

Client name Laura Puryear
Form Montana Licensing Reform Task Force
Matter Laura Puryear - Rules
Sent June 11, 2026 at 8:55 AM
Due
Submitted June 11, 2026 at 8:55 AM

Laura Puryear

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

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?

June 11, 2026

To: Montana Licensing Reform Task Force

Re: Healthcare Licensing Board Composition, Consolidation, and Program-Conversion Options

Dear Licensing Reform Task Force members,

I write on behalf of Associated Bodywork & Massage Professionals (ABMP), a membership association representing massage therapists in Montana and across the country, in response to the proposed options put forth by the Licensing Reform Task Force Subcommittee on Healthcare's proposed options regarding healthcare board composition and to suggest a best course of action.

ABMP applauds the work you have undertaken in reducing red tape and barriers to entry for Montana's licensed professions. Your work will enable employment for countless Montanans and fill hiring gaps in many critical professions. After reviewing the options presented by the Healthcare Subcommittee on board composition, ABMP would like to offer suggestions based on our 40 years of experience in representing and supporting the massage therapy profession.

In an ideal world, we would implore you to allow the Board of Massage Therapy to continue to operate independently. In our experience, this gives a voice to the many fields within the massage therapy profession, making sure massage therapists and their clients are protected by high educational and professional standards. An independent board allows adequate time and attention to be given to the complex issues that are often unique to massage therapy, such as the fight against human trafficking and illicit massage businesses that can harm the profession.

However, we understand that everyone must make compromises to further the collective goal of streamlining and sharpening the licensure and regulation of professions in the state. In that spirit, ABMP can support your proposed Option 2: Merge Massage Therapy and Chiropractic into Alternative Healthcare. As you accurately predicted in your "cons" subsection, there will be resistance within the profession. We are willing to lend our assistance to help placate those in opposition, provided the board restructuring allows for fair and equal representation for massage therapists on the newly consolidated board. It is of vital importance that this proposed board allows massage therapists to have an equal say and a fair vote in all proceedings that could impact the profession. As I mentioned, massage therapy is a unique profession, even among the often eclectic world of alternative and complementary healthcare, with challenges most other professions do not face as well as high educational standards pertaining to human anatomy and potentially dangerous contraindications. Our practitioners could not, and would not, be adequately represented by the voice of an individual who is not a licensed massage therapist.

ABMP shares the same goal as the Task Force: We want to see licensing boards streamline processes without compromising the quality of their work. If we must consolidate the Board of Massage Therapy into a composite board, ABMP urges you to take all necessary steps to ensure massage professionals are equally and fairly represented among their peers.

We stand ready and willing to assist the Task Force however we can and are available to answer any questions your members may have.

Thank you,

Laura Puryear

Director of Government Relations

Associated Bodywork & Massage Professionals

Client name Ryan Sears
Form Montana Licensing Reform Task Force
Matter Ryan Sears - Rules
Sent June 11, 2026 at 9:00 PM
Due
Submitted June 11, 2026 at 9:01 PM

Ryan Sears

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Full Task Force
Health Care Subcommittee

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Specific person or topic

What are your comments?

Two specific topics for the Health Care Subcommittee: (1) whether Montana should treat autonomous or semi-autonomous clinical AI as a provider-like actor; and (2) the need for healthcare boards and professional societies to define their posture before any licensure, sandbox, pilot, or model framework advances.

Disclaimer: I am submitting this comment as an out-of-state healthcare professional and public-record researcher who follows state-level clinical AI governance. I am not a Montana constituent and do not wish to represent myself as one. My interest is that Montana's discussions may become a reference point for other states considering AI in healthcare.

I am not submitting to oppose the use of AI in healthcare. Rural access, workforce shortages, administrative burden, and delays in care are real problems. States should examine serious tools that may help patients, clinicians, and communities.

My concern is about sequence.

