Montana Department of LABOR & INDUSTRY

LICENSING REFORM TASK FORCE

Healthcare Subcommittee

High-Support Healthcare Licensing Recommendations

June 12, 2026

Overview

This packet addresses the recommendations from the Healthcare Subcommittee survey that received **75% or higher "Yes" support** among recorded responses. The public-comment summary identifies the central reform themes as reducing unnecessary barriers, improving workforce mobility and reciprocity, expanding access in rural communities, and preserving public safety. The same summary recognizes a recurring tension between preserving licensure standards and reducing or modernizing barriers.

Likely Areas of Consensus

The strongest consensus appears around **administrative modernization and barrier reduction** where public safety risk is comparatively low:

- **Reciprocity and portability**, especially addiction counselor reciprocity and EMS renewal alignment.
- **Terminology modernization**, particularly replacing outdated "chemical dependency" language.
- **Credentialing and licensing process improvements**, including insurance credentialing timelines and pharmacy NPDB self-query removal.
- **Preserve licensure but reduce friction**, especially for speech-language pathology and genetic counselors.
- **Targeted denturist reforms**, although broad denturist scope packages may need to be split into narrower items.

Likely Areas of Controversy or Further Work

The most likely controversy appears where recommendations implicate **scope expansion, reimbursement eligibility, payer/federal constraints, or patient-safety standards**:

- **Biblical/religious counselor reimbursement** — lowest support and highest opposition.
- **Clinical AI licensure framework** — substantial uncertainty and opposition; likely premature without a defined regulatory model.
- **Mental health supervision and trainee proposals** — high tabled rates indicate unresolved implementation and standards questions.
- **MAP/Board of Nursing restrictions affecting CRNAs** — significant no votes and tabled votes; likely requires evidence on safety and comparative state practice.
- **Prescriptive authority for psychologists and OT dry needling** — moderate support but likely to generate scope-of-practice and training disputes.

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Recommendation 1: Ease Reciprocity / Educational Barriers for Addiction Counselors

Survey support: 14 Yes / 0 No / 1 Tabled — **93.3% Yes**.

Recommendation

Proceed with a targeted review and reform of Montana's reciprocity and education requirements for addiction counselors licensed or trained in other states, with the goal of eliminating duplicative barriers where applicants have comparable credentials, examination history, supervised experience, and disciplinary standing.

Pros

- **Strong survey consensus:** This recommendation received one of the highest support levels and no recorded opposition.
- **Workforce mobility:** Eases entry for qualified out-of-state addiction counselors at a time when behavioral health access remains a recurring concern.
- **Reduced duplication:** The underlying comment states that Montana required additional education despite the applicant having passed the same NAADAC exam, resulting in workforce loss.
- **Rural access:** Could help small and rural communities recruit behavioral health professionals more quickly.

Cons / Risks

- **Equivalency disputes:** Determining whether out-of-state education and supervision are substantially equivalent may require case-by-case judgment.
- **Public protection concerns:** Any expedited pathway must still preserve disciplinary review, background checks, and minimum competency standards.
- **Board workload:** Implementing a more nuanced reciprocity review may initially require staff guidance, forms, or rule amendments.

Implementation Considerations

- Direct staff to compare Montana's addiction counselor education, exam, and supervision requirements against common national standards and neighboring-state requirements.
- Consider a "substantial equivalency" or "endorsement" pathway for applicants with active licenses in good standing.
- Identify which barriers are statutory, regulatory, or operational.
- Preserve authority to require remediation only for material gaps tied to public protection.

Alternatives

- Pilot an expedited review process for applicants licensed in good standing for a defined number of years.
- Use a temporary or provisional license while the board reviews any education gap issues.
- Limit reform to applicants who passed a nationally recognized exam and have no adverse disciplinary history.

Recommendation 2: Modernize Statutory Language for Substance Use and Behavioral Health Disorders

Survey support: 14 Yes / 0 No / 1 Tabled — **93.3% Yes**.

Recommendation

Proceed with legislation or rule cleanup replacing outdated terminology such as "chemical dependency" with "substance use disorder" and, where appropriate, using broader "behavioral health disorders" terminology rather than embedding specific diagnoses in statute.

