Montana Department of LABOR & INDUSTRY

SUMMARY RECOMMENDATIONS FOR REVIEW AND APPROVAL

Healthcare Subcommittee

July 17, 2026

Montana Department of LABOR & INDUSTRY

Introduction

The following pages provide summary recommendations based on input and direction from the Healthcare Subcommittee at the June 12 meeting. The Healthcare Subcommittee should review each of the summary recommendations and move to either advance the recommendation for full Task Force consideration, revise the recommendation in preparation for full Task Force consideration, or not advance the recommendation.

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SUMMARY RECOMMENDATION 1: EASE RECIPROCITY & EDUCATIONAL BARRIERS FOR ADDICTION COUNSELORS

Recommendation

The Healthcare Subcommittee recommends that the Licensing Reform Task Force endorse a targeted review and reform of Montana's reciprocity and education requirements for addiction counselors licensed or trained in other states. The recommendation should focus on eliminating duplicative educational barriers where an applicant has comparable credentials, examination history, supervised experience, and disciplinary standing, while preserving public-protection safeguards including disciplinary review, background checks, and minimum competency standards.

This recommendation should be included in the Task Force's final report as a workforce mobility, rural access, and barrier-reduction reform, subject to final legal review, confirmation of whether implementation requires statutory amendment, rulemaking, operational changes, or a combination of those steps, and coordination with DLI, the relevant licensing board, behavioral health stakeholders, and rural provider representatives.

Executive Order No. 1-2026 Report Elements Addressed

This recommendation addresses the following Executive Order No. 1-2026 report elements:

- **Public health, safety, or welfare risk:** Addiction counseling implicates behavioral health services and public protection. The recommendation preserves licensure, competency review, disciplinary screening, and other safeguards while targeting duplicative barriers for already-qualified applicants.
- **Public benefit from licensure:** Continued licensure provides a public benefit by ensuring applicants meet minimum competency and professional standards before serving Montana clients.
- **Specialized skill or training with national standards:** Addiction counseling requires specialized education, supervised experience, and examination-based competency. The recommendation specifically recognizes applicants who have passed a nationally recognized examination and can demonstrate comparable training or credentials.
- **Justified licensure qualifications:** The recommendation does not eliminate licensure qualifications; it asks whether additional Montana-specific educational requirements are justified when an out-of-state applicant has comparable credentials, examination history, supervised experience, and good disciplinary standing.
- **Unnecessary barriers to entry:** The recommendation directly addresses potentially unnecessary educational barriers that may duplicate an applicant's prior training, examination, and licensure history.
- **Workforce shortages and rural access constraints:** Easing appropriate reciprocity barriers may help Montana recruit and retain behavioral health professionals, including in rural communities where access to addiction counseling services is limited.
- **Portability, reciprocity, or endorsement pathways:** The recommendation directly supports a clearer reciprocity, endorsement, or substantial-equivalency pathway for qualified out-of-state addiction counselors.
- **Alignment with rural health transformation initiatives:** By improving behavioral health workforce mobility and access, the recommendation aligns with Executive Order No. 1-2026's focus on rural healthcare access, workforce needs, and evidence-based licensing requirements.

Policy Assessment

Benefits

The primary benefit of this recommendation is that it would improve workforce mobility for qualified addiction counselors without lowering core public-protection standards. The Healthcare Subcommittee survey reflected strong support for this reform, with 14 yes votes, 0 no votes, and 1 tabled vote. The recommendation responds to concerns that Montana may require additional education even when an applicant has passed the same nationally

recognized examination and otherwise appears qualified, which can delay or prevent qualified behavioral health professionals from entering Montana's workforce.

A targeted reciprocity or endorsement pathway could reduce duplicative review, support recruitment into underserved areas, and help rural communities access addiction counseling services more quickly. The reform can be structured to preserve disciplinary review, background checks, verification of supervised experience, and authority to require remediation only for material gaps tied to public protection.

Limitations

The main limitations are implementation related. Montana will need to determine which requirements are statutory, regulatory, or operational; identify the criteria for "substantial equivalency"; and decide how much discretion the board or department should retain when comparing out-of-state education, supervision, and licensure histories. A more nuanced reciprocity pathway may require staff guidance, updated forms, rule amendments, and clear applicant-facing instructions.

The recommendation should not be implemented as automatic licensure without adequate verification. Any expedited pathway should require an active license in good standing, review of disciplinary history, verification of examination history and supervised experience, and authority to require additional information or remediation if a material gap relates to public protection.

Implementation Considerations

- Direct staff to compare Montana's addiction counselor education, examination, and supervision requirements against common national standards and neighboring-state requirements.
- Identify which current barriers are statutory, regulatory, or operational.
- Develop a substantial-equivalency or endorsement pathway for applicants licensed in good standing in another state.
- Consider an expedited review process for applicants who have held an active license in good standing for a defined period.
- Consider a temporary or provisional license while the board reviews any limited education-gap issues.
- Preserve authority to require remediation only for material gaps tied to public protection.
- Update application materials, checklists, staff guidance, and public-facing instructions if changes are adopted.

Motion

The Healthcare Subcommittee moves that the Licensing Reform Task Force endorse the recommendation to ease reciprocity and educational barriers for qualified addiction counselors licensed or trained in other states, direct staff to include the recommendation in the Task Force's final report as a workforce mobility, rural access, and public-protection reform, and request preparation of statutory, regulatory, or operational implementation options for consideration during the next legislative session, subject to final legal review and coordination with DLI, the relevant licensing board, behavioral health stakeholders, and rural provider representatives.

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SUMMARY RECOMMENDATION 2: MODERNIZE STATUTORY LANGUAGE FOR SUBSTANCE USE AND BEHAVIORAL HEALTH DISORDERS

Recommendation

The Healthcare Subcommittee recommends that the Licensing Reform Task Force endorse legislation, rule cleanup, and conforming administrative updates to replace outdated terminology such as "chemical dependency" with "substance use disorder" and, where appropriate, to use broader "behavioral health disorders" terminology rather than embedding specific diagnoses in statute. This recommendation should be treated as a technical modernization unless policymakers expressly intend a substantive change to scope of practice, licensure qualifications, enforcement authority, treatment eligibility, funding eligibility, or program administration.

The recommendation should be included in the Task Force's final report as a low-disruption modernization reform that improves clarity, aligns Montana statutes and rules with contemporary clinical and policy usage, and reduces the need for repeated statutory updates when diagnostic terminology evolves. The recommendation should remain subject to final legal review, bill-drafting review, DPHHS and DLI coordination, and a statutory and rule crosswalk to ensure that terminology changes do not inadvertently expand or narrow existing rights, duties, eligibility criteria, licensure standards, or enforcement authority.

