Montana Department of
LABOR & INDUSTRY

Licensing Reform Task Force

Healthcare Subcommittee

HEALTHCARE LICENSING BOARD COMPOSITION, CONSOLIDATION, AND PROGRAM-CONVERSION OPTIONS

Memorandum

To: Healthcare Subcommittee, Montana Licensing Reform Task Force
From: Office of Legal Services / Policy Support
Date: June 10, 2026
Re: Healthcare Licensing Board Composition, Consolidation, and Program-Conversion Options

Executive Summary

The healthcare licensing data suggests that Montana's current board structure includes a mix of large, high-volume boards; recently consolidated multi-profession boards, small standalone boards; and several existing program-based credentials. The data supports a tiered reform approach: retain separate boards for high-volume and complex professions, consider consolidating smaller or related boards, and evaluate whether selected boards could be converted to agency-administered licensing programs.

Background and Data Summary

The Healthcare Subcommittee requested data on board structure, board composition, licensing costs, and time to licensure. The materials show significant variation in board size, licensee population, application volume, and meeting activity.

Several large boards regulate substantial licensee populations and appear to require continued board-level governance. For example, the Board of Nursing regulates 34,791 active licenses, including 32,357 registered nurse and APRN licenses, while the Board of Medical Examiners regulates 16,081 active licenses across physicians, physician assistants, osteopaths, dietitians/nutritionists, podiatrists, and related categories.

The materials also show that Montana has recently used consolidation as a reform tool. Clinical Laboratory Science Practitioners, Radiologic Technologists, and Respiratory Care Practitioners were consolidated into the Board of Allied Health Care Professionals, effective January 1, 2026. Athletic Trainers, Occupational Therapy Practice, Physical Therapy, and Speech-Language Pathologists and Audiologists were consolidated into the Board of Physical, Rehabilitative, and Developmental Health Care Professionals, also effective January 1, 2026.

At the other end of the spectrum, several boards regulate relatively small licensee populations. The Board of Optometry regulates 322 active licenses; the Board of Alternative Health Care regulates 413; the Board of Nursing Home Administrators regulates 450; the Board of Psychologists regulates 503; and the Board of Chiropractors regulates 571.

Options for Consideration

Option 1: Retain Large, High Volume, and Already-Integrated Boards

Boards likely included: Nursing, Medical Examiners, Dentistry, Pharmacy, and other boards with high volume, complex discipline, significant scope-of-practice issues, or an already coherent professional structure.

Short analysis: Some boards should likely not be prioritized for full consolidation because they are either high-volume and complex or already organized around a coherent professional field. For example, the Board of Dentistry already combines dentists, dental hygienists, and denturists and regulates 2,140 active licenses. The Board of Pharmacy regulates 8,970 total active licenses, including pharmacists, pharmacy technicians, pharmacies, mail order pharmacies, medical practitioner dispensers, and wholesale drug distributors.

These boards may still benefit from targeted process improvements, but wholesale consolidation is unlikely to be the best first option. Retaining separate boards preserves subject-matter expertise for distinct clinical and public-safety issues, avoids overbroad consolidation, and maintains coherent governance for already integrated professions.

Option 2: Merge Massage Therapy and Chiropractic Into Alternative Health Care

Possible consolidation: Expand the Board of Alternative Health Care to include Massage Therapy and Chiropractic.

Short analysis: This option would merge Massage Therapy and Chiropractic into the existing Board of Alternative Health Care. The Board of Alternative Health Care currently includes acupuncturists, direct-entry midwives, naturopaths, one physician in obstetrics, and one public member. Chiropractic and massage therapy are separate smaller boards, but they share some regulatory characteristics with alternative or complementary health practices, including low non-routine applications, low complaints, inconsistent meeting schedules, private-practice settings, wellness-oriented services, and recurring boundary-of-practice issues.

Pros:

- Reduces the number of standalone boards.
- Creates a more coherent umbrella than a general catch-all small board.
- Preserves profession-specific representation through reserved seats.
- May reduce meeting, appointment, agenda, and staff-support burdens.
- Could provide a natural home for future complementary health credentials.

Cons:

- Direct-entry midwifery may require distinct maternal-health expertise.
- Chiropractic and massage therapy may resist loss of standalone governance.
- Board composition would need careful balancing to avoid underrepresentation.
- Scope-of-practice issues may still require profession-specific advisory input.

Implementation steps:

- Map current statutory board-creation provisions, board powers, and rulemaking authority.
- Determine whether direct-entry midwifery should remain in the umbrella board or have special advisory protections.
- Design a seat structure with reserved seats for chiropractic, massage therapy, naturopathy, acupuncture, midwifery, public members, and any required medical/maternal-health expertise.
- Decide whether existing board rules should be retained, harmonized, or repealed.
- Create transition provisions for pending applications, complaints, disciplinary matters, rules, and board member terms.