Pros

- **Strong consensus:** Tied for the highest support level with no recorded opposition.
- **Modern terminology:** Aligns statutory language with contemporary clinical and policy usage.
- **Low substantive disruption:** Terminology updates can often be made without changing scope of practice, licensure standards, or enforcement authority.
- **Improved clarity:** Broader terminology may reduce the need for repeated statutory updates when diagnostic labels evolve.

Cons / Risks

- **Unintended scope changes:** Replacing specific terms with broader language could inadvertently expand or narrow statutory coverage.
- **Cross-reference issues:** Existing rules, forms, contracts, or federal references may still use legacy terminology.
- **Interpretive questions:** Stakeholders may ask whether the change is purely technical or changes legal rights and obligations.

Implementation Considerations

- Treat the reform as a technical modernization unless policymakers intend a substantive scope change.
- Include a savings clause or legislative note clarifying that terminology updates do not alter existing licensure qualifications, enforcement authority, or eligibility criteria unless expressly stated.
- Conduct a crosswalk of MCA and ARM references using "chemical dependency," "addiction," "substance abuse," and related terms.

Alternatives

- Use a definitions section that maps older terms to current terminology.
- Make the change first in agency rules and forms, then pursue statutory cleanup in the next legislative cycle.
- Adopt profession-specific terminology only where a board identifies a reason broader language would create ambiguity.

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Recommendation 3: Align State EMS License Renewal with National Certification Expiration

Survey support: 13 Yes / 0 No / 1 Tabled — **92.9% Yes**.

Recommendation

Proceed with aligning Montana EMS license renewal periods with national certification expiration dates for EMRs, EMTs, AEMTs, and paramedics.

Pros

- **Strong consensus:** More than 90% support with no opposition.
- **Administrative simplicity:** Reduces duplicate tracking and renewal burdens for licensees and employers.
- **Rural volunteer support:** The public-comment rationale specifically identifies additional cost and tracking burdens for rural volunteers.
- **Public protection:** Better alignment may reduce the risk that state licensure appears current while national certification has expired.

Cons / Risks

- **Transition complexity:** Existing licensees may have staggered expiration dates requiring a one-time transition plan.
- **Revenue timing:** Fee collection timing may shift depending on renewal cycle adjustments.
- **System updates:** Licensing databases and automated notices may need configuration changes.

Implementation Considerations

- Develop a transition schedule that avoids shortening current licenses without clear notice.
- Decide whether prorated fees or extended renewal periods are needed during transition.
- Coordinate with EMS stakeholders and national certification timing requirements.
- Update forms, renewal notices, and public-facing guidance.

Alternatives

- Allow licensees to elect a one-time alignment at renewal.
- Create a grace-period structure tied to national certification renewal.
- Maintain the current state cycle but add automated reminders tied to national certification expiration.

Recommendation 4: Review Insurance Credentialing Timelines and Standardization

Survey support: 13 Yes / 0 No / 2 Tabled — **86.7% Yes**.

Recommendation

Proceed with a focused review of insurance credentialing timelines and standardization options to reduce delays that prevent newly licensed providers from practicing or billing.

Pros

- **High support and no opposition:** The survey indicates broad agreement that credentialing delays warrant review.
- **Access to care:** Credentialing delays can prevent otherwise licensed providers from serving patients.
- **Clinic viability:** The public-comment rationale notes 90–180-day delays that block newly licensed providers from working and clinics from billing.
- **Non-licensure barrier:** This reform targets a downstream administrative barrier without lowering licensure standards.

Cons / Risks

- **Jurisdictional limits:** Some credentialing processes may be controlled by private payers, federal programs, or insurance regulators rather than licensing boards.
- **Operational burden:** Standardization may require coordination across insurers, providers, and agencies.
- **Data gaps:** Policymakers may need more information about average timelines, bottlenecks, and payer variation.

Implementation Considerations

- First determine DLI's role and whether implementation requires coordination with the Commissioner of Securities and Insurance, Medicaid, or other entities.
- Collect stakeholder data on average credentialing timelines, denial rates, and documentation requirements.
- Consider model timelines, uniform applications, or deemed-credentialed provisions for providers licensed in good standing.
- Distinguish state-regulated payer issues from federal Medicare, Medicaid, and ERISA-related constraints.

Alternatives

- Recommend a study bill or interim committee review rather than immediate substantive regulation.
- Create a voluntary payer-provider credentialing standard.
- Require reporting of credentialing timelines before imposing deadlines.