Executive Order No. 1-2026 Report Elements Addressed

This recommendation addresses the following Executive Order No. 1-2026 report elements:

- **Public health, safety, or welfare risk:** Behavioral health and substance use disorder services implicate public health and safety. The recommendation modernizes terminology while preserving existing public-protection mechanisms unless a substantive change is expressly adopted.
- **Public benefit from licensure:** Updated terminology can clarify, rather than reduce, the public benefit provided by licensure and regulated behavioral health services.
- **Identifiable scope of practice:** Replacing outdated terminology should be implemented carefully so that revised language does not inadvertently expand or narrow the scope of practice for licensed addiction counselors, behavioral health professionals, treatment programs, or related providers.
- **Specialized skill or training with national standards:** The recommendation aligns statutory terminology with contemporary clinical and policy usage, including modern references to substance use disorder and behavioral health disorders.
- **Justified licensure qualifications:** The recommendation supports review of whether terminology embedded in licensure statutes and rules remains justified and understandable under current professional standards.
- **Unnecessary barriers to entry:** Outdated terminology may create confusion for applicants, licensees, agencies, courts, providers, and members of the public. Technical cleanup can reduce administrative friction without changing substantive qualifications.
- **Workforce shortages and rural access constraints:** Clear and modern terminology supports recruitment, provider communication, and public understanding in behavioral health fields, including in rural communities where access constraints are significant.
- **Alignment with rural health transformation initiatives:** The recommendation aligns with Executive Order No. 1-2026's focus on evidence-based healthcare occupational licensing requirements, rural workforce needs, and timely access to healthcare services.

Policy Assessment

Benefits

The primary benefit of this recommendation is that it modernizes Montana's statutory and regulatory terminology while minimizing substantive disruption. The Healthcare Subcommittee survey reflected strong support for this reform, with 14 yes votes, 0 no votes, and 1 tabled vote.

The recommendation aligns statutory language with contemporary clinical and policy usage, improves clarity for licensees and the public, and may reduce the need for repeated statutory amendments as diagnostic terminology changes.

Because the recommendation can be framed as technical modernization, it can often be implemented without changing scope of practice, licensure standards, enforcement authority, or treatment eligibility. A carefully drafted savings clause or legislative note would help confirm that the terminology update is not intended to alter existing rights, duties, qualifications, or program eligibility unless a particular section expressly provides otherwise.

Limitations

The main risk is unintended substantive change. Replacing a specific term such as "chemical dependency" with a broader term such as "behavioral health disorder" could inadvertently expand or narrow statutory coverage if the replacement term is not tailored to the context. Existing rules, forms, contracts, grants, federal references, court orders, treatment-program approvals, and agency guidance may also continue using legacy terminology, creating cross-reference and implementation issues.

For that reason, the recommendation should not be implemented through a global find-and-replace. Staff should complete a section-by-section crosswalk and determine whether each occurrence should be replaced with "substance use disorder," "substance use disorder treatment," "behavioral health disorder," "behavioral health services," "addiction," or another context-specific phrase.

Implementation Considerations

- Treat the reform as a technical terminology modernization unless policymakers expressly intend a substantive scope, eligibility, licensure, enforcement, or funding change.
- Include a savings clause or legislative note clarifying that terminology updates do not alter existing licensure qualifications, treatment eligibility, enforcement authority, program authority, or funding eligibility unless expressly stated.
- Conduct a crosswalk of MCA, ARM, forms, guidance, contracts, grants, and federal references using "chemical dependency," "chemically dependent," "addiction," "substance abuse," "alcoholism," "drug dependence," and related terms.
- Avoid a single global replacement term; select replacement language based on the legal function of each section.
- Coordinate with DPHHS, DLI, courts, behavioral health licensing staff, treatment-program stakeholders, and bill-drafting staff.
- Consider making corresponding rule, form, and public-facing guidance updates after statutory changes are enacted.

MCA Crosswalk: Current Sections Identified Using "Chemical Dependency" Terminology

The following current Montana Code Annotated sections were identified as containing the term "chemical dependency" or a close grammatical variant such as "chemically dependent." This list should be validated by Legal, DPHHS, and bill-drafting staff before final introduction of implementing legislation because terminology may appear in section titles, definitions, operative text, contingent text, compiler's comments, or cross-referenced provisions.

MCA Section	Section Title / Subject	Terminology Issue
37-39-102, MCA	Definitions	Behavioral health definitions should be reviewed for cross-references to addiction, chemical dependency, and current professional terminology.
45-5-231, MCA	Definitions	Defines “chemical dependency treatment” for partner or family member assault intervention provisions.
45-5-624, MCA	Possession of or unlawful attempt to purchase intoxicating substance other than alcohol or marijuana — interference with sentence or court order	Uses “chemical dependency assessment,” “chemical dependency treatment,” and “chemical dependency services” in assessment, treatment, and approved-program provisions.
45-5-638, MCA	Possession of or unlawful attempt to purchase alcoholic beverage — interference with court order	Identified in current-code search results as containing chemical dependency terminology; should be reviewed with related youth substance-use sentencing provisions.
45-5-639, MCA	Possession of or unlawful attempt to purchase marijuana — interference with court order	Identified in current-code search results as containing chemical dependency terminology; should be reviewed with related youth substance-use sentencing provisions.
53-1-209, MCA	Allowed purpose	Identified in current-code search results as containing chemical dependency terminology; should be reviewed for DPHHS/DOC program or funding context.
53-1-601, MCA	Purpose of Department of Public Health and Human Services	Identified in current-code search results as containing chemical dependency terminology; should be reviewed for DPHHS program-authority context.
53-21-102, MCA	Definitions	Identified in current-code search results as containing chemical dependency terminology in mental health definitions.
53-21-603, MCA	Chemical Dependency Treatment Center	Uses “Chemical Dependency” in the statutory section title and facility reference.
53-24-101, MCA	Legislative purpose	Identified in current-code search results as containing chemical dependency terminology in Title 53, chapter 24.
53-24-103, MCA	Definitions	Defines “chemical dependency” and related terms in Title 53, chapter 24.
53-24-104, MCA	Deposit of funds from federal or private sources with state treasurer	Identified in current-code search results as containing chemical dependency terminology in funding context.

