Multidisciplinary Health Care Provider
Task Force

Summary of Comments & Report to Task Force
May 10, 2022

The Task Force provided an opportunity for comment during each of its meetings and filed MAR Notice No. 24-101-313 to provide a formal opportunity for oral and written comments between March 11, 2022, and April 29, 2022. The Task Force further accepted email comments after the formation of the Task Force in September of 2021 through the date of this document.

Individual stakeholder agencies, i.e., the jurisdictional agencies for the identified statutes, were sent correspondence in early September and November to bring specific line items to their attention and elicit their comments.

A letter specifically asking stakeholder agencies to identify forms that should be updated to reflect that not only a physician, but other health care providers may also be authorized to sign, was sent in early December. Four agencies responded with two (DPHHS and FWP) indicating that they had forms meeting the specified criteria.

As reflected in the Task Force Charter, the main interested parties in this project are boards and associations related to physicians, physician assistants, and advance practice registered nurses; i.e., the Montana Nurses Association (MNA), the Montana Board of Nursing, the Montana Medical Association (MMA), and the Montana Board of Medical Examiners.

Montana Nurses Association
At the first meeting of the Task Force, the Montana Nurses Association commented generally in support of the Task Force. The MNA did not submit further verbal or written comment.

Montana Board of Medical Examiners and Montana Board of Nursing
The Montana Board of Medical Examiners and Montana Board of Nursing each met during the formal comment period and submitted written comment through their Executive Officers. See, April 25, 2022, Board of Medical Examiners Public Comment and April 20, 2022, Board of Nursing Public Comment

The Board of Nursing had no comments on the list of statutes.

The Board of Medical Examiners commented generally on the need for consistent definitions of “health care provider” across the code to be consistent and yet preserve distinctions between professions, especially between mental health providers and psychiatrists. The
BOME (and the Montana Medical Association) generally objected to any definition of “physician” that included PAs and APRNs. The BOME had specific comments on item numbers 56, 59, and 137.

The Task Force’s responses to the BOME’s specific comments are included on the list of statutes. Regarding the definitions, the Task Force agrees that the code includes varying definitions of health care providers, practitioners, and professionals, but the task to harmonize them exceeded the time, resources, and composition of the Task Force. As the BOME recognizes, each definition is limited to isolated chapters and parts and for that reason may not be necessary or even possible to harmonize them across the Montana Code Annotated.

The Task Force notes the objection of the BOME (and MMA, below) to define the term “physician” to include other professionals, even for the purposes of a chapter or a part and will revise its recommendations accordingly.

Montana Medical Association Comments
The Montana Medical Association commented verbally during meetings of the Task Force, at the formal hearing on April 15, 2022, and finally, in written comments submitted on April 29, 2022. The written comments repeat and thoroughly summarize the verbal comments received through the process and include specific feedback on the line items on the list of statutes under consideration by the Task Force. The specific line items are addressed on the list. Where the MMA registered no comment on a particular line item, the Task Force has so noted the lack of objection and will treat the recommendation of the Task Force as having consensus. The general objections of the MMA are as follows:

In summary, the MMA objects to the Task Force’s approach of limiting its review to statutes which referenced the term “physician” as (1) inconsistent with the authorizing statute, (2) focused inappropriately on equating scope of practice for three professions, (3) anti-collaborative, and (4) generally unsupported by data.

In response, the Task Force agrees with MMA that health care reform for the state of Montana should include collaboration by various health care related providers, insurers, policy makers, administrators, and consumers.

However, the breadth and ambiguity of such a legislative mandate in comparison to the time, resources, and membership of the task force led to the development of a narrow charter based on the legislative intent expressed in testimony before the committees. See, Mont. House Human Services Comm., Hearing on HB 495 (February 24, 2021), Mont. Senate Public Health, Welfare, and Safety Comm., Hearing on HB 495 (March 26, 2021).

During testimony, the sponsor, Rep. Caferro and proponent Montana Nurses’ Association (MNA) referred to identification by Legislative Services Division (LSD) staff of statutes requiring amendment that specify “physician,” but should also include Advanced Practice
Registered Nurse (APRN) and physician assistant (PA). The sponsor and proponents emphasized that the bill:

- does not expand scopes of practices but is only to “clean up” the Montana Code Annotated to recognize the authority of PAs and APRNs “where they should be inserted…,”

- will provide the framework to “update statute and paperwork issues,” including “DPHHS forms, health insurance forms, and other documents that require a health care provider’s signature” and avoid wasting time and resources when forms are rejected if signed by an APRN, and

- recognizes that in rural communities, PAs and APRNs may be the primary care providers.