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Recommendation 5: Maintain Speech-Language Pathology Licensure While Addressing ASHA Payments, Medicaid Reimbursement, and Telemedicine Coverage

Survey support: 10 Yes / 0 No / 2 Tabled — **83.3% Yes**.

Recommendation

Proceed with a targeted reform package that preserves speech-language pathology licensure while reviewing practice barriers related to ASHA-related costs, Medicaid reimbursement, and telemedicine coverage.

Pros

- **High support and no opposition:** The recommendation fits the recurring "preserve licensure but reduce friction" theme.
- **Public protection:** Maintains state licensure for quality and competency.
- **Access improvement:** Addresses cost and coverage issues that may limit service availability.
- **Consistent with comments:** The comment rationale states that licensure is needed for quality services, while identifying expensive ASHA dues, low reimbursement, and telemedicine limits as barriers.

Cons / Risks

- **Limited agency authority:** ASHA dues are set by a private professional association, and Medicaid reimbursement may involve agencies outside DLI.
- **Budget impact:** Reimbursement changes may have fiscal implications.
- **Telemedicine complexity:** Coverage reform may depend on payer type and federal rules.

Implementation Considerations

- Separate the recommendation into three tracks: licensure requirements, reimbursement issues, and telemedicine coverage.
- Confirm whether Montana licensure rules effectively require ASHA certification or whether ASHA costs arise from employer/payer practices.
- Coordinate with Medicaid and insurance stakeholders on reimbursement and telehealth barriers.
- Preserve state licensure while identifying whether any duplicative or nonessential requirements can be removed.

Alternatives

- Recommend a formal stakeholder workgroup focused on SLP access barriers.
- Address telemedicine coverage separately from licensure issues.
- Issue guidance clarifying what state licensure does and does not require regarding ASHA credentials.

Recommendation 6: Create an International Physician Licensure Pathway Without Repeating U.S. Residency Where Training Is Substantially Equivalent

Survey support: 11 Yes / 0 No / 3 Tabled — **78.6% Yes**.

Recommendation

Proceed with development of a carefully limited pathway for internationally trained physicians to obtain Montana licensure without repeating U.S. residency where the applicant's training, experience, examination history, and disciplinary record demonstrate substantial equivalency.

Pros

- **Broad support and no opposition:** The survey reflects support for further development.
- **Workforce expansion:** Could help address physician shortages, particularly in underserved areas.
- **Reduced bottleneck:** The public-comment rationale states that the current residency bottleneck keeps experienced physicians out of Montana's workforce despite shortages.
- **Targeted reform:** A substantial-equivalency pathway can preserve safety while avoiding unnecessary repetition.

Cons / Risks

- **Patient safety scrutiny:** Physician licensure implicates high public-protection concerns.
- **Equivalency complexity:** International education, residency, specialty training, and examination standards vary substantially.
- **Stakeholder resistance:** Medical boards, residency programs, and specialty groups may seek strict safeguards.
- **Malpractice and hospital credentialing:** Licensure alone may not ensure hospital privileges or payer credentialing.

Implementation Considerations

- Require verification of medical education, postgraduate training, exam history, English proficiency where applicable, and good standing.
- Consider supervised, provisional, or restricted licensure before full independent practice.
- Define "substantially equivalent" by rule with objective criteria.
- Identify whether pathway should be limited to shortage areas, primary care, or specific specialties.
- Coordinate with hospitals, malpractice carriers, and payers to ensure the pathway is practically usable.

Alternatives

- Create a provisional license for internationally trained physicians practicing under supervision.
- Limit the pathway to physicians with several years of independent practice in countries with comparable accreditation systems.
- Begin with a study or pilot program before adopting a permanent pathway.

Recommendation 7: Allow Internship Hours to Count Toward the 3,000-Hour Requirement

Survey support: 11 Yes / 0 No / 3 Tabled — **78.6% Yes**.

Recommendation

Proceed with a review and rule or statutory amendment allowing qualifying supervised internship hours to count toward the 3,000-hour licensure requirement for social work/LCSW/SWLC pathways, provided the hours meet defined supervision and documentation standards.