53-24-108, MCA	Use of funds generated by taxation on alcoholic beverages	Uses chemical dependency terminology in the context of alcohol-tax-generated funds.
53-24-204, MCA	Powers and duties of department	Uses chemical dependency terminology in DPHHS planning, programming, and personnel-training duties.
53-24-206, MCA	Administration of financial assistance	Uses chemical dependency terminology in financial-assistance and program-support context.
53-24-211, MCA	County plan to be submitted to department	Uses chemical dependency terminology in county planning context.
53-24-218, MCA	Temporary chemical dependency treatment room and board voucher program — eligibility — provider and participant requirements	Uses chemical dependency terminology in the section title and voucher-program provisions; this provision is identified as temporary and terminating June 30, 2027.
61-8-1009, MCA	Driving under influence — assessment, education, and treatment required	Uses chemical dependency terminology in DUI assessment, education, treatment, and monitoring provisions.
61-11-101, MCA	Report of convictions and suspension or revocation of driver's licenses — surrender of licenses	Refers to attendance and completion of a "chemical dependency education course, treatment, or both" as ordered under 61-8-1009, MCA.
90-7-104, MCA	Eligible facility	Includes "chemical dependency treatment facility" within the definition of eligible facility.

Motion

The Healthcare Subcommittee moves that the Licensing Reform Task Force endorse the recommendation to modernize statutory and regulatory terminology for substance use disorder and behavioral health disorders, direct staff to include the recommendation in the Task Force's final report as a technical modernization and clarity reform, and request preparation of implementing legislation and conforming rule, form, and guidance updates for consideration during the next legislative session.

The recommendation should be subject to final legal review, bill-drafting review, DPHHS and DLI coordination, and a section-by-section crosswalk to ensure that terminology updates do not inadvertently alter existing scope of practice, licensure qualifications, enforcement authority, program eligibility, funding eligibility, or court-ordered treatment requirements.

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SUMMARY RECOMMENDATION 3: ALIGN STATE EMS LICENSE RENEWAL WITH NATIONAL CERTIFICATION TIMELINES

Recommendation

The Healthcare Subcommittee recommends that the Licensing Reform Task Force endorse aligning Montana EMS license renewal periods with national certification expiration dates for EMRs, EMTs, AEMTs, and paramedics. This recommendation should be implemented as an administrative modernization measure that reduces duplicative tracking and renewal burdens for licensees, employers, and EMS agencies while preserving Montana's EMS licensure and public-protection requirements.

This recommendation can be accomplished through rule and internal procedure updates, including amendments to renewal-cycle rules if needed, updates to licensing-system configuration, revised renewal notices, updated staff procedures, and public-facing guidance. The recommendation should remain subject to final legal review, confirmation of rulemaking authority, system-impact review, and coordination with EMS stakeholders and national certification timelines.

Executive Order No. 1-2026 Report Elements Addressed

This recommendation addresses the following Executive Order No. 1-2026 report elements:

- **Public health, safety, or welfare risk:** EMS practice implicates public health and safety. Aligning renewal timelines preserves state licensure while reducing the risk that state license status and national certification status become misaligned.
- **Public benefit from licensure:** The recommendation maintains licensure and supports public protection by improving administrative consistency between Montana EMS licensure and national certification cycles.
- **Identifiable scope of practice:** EMS license categories are identifiable and tied to established levels of practice, including EMR, EMT, AEMT, and paramedic classifications.
- **Specialized skill or training with national standards:** EMS licensure relies on specialized education, training, and national certification standards. Aligning renewal cycles with national certification dates better reflects those existing standards.
- **Justified licensure qualifications:** The recommendation does not reduce licensure qualifications; it better coordinates the timing of state renewal with the national certification credential that supports continued qualification.
- **Unnecessary barriers to entry or continued practice:** Misaligned renewal dates create duplicative administrative burdens, costs, and tracking obligations for licensees, employers, and EMS agencies.
- **Workforce shortages and rural access constraints:** Reducing avoidable renewal burdens may particularly benefit rural and volunteer EMS services, where administrative capacity and staffing are limited.
- **Portability, reciprocity, or endorsement pathways:** Although this recommendation is not a compact or endorsement pathway, alignment with national certification timelines supports credential portability and easier verification for EMS clinicians moving between systems.
- **Alignment with rural health transformation initiatives:** The recommendation aligns with the Executive Order's focus on healthcare workforce needs, rural access, and evidence-based licensing requirements.

Policy Assessment

Benefits

The primary benefit of this recommendation is administrative simplicity. Aligning Montana EMS license renewal periods with national certification expiration dates would reduce duplicate tracking obligations for licensees, employers, EMS agencies, and licensing staff. The Healthcare Subcommittee survey reflected strong support for this reform, with 13 yes votes, 0 no votes, and 1 tabled vote.

The recommendation also supports rural and volunteer EMS services by reducing additional cost and tracking burdens that can disproportionately affect small agencies and volunteer clinicians. It may also improve public protection by reducing the risk that a Montana license appears current while the associated national certification has expired.

Because this recommendation concerns renewal timing and administrative coordination, it should be feasible to implement through rule and internal procedure updates rather than new legislation, if existing statutory authority is sufficient. Implementation may include rule amendments, licensing-system configuration changes, updated renewal notices, revised application and renewal instructions, and staff procedures for transition-period cases.

Limitations

The main limitations are transition and implementation issues. Current licensees may have staggered expiration dates, so a one-time transition schedule will be needed to avoid confusion and to avoid shortening existing licenses without clear notice. Fee timing may also shift if renewal periods are extended, shortened, or otherwise adjusted during transition.

System configuration and communication will be important. Licensing databases, automated reminders, renewal notices, website materials, and staff scripts may need to be updated to reflect the new renewal cycle. The Department should also coordinate with EMS stakeholders and national certification administrators to confirm renewal-date mechanics and avoid gaps in licensure status.

Implementation Considerations

- Confirm that alignment can be accomplished through existing rulemaking authority and internal procedure updates without statutory amendment.
- Identify the current rule provisions, internal procedures, forms, renewal notices, and licensing-system fields that control EMS renewal dates.
- Develop a transition schedule that avoids shortening current licenses without clear notice.
- Decide whether prorated fees, extended renewal periods, or one-time renewal adjustments are needed during transition.
- Coordinate with EMS stakeholders and national certification timelines for EMRs, EMTs, AEMTs, and paramedics.
- Update licensing-system configuration, automated renewal notices, forms, website guidance, and staff procedures.
- Consider allowing licensees to elect one-time alignment at renewal if a mandatory transition would create administrative or fee-timing concerns.
- Consider a limited grace-period structure tied to national certification renewal, if consistent with public-protection requirements and legal authority.

Motion

The Healthcare Subcommittee moves that the Licensing Reform Task Force endorse the recommendation to align Montana EMS license renewal periods with national certification expiration dates for EMRs, EMTs, AEMTs, and paramedics; direct staff to include the recommendation in the Task Force's final report as an administrative modernization, rural workforce support, and public-protection reform; and request preparation of rule and internal procedure updates necessary to implement the alignment. The recommendation should be subject to final legal review, confirmation of rulemaking authority, transition planning, system-impact review, and coordination with EMS stakeholders and national certification timelines.

