Medicare also likely has this issue. However, I work with the pediatric population. Low rates handicap providers. We either have to cap the percent of these patients we accept or accept limited profits. Limited profits result in lower wages for clinicians, limited ability to provide employment benefits, buy necessary materials, and support continuing education.

-insurance limitations on the use of telemedicine.

Potential solutions:

-MT board work with ASHA to adjust annual payments to be more consistent with our colleagues.

-Work with necessary parties to help providers be appropriately reimbursed for services provided to those with Medicaid.

-Work with insurance companies to cover telemedicine. This allowing SLP's to serve all Montanans in the rural state.

I would love to collaborate with the taskforce on how to support current and incoming SLP's in Montana while maintaining professional standards our patients and communities deserve.

Please reach out, if interested.

Client name Alissa Voeller
Form Montana Licensing Reform Task Force
Matter Alissa Voeller - Rules
Sent February 13, 2026 at 12:39 PM
Due
Submitted February 13, 2026 at 12:39 PM

Alissa Voeller

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Montana Licensing Reform Task Force

This Task Force was created pursuant to Executive Order 1-2026 on January 29, 2026.

Purpose of the Licensing Reform Task Force

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Public Record

Please note that all information received through this form is public record.

Which committee would you like to receive your comment?

Health Care Subcommittee

We want to hear from you!

We would like to receive any comments you would like the Task Force, or one of its subcommittees, to review. In addition, we are specifically looking for feedback for:

1. Specific topics a committee or the task force should consider, and
2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

Hello, thank you for the opportunity to comment. I joined the Healthcare Subcommittee today and see that there were far too many comments to be heard in full. Since it does not appear that there is much input from the profession of Social Work on this Task Force, I think it is imperative that the Task Force keep in mind three points.

First, with regard to the administrative aspect of your initiative. Aside from the Administrative Rule of Montana, social workers are guided by Title 37 of the Montana Code Annotated. Therefore, it is important that any changes, or review of title 37, receive direct input from social workers.

Secondly, with regard to portability mentioned in the meeting. The Task Force must consider a second look at the Interstate Compact for Social Workers. As some of the Task Force may or may not know, Licensed Clinical Social Workers (LCSW), who provide professional counseling services, which are currently on the rise in the U.S., make up 60% of the mental health professionals. Social workers outnumber psychologists, psychiatrists, and psychiatric nurses combined. As the desire for an LCSW increases, any unnecessary barriers to access should be eliminated. Moreover, the social work profession is expanding their skills to include integrative interdisciplinary care throughout hospitals. In Helena alone, both St. Peters and Benefis are seeking licensed social work professionals. Not to mention, the VA is known to favor social workers due to their broad scope and professional skills. We must grant portability to this profession to allow more access from those out of the state of Montana and for those seeking to help individuals in other states.

Finally, social workers understand streamlining administrative process but we cannot forgo or dismantle established clinical safeguards. Our clinical requirements hold our professionals accountable and ensure we continue receiving indispensable supervision.

Thank you for your hard work. Please, do not forget the social work profession.

Client name Randy Mchenry
Form Montana Licensing Reform Task Force
Matter Randy MCHENRY - Rules
Sent February 13, 2026 at 2:06 PM
Due
Submitted February 13, 2026 at 2:06 PM

Randy MCHENRY

Date of birth

Company

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Belgrade, MT 59714

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Work address

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Which committee would you like to receive your comment?

Health Care Subcommittee
Barriers Subcommittee

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

Good afternoon board members,

I am writing to bring some much needed exposure to the profession for licensed denturists.

For decades, denturists have faced regulatory restrictions that do not reflect our education, training, or competency. A glaring example is dentists and hygienists operate under the Dental Practice Act with clear pathways for scope development and denturists have remained outside of that framework — limiting our ability to expand scope in ways that are supported by modern education and national standards.

Montana is the most restrictive state for our profession. We are not granted the autonomy to practice within our education and experience. This has been burdensome for far too long, and I personally know this has disenchanted many providers from seeking licensure in Montana. Ultimately, the people of Montana are the ones who are at a disadvantage and suffer from a lack of access to safe, affordable and quality care that denturists are extremely well educated and qualified to provide.

Denturists have no representation in this task force. This is very troubling and concerning to me. The MDA representative clearly stated he represents the dentists and hygienists of Montana. No word was mentioned of denturists, and all 3 professions sit on the dental board currently. I am not implying that we want to be represented by the MDA. I would like the opportunity to be represented by one of our own peers.

I have several other topics of real concern in the regulation to denturists that I strongly feel need to be addressed. I will save that for additional meetings and comment.