Model frameworks for autonomous and semi-autonomous clinical AI systems are already being developed. These frameworks have the potential to be copied into state policy faster than healthcare boards and professional societies can react if they wait for a specific bill, vendor, pilot, or public controversy.

For that reason, I respectfully urge Montana's healthcare licensing boards and professional societies to define their postures toward clinical AI proactively.

The first question should not be: "How should Montana license AI providers?"

Instead, the threshold question is: "Should autonomous or semi-autonomous clinical AI be recognized as a provider-like actor at all, or should AI remain a tool used by accountable licensed humans?"

This distinction matters because once discussions begin inside the language of "AI providers" or "clinical AI licensure," healthcare professions may find themselves negotiating safeguards inside a framework they did not design.

I respectfully encourage Montana's medical, nursing, pharmacy, PA/NP, hospital, malpractice, patient-safety, rural-provider, privacy, and all relevant patient-advocacy stakeholders to define, before any legislative proposal advances:

- 1. Whether AI should ever be treated as a provider-like clinical actor.*
- 2. Which clinical functions should remain categorically off-limits to autonomous systems, including diagnosis, new prescribing, high-risk medication changes, controlled substances, psychiatric triage, pediatric care, emergency advice, and medication discontinuation.*
- 3. Which functions may be appropriate only as clinician-support tools, such as documentation, summarization, care-gap detection, refill queue triage, prior authorization support, patient education drafts, or remote-monitoring alerts.*
- 4. What minimum safeguards must exist before any clinical authority is delegated, including independent validation, named accountability, board jurisdiction, adverse-event reporting, audit logs, patient consent, opt-out rights, escalation rules, complaint pathways, malpractice coverage, and post-market surveillance.*
- 5. Which existing professional boards and societies must be involved before any authorization, pilot, sandbox, or licensure category is created.*

The fact that unregulated AI health advice may be risky does not automatically mean the correct answer is to create a new licensure category for autonomous or semi-autonomous clinical AI. That may be one proposal, but it should not become the default premise before the healthcare professions have defined their own position.

I respectfully encourage the Task Force to continue advancing high-consensus healthcare workforce and licensing reforms, while treating autonomous and semi-autonomous clinical AI as a separate threshold-governance issue.

Montana does not need to resolve that question prematurely in order to make progress on workforce access, licensing efficiency, telehealth, credentialing, or rural care.

In short, my request is simple: keep clinical AI in a further-study posture unless and until Montana's healthcare boards and professional societies have had a dedicated opportunity to answer the threshold questions themselves.

Client name Joe Byington
Form Montana Licensing Reform Task Force
Matter Joe Byington - Rules
Sent June 12, 2026 at 6:44 AM
Due
Submitted June 12, 2026 at 6:44 AM

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General comment

What are your comments?

I respectfully oppose expanding the scope of practice for denturists through this workforce initiative.

Montana currently has only 24 licensed denturists, and Montana is one of only six states that permits this profession. The fact that the vast majority of states do not authorize these expanded functions should give policymakers pause before broadening the scope of practice further.

Training alone does not necessarily establish the expertise, experience, or clinical judgment required to perform additional procedures safely and effectively. This concern is particularly important when proposals involve radiography, which carries risks to the public, including excessive radiation exposure if not performed appropriately. Some proposals also appear to approach, or potentially encourage, diagnostic activities that traditionally require the education and training of a licensed dentist.

Most importantly, decisions regarding the scope of practice for denturists should be made through the Board of Dentistry, which is the regulatory body with the expertise and statutory responsibility to evaluate standards of care, education, competency, and patient safety. The Board already includes representation from the denturist profession and is therefore well positioned to consider any proposed changes through the established regulatory process.

Any expansion of scope of practice should be based on demonstrated public benefit, evidence of competency, and a thorough review by the Board of Dentistry rather than through a broad workforce initiative. Patient safety and quality of care should remain the primary considerations.