Pros

- **Broad support and no opposition:** Indicates readiness for further development.
- **Accelerated licensure:** Helps candidates move into full licensure more efficiently.
- **Reduced duplication:** Avoids disregarding relevant supervised clinical experience obtained during formal education.
- **Access benefit:** Could increase the supply of fully licensed behavioral health professionals.

Cons / Risks

- **Quality assurance:** Internship settings may vary in supervision intensity, clinical responsibility, and documentation.
- **Accreditation variation:** Programs may structure internships differently.
- **Equity concerns:** Candidates from different schools may receive different hour-credit opportunities.

Implementation Considerations

- Define which internship hours qualify, including supervision credentials, client-contact requirements, documentation, and evaluation.
- Decide whether to cap the number of internship hours that may be credited.
- Require attestation from the educational program and supervisor.
- Clarify whether the change applies prospectively only or to pending applicants.

Alternatives

- Allow partial credit up to a defined maximum.
- Permit credit only for post-baccalaureate or graduate-level clinical internships.
- Create a petition process for applicants seeking internship-hour credit.

Recommendation 8: Remove NPDB Self Query Report Requirement from Montana Pharmacy Licensure

Survey support: 9 Yes / 1 No / 2 Tabled — **75.0% Yes**.

Recommendation

Proceed with removing or replacing the NPDB Self Query Report requirement for Montana pharmacy licensure if existing application disclosures, home-state license verification, and disciplinary checks already provide equivalent protection.

Pros

- **Meets high-support threshold:** 75% support with limited opposition.
- **Reduces duplication:** The public-comment rationale states that the requirement is duplicative because applications already ask about legal/disciplinary history and require home-state verification.
- **Reduces cost and delay:** Could streamline licensure for pharmacy applicants, including mail-order pharmacy applicants.
- **Preserves public protection if replaced with direct verification:** The key issue is not whether disciplinary history is reviewed, but how efficiently it is reviewed.

Cons / Risks

- **Information gap risk:** If the self-query provides information not otherwise obtained, removal could reduce board visibility.
- **Process redesign:** The board may need a reliable alternative for disciplinary and adverse-action checks.
- **Opposition concern:** The single "No" vote may reflect a desire to retain a conservative screening measure.

Implementation Considerations

- Map exactly what information the NPDB Self Query provides compared with existing application questions, license verification, and board-accessible databases.
- Determine whether the board can conduct direct NPDB or disciplinary checks more efficiently than requiring applicant self-queries.
- If removed, update forms, checklists, and rule language to avoid conflicting instructions.
- Consider retaining the requirement only for categories of applicants where other verification is insufficient.

Alternatives

- Replace applicant self-query with board-run verification.
- Waive the self-query for applicants licensed in good standing in another state.
- Retain the requirement only for applicants with prior discipline, malpractice history, or incomplete verification.

Recommendation 9: Expand Denturist Scope to Practice Within Education and Training

Survey support: 9 Yes / 0 No / 3 Tabled — **75.0% Yes**.

Recommendation

Proceed with a scoped review of denturist practice authority to determine whether Montana should expand denturists' authorized services to match accredited education, training, and demonstrated competency.

Pros

- **Meets high-support threshold with no opposition:** Indicates support for continued development.
- **Access to care:** The public-comment rationale states that Montana is restrictive, denturists are not allowed to practice to the extent of training, and patients lose access to safe, affordable care.
- **Rural benefit:** Denturists may improve availability of prosthetic services in underserved areas.
- **Competency-based framing:** Tying scope to education and training can reduce public-safety concerns.

Cons / Risks

- **Scope-of-practice conflict:** Expansion may draw opposition from related dental professions.
- **Training variation:** Policymakers must verify that education and training support each proposed service.
- **Public protection:** Expanded authority should be paired with clear standards, referral obligations, and disciplinary oversight.

Implementation Considerations

- Break the broader denturist issue into discrete scope items rather than adopting an open-ended expansion.
- Compare proposed services against accredited denturist curriculum and competency standards.
- Identify services requiring referral, collaboration, or exclusion.
- Consider whether expanded scope requires additional endorsements, continuing education, or equipment standards.

Alternatives

- Create specific endorsements for expanded services rather than general scope expansion.
- Pilot expanded authority in shortage or rural areas.
- Adopt incremental reforms first, such as radiograph authority or reciprocity, before broader scope changes.

