

Licensing Reform Task Force Healthcare Subcommittee

PUBLIC COMMENTS & RECOMMENDATIONS FOR CONSIDERATION

Below is a compilation of recommendations pulled from public comments received to date for the Healthcare Subcommittee. The purpose of this document is to summarize the public comments and recommendations contained in the comments to facilitate discussion within the Subcommittee.

Summary of comments

Across the comments, the main recurring theme is removing unnecessary barriers, improving workforce mobility and reciprocity, expanding access in rural communities, all while still protecting public safety.

There is a divide between commenters who want to preserve existing licensure standards and those who want to reduce or modernize barriers. Many submissions argue that licensure is essential because it protects the public and ensures minimum professional competence, particularly in professions such as speech-language pathology, dietetics, physical therapy, respiratory therapy, social work, counseling, psychology, and genetic counseling.

At the same time, many commenters identify specific rules they consider unnecessarily burdensome, such as high application fees, duplicative education or supervision requirements, delays in licensing or insurance credentialing, poor reciprocity treatment for out-of-state licensees, and profession-specific restrictions on scope of practice.

Main themes across the comments

1. Preserve licensure where public safety is emphasized

A large share of the comments oppose eliminating licensure outright. Instead, they argue that licensure should remain in place for professions involving health, safety, welfare, or complex technical judgment. This appears in comments about speech-language pathologists, registered dietitians, physical therapists, respiratory therapists, psychologists, and genetic counselors.

2. Remove barriers that commenters view as unnecessary

While commenters often defend licensure itself, many ask for targeted changes to reduce friction. Common examples include:

- removing Montana's pharmacy NPDB Self Query Report requirement;
- reducing or restructuring continued education burdens for counselors or nurses;
- reducing the \$500 genetic counselor application fee and related renewal costs;
- addressing insurance credentialing delays of 90 to 180 days;
- allowing broader practice flexibility for denturists and certain behavioral health professionals.

3. Strong support for interstate compacts and portability.

A major recurring reform proposal is use of interstate compacts or similar portability tools. This is especially strong in the behavioral health comments. Multiple commenters urge adoption or prioritization for the Social Work Interstate Compact and Counseling Interstate Compact. Similar compact-related comments appear for respiratory therapy, massage therapy, and EMS.

4. Behavioral health is one of the most active and contested areas

The largest concentration of detailed comments appears in behavioral health. Themes include:

- preserving profession-specific standards for social workers, counselors, psychologists, and addiction counselors;
- concerns about combining behavioral health boards or reducing profession-specific representation;
- criticism of supervision, candidate licensing, and reimbursement structures;
- support for alternative pathways or reduced duplication for addiction counselor licensure;
- concerns about therapist discipline, board transparency, and reciprocal discipline.

5. Scope-of-practice expansion appears in selected professions

A number of professions are not asking to remove licensure, but to expand the scope of practice to match training. The clearest examples are:

- denturists, who seek broader prosthetic authority, radiology endorsement, and independent oversight;
- occupational therapists, including a request to allow upper extremity dry needling;
- psychologists, including a request that prescriptive authority for psychologists be considered.

Takeaways

The public comments received for the Healthcare Subcommittee suggest that stakeholders broadly support the Task Force's reform mission, but they do not speak with one voice about what reform should look like. The comments show three broad camps:

1. Preserve licensure and standards for safety-critical professions.
2. Keep licensure but reduce friction, such as fees, delays, duplication, and poor portability.
3. Modernize scope and pathways where commenters believe training already supports broader practice.

The most consistent actionable themes are:

- improve reciprocity and interstate portability;
- reduce administrative delays in licensing and credentialing;
- reassess high fees and duplicative supervision/education requirements;
- address rural access by using compacts, telehealth, and targeted scope modernization rather than simply eliminating licensure.

The following pages include specific recommendations for consideration by the Healthcare Subcommittee. For each recommendation, a decision tool is provided to assist in the discussion.