Option 3: Create a Behavioral Health and Psychology Board

Possible consolidation: Behavioral Health, Psychologists, and Behavioral Analysts.

Short analysis: Psychologists and behavioral analysts fit more naturally with behavioral health than with the Board of Medical Examiners. The Board of Behavioral Health already regulates professional counselors, social workers, addiction counselors, marriage and family therapists, peer support specialists, and related candidates. The Board of Psychologists regulates psychologists and behavioral analysts. Both boards require background checks and supervision for licensees, so combining these professions could create a broader behavioral-health governance structure.

Pros:

- Aligns mental-health, behavioral-health, and behavioral-analysis professions.
- May reduce duplication in supervision, ethics, discipline, and continuing education policy.
- Creates a more coherent consolidation than placing psychologists under Medical Examiners.
- Could support consistent policy development across behavioral-health professions.

Cons:

- Behavioral Health is already a large and active board.
- A combined board may become too large unless organized with panels or committees.
- Psychologists may seek distinct representation because of doctoral-level training and independent diagnostic authority.
- Behavioral analysts may require specialized expertise.

Implementation steps:

- Compare existing board powers, disciplinary standards, supervision rules, and licensing pathways.
- Design a board structure that includes reserved seats for psychologists and behavioral analysts.
- Consider profession-specific panels for psychology/behavior analysis and other behavioral-health professions.
- Determine which matters require full-board action and which may be handled by staff or panels.
- Create transition provisions for rules, pending complaints, and ongoing disciplinary matters.

Option 4: Convert Nursing Home Administrators to a Healing Arts Licensing Program

Possible conversion: Convert the Board of Nursing Home Administrators to an agency-administered licensing program.

Short analysis: Nursing Home Administrators may be a strong candidate for program conversion because the board regulates a relatively small licensee population and appears to have a narrower licensing scope than the large clinical boards. The licensing data shows 450 nursing home administrator licenses, with 137 applications in FY2025 and 35 applications in FY2026.

Federal law should be considered in any conversion. Federal regulations provide that a state nursing home administrator licensing program must provide for licensing by either **the agency designated under the healing arts act of the state** or **a state licensing board**. The state agency or board must perform the functions and duties specified in the federal regulations. 42 C.F.R. § 431.705

Accordingly, if Montana converts Nursing Home Administrators from a board to a program, it should expressly designate the Department or program as the state licensing authority for nursing home administrators for purposes of 42 C.F.R. part 431, subpart N. A title such as **Healing Arts Licensing Program** could align the state structure with the federal terminology.

Pros:

- Eliminates standalone board governance costs.
- Aligns with the federal option allowing regulation by the state healing-arts agency.
- Allows routine licensing and renewals to be administered through staff workflows.
- Preserves technical input through advisory consultants or an advisory panel.
- May reduce delays associated with board meeting cycles.

Cons:

- Requires careful federal compliance review.
- Must preserve federally required licensing functions.
- Stakeholders may object to loss of a dedicated board.
- Program staff may need additional subject-matter support for discipline, standards, and administrator qualifications.

Implementation steps:

- Confirm all federal requirements in 42 C.F.R. part 431, subpart N.
- Identify which current board functions must be retained by the agency or program.
- Draft legislation that designates the Department or Healing Arts Licensing Program as the licensing authority for nursing home administrators.
- Create an advisory-consultant or advisory-panel mechanism for technical issues.
- Transfer pending applications, renewals, complaints, discipline, rules, records, and fees to the program.
- Develop program rules for licensing standards, examination or qualification requirements, renewals, discipline, and appeals.

Option 5: Create an Umbrella Healing Arts Licensing Program for Existing and Converted Programs

Possible consolidation: Combine existing program-based credentials, new program-based credentials, and one or more converted boards. Potential categories include Genetic Counselors, Hearing Aid Dispensers, Pediatric Complex Care Assistants, Doulas, Nursing Home Administrators if converted, and any additional health-related credential the Legislature chooses to regulate by program rather than board.

Short analysis: A broader Healing Arts Licensing Program could create one administrative home for small or specialized health-related credentials that do not require standalone board governance. The program would not need to imply that all occupations have the same scope of practice. Instead, it would provide shared administrative infrastructure with occupation-specific statutory and rule requirements.

Pros:

- Reduces fragmentation across small licensing categories.
- Provides a scalable structure for future small or emerging health credentials.
- Standardizes application, renewal, deficiency, abandonment, reinstatement, and complaint procedures.
- Allows technical input through consultants rather than standing boards.
- May reduce board meeting, appointment, agenda, and governance costs.
- Consolidated resources assists in sustaining programming costs, and may reduce costs for licensees.