The Governor's stated objective is clear: he specifically stated he wants all licenses to have the ability to practice to the extent of their education and training. We clearly have not been afforded that in alignment with the advancement in education and national standards. The people of Montana have suffered long enough, and it's time we provide the expanded access to safe and quality care they rightly deserve.

*Randy McHenry LD BTSc
President, National Denturist Association*

Client name Marie Francis
Form Montana Licensing Reform Task Force
Matter Marie Francis - Rules
Sent February 15, 2026 at 8:48 PM
Due
Submitted February 15, 2026 at 8:48 PM

Marie Francis

Date of birth

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Department of Veterans health Administration

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Montana Licensing Reform Task Force

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Health Care Subcommittee
Barriers Subcommittee

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2. Specific people or organizations you think the task force should hear from.

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Specific person or topic

What are your comments?

I would like to address the newly appointed licensing taskforce regarding a competency-based LPN pathway for experienced CNAs to help Montana's nursing shortage. Attn: Kristin McColly and Healthcare Subcommittees

Dear Ms. McColly,

My name is Marie Francis, and I have worked as a Certified Nursing Assistant in Montana for more than 30 years. I have had the honor of providing direct bedside care to our nation's veterans at the Montana VA Medical Center in Helena and caring for residents in skilled nursing at Elkhorn Healthcare in Clancy, Montana.

My entire career has been devoted to hands-on care — assisting with activities of daily living, observing and reporting changes in condition, supporting care plans, and advocating for residents and their families. I have also completed Medication Aide training and am a Certified, Montana-licensed Pharmacy Technician, which has strengthened my knowledge of medication safety and the nursing scope of practice. Long-term care is where experienced CNAs are most needed, and it is where I have dedicated my life's work.

I am writing in strong support of the Board's efforts to explore licensing changes that expand opportunity while maintaining public safety. I respectfully ask you to consider a competency-based pathway that would allow highly experienced CNAs to challenge the Licensed Practical Nurse examination.

Montana's own workforce data clearly shows why "grow-your-own" advancement pathways are urgently needed:

Montana is projected to have about 750 job openings for nursing assistants every year through 2032 — the largest number of openings among all nursing occupations — and 97% of those openings are due to turnover, not new positions.

Demand for healthcare workers continues to exceed supply, with more than 1,700 healthcare job postings per month, and rural communities are losing nurses and direct-care staff to larger cities.

21% of LPNs are no longer working in healthcare, representing a major untapped workforce that could be re-engaged through flexible career pathways.

Workforce shortages are identified by state leadership as one of the biggest threats to healthcare access in Montana, especially in long-term care and rural areas.

These numbers reflect what those of us at the bedside experience every day.

At the same time, experienced CNAs face significant barriers to becoming nurses:

Limited program availability in rural areas

Long waitlists

Financial constraints while working full-time

Repetition of entry-level content we have safely practiced for decades

After 30 years in direct patient care — including service to Montana's veterans — I am not asking for standards to be lowered. I am asking for experience to be recognized as a valid measure of competency.

Other states already use experience-based pathways to practical nurse licensure while maintaining NCLEX and safety standards. For example:

California allows an equivalent method for practical nurse licensure based on documented paid bedside experience and pharmacology coursework.

Florida and Georgia provide LPN pathways for highly trained military medics and corpsmen based on prior clinical experience.

Several states, including Missouri and New York, recognize prior healthcare training and experience as a component of practical nurse eligibility.

Creating a similar pathway in Montana for long-tenured CNAs would:

Directly address long-term-care staffing shortages

Retain experienced caregivers at the bedside

Reduce educational bottlenecks

Strengthen rural healthcare access

Reward decades of safe, skilled practice

Improve continuity and quality of care for residents and veterans

Montana's healthcare workforce reports specifically recommend building local, "grow-your-own" training pipelines and stackable credentials to retain workers in our communities. An experience-based LPN pathway for CNAs is exactly that kind of solution.

I have spent 30 years caring for Montana's most vulnerable citizens. I am committed to continuing to serve, to advancing in my profession, and to being part of the solution to our state's workforce challenges.

Thank you for your leadership and for considering innovative, competency-based pathways that recognize the value of experience. I would be honored to participate in stakeholder discussions or provide testimony if the newly appointed licensing taskforce continues this work.

