

Client name Allison Nelson
Form Montana Licensing Reform Task Force
Matter Allison Nelson - Rules
Sent July 6, 2026 at 10:06 PM
Due
Submitted July 6, 2026 at 10:06 PM

Allison Nelson

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?

Health Care Subcommittee

We want to hear from you!

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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?

*Please do not merge the Board of Massage with cosmetology and barbers.
If we must merge boards, massage is more closely aligned with alternative health.*

Client name Candy Van Frachen
Form Montana Licensing Reform Task Force
Matter Candy Van Frachen - Rules
Sent July 6, 2026 at 8:20 PM
Due
Submitted July 6, 2026 at 8:20 PM

Candy Van Frachen

Date of birth

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Specific person or topic

What are your comments?

To whom it may concern, this letter is to request that The Board of Massage Therapy be left intact as is. We are health care providers. We do not fit with cosmetologist.

Regarding consolidating w/ Cosmetology:

- 1. Cosmetologists are not healthcare providers. They do not have the background knowledge to protect the public, which endangers the public health, safety, and welfare.*
- 2. Massage therapists are not ok with being outnumbered on the consolidated board because*
 - * cosmetologists have no healthcare background*
 - * The numbers would ensure that massage therapists don't have the power to protect the public because they could be outvoted by non-healthcare providers.*
- 3. Any cosmetologist providing healthcare services is not under the jurisdiction of the Board of Barbers and Cosmetologists. They must be supervised by a healthcare provider and are under the jurisdiction of the board of that healthcare provider – NOT the cosmetology board.*
- 4. Most (80%) massage therapists don't work in spas*
- 5. I work in 2 health care settings. One continuum care facility and treat out patients for PT and massage therapy. I am dual licensed, PTA and LMT. My training was medical massage. I'm also certified to treat lymphedema both under massage and PT. Lymphedema is a medical condition. Most of my work is to treat the body for health wellness and healing not a fufu massage. By changing the almost board to a non medical field this would limit patients ability to have insurance pay for treatment.*

Regarding consolidation with the Alternative Health Care Board (AHCB)

- 1. I Support the merger as it is written – no changes to board make-up*
- 2. The AHCB is made up of healthcare professionals, so are massage therapists*
- 3. Massage therapists don't mind being outnumbered on the consolidated board because*
 - * As written, each profession is equally represented on the board*
 - * Massage therapy would be regulated by other healthcare professionals*
- 4. Saying that massage therapy is not a life or death issue so shouldn't be on the AHCB: Well, what about the public member? Also, massage therapy when improperly applied can be a life or death issue (example: blood clots).*

Please keep massage therapy's board separate.

Thank you for your time.

Client name Carrie Jones
Form Montana Licensing Reform Task Force
Matter Carrie Jones - Rules
Sent July 6, 2026 at 7:37 PM
Due
Submitted July 6, 2026 at 7:37 PM

Carrie Jones

Date of birth

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Specific person or topic

What are your comments?

Members of the Committee,

I am a rehabilitational massage therapist. I work primarily with injuries, scar tissue, and long-term chronic pain. All of my work contains a whole body health aspect, which is absent from much of the rest of the healthcare system. I have been in this industry for over two decades. I have worked in spas, private practice, and a clinic. I have worked internationally and across state lines. Merging the Board of Massage Therapy with the Board of Barbers and Cosmetologists is a great disservice to the public, massage therapists/bodyworkers, and to cosmetologists/barbers. Cosmetologists are not healthcare workers. Massage therapists/bodyworkers are not cosmetologists. I have worked in a spa before, and frankly, it was classifying me in with the cosmetologists that made me leave that job. I was forced to practice outside my scope of practice when customers came in demanding skin care and hair care that I was not qualified to provide. Most massage therapists/bodyworkers do not work in spa practice, and we are required by our boards to have extensive training in anatomy, physiology and pathology. A board that has no experience with these subjects is not the place for us. Frankly, I do not think you should be consolidating us into another board at all. We face significantly different issues from other professions and our board is the best equipped to handle them. If you must consolidate us, (and again, I urge you not to take that route) then please consider merging us with the Alternative Health Care Board. The other members here will understand the issues we face because they are also health care providers, though of a different nature. This board also would give us equal representation as our merge with Cosmetology/Barbers would not.