Recommendation #1

Ease reciprocity / educational barriers for addiction counselors moving from other states

Reform type:

Reduced barriers

Profession(s) affected:

Addiction counselors

Stated rationale:

Comment says Montana required additional education despite same NAADAC exam, causing workforce loss

Likely policy objective:

Improve interstate mobility

Decision tool for considering possible subcommittee actions

1. Does the subcommittee need more information about the recommendation?

Yes → What information?

No → Proceed with question 2.

2. Should the subcommittee proceed with the recommendation?

Yes → Should the recommendation be amended?

Yes → How?

No → Request staff to draft recommendation for presentation to Task Force

No → Why?

→ Should the recommendation be tabled for future consideration?

Yes → Staff will add to 'parking lot' for a future meeting.

No → Staff will include rationale in the final report for subcommittee decision.

Recommendation #2

Update statutory language from “chemical dependency” to “substance use disorder” and use broader “Behavioral Health disorders” language rather than specific diagnoses

Reform type:

Reduced barriers

Profession(s) affected:

Behavioral health / substance use

Stated rationale:

Comment requests terminology modernization

Likely policy objective:

Modernize statutory language

Decision tool for considering possible subcommittee actions

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Recommendation #3

Create reimbursement pathway for certified biblical / religious counselors

Reform type:

Reduced barriers

Profession(s) affected:

Biblical counselors / faith-based counseling providers

Stated rationale:

Comment says licensure-only reimbursement discriminates against religious providers and limits patient choice

Likely policy objective:

Expand reimbursement access and faith-based provider participation

Decision tool for considering possible subcommittee actions

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Yes → How?

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Recommendation #4

Clarify whether supervisors of candidate-licensed therapists must employ supervisees as W-2 employees; address BCBS policy requiring 100 percent proximity

Reform type:

Reduced barriers

Profession(s) affected:

Candidate-licensed therapists / supervisors

Stated rationale:

Comment says current language is unclear and BCBS proximity policy is unworkable in rural Montana and interferes with counseling

Likely policy objective:

Clarify supervision rules and reduce payer-created access barriers

Decision tool for considering possible subcommittee actions

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Yes → Should the recommendation be amended?

Yes → How?

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Recommendation #5

Develop licensure framework for clinical AI / “AI Augmented & Autonomous Service Provider”

Reform type:

Scope expansion

Profession(s) affected:

Clinical AI / healthcare technology

Stated rationale:

Comment says current statutes were written for human-only service delivery; formal framework would create oversight, liability, and innovation

Likely policy objective:

Modernize licensing to regulate clinical AI

Decision tool for considering possible subcommittee actions

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Recommendation #6

Create a competency-based pathway allowing experienced CNAs to challenge the LPN exam

Reform type:

Reduced barriers

Profession(s) affected:

CNAs / LPN pathway

Stated rationale:

Comment says Montana faces workforce shortages and experienced CNAs face barriers such as waitlists, limited program availability, and repeating entry-level content

Likely policy objective:

Build “grow-your-own” nursing pipeline

Decision tool for considering possible subcommittee actions

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Recommendation #7

Expand denturist scope to practice within education and training

Reform type:

Scope expansion

Profession(s) affected:

Denturists

Stated rationale:

Comments say Montana is restrictive, denturists are not allowed to practice to extent of training, and patients lose access to safe, affordable care

Likely policy objective:

Align denturist scope with training

Decision tool for considering possible subcommittee actions

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Yes → Should the recommendation be amended?

Yes → How?

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Recommendation #8

Align denturist scope with accredited education and competency; remove supervision and gatekeeping; preserve independent oversight; expand implant prosthetic scope; allow reciprocity and portability; recognize denturists as primary prosthetic providers; remove restrictive rules; create radiology endorsement; include denturists in Medicaid and rural health systems

Reform type:

Scope expansion

Profession(s) affected:

Denturists

Stated rationale:

Submission says Montana's current framework creates artificial workforce constraints, reduced access, increased costs, and outdated or protectionist limitations

Likely policy objective:

Modernize denturist regulation and expand access

Decision tool for considering possible subcommittee actions

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No → Request staff to draft recommendation for presentation to Task Force

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Recommendation #9

Allow denturists to take radiographs in private practice

Reform type:

Scope expansion

Profession(s) affected:

Denturists

Stated rationale:

Comment says radiographs are consistent with denturist training, would improve early detection and access in rural areas, and support better referral pathways

Likely policy objective:

Expand denturist diagnostic support role

Decision tool for considering possible subcommittee actions

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Recommendation #10

Align state EMS license renewal with national certification expiration.