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SUMMARY RECOMMENDATION 4:
DLI LICENSEE LOOKUP AND BULK VERIFICATION IMPROVEMENTS

Recommendation

The Healthcare Subcommittee recommends that the Licensing Reform Task Force endorse improvements to DLI's professional licensee lookup and verification process to reduce administrative burden for hospitals, credentialing departments, medical staff offices, and other entities that must verify provider licensure on a recurring basis. The recommendation should direct DLI to evaluate and, where feasible, implement secure bulk verification functionality, approved-user access, an application programming interface (API) or automated data feed, downloadable verification reports, or other secure alternatives to repeated individual searches.

The recommendation is intended to address the current operational barrier created when users must verify licensure individually through the public lookup tool, including the CAPTCHA requirement that prevents automated monthly verification through credentialing systems. Stakeholder feedback indicates that at least one Montana hospital system verifies more than 725 providers each month and previously used its credentialing system to run a monthly license verification process that returned licensing information, renewal dates, and disciplinary actions within a few hours. The current process requires individual verification and creates hours of additional work each month.

Executive Order No. 1-2026 Report Elements Addressed

This recommendation addresses the following Executive Order No. 1-2026 report elements:

- **Public health, safety, or welfare risk:** License verification supports public protection by allowing hospitals and credentialing entities to confirm that providers hold active, appropriate, and current licenses and to identify relevant disciplinary or board-action information.
- **Public benefit from licensure:** The recommendation preserves licensure as the public-protection framework while improving access to accurate verification data needed by healthcare entities that rely on licensure information.
- **Cost of service to the public:** Reducing repeated manual verification may reduce administrative workload for healthcare facilities and credentialing staff, which may help limit avoidable administrative costs in the healthcare system.
- **Unnecessary barriers to entry or practice:** The recommendation does not change licensure qualifications, but it may reduce unnecessary administrative friction after licensure by making verification more efficient for employers, medical staff offices, and credentialing teams.
- **Workforce shortages and rural access constraints:** More efficient credentialing and verification may support timely onboarding and continued practice for healthcare providers, including providers serving rural and frontier communities.
- **Portability, reciprocity, or endorsement pathways:** Improved verification data access may support credentialing of providers who move between systems, practice across settings, or use endorsement, compact, or other mobility pathways.
- **Alignment with rural health transformation initiatives:** Streamlined verification supports healthcare workforce administration, timely credentialing, and operational efficiency for hospitals and provider organizations, including rural facilities with limited administrative capacity.

Policy Assessment

Benefits

The primary benefit of improving the licensee lookup tool is reduced administrative burden for hospitals and credentialing entities that must verify large numbers of providers on a recurring basis. Bulk verification or other approved automated access could allow credentialing teams to confirm active or inactive status, expiration date, disciplinary status, board actions, and license type more efficiently than repeated individual searches. The recommendation may also improve data consistency by allowing facilities to rely on current DLI verification data through a secure and standardized process.

The recommendation is operational rather than deregulatory. It does not reduce licensure standards, alter board authority, or limit public protection. Instead, it improves the usability of licensing information for entities that must verify licensure to satisfy credentialing, patient-safety, payer, accreditation, or internal compliance requirements.

Limitations

Implementation should remain subject to cybersecurity review, data-integrity review, system-capacity assessment, fiscal analysis, and confirmation of what DLI data fields may be made available through bulk verification, automated access, downloadable reports, or approved-user functionality. DLI should also determine whether any enhanced access should be public or limited to approved institutional users, and whether changes can be implemented administratively, through vendor/system configuration, or require statutory, rule, procurement, or budget authority.

The recommendation should not be understood as requiring DLI to remove CAPTCHA or other security controls for the general public. Any change should preserve protections against scraping, misuse, inaccurate downstream data, unauthorized access, and cybersecurity risks while reducing unnecessary manual verification for legitimate institutional users.

Implementation Steps

1. DLI should identify the current technical, contractual, cybersecurity, and data-governance constraints affecting automated or bulk license verification through the licensee lookup tool.
2. DLI should consult with hospitals, credentialing departments, medical staff offices, provider organizations, licensing boards, and system vendors to identify the minimum verification fields needed, including active/inactive status, expiration date, disciplinary status, board actions, and license type.
3. DLI should evaluate feasible implementation options, including bulk upload verification, approved institutional-user access, an API or automated data feed, downloadable verification reports, credentialing-system integration, or a secure alternative to repeated individual CAPTCHA-protected searches.
4. DLI should assess whether the preferred option can be implemented within existing authority and resources or whether legislation, rulemaking, procurement, vendor work, appropriation, fee authority, or interagency coordination is needed.
5. DLI should develop a recommended implementation plan, including estimated costs, timeline, security controls, user eligibility criteria if applicable, data fields to be returned, and any statutory or budget requests needed for the next legislative session.

Motion

The Healthcare Subcommittee moves that the Licensing Reform Task Force endorse the recommendation that DLI evaluate and, where feasible, improve the professional licensee lookup and verification process to reduce administrative burden for hospitals and other credentialing entities, including consideration of secure bulk verification, approved-user access, an API or automated data feed, downloadable verification reports, or other secure alternatives to repeated individual searches; direct staff to include the recommendation in the Task Force's final report as an administrative modernization, workforce-support, and public-protection reform; and request that DLI identify any technical, cybersecurity, fiscal, procurement, statutory, rulemaking, or implementation steps needed to support the recommendation.

SUMMARY RECOMMENDATION 5: MAINTAIN SPEECH-LANGUAGE PATHOLOGY LICENSURE

Recommendation

The Healthcare Subcommittee recommends that the Licensing Reform Task Force endorse maintaining Montana speech-language pathology licensure as a public-protection measure while directing a licensure-specific review to identify whether any duplicative, unclear, or nonessential licensing requirements can be removed or clarified. The recommendation should focus on licensure requirements only, including state licensing standards, application requirements, renewal requirements, and whether Montana law or rule effectively requires private professional association credentials beyond what is necessary for state licensure.

Reimbursement and telemedicine topics should not be resolved through this licensure recommendation. Those topics should be noted as related access-to-care issues that are being reviewed holistically elsewhere within the Task Force's work, including any broader review of payer credentialing, Medicaid reimbursement, insurance coverage, telehealth, and non-licensure barriers to practice.