I know it is tempting to think that this will address the trafficking issue that affects both professions, but it will not. That is a separate issue that needs to be handled by law enforcement and has nothing to do with our boards, nor would putting these two disparate groups together "solve" anything related to this.

I will leave you with this last thought. Many people have disparaged my hard-won knowledge and education by deciding that massage therapists/bodyworkers are not healthcare professionals. I feel that unless you want to take the thousands of hours of healthcare classes I have (and no, I'm not exaggerating! I have to be able to back that up for my licensure with documentation) that you have no right to say my professional board should not be a healthcare-based board. We are healthcare professionals. We deal with healthcare issues.

Do not merge our board with Cosmetology/Barbers. That will not protect the public.

Client name Aleesa Watson
Form Montana Licensing Reform Task Force
Matter Aleesa Watson - Rules
Sent July 7, 2026 at 8:56 AM
Due
Submitted July 7, 2026 at 8:56 AM

Aleesa Watson

Date of birth

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Specific person or topic

What are your comments?

Dear Members of the Governor's Licensing Reform Task Force,

Thank you for the opportunity to comment on the proposed licensing board consolidations. As a Licensed Massage Therapist (LMT), I respectfully urge you to reject the proposed consolidation of the Board of Massage Therapy with the Board of Barbers and Cosmetologists and instead support the merger with the Alternative Health Care Board (AHCB) as currently written.

Massage therapy is a healthcare profession—not a cosmetic service. Licensed Massage Therapists complete extensive education in anatomy and physiology, kinesiology, pathology, contraindications, ethics, law, and clinical assessment before passing a rigorous national licensing examination, such as the MBLEx or NCTMB.

Our education prepares us to assess clients safely, recognize when massage is appropriate, and identify contraindications that require modifying treatment or referring a client to a healthcare provider. Conditions such as blood clots, active infections, certain cardiovascular conditions, cancer-related precautions, and acute injuries require clinical judgment because failure to recognize them can result in serious injury—or even death.

Massage therapy is firmly established within today's healthcare system. Licensed Massage Therapists work in hospitals, provide specialized care such as oncology massage, collaborate with physical therapists and chiropractors who incorporate massage into treatment plans, and in many cases bill health insurance for medically necessary treatment. These are clear indicators that massage therapy is a respected healthcare profession.

While cosmetologists are highly trained within their profession, they are not healthcare providers. Their education, scope of practice, and regulatory responsibilities are fundamentally different. Placing massage therapy under a cosmetology board would remove healthcare oversight from a healthcare profession. Massage therapists would also be significantly outnumbered, allowing decisions affecting education, standards of practice, discipline, and public safety to be made by individuals without healthcare training.

Additionally, approximately 80% of Licensed Massage Therapists do not work in spas. Many practice in hospitals, chiropractic offices, physical therapy clinics, medical practices, rehabilitation settings, and independent healthcare practices. Our regulatory oversight should reflect where and how our profession actually practices.

The Alternative Health Care Board is the appropriate regulatory home because it is composed of healthcare professionals. As proposed, each profession maintains equal representation while ensuring massage therapy is regulated by professionals who understand healthcare education, clinical standards, and patient safety.

Massage therapy has earned its place as a healthcare profession through rigorous education, national testing, state licensure, and evidence-based practice. Our regulatory oversight should reflect that reality.

Thank you for your consideration and for your commitment to protecting the health, safety, and welfare of the people of Montana.

Respectfully,

*Aleesa Watson, LMT
Licensed Massage Therapist*

Client name Amanda Weller
Form Montana Licensing Reform Task Force
Matter Amanda Weller - Rules
Sent July 7, 2026 at 7:54 AM
Due
Submitted July 7, 2026 at 7:54 AM

Amanda Weller

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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?

The massage board should not merge with the cosmetology board, these are not within the same field. Massage aligns with health and wellness, cosmetology aligns with hair, skin and beauty.

Client name Chelsea Tucker
Form Montana Licensing Reform Task Force
Matter Chelsea Tucker - Rules
Sent July 7, 2026 at 1:24 PM
Due
Submitted July 7, 2026 at 1:24 PM

Chelsea Tucker

Date of birth

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General comment

What are your comments?

I am writing to express my concern regarding the classification of massage therapy alongside cosmetology, and to advocate for its recognition as part of the alternative healthcare industry.