Recommendation 10: Allow Denturists to Take Radiographs in Private Practice

Survey support: 9 Yes / 0 No / 3 Tabled — **75.0% Yes**.

Recommendation

Proceed with developing a radiography endorsement or defined authority allowing properly trained denturists to take radiographs in private practice for purposes connected to denturist services, referrals, and patient care coordination.

Pros

- **Meets high-support threshold with no opposition:** Indicates support for further development.
- **Improved access:** The stated rationale says radiographs are consistent with denturist training, would improve early detection and access in rural areas, and support better referral pathways.
- **Narrower than broad scope reform:** Radiography can be addressed as a discrete endorsement with defined limits.
- **Referral support:** Radiographs may improve communication with dentists and other providers when conditions are outside denturist scope.

Cons / Risks

- **Radiation safety:** Requires training, equipment standards, and compliance with applicable radiation-control requirements.
- **Diagnostic boundaries:** Policymakers must clarify whether denturists may interpret radiographs or only take them for referral/support purposes.
- **Professional opposition:** Dental stakeholders may object if the authority is viewed as diagnostic expansion.

Implementation Considerations

- Create a radiography endorsement requiring approved training and continuing education.
- Define permitted purposes, documentation, referral requirements, and limits on interpretation.
- Coordinate with radiation safety regulators regarding equipment, inspections, and safety protocols.
- Consider whether radiographs may be billed separately or only used incident to denturist services.

Alternatives

- Allow denturists to take radiographs only under an endorsement and only for specified prosthetic-related purposes.
- Require referral to a dentist for interpretation of abnormal findings.
- Start with a pilot or rulemaking record focused on rural access and safety outcomes.

Summary of Recommended Next Steps

1. **Advance immediately as low-conflict technical or administrative reforms:** terminology modernization; EMS renewal alignment; pharmacy NPDB self-query review/removal.
2. **Advance with targeted stakeholder process:** addiction counselor reciprocity; insurance credentialing; SLP access barriers; internship-hour credit.
3. **Advance through structured policy development or pilot:** international physician pathway; denturist scope expansion; denturist radiography endorsement.

Appendix A: Ranked Survey Table

Rank	Recommendation	Yes	Yes %	No	No %	Table	Table %	Total Responses	Likely consensus / controversy
1	Ease reciprocity / educational barriers for addiction counselors moving from other states	14	93.3%	0	0.0%	1	6.7%	15	**Strong consensus.** No opposition; aligns with portability/workforce mobility theme.
1	Update statutory language from "chemical dependency" to "substance use disorder" and use broader "Behavioral Health disorders" language	14	93.3%	0	0.0%	1	6.7%	15	**Strong consensus.** Terminology modernization appears low-risk and noncontroversial.
3	Align state EMS license renewal with national certification expiration	13	92.9%	0	0.0%	1	7.1%	14	**Strong consensus.** Administrative burden reduction; no recorded opposition.
4	Review insurance credentialing timelines and standardization	13	86.7%	0	0.0%	2	13.3%	15	**Strong consensus, likely implementation questions.** No opposition, but some tabled responses suggest need for more detail.
5	Maintain speech-language pathology state licensure, but address ASHA annual payments, low Medicaid reimbursement, and telemedicine coverage	10	83.3%	0	0.0%	2	16.7%	12	**Consensus around "keep licensure, reduce friction."** Consistent with comments favoring preservation of safety-related licensure while addressing barriers.
6	Create international physician licensure pathway without repeating U.S. residency where training is substantially equivalent	11	78.6%	0	0.0%	3	21.4%	14	**Broad support, but likely technical controversy.** No opposition, but tabled votes suggest need for equivalency/safety criteria.
6	Allow internship hours to count toward the 3000-hour requirement	11	78.6%	0	0.0%	3	21.4%	14	**Broad support, implementation sensitive.** Likely questions around supervision quality and hour verification.