This recommendation should be included in the Task Force's final report as a "preserve licensure but reduce friction" reform. It should remain subject to final legal review, review of current licensing statutes and rules, confirmation of whether state licensure requires or incorporates ASHA certification or membership, and coordination with DLI, the relevant licensing board, speech-language pathology stakeholders, and any other agencies reviewing reimbursement or telemedicine issues.

Executive Order No. 1-2026 Report Elements Addressed

This recommendation addresses the following Executive Order No. 1-2026 report elements:

- **Public health, safety, or welfare risk:** Speech-language pathology services implicate communication, swallowing, developmental, educational, and healthcare needs. Maintaining licensure supports public protection by preserving minimum competency and accountability standards.
- **Public benefit from licensure:** The recommendation recognizes that continued state licensure provides a public benefit by supporting quality, competency, and consumer protection in speech-language pathology services.
- **Identifiable scope of practice:** Speech-language pathology has an identifiable scope of practice that can be distinguished from other healthcare, educational, and behavioral health professions.
- **Specialized skill or training with national standards:** Speech-language pathology requires specialized education, supervised experience, and professional competency standards. The licensure review should confirm that Montana's requirements are appropriately tied to those competencies.
- **Justified licensure qualifications:** The recommendation preserves licensure while asking whether any licensing qualification, documentation requirement, or private-credential reference is duplicative or unnecessary for state licensure.
- **Unnecessary barriers to entry:** The recommendation targets licensure-specific friction, including any unclear or duplicative requirements that may increase cost or delay without improving public protection.
- **Workforce shortages and rural access constraints:** Maintaining appropriate licensure while reducing unnecessary licensure friction may support access to speech-language pathology services in rural and underserved communities.
- **Portability, reciprocity, or endorsement pathways:** The licensure review may identify opportunities to clarify endorsement, reciprocity, or application requirements for qualified speech-language pathologists licensed in other jurisdictions.

- **Alignment with rural health transformation initiatives:** The recommendation aligns with the Executive Order's focus on evidence-based healthcare licensing requirements, workforce needs, and access to timely healthcare services in rural communities.

Policy Assessment

Benefits

The primary benefit of this recommendation is that it preserves state licensure for speech-language pathology while allowing the Task Force to identify and remove licensure-specific friction that is not necessary for public protection. The Healthcare Subcommittee survey reflected high support for this reform, with 10 yes votes, 0 no votes, and 2 tabled votes.

Maintaining licensure supports quality and competency standards for speech-language pathology services. At the same time, a targeted licensure review can clarify whether Montana law or rule requires ASHA certification, ASHA membership, or other private professional association credentials as a condition of state licensure, or whether those costs arise instead from employer, payer, reimbursement, or credentialing practices. The source recommendation identifies this as a "preserve licensure but reduce friction" issue and states that licensure is needed for quality services while also identifying ASHA-related costs, reimbursement, and telemedicine limits as barriers.

A licensure-specific recommendation also helps keep the Task Force's work organized. Reimbursement and telemedicine issues may significantly affect access to care, but they involve payer, Medicaid, insurance, telehealth, and coverage questions that extend beyond professional licensure. Those issues should be reviewed holistically elsewhere within the Task Force's work rather than resolved through a speech-language pathology licensure motion.

Limitations

The main limitation is that many access barriers identified by stakeholders may not be controlled by DLI licensing rules. ASHA dues and certification requirements may be set by a private professional association, while reimbursement and telemedicine coverage may depend on Medicaid, private payers, federal rules, insurance regulation, employer policies, school-based service requirements, or credentialing practices.

Because this recommendation is limited to licensure issues, it should not be presented as resolving reimbursement rates, Medicaid policy, insurance coverage, payer credentialing, or telemedicine coverage. The Task Force should clearly state that those topics remain under broader review and that this recommendation is limited to maintaining licensure while clarifying or reducing unnecessary state licensure requirements.

Implementation Considerations

- Preserve state licensure for speech-language pathology as a public-protection measure.
- Review current Montana statutes, rules, forms, and application materials to determine whether state licensure requires ASHA certification, ASHA membership, or any other private professional association credential.
- If ASHA-related costs arise from employer, payer, Medicaid, insurance, or credentialing practices rather than state licensure, distinguish those issues from licensure requirements in the Task Force's report.
- Identify any duplicative or nonessential state licensure documentation requirements that could be clarified, streamlined, or removed without reducing public protection.
- Review endorsement or reciprocity procedures for qualified out-of-state speech-language pathologists to determine whether licensure portability can be improved.
- Coordinate with the relevant licensing board, DLI staff, speech-language pathology stakeholders, and other Task Force workstreams addressing reimbursement, payer credentialing, Medicaid, insurance, or telemedicine.

- Avoid recommending reimbursement or telemedicine changes in this licensure-specific motion; instead, cross-reference the broader Task Force review of those issues.

Motion

The Healthcare Subcommittee moves that the Licensing Reform Task Force endorse the recommendation to maintain Montana speech-language pathology licensure as a public-protection measure while directing staff to conduct a licensure-specific review of state requirements, application materials, renewal requirements, endorsement procedures, and any references to private professional association credentials.

The Subcommittee further moves that reimbursement and telemedicine issues be treated as related access-to-care topics that are being reviewed holistically elsewhere within the Task Force's work, rather than as part of this licensure-specific recommendation. The recommendation should be included in the Task Force's final report as a "preserve licensure but reduce friction" reform, subject to final legal review, licensing-board coordination, stakeholder input, and confirmation that any proposed licensure changes do not reduce public protection, competency standards, or consumer safeguards.

Montana Department of LABOR & INDUSTRY

SUMMARY RECOMMENDATION 6:
CREATE AN INTERNATIONAL PHYSICIAN LICENSURE PATHWAY

Recommendation

The Healthcare Subcommittee recommends that the Licensing Reform Task Force endorse development of a carefully limited pathway for internationally trained physicians to obtain Montana licensure without unnecessarily repeating U.S. residency where the applicant's training, experience, examination history, and disciplinary record demonstrate substantial equivalency. The purpose of the pathway should be to provide a better and quicker process for evaluating qualified internationally trained physicians while preserving patient safety, public protection, and the Board of Medical Examiners' authority to deny, condition, restrict, or require remediation where equivalency is not substantiated.

DLI and the Board should utilize all available tools to substantiate equivalency, including primary-source verification of medical education, postgraduate training, specialty training, examination history, licensure history, disciplinary standing, practice history, English proficiency where applicable, credential-evaluation services, national and international physician credentialing resources, hospital credentialing information, malpractice and claims history where available, and any other reliable source needed to determine whether the applicant's qualifications are substantially equivalent to Montana requirements.