Massage therapy is fundamentally distinct from cosmetology in both purpose and practice. While cosmetology primarily focuses on aesthetics, beauty enhancement, and personal grooming, massage therapy is rooted in therapeutic outcomes that directly impact physical health, pain management, and overall well-being. Licensed massage therapists are trained in anatomy, physiology, pathology, and various therapeutic techniques designed to address musculoskeletal issues, improve circulation, reduce chronic pain, and support recovery from injury.

Additionally, the majority of licensed massage therapists do not work in spa environments. It is estimated that approximately 80% of massage therapists practice outside of spas, working in clinical settings, private practices, chiropractic offices, rehabilitation centers, and alongside other healthcare providers. This further reinforces that massage therapy is not primarily a cosmetic or luxury service, but a therapeutic modality integrated into health and wellness care.

Massage therapy is widely recognized as a complementary and alternative healthcare modality. It is often integrated into treatment plans alongside chiropractic care, physical therapy, and other rehabilitative services. Many healthcare providers refer patients to massage therapists for conditions such as chronic pain, tension disorders, injury recovery, and stress-related health concerns. This level of clinical application and collaboration underscores its role within the broader healthcare continuum rather than the cosmetic industry.

Classifying massage therapy under cosmetology diminishes the clinical training, professional standards, and therapeutic intent of the practice. It may also create confusion for the public regarding the qualifications of massage therapists and the services they provide. Proper classification within the alternative healthcare field would better reflect the education, scope of practice, and health-focused outcomes associated with massage therapy.

For these reasons, I strongly encourage the Board to recognize massage therapy as part of the alternative healthcare industry. Doing so would support higher professional standards, improve public understanding, and align Montana with the broader national perspective on the role of massage therapy in health and wellness.

Thank you for your time and consideration.

Client name Deborah Kimmet
Form Montana Licensing Reform Task Force
Matter Deborah Kimmet - Rules
Sent July 7, 2026 at 1:46 PM
Due
Submitted July 7, 2026 at 1:46 PM

Deborah Kimmet

Date of birth

Company

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Specific person or topic

What are your comments?

Dear Committee members,

Per the Discussion on June 12 regarding board consolidation:

- 1. The BLMTB Board of Directors supports retention and continuation of the Board of Massage Therapy (BoMT).*
- 2. If retaining the BoMT is not possible, we support Board Consolidation Option #2: Merge BoMT with the Alternative Health Care Board (ACHB).*

The attachment outlines our reasoning.

Thank you for all your hard work and due consideration.

Board Consolidation Massage Therapy & Alternative Health Care Boards

By Deborah Kimmet, M.S., LMT

Short on time? Just read the **bold text!**

Background:

On Friday (June 12), the Healthcare Subcommittee discussed consolidating the Board of Massage Therapy with the Alternative Health Care Board (ACHB), Healthcare Licensing Board Composition, Consolidation, and Program-Conversion Options, Option #2.

Position 1: The Business League for Massage Therapy & Bodywork (BLMTB) Board of Directors would prefer that the Board of Massage Therapy maintain its autonomy.

Position 2: Should board consolidation be necessary, the BLMTB Board supports Option #2 *as it is written* to consolidate the Board of Massage Therapy with the Alternative Health Care Board (AHCB) for the following reasons:

Reason 1: Massage Therapy is a healthcare profession. The AHCB regulates healthcare professions. Unlike the Board of Barbers and Cosmetologists, the AHCB's members would have the knowledge necessary to protect the public health, safety, and welfare when making decisions concerning the massage therapy profession.

Reason 2: The AHCB was designed as an expandable board with 2 members from each profession. This ensures that each profession on the board is adequately represented, with one member of each profession populating each disciplinary board.

- The AHCB was created via SB 381 in 1991. Two other bills created licensure for the professions that would be regulated by the ACHB. During SB 381's Senate hearing,¹ the sponsor, Senator Judy Jacobsen, specifically stated: "This bill is overdue. We need a vehicle to put small health care provider groups into." During question and answers, it was stated "She said there will probably be groups coming in the future asking to be included." So, it was already anticipated that the AHCB would be expanded, and indeed that has occurred: In 2023 acupuncturists joined the AHCB.
- The language of the board membership provision in MCA 2-15-1730 supports the premise that the AHCB is an expandable board. Every other consolidated board specifically states the name of each profession and the number of seats that each profession holds on that board. The AHCB instead states that the board consists of "(a) two members from each of the health care professions regulated by the board".
- There are two disciplinary subcommittees for each board: The Screening Panel, which first hears the complaint, and an Adjudication Panel. Having two members on the AHCB ensures that each profession will have a member on each of the panels.