Rank	Recommendation	Yes	Yes %	No	No %	Table	Table %	Total Responses	Likely consensus / controversy
8	Remove NPDB Self Query Report requirement from Montana pharmacy licensure	9	75.0%	1	8.3%	2	16.7%	12	**Broad support.** Minor opposition; likely consensus if framed as eliminating duplication while preserving discipline checks.
8	Expand denturist scope to practice with education and training	9	75.0%	0	0.0%	3	25.0%	12	**Broad support, scope details likely contested.** No opposition, but tabled votes suggest the scope boundaries need refinement.
8	Allow denturists to take radiographs in private practice	9	75.0%	0	0.0%	3	25.0%	12	**Broad support, training/safety details likely contested.** No opposition but likely requires defined training/endorsement standards.
11	Clarify whether supervisors of candidate-licensed therapists must employ supervisees as W-2 employees; address BCBS policy requiring 100% proximity	11	73.3%	0	0.0%	3	20.0%	14	**Broad support, likely payer/legal complexity.** No opposition; tabled votes likely reflect uncertainty over authority to address insurer policy.
12	Allow social work candidates in private practice to treat clients with Medicaid, Medicare, and Tricare	10	66.7%	1	6.7%	4	26.7%	15	**Moderate support, implementation sensitive.** Likely controversy around reimbursement rules, supervision, and federal payer constraints.
13	Reduce genetic counselor application / renewal fees while keeping licensure	9	64.3%	2	14.3%	3	21.4%	14	**Moderate support.** Some opposition, but framed as fee reduction while preserving licensure, which may reduce controversy.
13	Consider prescriptive authority for licensed psychologists	9	64.3%	2	14.3%	3	21.4%	14	**Moderate support, likely substantive controversy.** Scope expansion involving prescribing authority is likely to draw safety/training concerns.
15	Align denturist scope with accredited education and competency; remove supervision and gatekeeping; preserve independent oversight; expand implant prosthetic scope; allow reciprocity and portability; recognize denturists as primary prosthetic providers;	7	63.6%	0	0.0%	4	36.4%	11	**Supportive but underdeveloped/too broad.** No opposition, but high tabled rate suggests the package may need to be broken into discrete proposals.

Rank	Recommendation	Yes	Yes %	No	No %	Table	Table %	Total Responses	Likely consensus / controversy
	remove restrictive rules; create radiology endorsement; include denturists in Medicaid and rural health systems								
16	Create a competency-based pathway allowing experienced CNAs to challenge the LPN exam	8	57.1%	1	7.1%	5	35.7%	14	**Mixed-to-moderate support.** High tabled percentage suggests need for more information on competency validation, patient safety, and Board of Nursing feasibility.
17	Allow OTs to dry needle within upper extremity scope	7	53.8%	2	15.4%	4	30.8%	13	**Mixed / potentially controversial.** Scope expansion with opposition and many tabled votes; likely needs evidence on training, safety, and comparison to other states.
18	Reduce barriers for master's-level clinicians to qualify as LACs; create reduced education/supervision pathway for already-licensed LCPCs/LCSWs; eliminate specific LAC education requirements for gambling disorder, co-occurring disorders, and behavioral pharmacology	8	53.3%	2	13.3%	5	33.3%	15	**Mixed / contested.** Behavioral health was identified as one of the most active and contested areas, especially around standards, supervision, and profession-specific requirements.
19	Evaluate Montana Assistance Program / Board of Nursing restrictions that keep CRNAs and others out of practice longer than in other areas	7	50.0%	3	21.4%	4	28.6%	14	**Controversial / needs development.** Significant opposition and tabled votes; likely tension between rehabilitation/workforce retention and patient safety.
20	Oppose in-person supervision requirement for mental health certification	7	46.7%	2	13.3%	6	40.0%	15	**Mixed and unresolved.** High tabled rate indicates more information needed; likely debate over remote supervision quality versus access.
21	Paid internships for mental health trainees	6	40.0%	1	6.7%	8	53.3%	15	**Not opposed, but not ready.** Majority tabled; likely questions about funding source, authority, and implementation vehicle.
22	Develop licensure framework for clinical AI / "AI Augmented &	5	38.5%	3	23.1%	5	38.5%	13	**Controversial / premature.** Split between yes and tabled, with meaningful opposition; likely needs

Rank	Recommendation	Yes	Yes %	No	No %	Table	Table %	Total Responses	Likely consensus / controversy
	Autonomous Service Provider"								substantial policy development.
23	Create reimbursement pathway for certified biblical / religious counselors	4	26.7%	7	46.7%	4	26.7%	15	**Most controversial / lowest support.** More no votes than yes votes; likely concerns include licensure standards, payer rules, scope, and public protection.