This recommendation should be included in the Task Force's final report as a targeted physician workforce, rural access, and licensure modernization reform. It should remain subject to final legal review, Board of Medical Examiners review, stakeholder input, fiscal and system-impact review, and development of objective criteria defining substantial equivalency, any provisional or supervised licensure period, and safeguards necessary before full independent practice.

Executive Order No. 1-2026 Report Elements Addressed

This recommendation addresses the following Executive Order No. 1-2026 report elements:

- **Public health, safety, or welfare risk:** Physician practice presents significant public health and safety considerations. The recommendation preserves licensure and requires robust equivalency review before an internationally trained physician may practice independently.
- **Public benefit from licensure:** Continued physician licensure provides a clear public benefit by ensuring minimum competency, accountability, discipline, and patient-protection standards.
- **Identifiable scope of practice:** Physician practice has an identifiable and distinguishable scope of practice. Any pathway should specify whether licensure is full, provisional, supervised, restricted, specialty-specific, or otherwise conditioned.
- **Specialized skill or training with national standards:** Physician licensure requires specialized medical education, postgraduate training, examination history, and clinical experience. The recommendation asks DLI and the Board to use all available tools to substantiate whether international training is substantially equivalent.
- **Justified licensure qualifications:** The recommendation does not eliminate physician qualifications; it asks whether requiring every internationally trained physician to repeat U.S. residency is justified when substantial equivalency can be verified through objective evidence.
- **Unnecessary barriers to entry:** The recommendation targets unnecessary repetition and delay for qualified internationally trained physicians whose education, training, experience, examination history, and disciplinary record substantiate competency.
- **Workforce shortages and rural access constraints:** A better and quicker equivalency process could help Montana address physician shortages, particularly in rural and underserved communities.
- **Portability, reciprocity, or endorsement pathways:** The recommendation supports an alternative endorsement or substantial-equivalency pathway for qualified physicians trained or licensed outside the United States.

- **Alignment with rural health transformation initiatives:** The recommendation aligns with the Executive Order's focus on rural healthcare workforce needs, timely access to healthcare services, and evidence-based healthcare licensing requirements.

Policy Assessment

Benefits

The primary benefit of this recommendation is that it would create a better and quicker process for evaluating internationally trained physicians who may already have education, training, examination history, specialty experience, and practice records sufficient to demonstrate substantial equivalency. The Healthcare Subcommittee survey reflected broad support for further development of this reform, with 11 yes votes, 0 no votes, and 3 tabled votes.

A substantial-equivalency pathway could help address physician shortages, particularly in underserved areas, by reducing unnecessary repetition for experienced physicians while preserving patient-safety safeguards. The source recommendation identifies workforce expansion, reduced bottlenecks, and targeted reform as key benefits, noting that the current residency bottleneck may keep experienced physicians out of Montana's workforce despite shortages.

The pathway should not be automatic. It should be evidence-based and verification-driven. DLI and the Board should use all available tools to substantiate equivalency, including primary-source credential verification, examination records, postgraduate training documentation, specialty certification or training documentation, licensure and disciplinary-history checks, practice-history review, credential-evaluation resources, hospital credentialing information, malpractice and claims history where available, and any other reliable source that assists the Board in determining whether Montana's competency and public-protection standards are met.

Limitations

The main limitation is equivalency complexity. International medical education, postgraduate training, specialty training, clinical experience, examination systems, and regulatory oversight vary substantially by country, institution, specialty, and individual applicant. A pathway that is too broad or insufficiently verified could raise patient-safety concerns, while a pathway that is too narrow may fail to reduce the existing bottleneck.

Additional implementation issues include stakeholder scrutiny, malpractice and hospital credentialing concerns, payer credentialing, and practical employability. Licensure alone may not ensure hospital privileges, malpractice coverage, payer enrollment, or employer acceptance. The Task Force should therefore distinguish licensure eligibility from downstream credentialing and employment requirements, while coordinating with hospitals, malpractice carriers, and payers to ensure the pathway is practically usable.

Implementation Considerations

- Define "substantially equivalent" by rule or statute using objective criteria.
- Require primary-source verification of medical education, postgraduate training, examination history, licensure history, disciplinary standing, practice history, and good standing.
- Require English proficiency verification where applicable and legally appropriate.
- Direct DLI and the Board to utilize all available tools to substantiate equivalency, including credential-evaluation services, national and international credentialing resources, licensing-board databases, disciplinary databases, hospital credentialing records where available, and malpractice or claims-history information where available.
- Consider supervised, provisional, restricted, or specialty-limited licensure before full independent practice.
- Identify whether the pathway should be limited to shortage areas, rural or underserved communities, primary care, specific specialties, or physicians with a defined period of independent practice.

- Establish clear authority to require remediation, additional training, supervision, examination, or denial where material gaps exist.
- Coordinate with hospitals, malpractice carriers, payers, physician stakeholders, rural health stakeholders, and the Board of Medical Examiners to ensure the pathway is both safe and practically usable.
- Consider beginning with a pilot program, provisional license category, or phased implementation before adopting a permanent full-licensure pathway.

Motion

The Healthcare Subcommittee moves that the Licensing Reform Task Force endorse the recommendation to develop a carefully limited international physician licensure pathway that provides a better and quicker process for qualified internationally trained physicians to demonstrate substantial equivalency without unnecessarily repeating U.S. residency.

The Subcommittee further moves that DLI and the Board of Medical Examiners be directed to utilize all available tools to substantiate equivalency, including verification of medical education, postgraduate training, examination history, licensure history, disciplinary standing, practice history, specialty training, credential evaluations, and other reliable evidence of competency and public-protection compliance.

The recommendation should be included in the Task Force's final report as a physician workforce, rural access, and licensure modernization reform, subject to final legal review, Board review, stakeholder input, fiscal and system-impact review, and development of objective criteria, safeguards, and any provisional, supervised, or restricted licensure structure necessary before full independent practice.

Montana Department of LABOR & INDUSTRY

SUMMARY RECOMMENDATION 7:
ALIGN LMSW AND LBSW LICENSURE REQUIREMENTS WITH SOCIAL WORK COMPACT MINIMUMS WHILE PRESERVING LCSW SUPERVISION REQUIREMENTS

Recommendation

The Healthcare Subcommittee recommends that the Licensing Reform Task Force revise Recommendation 7 from allowing internship hours to count toward a 3,000-hour requirement to a narrower statutory-alignment recommendation: remove supervised-practice hour requirements for Licensed Master Social Worker (LMSW) and Licensed Baccalaureate Social Worker (LBSW) licensure while preserving the existing supervised-practice requirement for Licensed Clinical Social Worker (LCSW) licensure.