Reason 3: An argument that massage therapists don't deal with life and death issues and should not be on the AHCB making decisions for the other professions is not a good argument. Public members have full decision-making authority on the board on which they sit.

- Every professional licensing board has a public member making decisions on topics they supposedly know nothing about. These members weigh evidence and facts in their decision making and listen carefully to the professional members as they make their case for any decision before the board. Massage therapists would bring that same attitude to the board.
- In 1991, during the senate hearing on the bill creating the AHCB, the same concern arose: that professions shouldn't be making decisions for another one.² Discussions centered on ways to overcome that barrier, but the legislation was not changed to reflect that. Over time the professions worked it out. In 2024, the acupuncturists joined the AHCB. They worked it out.
- Acupuncturists do not deal with life-or-death issues on a day-to-day basis, neither do massage therapists, **but** both professions can cause life-threatening issues if treatments are not conducted safely and with knowledge. For example, a blood clot can kill or severely injure someone, so a massage therapist better know how to assess for the issue and know that such a condition is contraindicated.

Reason 4: The number of complaints would not overwhelm the AHCB. In FY 23, which ended before the acupuncturists joined the AHCB,³ the AHCB processed 11 new complaints, averaging 5.5 complaints *for each of the professions* regulated by it. The Board of Massage Therapy processed 6.⁴

Reason 5: The meeting framework appears to be about the same. Each board meets about 4 times per year. We don't anticipate that changing.

Reason 6: Even though the number of massage therapy licensees is just a little over 5 times larger than the number of licensees currently regulated by the AHCB, the BLMTB Board has no issues with board consolidation *despite being outnumbered by 3 times the professional members*.⁵ All we care about is that each profession have equal representation on the AHCB.

- The difference is that these board members would be healthcare professionals. We have no objection to that. And the ratio could be even larger as there's a physician on the AHCB, and the public member could be a healthcare professional not regulated by the AHCB.⁶

In short, consolidating the Board of Massage Therapy with the AHCB is reasonable and a good fit.

Endnotes

¹ See the Senate hearing minutes here: <https://courts.mt.gov/external/leg/1991/senate/02-18-spub.pdf>.

² See endnote 6.

The House hearing minutes and both house's executive actions do not have the extensive discussion, but links are included here to verify this:

Senate Hearing: <https://courts.mt.gov/external/leg/1991/senate/02-18-spub.pdf>

Senate Executive Action: <https://courts.mt.gov/external/leg/1991/senate/02-22-spub.pdf>

House Executive Action: <https://courts.mt.gov/external/leg/1991/house/03-12-hhumser.pdf>

³ The acupuncturists joined the AHCB on October 1, 2023. Fiscal Year 2024 began before that in July 2023.

⁴ See endnote 6.

⁵ The Healthcare Licensee Data document provided to the Licensing Task Force Healthcare subcommittee shows 413 licensees regulated by the AHCB and 2082 massage therapists regulated by the Board of Massage Therapy. The AHCB consists of 6 professional members, massage therapists would add 2.

⁶ [MCA 37-1-123](#)(5) does not prohibit another licensee from being a professional member.

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What are your comments?

Dear Committee Members,

Per discussion at the June 12 Healthcare Subcommittee meeting regarding Board Consolidation, please find attached information regarding the BLMTB's opposition to consolidating Massage Therapy with Cosmetology.

The evidence in the attachment clearly shows that cosmetologists/estheticians are not healthcare professionals and having a majority of board members with no healthcare background regulating a healthcare profession is dangerous to the public.