Respectfully,

Marie Francis CNA CPHT

Certified Nursing Assistant – 30 years

Medication Aide Training Completed

Certified, Montana-Licensed Pharmacy Technician

Montana VA Medical Center – Helena

Elkhorn Healthcare – Clancy, Montana

406 410 1874

nursinggal1970@gmail.com

Client name Annemarie Mc Cormack
Form Montana Licensing Reform Task Force
Matter Annemarie McCormack - Rules
Sent February 13, 2026 at 9:34 PM
Due
Submitted February 13, 2026 at 9:34 PM

Annemarie McCormack

Date of birth		Company	Retired RN
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Home phone	4063604745		

Montana Licensing Reform Task Force

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Public Record

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Full Task Force
Health Care Subcommittee
Barriers Subcommittee

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2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

I have been an RN for 47 years and am alarmed by the Governor's recently stated need to review whether there are barriers to employment because of professional licensing requirements.

I have worked in MT as an RN for 43 years at SPH/Providence, Champion International Lumber and Plywood mill in Bonner, management/clinical at USFS Job Corps at Trapper Peak, and private industry with PacBlu.

This language used in the EO can be interpreted as a benign attempt to help workers and employers expedite on-boarding for certain positions.

However, over the wide breath of industries and years I have worked as an employee being hired and also hiring other employees, I have never encountered a "barrier" to employment because licensing requirements. Ever.

I will state this clearly-as a taxpayer and nurse, if there is a reduction of professional RN, LPN or CNA requirements not far behind will a reduction of wages, an attempt to interfere with the function of the MNA to protect member employment rights, and/or a reduction of RN staffing to allow more fractured mix of less educated frontliners to care for our Montana patients especially in rural areas.

I am not sure who the complaining parties are that find such burdens and barriers but these complainers should be listed front and center.

I strongly encourage a better use of my tax money. Why not find ways to encourage employers to increase wages for professionals who are almost all middle class workers, many unable to afford a home near their place of work? Why not address tuition costs so that the average Montanan can afford an education that allows them to earn more income and hence support the state's economy and stop our long standing 'brain drain' with our young citizens? Why not focus on small businesses and encourage tax breaks for them? Why not fund educational advancement for certain jobs so citizens can get ahead and afford to live in this state by owning their own business?

This all can be funded without taxing the middle class, who are hanging on by a thread in this state.

Client name John W. Bennion
Form Montana Licensing Reform Task Force
Matter John W. Bennion - Rules
Sent February 13, 2026 at 5:01 PM
Due
Submitted February 13, 2026 at 5:01 PM

John W. Bennion

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Home phone	14066710496		

Montana Licensing Reform Task Force

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Specific person or topic

What are your comments?

I attended the Zoom meeting today (February 13, 2026). I appreciated the caliber of the comments and the obvious planning and thought that have gone into this process. I am an oral and maxillofacial surgeon. I have a dental license from the Dental Board and a medical license from the Medical Board. My concern has to do with denturists and some improvements that I think need to be made by the Dental Board to allow denturists to be of more value to the public. My original dental license is dated 1978, so I have been around to watch the denturists develop into a real asset for the citizens of the State of Montana. One thing that I have noticed over the years is that as the profession has grown and education has improved dramatically; their scope of practice has not grown. Four or five years ago I listened to a Zoom meeting of the Interim Economic Affairs Committee. One topic that caught my attention was a discussion of the responsibility of Boards. They stressed that it is important for the board to be aware of similar boards in surrounding states, and that we need our boards to be similar in the scope of practice that is allowed. I have noticed that not much has changed for the denturists since 1984 when a vote of the people made Dentistry legal in Montana. The only significant change in the scope of practice came in 2019 when they were allowed to do very simple implant denture cases. In Washington and Oregon and in all of Canada, Denturists had been doing these type of cases, with an excellent track record for over 15 years. Many of the Montana denturists trained at the Denturist College in Oregon and received the same education as the Oregon and Washington denturists, but they have been prohibited from using these skills. Now fast forward to today. Someone in the meeting talked about practicing within our level of education. When I heard this it was like a light came on. This is how the Dental Practice Act and the Medical Practice Act work in my experience. There are no long lists of procedures I can do and procedures that I can't do. I do the things that I have been trained to do and if I receive additional training I can do additional procedures. But that is not how the Denturist Practice Act is written. It has a list of procedures that are permissible and a list of procedures that are not permissible. Luckily, the board of Dentistry has been very forward thinking in recent years and they have recognized training and years of experience, but this needs to be formalized in statute, or in board rules in a way that is clear and unambiguous. Our denturists are 20 years behind their colleagues in Oregon and Washington--Not in skill or training, but in the rules that govern their practice. I look forward to the improvements that the Task Force can make for the denturists and I feel certain that these improvements will translate into an improvement in dental care for Montana citizens.