Id. No opponents spoke against the bill.

The scope and charter of the Task Force have been clear since its inception: to start with the LSD-developed list and decide in each occurrence of treatment, diagnosis, or duty imposed on a physician, whether the PA (under supervision of a physician) and APRN (independently practicing) scopes of practice allow them to perform equally and propose to amend the statutory language accordingly. See Task Force Charter, August 23, 2021.

Public Comment
Other public comment came from massage therapists (at the first meeting of the task force and one written comment in response to the Notice and Opportunity for Public Comment). These commenters encouraged the Task Force to add licensed massage practitioners to the list of “healthcare care providers,” recognize their value in the health care system, especially as an alternative to pain management and amelioration of the opioid crisis, and to allow insurance coverage for medical massage therapy services deemed medically necessary by a physician. Other states, the National Institutes of Health and the Department of Veteran Affairs and nationally known clinics and schools recognize massage therapy as healthcare rather than only a luxury or spa service and Montana’s failure to include massage therapists in the health care sector limits their ability to conduct business.

Respectfully submitted,

s/Colleen White, Task Force Chair
To: HB 495 Task Force

From: Montana Board of Nursing

RE: List of Statutes and Recommendations

The Board of Nursing reviewed the list of recommendations from the HB 495 task force and had no specific feedback or comments to offer regarding the recommendations on the list of statutes. Review of items by each board member ahead of time and during the meeting determined that the recommendations made sense. Board members did state that the compilation of statutes with recommendations was done in such a way that it was clear there had been a significant amount of time invested to make the format of the list clear and understandable to each board member. The board thanked the task force members, especially Lisa Stricker, for the time that had been put into the project to date.
25 April 2022

To: HB 495 Task Force
From: Board of Medical Examiners
Re: Public Comment on Statute List Final Recommendations

At its March 25, 2022 meeting, the Board of Medical Examiners offered the following comments on the Task Force’s recommendations found in “List of Statutes 02102022.”

- There are inconsistent definitions of “health care provider” and “physician.” In certain areas the meaning is broad; in others, it is narrow. It would be helpful to have uniform definitions. We realize that this is a product of each chapter needing definitions to reference, but it would be helpful to consolidate and unify definitions across the entire Montana Code Annotated.
- There should be refinement of the definitions of scopes of practice for different providers. For example, there should be distinction provided between mental health provider and psychiatrist.
- The board objects to modifying any definition of “physician” to include APRNs and PAs. It would be better to restructure in a format that establishes requirements, then states: “these requirements may be fulfilled by PAs and APRNs.
- Regarding item 56: “Treating physician” should not replace “attending physician.” A treating physician could be an emergency department physician, and It seems unlikely that an emergency physician would get involved in a workers compensation determination.
- Regarding item 59: Strike “and neo-natal specialization.” For the purposes of the Montana Safe Haven Newborn Protection Act, the definition of “physician” does not need to be so restrictive. It should include any physician, physician assistant, or advance practice registered nurse.
- Regarding item 137: Rather than reference physicians, physician assistants, or advance practice registered nurse, the statute should more broadly include any health care professional.

Submitted by Sam Hunthausen, Executive Officer
BEFORE THE DEPARTMENT OF LABOR AND INDUSTRY
OF THE STATE OF MONTANA

In the matter of the multidisciplinary health care provider task force review of statutes and recommendations involving physicians, physician assistants, and advanced practice registered nurses

TRANSCRIPT OF THE PUBLIC HEARING

On April 15, 2022, beginning at 10:00 a.m., a public hearing noticed by the HB 495 Multidisciplinary Task Force, the Boards of Medical Examiners and Nursing, the Department of Health and Human Services and the Commissioner of Securities and Insurance was heard at 301 South Park Avenue, Fourth Floor, Helena, Montana, via Zoom before Melissa Poortenga, Presiding Officer.
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The following proceedings were had:

**MS. POORTENGA:** Today is April 15, 2022 and this is the

* time and place set for the public hearing on the

recommendations proposed by the HB 495 multidisciplinary health

care provider task force review of statutes involving

physicians, physician assistants, and advanced practice

registered nurses.

