Montana Department of LABOR & INDUSTRY

# Licensing Reform Task Force

## Healthcare Subcommittee

## 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.

Survey responses from Healthcare Subcommittee participants generally support a measured reform approach. Four principal options received at least 75% "yes" support and are therefore identified below for draft recommendation language: **Option 1** (retain large, high-volume, and already-integrated boards), **Option 3** (create a Behavioral Health and Psychology Board), **Option 4** (convert Nursing Home Administrators to a Healing Arts Licensing Program), and **Option 5** (create an Umbrella Healing Arts Licensing Program). Option 5 received unanimous support among respondents, including unanimous support for inclusion of Doulas, Genetic Counselors, Hearing Aid Dispensers, Pediatric Complex Care Assistants, and Nursing Home Administrators among those who responded to that sub-option.

Options 2 and 6 did not reach the 75% threshold. Option 2 received 60.0% "yes" support, with comments suggesting further stakeholder input and possible separate treatment of Massage Therapy and Chiropractic. Option 6 received 62.5% "yes" support, with comments suggesting caution, additional input from the Board of Optometry and licensees, and further explanation of how program conversion would work.

# 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.

# Survey Results Summary

| Option | Yes | % Yes | No | % No | Table | % Table | Responses | Threshold Status |
|---|---|---|---|---|---|---|---|---|
| Option 1: Retain Large, High Volume, and Already-Integrated Boards | 13 | 81.25% | 1 | 6.25% | 2 | 12.50% | 16 | Meets 75% threshold |
| Option 2: Merge Massage Therapy and Chiropractic Into Alternative Health Care | 9 | 60.00% | 4 | 26.67% | 2 | 13.33% | 15 | Does not meet 75% threshold |
| Option 3: Create a Behavioral Health and Psychology Board | 13 | 81.25% | 2 | 12.50% | 1 | 6.25% | 16 | Meets 75% threshold |
| Option 4: Convert Nursing Home Administrators to a Healing Arts Licensing Program | 13 | 86.67% | 2 | 13.33% | 0 | 0.00% | 15 | Meets 75% threshold |
| Option 5: Create an Umbrella Healing Arts Licensing Program for Existing and Converted Programs | 15 | 100.00% | 0 | 0.00% | 0 | 0.00% | 15 | Meets 75% threshold |
| Option 6: Consider Optometry under Medical Examiners, or Convert Optometry to a Program | 10 | 62.50% | 3 | 18.75% | 3 | 18.75% | 16 | Does not meet 75% threshold |

# 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.

**Survey results:** Option 1 received **13 yes responses out of 16 responses**, or **81.25% yes**. It also received **1 no response** (6.25%) and **2 table responses** (12.50%).

**Survey comments:** One commenter suggested that consideration could be given to creating advisory boards that provide DLI and the advisory board with the same essential duties and requirements as current boards, but with more flexibility and possible taxpayer savings.
**Draft recommendation for Healthcare Subcommittee consideration:** Because Option 1 exceeded the 75% yes threshold, the Subcommittee could recommend retaining large, high-volume, complex, and already-integrated boards as standalone boards at this stage, while separately developing targeted process improvements and evaluating whether advisory-board concepts could provide flexibility or cost savings without compromising public protection, subject-matter expertise, or statutory responsibilities.

Pros:
- Preserves subject-matter expertise for distinct clinical and public-safety issues.
- Avoids overbroad consolidation of complex professions.
- Maintains coherent governance for already integrated professional fields.
- Allows reform efforts to focus on targeted process improvements rather than structural changes for the largest boards.

Cons / issues to evaluate:
- Retaining standalone boards does not itself address administrative burdens, meeting costs, or appointment issues.
- The Subcommittee may still need to evaluate whether advisory-board models could improve flexibility or reduce costs.
- Targeted process reforms may require statutory or rule changes even if board structure remains intact.

## 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.

**Survey results:** Option 2 received **9 yes responses out of 15 responses**, or **60.00% yes**. It also received **4 no responses** (26.67%) and **2 table responses** (13.33%).

**Survey comments:** Comments requested input from Board members and professional associations; asked about the primary concerns of impacted professional associations; suggested considering Massage Therapy and Chiropractic individually; stated support for moving Chiropractic but uncertainty about Massage Therapy; asked whether Massage Therapy should instead become a program or move to a different board; and asked whether moving Massage Therapy to a program would provide a benefit.