*Thank you all for your service on this Task Force,
John W. Bennion, DDS, MD*

Client name Marie Francis
Form Montana Licensing Reform Task Force
Matter Marie Francis - Rules
Sent February 16, 2026 at 11:04 PM
Due
Submitted February 16, 2026 at 11:04 PM

Marie Francis

Date of birth

Company

Department of Veterans health
Administration

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Home address

P. O. Box 285
Clancy, MT

Montana Licensing Reform Task Force

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Full Task Force
Health Care Subcommittee
Barriers Subcommittee
Sunset Review Subcommittee

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Specific person or topic

What are your comments?

I would like to address the newly appointed licensing taskforce regarding a competency-based LPN pathway for experienced CNAs to help Montana's nursing shortage. Attn: Kristin McColly and Healthcare Subcommittees

Dear Ms. McColly,

My name is Marie Francis, and I have worked as a Certified Nursing Assistant in Montana for more than 30 years. I have had the honor of providing direct bedside care to our nation's veterans at the Montana VA Medical Center in Helena and caring for residents in skilled nursing at Elkhorn Healthcare in Clancy, Montana.

My entire career has been devoted to hands-on care — assisting with activities of daily living, observing and reporting changes in condition, supporting care plans, and advocating for residents and their families. I have also completed Medication Aide training and am a Certified, Montana-licensed Pharmacy Technician, which has strengthened my knowledge of medication safety and the nursing scope of practice. Long-term care is where experienced CNAs are most needed, and it is where I have dedicated my life's work.

I am writing in strong support of the Board's efforts to explore licensing changes that expand opportunity while maintaining public safety. I respectfully ask you to consider a competency-based pathway that would allow highly experienced CNAs to challenge the Licensed Practical Nurse examination.

Montana's own workforce data clearly shows why "grow-your-own" advancement pathways are urgently needed:

Montana is projected to have about 750 job openings for nursing assistants every year through 2032 — the largest number of openings among all nursing occupations — and 97% of those openings are due to turnover, not new positions.

Demand for healthcare workers continues to exceed supply, with more than 1,700 healthcare job postings per month, and rural communities are losing nurses and direct-care staff to larger cities.

21% of LPNs are no longer working in healthcare, representing a major untapped workforce that could be re-engaged through flexible career pathways.

Workforce shortages are identified by state leadership as one of the biggest threats to healthcare access in Montana, especially in long-term care and rural areas.

These numbers reflect what those of us at the bedside experience every day.

At the same time, experienced CNAs face significant barriers to becoming nurses:

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Long waitlists

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Repetition of entry-level content we have safely practiced for decades

After 30 years in direct patient care — including service to Montana's veterans — I am not asking for standards to be lowered.

I am asking for experience to be recognized as a valid measure of competency.

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Florida and Georgia provide LPN pathways for highly trained military medics and corpsmen based on prior clinical experience.

Several states, including Missouri and New York, recognize prior healthcare training and experience as a component of practical nurse eligibility.

Creating a similar pathway in Montana for long-tenured CNAs would:

Directly address long-term-care staffing shortages

Retain experienced caregivers at the bedside

Reduce educational bottlenecks

Strengthen rural healthcare access

Reward decades of safe, skilled practice

Improve continuity and quality of care for residents and veterans

Montana's healthcare workforce reports specifically recommend building local, "grow-your-own" training pipelines and stackable credentials to retain workers in our communities. An experience-based LPN pathway for CNAs is exactly that kind of solution.

I have spent 30 years caring for Montana's most vulnerable citizens. I am committed to continuing to serve, to advancing in my profession, and to being part of the solution to our state's workforce challenges.

Thank you for your leadership and for considering innovative, competency-based pathways that recognize the value of experience. I would be honored to participate in stakeholder discussions or provide testimony if the newly appointed licensing taskforce continues this work.

Respectfully,

Marie Francis CNA CPHT

Certified Nursing Assistant – 30 years

Medication Aide Training Completed

Certified, Montana-Licensed Pharmacy Technician

Montana VA Medical Center – Helena

Elkhorn Healthcare – Clancy, Montana

406 410 1874
nursinggal1970@gmail.com
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Client name Kelly Hockett
Form Montana Licensing Reform Task Force
Matter Kelly Hockett - Rules
Sent February 17, 2026 at 4:20 PM
Due
Submitted February 17, 2026 at 4:20 PM

Kelly Hockett

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Phone			

Montana Licensing Reform Task Force

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Which committee would you like to receive your comment?

Health Care Subcommittee
Barriers Subcommittee

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Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

Thank you for the opportunity to provide public comment.