The original recommendation proposed allowing qualifying supervised internship hours to count toward the 3,000-hour licensure requirement for social work pathways. That approach should be revised because the Task Force is separately recommending that Montana adopt the Social Work Licensure Compact, and the Compact's clinical-social-worker pathway requires postgraduate supervised clinical practice. Under the Compact structure, internship hours completed during a degree program would not satisfy the clinical supervision requirement for compact clinical social work eligibility.

The revised recommendation should therefore remove the hourly supervised-practice requirement for LMSW and LBSW applicants, align those license levels with the Compact's minimum requirements and with other states that do not impose additional supervised-practice hours for non-clinical social work licensure, and leave LCSW supervision requirements unchanged. This approach addresses the original concern about unnecessary delay and duplication for early-career social workers while avoiding conflict with the Social Work Compact's postgraduate clinical-supervision requirement.

Executive Order No. 1-2026 Report Elements Addressed

This recommendation addresses the following Executive Order No. 1-2026 report elements:

- **Public health, safety, or welfare risk:** The recommendation preserves clinical-supervision requirements for LCSW licensure, where independent clinical practice presents higher public-protection concerns.
- **Public benefit from licensure:** LMSW, LBSW, and LCSW licensure remain intact. The recommendation adjusts only the supervised-practice hour requirements for nonclinical LMSW and LBSW pathways.
- **Identifiable scope of practice:** The recommendation distinguishes nonclinical LMSW/LBSW licensure from LCSW licensure and preserves supervision requirements for the clinical license level.
- **Specialized skill or training with national standards:** The recommendation aligns Montana's nonclinical social work license levels with degree and examination-based credentialing reflected in the Social Work Licensure Compact.
- **Justified licensure qualifications:** The recommendation asks whether supervised-practice hour requirements for LMSW and LBSW licensure are justified when the Compact does not require supervised-practice hours for the bachelor's and master's social worker categories.
- **Unnecessary barriers to entry:** Removing LMSW and LBSW supervised-practice hour requirements may reduce unnecessary delay, documentation burden, and duplication for qualified social work graduates.
- **Workforce shortages and rural access constraints:** Streamlining LMSW and LBSW licensure may help increase the behavioral health and social services workforce, including in rural and underserved communities.
- **Portability, reciprocity, or endorsement pathways:** Aligning LMSW and LBSW requirements with Compact minimums supports interstate portability and reduces the risk that Montana's nonclinical licensure requirements will be out of step with compact practice privileges.
- **Alignment with rural health transformation initiatives:** The recommendation supports workforce access and evidence-based licensing requirements while preserving clinical safeguards for LCSW practice.

Policy Assessment

Benefits

The primary benefit of this revised recommendation is that it addresses the original concern—unnecessary delay before full licensure—without creating a conflict with the Social Work Licensure Compact. The Healthcare Subcommittee survey reflected broad support for addressing the social work hour requirement, with 11 yes votes, 0 no votes, and 3 tabled votes.

The original recommendation identified accelerated licensure, reduced duplication, and access benefits as advantages of giving credit for supervised experience obtained during formal education.

However, the better solution is not to count internship hours toward LCSW clinical supervision. The Social Work Licensure Compact materials identify no supervision requirement for the bachelor's and master's social worker categories but require clinical social workers to complete 3,000 hours or two years of full-time postgraduate supervised clinical practice. Because the clinical requirement is postgraduate, internship hours completed before graduation should not be credited toward the Compact's clinical-social-worker supervision requirement.

Montana's current statute requires an applicant for a clinical social work license to complete a master's or doctoral degree in social work, 3,000 hours of supervised social work practice, and an approved examination. It also requires LMSW and LBSW applicants to complete supervised social work practice hours "as determined by board rule."[1] Removing the statutory supervised-practice hour requirement for LMSW and LBSW would align those nonclinical license levels more closely with compact minimum requirements while leaving the LCSW supervision structure intact.

This revised approach provides a cleaner policy solution. It reduces barriers for LMSW and LBSW applicants, supports compact alignment and interstate portability, and preserves clinical safeguards for LCSW licensure.

Limitations

The main limitation is that the revised recommendation does not accelerate LCSW licensure by crediting internship hours toward the clinical supervision requirement. That limitation is intentional. Crediting internship hours toward LCSW supervision would create tension with the Compact's requirement that clinical social work supervision be postgraduate and could undermine compact alignment.

A second limitation is that Montana will need to confirm whether any existing board rules, forms, candidate-license processes, or supervision documentation requirements are tied to the current LMSW and LBSW statutory hour language. If the statute is amended, rules and application materials should be updated to avoid conflicting instructions.

Implementation Considerations

- Amend § 37-39-308, MCA to remove supervised-practice hour requirements for LMSW and LBSW licensure.
- Preserve the 3,000-hour supervised-practice requirement for LCSW licensure.
- Clarify that internship, practicum, or field-placement hours do not count toward the LCSW postgraduate clinical supervision requirement for purposes of compact alignment.
- Confirm whether Montana should specify that LCSW supervised practice must be postgraduate to align clearly with the Social Work Licensure Compact.
- Review and update board rules, forms, checklists, application instructions, candidate-license processes, and public-facing guidance.
- Ensure that LMSW and LBSW licensure remains based on degree, examination, and any other justified public-protection requirements.
- Coordinate the statutory amendment with any Social Work Licensure Compact implementation bill to avoid inconsistent license-level definitions or supervision requirements.

[1] 37-39-308, MCA

- Consider whether a transition provision is needed for applicants currently accumulating LMSW or LBSW supervised-practice hours.

Statutory Change Needed

The likely statutory change is targeted and relatively narrow. Section 37-39-308, MCA currently provides:

- LCSW applicants must complete a master's or doctoral degree in social work, 3,000 hours of supervised social work practice, and an approved examination.
- LMSW applicants must complete a master's degree in an approved program, the required hours of supervised social work practice as determined by board rule, and an approved examination.
- LBSW applicants must complete a bachelor's degree in social work from an approved program, the required hours of supervised social work practice as determined by board rule, and an approved examination..

The Subcommittee should consider recommending statutory language that removes the supervised-practice hour requirement from the LMSW and LBSW subsections while retaining the LCSW subsection. Conceptually, the amendment would:

- retain degree and examination requirements for LMSW and LBSW;
- delete or revise the phrase requiring "the required hours of supervised social work practice as determined by board rule" for LMSW and LBSW;
- leave the LCSW 3,000-hour supervision requirement in place;
- authorize any necessary conforming rule changes; and
- coordinate with Social Work Licensure Compact implementation language.

Motion

The Healthcare Subcommittee moves that the Licensing Reform Task Force revise Recommendation 7 to recommend removal of supervised-practice hour requirements for Licensed Master Social Worker and Licensed Baccalaureate Social Worker licensure while preserving the existing supervised-practice requirement for Licensed Clinical Social Worker licensure.