**Threshold note:** Option 2 did **not** meet the 75% yes threshold. No draft recommendation is made to advance this option as currently framed. The Subcommittee could instead request additional stakeholder input and evaluate Massage Therapy and Chiropractic separately.

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 / issues to evaluate:

- 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.
- Survey comments suggest Massage Therapy may require separate analysis from Chiropractic.

Implementation steps if reconsidered:

- 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.
- Obtain input from the Massage Therapy and Chiropractic boards, licensees, and relevant professional associations.

## 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.

**Survey results:** Option 3 received **13 yes responses out of 16 responses**, or **81.25% yes**. It also received **2 no responses** (**12.50%**) and **1 table response** (**6.25%**).

**Survey comments:** Comments requested input from associations and Board members; asked about the primary concern of the Psychologist Association; and noted that psychologists would be at the top of the credentialing structure in this board, suggesting that psychology should be asked whether it would consider the option and that psychologists should have enough votes on the board to reflect their high level of training and education.

**Draft recommendation for Healthcare Subcommittee consideration:** Because Option 3 exceeded the 75% yes threshold, the Subcommittee could recommend further development of legislation creating a combined Behavioral Health and Psychology Board, provided the structure preserves meaningful representation for psychologists and behavioral analysts and includes focused stakeholder engagement with the Board of Behavioral Health, Board of Psychologists, relevant associations, and licensees.

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 / issues to evaluate:

- 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.
- Survey comments identify stakeholder engagement and psychology representation as key issues.

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.
- Obtain input from the Psychologist Association, behavioral-health stakeholders, board members, and affected licensees.

## 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.

**Survey results:** Option 4 received **13 yes responses out of 15 responses**, or **86.67% yes**. It also received **2 no responses** (**13.33%**) and **0 table responses** (**0.00%**).

**Survey comments:** Comments requested input from licensees, associations, and Boards.

**Draft recommendation for Healthcare Subcommittee consideration:** Because Option 4 exceeded the 75% yes threshold, the Subcommittee could recommend further development of legislation converting Nursing Home Administrators to a Department-administered Healing Arts Licensing Program, subject to federal compliance review and confirmation that the Department or program can perform all federally required licensing functions under 42 C.F.R. part 431, subpart N.

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 / issues to evaluate:

- 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.
- Obtain input from licensees, associations, and affected Boards.

## 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.

**Survey results:** Option 5 received **15 yes responses out of 15 responses**, or **100.00% yes**. It received **0 no responses** and **0 table responses**.

Survey results for identified credentials:

| Credential / sub-option | Yes | % Yes | No | % No | Table | % Table | Responses |
|---|---|---|---|---|---|---|---|
| Doulas | 15 | 100.00% | 0 | 0.00% | 0 | 0.00% | 15 |
| Genetic Counselors | 15 | 100.00% | 0 | 0.00% | 0 | 0.00% | 15 |
| Hearing Aid Dispensers | 15 | 100.00% | 0 | 0.00% | 0 | 0.00% | 15 |
| Nursing Home Administrators | 13 | 100.00% | 0 | 0.00% | 0 | 0.00% | 13 |
| Pediatric Complex Care Assistants | 15 | 100.00% | 0 | 0.00% | 0 | 0.00% | 15 |
| Other: Community Health Workers | 1 | | | | | | |
| Other Massage Therapists | 2 | | | | | | |

**Survey comments:** Comments requested input from participants; suggested adding Community Health Workers to the umbrella program; suggested adding Massage Therapists to the umbrella program; asked whether adding Massage Therapists would be beneficial; asked whether there is a benefit to adding Chiropractors; and asked whether it would be better to make this a program instead of a board or to create an advisory board that functions between a board and a program.

**Draft recommendation for Healthcare Subcommittee consideration:** Because Option 5 received 100% yes support among respondents, the Subcommittee could recommend developing an Umbrella Healing Arts Licensing Program as the primary program-conversion structure for small, specialized, or emerging health-related credentials that do not require standalone board governance. The initial draft structure could include Doulas, Genetic Counselors, Hearing Aid Dispensers, Pediatric Complex Care Assistants, and Nursing Home Administrators if Nursing Home Administrators are converted under Option 4. The Subcommittee could also direct

further study of whether Community Health Workers, Massage Therapists, or Chiropractors should be included, treated separately, or addressed through an advisory-board model.