Cons:

- “Healing Arts” must be clearly defined to avoid overbreadth or confusion.
- Mixed credentials may have different risk profiles and advisory needs.
- Some categories may not fit naturally together from a professional-identity standpoint.
- Additional staff capacity may be needed if the program absorbs former board functions.

Implementation steps:

- Decide whether the umbrella should be called **Healing Arts Licensing Program**, **Healing Arts and Health Occupations Program**, or **Specialized Health Occupations Program**.
- Define each included credential by statute.
- Preserve separate scope-of-practice provisions for each credential.
- Adopt common procedural rules where appropriate.
- Create authority to appoint profession-specific advisory consultants or advisory panels.
- Establish fiscal and fee accounting for each credential or program area.
- Prepare transition provisions for any board converted into the program.

Option 6: Consider Optometry Under Medical Examiners, or Convert Optometry to a Program

Possible consolidation: Move Optometry under the Board of Medical Examiners or convert Optometry to a program with advisory input.

Short analysis: Optometry is a small standalone board, with 322 active licenses and five board seats. Moving Optometry under Medical Examiners is conceptually plausible because optometry involves diagnosis and treatment of eye conditions and may overlap with medical practice. However, Medical Examiners is already large and complex. Program conversion may provide more efficiency than adding another profession to that board.

Pros:

- Reduces a standalone small board.
- Medical Examiners could provide a broader clinical governance structure.
- Program conversion could preserve staff administration while reducing board governance.

Cons:

- Medical Examiners may become too broad.
- Optometry may need independent scope-of-practice representation.
- Program conversion may be opposed if stakeholders view board governance as important for scope and standards.

Implementation steps:

- Compare optometry scope and disciplinary issues with Medical Examiners' existing jurisdiction.
- Determine whether an optometrist seat or advisory panel would be required.
- Evaluate whether staff-administered program regulation would be more efficient than consolidation.
- Prepare transition provisions for rules, applications, complaints, and board terms.

Board-to-Program Evaluation Criteria

The Subcommittee could use the following criteria when deciding whether a licensing category should remain a board, be consolidated into another board, or be converted to a program.

Indicators Supporting Continued Board Governance

- Large licensee population.
- High application volume.
- Frequent discipline or impairment matters.
- Complex scope-of-practice issues.
- Need for peer professional judgment.
- Significant public-protection risk.
- Frequent rulemaking or policy development.

Indicators Supporting Consolidation

- Related professions with overlapping practice settings or regulatory issues.
- Smaller standalone boards with similar administrative needs.
- Existing need for profession-specific expertise, but not necessarily separate governance.
- Ability to preserve representation through reserved seats or advisory panels.
- Opportunity to reduce meetings, appointments, agendas, and staff support.

Indicators Supporting Program Conversion

- Small or moderate licensee population.
- Objective licensing criteria.
- Low or manageable disciplinary volume.
- Limited need for recurring board judgment.
- Technical input can be obtained through consultants or advisory panels.
- Applications can be processed by staff using statutory and rule-based criteria.
- Federal law permits agency-administered regulation, where applicable.

Recommended Next Steps

- **Confirm legal constraints.** Review state statutes, board-creation provisions, rulemaking authority, federal requirements, and any compact obligations.
- **Request workload data.** Gather complaint volume, disciplinary volume, contested-case volume, rulemaking frequency, staff time, meeting costs, quorum issues, and application-aging data for each board and program.
- **Evaluate stakeholder impact.** Identify professions likely to support or oppose consolidation or program conversion.
- **Develop model structures.** Prepare sample composition charts for the expanded Board of Alternative Health Care, Behavioral Health and Psychology Board, and Healing Arts Licensing Program.
- **Prepare transition language.** Address board member terms, pending matters, existing rules, fees, records, contracts, disciplinary orders, and appeals.
- **Assess fiscal and staffing impact.** Determine whether consolidation reduces costs, shifts costs, or requires upfront implementation resources.
- **Prioritize pilot reforms.** Consider starting with one board consolidation and one program-conversion model before broader restructuring.

Conclusion

The data supports a measured restructuring strategy rather than a single across-the-board solution. Large, complex, and already-coherent boards should generally remain intact rather than be prioritized for full consolidation. Smaller or related boards may be candidates for consolidation, especially by merging Massage Therapy and Chiropractic into the existing Board of Alternative Health Care, and by combining Behavioral Health with Psychology. Nursing Home Administrators may be a strong candidate for conversion to a **Healing Arts Licensing Program**, particularly because federal regulations recognize licensing by either a state licensing board or the agency designated under the state's healing arts act. A broader umbrella program could also house existing small health-related programs, doulas as a new license type, and future credentials where board governance is not necessary.