Reform type:

Reduce barriers

Profession(s) affected:

EMRs, EMTs, AEMTs, paramedics.

Stated rationale:

Commenter stated misaligned cycles create additional cost and tracking burdens, especially for rural volunteers.

Likely policy objective:

Reduce renewal burden and avoid state licensure based on expired national certification.

Decision tool for considering possible subcommittee actions

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Yes → Should the recommendation be amended?

Yes → How?

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Recommendation #11

Reduce genetic counselor application / renewal fees while keeping licensure

Reform type:

Reduced barriers

Profession(s) affected:

Genetic counselors

Stated rationale:

Multiple comments say Montana's fees are much higher than national averages and may deter providers, but licensure is still essential for safety, billing, and recruitment

Likely policy objective:

Keep licensure while reducing cost barrier

Decision tool for considering possible subcommittee actions

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Recommendation #12

Review insurance credentialing timelines and standardization

Reform type:

Reduced barriers

Profession(s) affected:

Healthcare providers / clinics

Stated rationale:

Comment says 90–180-day credentialing delays block newly licensed providers from working and clinics from billing

Likely policy objective:

Remove non-licensure administrative barrier to practice

Decision tool for considering possible subcommittee actions

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Recommendation #13

Create international physician licensure pathway without repeating U.S. residency where training is substantially equivalent

Reform type:

Reduced barriers

Profession(s) affected:

Internationally trained physicians

Stated rationale:

Comment says current residency bottleneck keeps experienced physicians out of Montana's workforce despite shortages

Likely policy objective:

Expand physician workforce through alternate licensure path

Decision tool for considering possible subcommittee actions

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Yes → What information?

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2. Should the subcommittee proceed with the recommendation?

Yes → Should the recommendation be amended?

Yes → How?

No → Request staff to draft recommendation for presentation to Task Force

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Recommendation #14

Reduce barriers for master's-level clinicians to qualify as LACs; create reduced education/supervision pathway for already-licensed LCPCs/LCSWs; eliminate specific LAC education requirements for gambling disorder, co-occurring disorders, and behavioral pharmacology

Reform type:

Scope expansion

Profession(s) affected:

Licensed Addiction Counselors / LCPC / LCSW

Stated rationale:

Comment says current rules are duplicative, behind national standards, limit portability, and require education outside LAC scope

Likely policy objective:

Simplify addiction counselor licensure and align with national practice

Decision tool for considering possible subcommittee actions

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Yes → What information?

No → Proceed with question 2.

2. Should the subcommittee proceed with the recommendation?

Yes → Should the recommendation be amended?

Yes → How?

No → Request staff to draft recommendation for presentation to Task Force

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Recommendation #15

Join the Social Work Compact

Reform type:

Compact participation

Profession(s) affected:

Licensed clinical social workers

Stated rationale:

Comment says it would make providing services to Montana and multistate clients easier and more accessible

Likely policy objective:

Improve interstate portability for social workers

Decision tool for considering possible subcommittee actions

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Recommendation #16

Paid internships for mental health trainees

Reform type:

Reduced barriers

Profession(s) affected:

Mental health / social work / counseling

Stated rationale:

Comment says students face high costs pursuing the field

Likely policy objective:

Lower financial barriers to entry

Decision tool for considering possible subcommittee actions

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Recommendation #17

Oppose in-person supervision requirement for mental health certification

Reform type:

Reduced barriers

Profession(s) affected:

Mental health trainees / behavioral health

Stated rationale:

Comment says task force should remove red tape, not make certification harder through in-person supervision

Likely policy objective:

Prevent more restrictive supervision requirements

Decision tool for considering possible subcommittee actions

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Yes → What information?