As stated in paragraph 6 of the notice, department staff

is conducting this hearing by teleconferencing means. No in-

person public attendance is permitted, but public comment may

be provided through the remote conferencing platform described

in paragraph 6.

My name is Missy Poortenga and I am the Presiding Officer

for this hearing.

The Notice of Public Comment on the proposed

recommendations was issued by Laurie Esau, Commissioner of the

Department of Labor and Industry, and published on March 11,

2022 in the Montana Administrative Register pursuant to MAR

Notice No. 24-101-313. As shown in paragraph 5 of the Notice,

the purpose of this hearing is to consider the proposed

amendments of the statutes reviewed by the task force and offer

comment to the task force prior to their final recommendation

to the Children, Families, Health and Human Services Interim

Committee.
Paragraph (7) indicates that concerned persons may present their data, views or arguments at this hearing. Written data, views or arguments may be submitted to the HB 495 Task Force, Department of Labor and Industry, P.O. Box 200513, Helena, Montana 59620-0513, by email to dlihb495@mt.gov and must be received by no later than 5:00 p.m., Friday, April 29, 2022.

Paragraph 8 of the Notice of Public Comment advises the public that the Department will make reasonable accommodations for persons with disabilities, so they can participate in the comment process.

The purpose of this hearing today is to collect verbal comments for and against the proposed statute amendment recommendations and gather public input concerning the proposed changes. If you want to recommend specific changes in language, please submit them in writing, if possible. This hearing is not a question and answer session. If you have technical or procedural questions, staff will be available following the hearing conclusion.

The presentation of public comment will be statements of proponents, then opponents, and then anyone else wishing to be heard. You may also submit your comments as described in paragraph (7) of the notice.

Please identify yourself for the record at the beginning of your comments, clearly stating your name and any entity you may represent. Speak clearly and indicate when you are
finished with your comments. Once you are finished, either
disconnect from the hearing or mute your connection if you
intend to remain connected. Please do not interrupt other
speakers. If you wish to comment after your initial
opportunity, please direct your request to the hearing officer.
Are there questions regarding the procedure for providing
public comment? And if not, I know I said opponents and
proponents but it is a long list of statutes that the task
force has reviewed, so I think it might be a combination of
both if you’re providing comments, so I guess, Jean or Webb, do
either of you have any comments that you want to share at this
time.

Mr. Brown: I don’t, no.

Ms. Branscum: So, Jean on behalf of Montana Medical
Association, you know I think our comments are general at this
particular point, and just noting that in regards to the
statutes that were put out. We found them to be confusing as to
one why the task force put out a list of statutes, of which
some are labeled not within the scope of the task force and why
comments are being asked about items that were deemed to be not
within the scope of the task force, maybe within the scope that
maybe not within the scope. And then deemed to be within the
scope and knowing that, as you indicated by the task force and
noting that these were an extensive list. Obviously, this has
been an extensive list has been looked at several times by
stakeholders and found it to be confusing as to what should be looked at and what not to be looked at as what is actually within the scope of this particular task force, we do offer comments from the providers that we've been communicating with which obviously is largely physicians but we've also gotten other providers that have communicated back to us that overall that the process has been detrimental to how practice is handled and cares provided in the state of Montana, which is truly team based and the process has been externally felt to be divisive and how that's been handled, and all of us stand strong that we feel strongly that in providing the best care for Montana, that we should be working collaboratively in providing expertise to provide the best care for the citizens of Montana and that the reflection of the amendments put forward in the processes put forward has again seemed to be in terms of working in more of a divisive standard versus in terms of understanding how truly care is delivered in terms of working as a team and understanding how care is delivered in the urban areas versus the rural areas in the state.

We also felt that the committee, while they made some general changes that would have probably a little effect in regards to how care is delivered, they also are just taking a look at generalization of all areas of medicine and that the scientific and medical knowledge is ever increasing, which has resulted in specialized training with just within each area of
profession and that's not recognized by the task force. We feel the composition of the task force itself did not follow along the Statute that was put forward to have a multi disciplinary healthcare Task Force and likely that's not recognized by the task force because they aren't in the health care profession themselves. We just within the physician ranks we recognize that as again, many people are partners in health care, and we have to be very careful when we look at individuals within the healthcare ranks that are part of these health care teams that we don't generalize all healthcare, for example, we would not ask a radiologist to diagnose and treat a genetic disorder or a geneticist to perform an interventional radiology procedure.