I am a Social Work Licensure Candidate (SWLC) practicing in private practice in Montana while earning hours toward full LCSW licensure. To qualify, I must complete 3,000 supervised hours under an LCSW. My comment addresses where this licensure process is broken, particularly in regard to financial barriers, ethical clinical care, and outdated supervision models.

Financial Barriers

In private practice settings, pre-licensure employment often translates into earning only 35-45% of revenue from billable clinical hours. For many SWLCS, this is typically around \$45 per clinical hour in high cost-of-living areas such as the Gallatin Valley. At the same time, 18-22 client sessions per week (often considered as a minimum benchmark in group practices) already represents intensive emotional containment work and approaches the upper limit of what is ethically sustainable for high-quality care. Because income is tied directly to billable sessions, even candidates practicing at ethical capacity earn wages that reflect only a fraction of a standard 40-hour work week. These hours combined with substantial unpaid labor (documentation, treatment planning, research, consultation, marketing, and client communication) mean that effective compensation is far below a living wage, despite candidates holding master's degrees and completing extensive graduate practicums. For me personally, as a born and raised Bozemanite, I would have no hope of living and working here in this field without partner and family support.

Caseload Pressure & Client Access

In group practice settings, licensure candidates often have limited control over referrals and may feel pressure to accept clients based on availability rather than clinical fit in order to maintain financially viable caseloads. In smaller or independent practice models (such as my employment), candidates must build caseloads on their own- a slow and uncertain process, particularly when clients need to limit sessions due to their own financial constraints. Because candidates receive only a fraction of collected fees, offering sliding scale services, one of the most effective tools for improving access in a broken insurance system, often becomes financially impossible.

These challenges are compounded by the fact that licensure candidates in Montana cannot accept Medicaid or Medicare. As a result, candidates are prevented from serving many lower-income and rural clients who are actively seeking care. I personally have come across countless clients with these insurances in need of care who I might be a good fit for, but who I cannot offer services to. This is especially frustrating when I am working tirelessly to maintain a balanced and healthy caseload. Allowing supervised candidates to bill these payers under appropriate oversight would both expand access to services and enable candidates to build caseloads more sustainably while completing required supervised hours.

Interstate Barriers

Montana has also not joined relevant interstate licensure compacts for social work, limiting continuity of care for clients who travel seasonally, attend college out of state, or reside across state lines. This further restricts workforce mobility and unnecessarily disrupts care in a predominantly rural state.

Supervision Models and Clinical Effectiveness

The current licensure model assumes that increased hours and years of supervised practice necessarily lead to better client outcomes. However, research does not consistently support this assumption. Studies indicate that therapist effectiveness does not reliably improve simply with accumulated hours, but is more strongly associated with the quality of supervision, ongoing professional development, reflective consultation, and access to diverse clinical feedback.

Yet Montana's supervision requirements focus primarily on quantifying hours under a single supervisor, rather than emphasizing structured consultation groups, peer learning, or evidence-based continuing education. This creates a system in which candidates may complete thousands of under-paid hours all without receiving the forms of support most closely associated with improved clinical outcomes. On a personal note, I am only a year into private practice, and have already put many hours into seeking out supplemental forms of education and clinical guidance. My supervisor is a good clinician, but she is one person with one background that sometimes doesn't overlap with my areas of interest. This means I spend my own time and funds on consultation groups, continuing education, and seeking out evidence-based interventions to better serve my clients.

Conclusion and Recommendations

Taken together, these structures impose severe financial strain on licensure candidates, forcing many to rely on partners, family support, or additional employment. This makes progress toward independent licensure feasible primarily for those with economic privilege, directly conflicting with the Task Force's goal of removing unnecessary barriers and improving access to professional services, particularly in rural and underserved communities.

Recommended reforms include:

- Revising supervision requirements to emphasize a mix of high-quality supervision, structured consultation groups, peer support, and continuing education linked to demonstrated clinical competency.*
- Reducing financial barriers to sustained supervised practice*

-Providing greater flexibility in how supervised experience is documented and earned, including recognition of group consultation and structured professional development.

-Expanding opportunities for supervised candidates to serve high-need populations, including reconsideration of Medicaid and Medicare billing restrictions under appropriate oversight.

I fully support high standards that protect public safety. However, the current emphasis on total hours under a single supervisor does not equate to better care and is frankly an exploitative labor practice for licensure candidates. I urge you to seek out the opinions of other SWLCs (as well as PCLCs) across the state to gain a broader perspective on this issue, as what I have addressed here is only part of a diverse picture. I do believe meaningful reform would align licensure pathways with evidence-based practices that improve clinician effectiveness while expanding access and reducing unnecessary barriers for Montana's mental health workforce.