Board Consolidation: Massage Therapy & Cosmetology (Opposed by BLMTB)

By Deborah Kimmet, M.S., LMT

Short on time? Just read the **bold text!**

Background:

On Friday (June 12), the Healthcare Subcommittee discussed board consolidation. One of the ideas was to consolidate the Board of Massage Therapy with the Board of Barbers and Cosmetologists. The member who proposed this idea did so because she believed that

- Estheticians do some healthcare-type modalities
[Note: if they do they are not regulated by the Board of Barbers and Cosmetologists]
- Both cosmetology and massage therapy have human trafficking issues

The Business League for Massage Therapy & Bodywork (BLMTB) Board of Directors **OPPOSES** combining the Board of Massage Therapy with the Board of Barbers and Cosmetologists for the following reasons:

Reason 1: The Board of Barbers and Cosmetologists (BBC) has NO jurisdiction over a person providing healthcare services. This also applies to a person normally regulated under their jurisdiction *when that person performs tasks considered to be healthcare.*

- The scope of cosmetology, is limited to “the embellishment, cleanliness, and beautification of the hair and body.” (MCA 37-31-101).¹ This is not healthcare.
- The scope of esthetics is skin care and is limited per the “Cosmetology” definition. This also is not healthcare.²
- “All licensees under the Board of Barbers and Cosmetologists are limited [to] noninvasive procedures as defined in [the rules].” The intent is not healthcare based in accordance with the definition of Cosmetology.³
- A licensee, such as an esthetician, may work under the supervision of a healthcare provider, but as such *they are not under the jurisdiction of the Board of Barbers and Cosmetologists because it exceeds the purpose/definition of cosmetology.* Instead, they are and must be regulated under the jurisdiction of the supervisor’s healthcare board.⁴
- Licensees must work in a salon/shop to be under the jurisdiction of the Board of Barbers and Cosmetologists ***and*** no activities exceeding the scope of cosmetology, including healthcare procedures, may occur inside of a salon/shop. An area where such activities occur “must be separated from a salon/shop by at least a full length partition. That area is not licensed and regulated by the Board of Barber and Cosmetologists.”⁵

Reason 2: The Board of Barbers and Cosmetologists has no healthcare regulation experience and does not have the depth of knowledge in anatomy, physiology, or any of the other healthcare knowledge necessary to regulate a healthcare profession, like massage therapy. This lack of knowledge is not safe and does nothing to protect the public from harm.

Reason 3: Because there are more than 6 times the numbers of licensees on the Board of Barbers and Cosmetologists (13,327) as opposed to massage therapists (1943),⁶ massage therapy licensure representation on a consolidated board would likely be very much in the minority. *Again, it puts the public in danger when a non-healthcare board/profession attempts to regulate a healthcare profession.*

Reason 4: Human trafficking is found in a variety of professions. It does not mean that those boards should be consolidated.

- The type of human trafficking experienced by both boards is fundamentally different, with each requiring a different kind of approach.
Cosmetology: Mainly labor trafficking, little sex trafficking
Massage Therapy: Mainly sex trafficking, some labor trafficking
- Reasons 1 and 2 above take precedence: A non-healthcare profession has no business regulating a healthcare profession.

Reason 5: Consolidating the boards will not address the problem of human trafficking in massage therapy because the Department will continue to not proactively enforce a provision within the scope of massage therapy for two different reasons: Lack of staffing (what they told the Board of Massage Therapy) and because they believe that the problem is a law enforcement issue (what they implied to the 2025 legislature), *even though the statute in question is a provision within the massage therapy statutes.*

- [MCA 37-33-406](#) allows for limited checks to ensure that licenses are posted for each practitioner. This provision not only protects the public by ensuring that everyone purporting to be a massage therapist really is one, but it also impacts human trafficking as unlicensed practice is also common in such situations.⁷
- The Department told the Board of Massage Therapy that, due to lack of staff, the provision could only be enforced by filing a complaint, which puts the reporter in danger from gangs and cartels.⁸ And to be clear: The anonymous complaint rule made specifically for massage therapy does not protect massage therapists if a person files the complaint and asks to remain anonymous. Their name will eventually be revealed, putting them in danger.⁹
- During the 2025 House hearing on HB 720, the Department implied that they will not enforce MCA 37-33-406 because it was a law enforcement issue as they explicitly accused the board of scope creep into law enforcement.¹⁰ It is not. It is a licensing issue, protecting the public from unlicensed practice, no matter the offender's motivation for being unlicensed.
- The Department has limited enforcement staff, and board consolidation won't increase or decrease those numbers.
- Given that some massage businesses are already attached to salons/spas – but are not part of those salons/spas (see Reason 1 above) – the Department could have already been doing those license checks, because of the common enforcement staff. We don't see that lack of enforcement changing. And even if enforcement did change, this would only lead to inspection of about 20% of massage businesses (see Reason 6).