As was mentioned in one of the comments it's important in a specialized area of care that the health care providers who are qualified provide that care. So there are times that specialized care will need to be managed by provider has a more general background but that is when and that's where we support that collaborative care model so we're providers consult with other providers such as referrals phone consultation to give Montanans the best care possible. Again it's far more complicated than just looking at this in a very legal framework, how we deliver care again in urban enrolled in frontier areas of Montana, is far more complex. The need to have a task force that is reflective of multi disciplinary healthcare professions is necessary to really explore and
protect our patients and patient safety in exploration of any changes in the statutory scheme in Montana, and the statutory policies with that we will provide additional comment by the end of the comment period.

Ms. Poortenga: Thank you. Is there anyone else wishing to speak?

I remind you once again that all written data, views or arguments must be submitted so that the Department receives them no later than 5:00 p.m., Friday, April 29. As no one has indicated they wish to provide further comment, I thank everyone for participating and close this public comment hearing.

However, as required by section 2-3-103, MCA, the task force provides to the public an opportunity to comment on any matter within their jurisdictions, other than regarding a contested case, at any public hearing or meeting it conducts. Comments made now are not part of the record for the comment hearing that just concluded. The electronic record that is still being made will serve as the official minutes of this portion of this hearing. Is there anyone wishing to comment on a matter within the jurisdiction of the HB 495 task force?

Please state your name clearly and follow the commenting guidelines I provided earlier for the comment hearing.

Seeing no one wishes to speak at this time then I adjourn this public comment portion. Thank you so much.
(The proceedings concluded at 10:09 a.m.)

(Hearing transcribed by Melissa Poortenga)
April 29, 2022

Missy Poortenga
Department of Labor and Industry
PO Box 200513
Helena, MT 59620-0513
dlihb495@mt.gov

Re: MAR Notice No. 24-101-313

To Whom It Concerns:

The Montana Medical Association appreciates the opportunity to offer comments on the Multidisciplinary Task Force review of statutes and recommendations involving physicians, physician assistants, and advanced practice nurses. The MMA, as the largest statewide physician organization in Montana, represents practicing physicians, medical residents and medical students. We also serve as an essential voice for our patients.

The MMA appreciates the intent of the legislature to bring together health care providers to discuss challenges they experience firsthand while delivering health care services and problem solve with state government representatives to identify those areas that might be alleviated or addressed through a rule, policy, or procedural change in state government. We strongly feel that we should be working collaboratively using our expertise to best care for the citizens of Montana.

While overall, we appreciate the time and effort of the Task Force members, we feel the construct of the Task Force itself has led it to focus on laws about health care professionals rather than the rules, policies, procedures and laws that create challenges for these professionals to perform their jobs. The Montana Medical Association urges the Task Force to take a step back and gain an understanding of the real challenges and barriers that create access issues and increase costs, and where state government policies are inconsistently applied, by whom, and why. Health care professionals from rural and urban settings are a rich resource for that information, and their experience will differ based on the practice setting and the resources available to them.

We question the Task Force's departure from its duty to "identify definitions and areas in which the Montana Code Annotated: (a) duplicates federal regulations; (b) duplicates or contradicts state statutes, rules, or policies established for health care providers by other departments; (c) applies inconsistently across the regions or by the state; (d) creates the potential for the waste of resources; (e) causes access issues; or (f) increases cost" and to take an alternative path that strays from the intent of the legislation. The Montana Medical Association continues to object to the approach of the Task Force to solely target one profession with a clear intent to amend laws based on an apparent desire to compare and equate "scope of practice" across three select professions. This approach demonstrates a lack of on-the-ground understanding of the health care delivery model in Montana, how health care teams work together to provide best patient care and is divisive and counterproductive to addressing the issues and challenges faced by health care professionals.

