

Client name Carolyn Woods
Form Montana Licensing Reform Task Force
Matter Carolyn Woods - Rules
Sent March 9, 2026 at 2:33 PM
Due
Submitted March 9, 2026 at 2:33 PM

Carolyn Woods

Date of birth		Company	Firelight Counseling LLC
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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
Barriers 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?

I am a Licensed Clinical Social Worker currently licensed and practicing psychotherapy in Montana and Minnesota. I would like to encourage the state of Montana to join the Social Work Compact. This would make the process of providing services to clients in Montana and those who move to or visit other states much easier and more accessible. Minnesota already belongs to the compact as well as many, many other states. With the shortage of mental health providers in most states, this will make delivering these services to those who are underserved much more accessible. You can access the information and see the map of states who are in the compact, pending, or do not belong in the following link. swcompact.org. This could be the single easiest way to streamline licensing for our group and allow access to those in need. Thank you!

Client name Allie Schweizer
Form Montana Licensing Reform Task Force
Matter Allie Schweizer - Rules
Sent March 6, 2026 at 4:42 PM
Due
Submitted March 6, 2026 at 4:42 PM

Allie Schweizer

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General comment

What are your comments?

My name is Allie Schweizer and I am speaking on behalf of the Montana Society for Respiratory Care Board in my role as State Delegate.

Thank you, Greg Gianforte, and members of the Task Force for your work in thoughtfully evaluating state licensing requirements. We appreciate your commitment to modernizing systems and improving workforce access. At the same time, respiratory therapy licensure is directly tied to public health and patient safety. These standards must be maintained to ensure hospital compliance and continued access to highly qualified professionals.

Respiratory Therapists manage mechanical ventilators in intensive care units, provide emergent airway stabilization, treat acute respiratory failure, educate individuals living with chronic lung disease, and play an essential role in neonatal and pediatric care. They practice across all hospital departments, in pulmonology clinics, in research, home oxygen DME, and emergent patient transports across the state. Respiratory Therapists are responsible for high-risk, life-sustaining interventions. They prevent ventilator-associated injury such as barotrauma, hypercapnia, hypoxia, infection, and death. They safeguard patients from oxygen-related harm, reduce hospital readmissions, and provide education that supports long-term, preventive care.

Licensure establishes and protects the standard of practice for Respiratory Therapists. In Montana, this includes graduation from a CoARC-accredited program and achievement of NBRC credentials. Maintaining these rigorous standards ensures patient safety and professional accountability. Lowering standards will not create workforce capacity, it will create risk.

Montana took proactive steps last year by passing the Respiratory Care Interstate Compact (RCIC) licensure, sponsored by Senator Buttrey. This initiative directly aligns with the Task Forces goals by expanding workforce mobility while preserving licensure standards. Five states have enacted the compact and twelve additional states have introduced the bill to legislation. With seven states required for activation, the RCIC is projected to take effect in 2026.

In closing, we support thoughtful modernization and workforce solutions. However, patient safety must remain the foundation of respiratory care licensure and those protections should be preserved. Please keep licensure and continue to support the boards work towards workforce access. Thanks.

Client name A Mark Rittenhouse
Form Montana Licensing Reform Task Force
Matter A Mark Rittenhouse - Rules
Sent March 6, 2026 at 5:52 AM
Due
Submitted March 6, 2026 at 5:52 AM

A Mark Rittenhouse

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General comment

What are your comments?

It is very encouraging that our governor has set up this committee. I have practiced as a dentist in Montana since 1988. It would be a great benefit to allow dentists to be able to provide services to Montana residents with the full scope that we have been trained for and continue to be trained for. Historically you will discover that this privilege has been opposed by past boards of dentistry, and only recently has allowed dentists to provide implant retained prostheses. Other states such as Washington have a more comprehensive scope of practice. We originally had a wide scope but lost a fair portion when we were put under the board of dentistry back in i believe 1987 or so. I personally have a wonderful inter professional relationship with local surgeons and general practicing dentists. But for the future dentists it would be paramount that they don't have to spend tens of thousands of dollars trying to preserve our practice scope and allow us to maintain a level that allows full scope. Please look at the historical difficulties that we've endured and allow the future generations of dentists the blessing of providing our patients with our skills. Respectfully Mark Rittenhouse LD