The Subcommittee further moves that staff include this revised recommendation in the Task Force's final report as a compact-alignment, workforce-access, and barrier-reduction reform that addresses the original concern about unnecessary delay without conflicting with the Social Work Licensure Compact's postgraduate clinical-supervision requirement.

The recommendation should be subject to final legal review, coordination with Social Work Licensure Compact implementation, Board review, rule review, and development of any transition language needed for applicants currently pursuing LMSW or LBSW supervised-practice hours.

Montana Department of LABOR & INDUSTRY

SUMMARY RECOMMENDATION 8: REMOVE NPDB SELF QUERY REPORT REQUIREMENT FROM MONTANA PHARMACY LICENSURE

Recommendation

The Healthcare Subcommittee recommends that the Licensing Reform Task Force endorse removing or replacing the NPDB Self Query Report requirement for Montana pharmacy licensure if existing application disclosures, home-state license verification, disciplinary checks, and board-accessible verification tools already provide equivalent public protection. The recommendation should focus on eliminating duplicative applicant cost and delay while preserving the Board of Pharmacy's ability to review disciplinary history, adverse actions, malpractice or claims information where relevant and available, license status, and other information necessary to protect the public.

This recommendation should be included in the Task Force's final report as an administrative streamlining and barrier-reduction reform. The recommendation should remain subject to final legal review, Board of Pharmacy review, confirmation of what information the NPDB Self Query currently provides, comparison with existing application and verification processes, and development of a replacement process if the self-query is removed.

Executive Order No. 1-2026 Report Elements Addressed

This recommendation addresses the following Executive Order No. 1-2026 report elements:

- **Public health, safety, or welfare risk:** Pharmacy licensure implicates public health and safety. The recommendation preserves disciplinary and adverse-action review while evaluating whether the applicant-paid self-query is the most efficient method of obtaining necessary information.
- **Public benefit from licensure:** The recommendation maintains pharmacy licensure and associated public-protection safeguards, including review of legal, disciplinary, and licensure history.
- **Identifiable scope of practice:** Pharmacy licensure has an identifiable regulated scope. The recommendation does not alter pharmacy scope of practice or professional standards.
- **Specialized skill or training with national standards:** Pharmacy practice requires specialized education, examination, and licensure standards. The recommendation concerns verification process, not reduction of competency requirements.
- **Justified licensure qualifications:** The recommendation asks whether the NPDB Self Query requirement is justified when existing disclosures, home-state verification, and direct board-accessible checks may provide equivalent protection.
- **Unnecessary barriers to entry:** Requiring applicants to obtain and submit an NPDB Self Query may impose duplicative cost, delay, and paperwork if the same information is already available through other reliable verification methods.
- **Workforce shortages and rural access constraints:** Streamlining licensure for qualified pharmacy applicants, including applicants serving rural or mail-order pharmacy needs, may reduce avoidable delays in access to pharmacy services.
- **Portability, reciprocity, or endorsement pathways:** The recommendation may support more efficient processing for applicants licensed in good standing in another state by avoiding duplicative self-query requirements where home-state verification and disciplinary checks are sufficient.
- **Alignment with rural health transformation initiatives:** The recommendation aligns with the Executive Order's focus on evidence-based healthcare licensing requirements, workforce needs, and timely access to healthcare services.

Policy Assessment

Benefits

The primary benefit of this recommendation is reducing duplication in Montana pharmacy licensure while preserving public protection. The Healthcare Subcommittee survey reflected support at the high-support threshold, with 9 yes votes, 1 no vote, and 2 tabled votes.

The recommendation responds to concerns that the NPDB Self Query requirement may duplicate information already collected through application disclosures, home-state license verification, and disciplinary checks. Removing or replacing the self-query could reduce applicant cost and delay, including for pharmacy applicants and mail-order pharmacy applicants, while maintaining the Board's ability to review relevant adverse-action and disciplinary information.

The key policy question is not whether disciplinary and adverse-action history should be reviewed; it should. The question is whether requiring each applicant to obtain and submit an NPDB Self Query is the most efficient and necessary way to obtain that information. If equivalent protection can be achieved through direct board verification, board-accessible databases, home-state verification, application attestations, or targeted self-query requirements for higher-risk categories, the applicant-paid self-query may be unnecessary.

Limitations

The main risk is an information gap. If the NPDB Self Query provides information not otherwise available to the Board through application questions, home-state verification, disciplinary databases, direct NPDB access, or other board-accessible tools, eliminating the requirement without a replacement process could reduce visibility into relevant adverse actions.

The single no vote may reflect a preference for a conservative screening measure. For that reason, the Board should map exactly what the self-query provides, determine whether the Board can obtain equivalent information directly or through other verification processes, and retain authority to require additional information when an application presents discipline, malpractice, incomplete verification, or other risk indicators.

Implementation Considerations

- Map exactly what information the NPDB Self Query Report provides compared with existing application disclosures, home-state license verification, disciplinary checks, and board-accessible databases.
- Determine whether the Board can conduct direct NPDB or equivalent disciplinary and adverse-action checks more efficiently than requiring applicant self-queries.
- If the self-query is removed, update rules, forms, checklists, application instructions, website guidance, and staff procedures to avoid conflicting instructions.
- Preserve authority to require additional documentation, including an NPDB Self Query or equivalent verification, when an applicant has prior discipline, malpractice history, incomplete verification, inconsistent disclosures, or other risk indicators.
- Consider waiving the self-query for applicants licensed in good standing in another state where home-state verification and disciplinary checks are complete.
- Consider replacing applicant self-query with board-run verification if legally available, operationally feasible, and cost-effective.
- Confirm whether any federal, accreditation, compact, payer, or third-party requirement independently requires an NPDB self-query for certain applicant categories.
- Coordinate with the Board of Pharmacy, DLI licensing staff, legal counsel, and affected pharmacy stakeholders before final implementation.

Motion

The Healthcare Subcommittee moves that the Licensing Reform Task Force endorse the recommendation to remove or replace the NPDB Self Query Report requirement for Montana pharmacy licensure where existing application disclosures, home-state license verification, disciplinary checks, direct board verification, or other reliable verification tools provide equivalent public protection.

The Subcommittee further moves that staff include the recommendation in the Task Force's final report as an administrative streamlining and barrier-reduction reform, subject to final legal review, Board of Pharmacy review, verification of the information currently supplied by the NPDB Self Query, development of any necessary

replacement process, and retention of authority to require additional documentation for applicants with prior discipline, malpractice history, incomplete verification, inconsistent disclosures, or other risk indicators.