Further, the approach taken is one that generalizes all areas of medicine. This is of concern. Our scientific and medical knowledge is ever-increasing which has resulted in specialized training. We see this within the physician ranks as well as with many of our partners in health care. We need to be careful not to generalize all health care. We would not ask a radiologist to diagnose and treat a genetic disorder or a geneticist to perform an interventional radiology procedure. As was mentioned in one of the comments, it is important in specialized areas of care that qualified health care providers provide that care. There will be times that specialized care will need to be managed by a provider who has a more general background. This is where we support the
collaborative care model, where providers consult with other providers (referrals, phone consultation, etc.) to give Montanans the best care possible.

Another point we would like to emphasize is the importance that patients know who is providing their care. While there are many types of doctors, Doctor of Nursing, Doctor of Philosophy, etc., it is very clear regarding the training one must have to become a physician. We ask the Task Force not to lump all health care providers under the title of the physician but state each profession clearly – APRN, PA, etc. Therefore, we ask the Task Force to be careful when in specialized circumstances broadening the definition of a provider to include any training as if all training and experience are the same.

"Physician" has traditionally and has always implied a medical doctor or D.O. who has had at least four years of graduate study in medicine, three to seven years of residency/fellowship training, has had at least 12,000-16,000 hours of direct patient care during training, and has passed multiple, rigorous board certification exams. This is what the public expects and deserves from any individual referred to as a "physician."

Physician assistants (PAs), on the other hand, have 2-3 years of graduate study in medicine, no additional years of residency/fellowship training, and approximately 2,000 hours of direct patient care during training. Nurse practitioners (APRNs) have 2-4 years of graduate education, no additional years of residency/fellowship training, and approximately 500 - 720 hours of direct patient care during training. In addition, many APRN training programs are now online, with even less direct patient contact or in-person training by qualified professional medical educators. Much of the patient care experience of the online programs is not "hands-on" and involves shadowing other providers who are not experienced educators.

Incorporating PAs and APRNs into the definition of "physician" as recommended would create an unacceptable precedent that would be extremely misleading, confusing, and subsequently dangerous to patients as they navigate our health care system.

In the review of the individual statutes and the recommendations put forth by the Task Force, the Montana Medical Association has found it challenging to provide meaningful comments as the recommendations were not supported by data or facts related to what the Task Force was asked to do by the legislature. The recommendations appear to stray from legislative intent and carry an overall theme of reasoning around legal authority of practice, and not the practical and meaningful exercise intended to truly address challenges and barriers faced by health care professionals as described by those very professionals practicing their trade.

The following list of comments is being put forward in response to the Task Force's request. It is a package that comes with an overall recommendation that the Task Force should not make recommendations on statutes that are outside what the Task Force is being asked to do in Montana law. For the recommendations being offered, the MMA asks if the Task Force researched the impact on liability. Physicians who supervise PAs will want to understand what the PA, whom they are supervising, is signing off on, as there will be more liability. We also ask the Task Force to consider the equity of the approach taken, singling out one professional title within the statute, and request in your response clear reasons for striking such an unbalanced course of action when attempting to find balance in the arena of health care.

1. The Task Force put forth a list of select laws and colored-coded those laws to identify ones that should be excluded and others that may not fit in the Task Force Charter. The MMA agrees that the Task Force should exclude from the list any laws that do not clearly (a) duplicate federal regulations; (b) duplicate or contradict state statutes, rules, or policies established for health care providers by other departments; (c) be applied inconsistently across the regions or by the state; (d) create the potential for the waste of resources; (e) cause access issues; or (f) increase cost.

2. The Task Force recommendations appear to focus on scope of practice of three professions. The Montana Medical Association urges the Task Force to do additional research and perform cross-
references on the impact of recommended changes to other laws in the MCA. An example includes definitional changes in Title 50.

3. The Task Force has identified laws and suggested amendments with no explanation other than what appears to be a justification related to scope of practice. The Montana Medical Association cautions that this Task Force fully consider the elements lined out in the law. As one physician shared, "One would think that even disability exams would be pretty simple; far from it. I did about 1,000 of them. For general Social Security Disability, the stakes are huge. The average recipient gets about $1,000 monthly for 20 years. So, for the 1,000 I did, about **One-Quarter of a Billion dollars** was at stake. Other times, it is just someone's life."

Should some of the recommendations become law, one can project that there will be increased costs. These very laws would then be re-examined by this very Task Force, another year at another time, for that reason.