Reason 6: If the reason for consolidation is because “a lot” of massage therapists work in salons or spas, that's not a good reason either. The reality is far different: In 2023, only 20% worked in that setting. Far more worked in other, non-cosmetology settings. Interestingly, though, that 20% probably worked elsewhere too, as the average therapist worked in about two settings.¹¹

- These massage therapists are not under the jurisdiction of the Board of Barbers and Cosmetologists because massage therapists are healthcare professionals (see Reason 1 above).
- 43% worked in their own office and 28% worked out of their home. 11% worked in chiropractors' offices. Again, in all these cases, the average therapist works in about two settings.¹²

In short, consolidating the Board of Massage Therapy with the Board of Barbers and Cosmetologists is not a good fit. A better fit is with the Alternative Health Care Board (AHCB).

Endnotes

¹ **MCA 37-31-101. Definitions.**

(9) (a) "Cosmetology" means work included in the terms "hairstyling", "manicuring", "esthetics", and "beauty culture" when the work is done for the embellishment, cleanliness, and beautification of the hair and body.

(b) The term may not be construed to include itinerant cosmetologists who perform their services without compensation for demonstration purposes in any regularly established store or place of business holding a license from the state as a store or place of business

² **MCA 37-31-101. Definitions.**

(14) "Esthetics" means skin care of the body, including but not limited to hot compresses or the use of safety-approved electrical appliances or chemical compounds formulated for professional application only and the temporary removal of superfluous hair by means of lotions, creams, or mechanical or electrical apparatus or appliances on another person

³ Quote is from an FAQ (dated 10/30/24) on the Board of Barbers and Cosmetologists' website as of 6/12/2026 (<https://boards.bsd.dli.mt.gov/docs/med/Med-Spa-FAQ-24.pdf>). The FAQ clarifies the role of Medical Spas and Medical Cosmetic/Esthetics Procedures in Cosmetology.

"Noninvasive" is currently defined in [ARM 24.121.301](#)(15). As defined, a noninvasive procedure can touch, exfoliate, or remove dead skin, but it cannot penetrate or damage living skin.

[ARM 24.121.301](#)(15) "Noninvasive" means superficial procedures confined to the nonliving cells of the epidermis, specifically the stratum corneum layer, and through which living cells beneath the stratum corneum are never altered, cut, or scarred.

In short, the definition allows touch, exfoliation, or the removal of dead skin, but work cannot penetrate or damage living skin. Because the statute defines electrolysis and esthetics includes it, hair removal is also implied. However, hair removal is not healthcare.

⁴ See endnotes 1 and 2 for definitions of *cosmetology* and *esthetics*. Also see endnote 3 for link to the FAQ that clearly states that a licensee exceeding their scope is under the jurisdiction of the healthcare provider's board.

⁵ See endnote 3 for link to the FAQ, which spells out these provisions.

⁶ To be consistent, statistics were taken from the June 2024 licensing report to the Governor: *Professional & Occupational Licensing Board Report Fiscal Years 2022-2023*

⁷ MCA 37-33-406 "(1) A massage therapy business shall conspicuously display on the premises the license of each massage therapist working at the business or, for a mobile practice, make the license readily available.

(2)(a) The department or a designee, a government official having jurisdiction, or a law enforcement officer may enter a massage therapy business at any time during business hours to determine compliance with subsection (1)."

In short, the Department is authorized to do limited inspections to check for licenses.

⁸ Department Commissioner Sarah Swanson at the July 15, 2024, Board of Massage Therapy meeting discussed lack of staffing. Board chair Jennifer Roth discussed the danger.

⁹ [ARM 24.155.904](#) allows for anonymous complaints, but the Department has a policy of revealing the reporter later in the process – as told to the Board of Massage Therapy meeting, September 23, 2024, by the Compliance Section Chief.

This squarely puts the reporter in danger if the complaint concerns a human trafficking gang or cartel.

¹⁰ Department Commissioner Sarah Swanson during the House hearing on HB 720 on March 1, 2025 (~10:06:40). An "area of incredible scope creep is law enforcement." Then said in conjunction with comments regarding human trafficking that "members of the [massage] board continue to try to conflate the role of the board with the role of law enforcement."

There is no other provision in the massage therapy law besides MCA 37-33-406 to which the quote could be attributed. It is a license inspection provision, located squarely in the massage therapy statutes and does not even mention human trafficking in the language.

¹¹ AMTA 2024 Massage Profession Research report.

¹² See endnote 11.