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2. Should the subcommittee proceed with the recommendation?

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Yes → How?

No → Request staff to draft recommendation for presentation to Task Force

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Recommendation #18

Modernize telehealth rules so Montana-licensed providers can treat Montana patients regardless of provider's physical location

Reform type:

Reduced barriers

Profession(s) affected:

Montana-licensed providers / healthcare generally

Stated rationale:

Comment says this would preserve continuity of care, reduce bottlenecks, and reflect realities of a mobile workforce

Likely policy objective:

Expand telehealth flexibility for licensed providers

Decision tool for considering possible subcommittee actions

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Yes → Should the recommendation be amended?

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Recommendation #19

Evaluate Montana Assistance Program / Board of Nursing restrictions that keep CRNAs and others out of practice longer than in other states

Reform type:

Reduced barriers

Profession(s) affected:

Nursing / CRNAs

Stated rationale:

Comment says restrictions reduce workforce and increase strain without evidence of added safety benefit

Likely policy objective:

Rebalance rehabilitation and workforce retention

Decision tool for considering possible subcommittee actions

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Recommendation #20

Allow OTs to dry needle within upper extremity scope

Reform type:

Scope expansion

Profession(s) affected:

Occupational therapists

Stated rationale:

Comment says other states allow it and Montana should also

Likely policy objective:

Expand OT scope of practice

Decision tool for considering possible subcommittee actions

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Yes → How?

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Recommendation #21

Create telehealth registration pathway for out-of-state providers

Reform type:

Reduced barriers

Profession(s) affected:

Out-of-state healthcare providers / physicians

Stated rationale:

Comment says Montana's rural geography and specialist shortages make full licensure for one patient too costly and slow

Likely policy objective:

Expand access to care through streamlined telehealth entry

Decision tool for considering possible subcommittee actions

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Recommendation #22

Remove NPDB Self Query Report requirement from Montana pharmacy licensure

Reform type:

Reduced barriers

Profession(s) affected:

Pharmacy / mail order pharmacy applicants

Stated rationale:

Comment says requirement is duplicative, inefficient, costly, and delays licensure because the application already asks about legal/disciplinary history and requires home-state license verification

Likely policy objective:

Streamline pharmacy licensing and reduce duplicative application burdens

Decision tool for considering possible subcommittee actions

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Yes → How?

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Recommendation #23

Consider prescriptive authority for licensed psychologists

Reform type:

Scope expansion

Profession(s) affected:

Psychologists

Stated rationale:

Comment says Montana has psychiatrist shortages, especially in rural areas, and prescribing psychologists elsewhere have established safety record

Likely policy objective:

Expand behavioral health prescribing capacity

Decision tool for considering possible subcommittee actions

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Recommendation #24

Allow internship hours to count toward the 3000-hour requirement

Reform type:

Reduced barriers

Profession(s) affected:

Social work / LCSW / SWLC

Stated rationale:

Comment proposes using program intern hours toward licensure hours

Likely policy objective:

Accelerate path to full licensure

Decision tool for considering possible subcommittee actions

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Recommendation #25

Allow social work candidates in private practice to treat clients with Medicaid, Medicare, and Tricare

Reform type:

Reduced barriers

Profession(s) affected:

Social work candidates / mental health therapists

Stated rationale:

Comment says candidates can treat private insurance patients but are barred from serving low-income, elderly, veteran, or disabled populations outside mental health centers

Likely policy objective:

Expand access to care and candidate practice opportunities

Decision tool for considering possible subcommittee actions

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Yes → Should the recommendation be amended?

Yes → How?

No → Request staff to draft recommendation for presentation to Task Force

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Recommendation #26

Maintain speech-language pathology state licensure, but address ASHA annual payments, low Medicaid reimbursement, and telemedicine coverage

Reform type:

Reduced barriers

Profession(s) affected:

Speech-language pathologists

Stated rationale:

Comment says license is needed for quality services, but barriers include expensive ASHA dues, low reimbursement, and telemedicine limits

Likely policy objective:

Preserve licensure while addressing practice barriers

Decision tool for considering possible subcommittee actions

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