4. The Task Force recommends to a state agency in 1.b. to define "physician" in administrative rule to broadly encompass other providers. The MMA objects. The Task Force notes this to be a statute that is to be excluded, yet still makes a recommendation that incorporates PAs and APRNs into the definition of "physician. This is an unacceptable precedent that would be extremely misleading and confusing to patients and subsequently dangerous to them as they navigate our health care system.

5. The MMA disagrees with Task Force recommendation #32.

6. The MMA disagrees with Task Force recommendation # 59, whereby the definition of "physician" is expanded. This is an unacceptable precedent that would be extremely misleading and confusing to patients, and subsequently dangerous to them as they navigate our health care system.

7. The MMA disagrees with the Task Force recommendation of #60.

8. The MMA disagrees with the Task Force recommendation of #66.

9. The MMA disagrees with the Task Force recommendation of #67.

10. The MMA recommends the Task Force consider other laws that reference definitions and use professional terms and not the broad term "health care professional" when the situation may not be applicable to all, e.g., physician assistants cannot have an independent office. Also questioned for the same reason is the inclusion of physician assistant in the definition of "outpatient center for primary care." (#74)

11. The MMA agrees with the Task Force recommendation of #75.

12. The MMA agrees with the Task Force recommendation of #79 to amend the law to add PA and APRN.

13. The MMA agrees with the Task Force recommendation of #80 to amend the law to add PA and APRN.

14. The Task Force recommendation of #81 should not move forward as a physician assistant and APRN do not have the adequate training to interpedently determine without oversight.

15. The Task Force recommendation of #80 and #82 - to amend the law to use a broad term should be revisited. Each profession should be listed as applies. The MMA notes a preference for a professional
term of "health care practitioner" when a broad term is necessary.

16. The Task Force should fully vet the change recommended in #83 and evaluate implications should the addition of physician assistant not align with federal law, and to the extent the recommendation is not limited to the extent permitted by federal law, including the financial impact.

17. The MMA agrees with the Task Force recommendation of #87 and #88 to amend the law to add PA and APRN. Each profession should be listed as applies. The MMA notes a preference for a professional term of "health care practitioner" when a broad term is necessary.

18. The MMA agrees with the Task Force recommendation of #89 to amend the law to add PA and APRN.

19. The Task Force recommendation of #90 should not move forward as a physician assistant and APRN do not have the adequate training to independently determine without oversight or law amended to clearly indicate "PA and APRN working with the patient's physician" as such oversight is needed.

20. The Task Force recommendation of #91, #92, and #93 should not move forward as a physician assistant and APRN do not have the adequate training to independently determine without oversight or law amended to "PA and APRN working with the patient's physician" as such oversight is needed.

21. The Task Force recommendation of #94 - 97 should not move forward as a physician assistant and APRN do not have the adequate training to independently determine without oversight or law amended to "PA and APRN working with the patient's physician" as such oversight is needed.

22. The MMA disagrees with the Task Force recommendation of #112. A physician assistant and APRN are not qualified by training to do independent surgical procedures.

23. The MMA disagrees with the Task Force recommendation of #113. The MMA would consider "PA and APRN working with the patient's physician" as oversight is needed.

24. The MMA disagrees with the Task Force recommendation of #114. A physician assistant and APRN are not qualified to perform an autopsy.

25. The MMA agrees with the Board of Pharmacy on recommendation #115 and notes that the PA/APRN should have prescriptive authority.

26. The MMA agrees with the Board of Pharmacy recommendation of #116 and notes that the PA/APRN should have prescriptive authority.

27. The MMA favors the consideration of a repeal of statutes referencing DMSO or "PA and APRN working with the patient's physician" as oversight is needed.

28. The MMA recommends no changes to #123 - #127 in terms of the pattern of recommending an amendment to add PA and APRN.

29. The MMA disagrees with the Task Force recommendation of #141.

30. The MMA disagrees with the Task Force recommendations of #153. This is outside the charter.

31. The MMA disagrees with the Task Force recommendations of #154. This is outside the charter.

32. The MMA disagrees with the Task Force recommendations of #155.
33. The MMA generally has no concern with the Task Force excluding those statutes shaded in gray and noted to be excluded.