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 assist in sustaining programming costs and may reduce costs for licensees.

Cons / issues to evaluate:

- "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.
- Survey comments suggest further evaluation of Community Health Workers, Massage Therapists, Chiropractors, and advisory-board alternatives.

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.
- Evaluate whether Community Health Workers, Massage Therapists, and Chiropractors should be included, excluded, or studied separately.

## 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.

**Survey results:** Option 6 received **10 yes responses out of 16 responses**, or **62.50% yes**. It also received **3 no responses** (**18.75%**) and **3 table responses** (**18.75%**).

Among respondents who selected a specific pathway, **1 respondent** selected moving Optometry under Medical Examiners, while **9 respondents** selected conversion to a Department program.

**Survey comments:** Comments requested input from licensees, associations, and Boards; asked what the current Board of Optometry thinks; expressed a preference for doing nothing and keeping Optometry standalone with more frequent meetings and diligence at the expense of professional licenses; requested more explanation of how a department program would work; and noted that allowing Optometry to function as a program could keep its individual voice and allow separation from ophthalmology.

**Threshold note:** Option 6 did **not** meet the 75% yes threshold. No draft recommendation is made to advance this option as currently framed. If the Subcommittee continues to evaluate Optometry reform, the survey suggests that respondents who selected a pathway preferred Department program conversion over placement under Medical Examiners, but additional stakeholder input is needed before any recommendation.

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 / issues to evaluate:

- 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.
- Survey comments indicate that the current Board of Optometry, licensees, and associations should be consulted before proceeding.

Implementation steps if reconsidered:

- 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.
- Obtain input from the Board of Optometry, optometry licensees, associations, and other affected stakeholders.

# Other Survey Comments

Other comments raised two broader themes. First, one commenter observed that the points about placing Massage Therapists under the board with Cosmetology were "intriguing," because of the types of businesses they often share, and suggested Massage Therapy may need to remain standalone until it is clearer where it belongs; the commenter also asked whether Massage Therapy could be a program. Second, another commenter stated that converting two programs and advisory boards instead of full boards would save taxpayer money and resources while still allowing licensee voices to be heard, providing a mechanism for non-routine licensure, and allowing more immediate attention to rule changes or other questions.

# 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.

# Draft Recommendations for Options Receiving 75% or Higher "Yes" Responses

For purposes of Subcommittee discussion, the following draft recommendations correspond to the options that received at least 75% "yes" responses:

1. **Option 1 — Retain large, high-volume, and already-integrated boards.** Recommend retaining large, high-volume, complex, and already-integrated boards as standalone boards at this stage, while separately developing targeted process improvements and evaluating whether advisory-board concepts could provide flexibility or cost savings without compromising public protection, subject-matter expertise, or statutory responsibilities.
2. **Option 3 — Develop a Behavioral Health and Psychology Board proposal.** Recommend further development of legislation creating a combined Behavioral Health and Psychology Board, provided the structure preserves meaningful representation for psychologists and behavioral analysts and includes focused stakeholder engagement with the Board of Behavioral Health, Board of Psychologists, relevant associations, and licensees.
3. **Option 4 — Develop a Nursing Home Administrators program-conversion proposal.** Recommend further development of legislation converting Nursing Home Administrators to a Department-administered Healing Arts Licensing Program, subject to federal compliance review and confirmation that the Department or program can perform all federally required licensing functions under 42 C.F.R. part 431, subpart N.
4. **Option 5 — Develop an Umbrella Healing Arts Licensing Program.** Recommend developing an Umbrella Healing Arts Licensing Program as the primary program-conversion structure for small, specialized, or emerging health-related credentials that do not require standalone board governance. The initial draft structure could include Doulas, Genetic Counselors, Hearing Aid Dispensers, Pediatric Complex Care Assistants, and Nursing Home Administrators if converted under Option 4. Further study should address whether Community Health Workers, Massage Therapists, or Chiropractors should be included, treated separately, or addressed through an advisory-board model.