34. The MMA notes that the Task Force often suggests points and then states, "this is beyond, or may be beyond, the scope of their task." The Task Force's lack of own clarity about a list self-generated is concerning and demonstrative of the need for this Task Force to take a step back and first understand where the issues exist. The MMA supports excluding statutes that "are beyond, or may be beyond, the scope of their task" and finds it confusing when the Task Force still feels compelled to inject an opinion on statutes that are outside their task and then put the recommendation out for public comment.

We again extend our appreciation for the opportunity to comment on this set of recommendations. We acknowledge the time and effort to organize and review each statute that uses the term "physician" and the challenge of understanding the context of the term's use in the individual titles and chapters without being a practicing physician.

Our patients are best served by tearing down barriers and tackling regulatory challenges that get in the way of delivering care and figuring out how best to do that together. It has been a painful exercise being part of this bureaucratic process instilled in Montana's state government. The true stakeholders, the individuals who have a stake in this effort, are the health care professionals, not state government employees, and they did not have a voting seat at the table. Nor did a member of the Board of Medical Examiners; with a deep bench of clinicians, this Task Force would have been served well by seeking a member of the regulatory boards themselves rather than staff. We are appreciative of the excellent organizational skills of the staff that support the Board of Medical Examiners, but find that to be no replacement for the knowledge and experience of a health care practitioner working as part of a health care team in rural Montana, nor was that what was contemplated in HB 495.

One addition we recommend to your list is a line that holds state government agencies accountable for updating rules and forms to align with statutes. The Task Force's ability to obtain movement by state agencies to review forms and rules internally and update them as appropriate was a bright spot in the process. We encourage the Task Force to follow through to ensure all agencies are responsive.

It is our hope that you find our suggestions productive. Thank you for this opportunity to provide comments on MAR Notice No. 24-101-313.

Sincerely,

Jean Branscum
CEO Montana Medical Association
**Formstack Submission For:** HB 495 Multidisciplinary Health Care Provider Task Force Public Comment [mtgov.formstack.com]

Submitted at 03/25/22 2:31 PM

<table>
<thead>
<tr>
<th>Please enter your name and agency/association:</th>
<th>Maryah V. jackson</th>
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<tr>
<td>Item # you are providing comment on. If entering a general comment, may enter &quot;n/a&quot;. Please submit item comments separately (do not group) so that each comment can be appropriately attributed to each applicable item.:</td>
<td>N/A</td>
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<tr>
<td>Please state your comment on this item below:</td>
<td>I would implore the task force to add licensed massage practitioners to the definitive list of 'healthcare care providers'. It is essential to recognize State licensed and regulated massage therapists as healthcare providers for many reasons, one being setting a State and eventually Federal standard for the profession. I currently own a medical massage therapy clinic in Billings, Montana and the lack of health care recognition on the State level has made it exceedingly difficult to continue serving our community. Due to the lack of recognition, it has made it difficult for patients to receive consistent insurance coverage for the medical massage therapy services that are deemed medically necessary by their prescribing physician. This has caused an undue hardship on our patients</td>
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**From:** noreply@formstack.com  
**Sent:** Friday, March 25, 2022 2:32 PM  
**To:** Poortenga, Missy; LaVerne.Loechel@mt.gov  
**Subject:** [EXTERNAL] HB 495 Multidisciplinary Health Care Provider Task Force Public Comment
as well as interrupts care and needed treatment.

There have been several initiatives to combat the opioid epidemic and alternative approaches to pain management through the means of medical massage therapy, acupuncture, and chiropractic care. Massage therapists are currently recognized as healthcare providers by several governing entities, including the National Institutes of Health and the Department of Veteran Affairs. This recognition is upheld by facilities such as the Mayo Clinic, Miller School of Medicine, and the National Center for Integrative Primary Healthcare.

We currently have a contract with the Department of Veteran Affairs to provide medical massage therapy services. We love serving our Veterans! However, legislative bills such as HB495 not recognizing massage therapists as health care providers, would drastically impact our contract and services with the Department of Veteran Affairs. It is important to realize massage therapy is not just a luxury or a spa service. It has been considered a part of healthcare in many other states since 1995. I believe it is imperative to include massage therapists in the healthcare sector.

How many additional items would you like to comment on?:

Item # you are providing comment on::

Comment:

Item # you are providing comment on::

Comment:

Item # you are providing comment on::

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