CLINICIAN WELLBEING INITIATIVE — MONTANA 2025

SafeHaven™

A Legislatively Protected Clinician Wellbeing Program for Montana

Presented to the Montana Board of Medical Examiners – July 24, 2026

PROGRAM ADMINISTRATOR
Montana Medical Association

MONTANA MEDICAL CRISIS

The Crisis the Board Cannot Ignore

Montana's physicians are under acute pressure — workforce data demands urgent action.

29%

of U.S. physicians report burnout in 2025; neurologists highest at 43%

vs. 45.6% peak in 2021 — still critically high (Becker's Hospital Review, 2025)

43%

decline in rural independent physicians nationally, 2019–2024 — Montana's rural counties among the hardest hit

8+

COUNTIES

Montana counties with ZERO family physicians per 100,000 population as of January 2025

Daniels, McCone, Judith Basin, Petroleum, Granite, Treasure, Prairie, Wibaux (University of Washington Rural Health Research Center (UW RHRC), Sept 2025)

$7.1B

annual economic contribution of Montana's healthcare sector — physician-driven engine at risk

SOURCES | Becker's Hospital Review (2025); University of Washington Rural Health Research Center (UW RHRC) Data Brief, Sept. 2025; UM OHRP 2024–2025 Montana Healthcare Workforce Report.

The Fear That Silences Physicians

BARRIER ANALYSIS

Untreated distress compounds — until it becomes a Board matter.

1. **Fear of Mandatory Reporting to the Licensing Board**
   Physicians avoid any formal help fearing automatic notification — a single call to an EAP risks triggering a cascade of licensing consequences.

2. **Lack of True Confidentiality**
   Traditional EAP session notes are auditable by employers and potentially discoverable in legal proceedings — confidentiality is policy, not statute.

3. **Discoverability in Legal & Licensing Proceedings**
   Records may surface in malpractice litigation or disciplinary cases — every documented session becomes potential evidence against the physician.

4. **Stigma in Medical Culture**
   Seeking help is perceived as professional weakness — a threat to clinical credibility, referral relationships, and hospital privilege standing.

5. **EAP Conflicts of Interest**
   Employer-sponsored programs are not fully independent — the same institution paying the physician also controls the program, eliminating true neutrality.

⚠ **Result: Physicians suffer in silence — until patient safety is actually at risk.**

Montana's 2025 Legislative Response

> *A person may not be obligated to report information regarding a health care provider to the provider's respective licensing board solely because the health care provider is a participant in a professional program.*

MCA 37-2-203(1), Montana Code Annotated 2025 | Ch. 615, L. 2025 (SB 497)

Montana's 69th Legislature acted decisively — creating statutory protections that enable clinicians to seek help without fear of automatic board referral.

Three Statutory Pillars — MCA 37-2-203

The Legislature created interlocking protections that make SafeHaven™ uniquely powerful.

PILLAR ONE

Confidentiality & Non-Reporting

No person is obligated to report a clinician to their licensing board solely because the clinician participates in a qualifying professional program. Participation alone cannot trigger a mandatory report — eliminating the primary barrier to help-seeking.

§ 37-2-203(1)

PILLAR TWO

Evidentiary Privilege

Proceedings, records, reports, and deliberations of the program are not subject to discovery or introduction into evidence in any civil action — absent extraordinary circumstances and in camera judicial review with need substantially outweighing privacy interest.

§ 37-2-203(3)(a)

PILLAR THREE

Civil Immunity

The professional program and its agents are immune from civil liability for any act, decision, omission, or utterance made in performance of the program — providing broad indemnification for all program participants and administrators.

§ 37-2-203(2)

Together, these three pillars create a protected space — legally enforceable, not merely promised.

MCA 37-2-203 — What the Statute Actually Says

Precise statutory provisions the Board should understand.

NON-REPORTING [§1]	Participation alone cannot trigger a mandatory report to the Board — eliminating the #1 barrier to physician help-seeking.
CIVIL IMMUNITY [§2]	Program and all agents immune from civil liability for all acts and decisions made in performance of the program.
EVIDENTIARY PRIVILEGE [§3(A)]	Records, minutes, analyses, findings, and reports are not discoverable or admissible in civil actions without extraordinary in camera judicial override.
WITNESS PROTECTION [§3(B)]	Program participants may not be questioned as witnesses regarding program knowledge in any civil action.
COVERED PROVIDERS [§3(C)]	Physicians, PAs, nurses, dentists, pharmacists, behavioral/mental health professionals, and healthcare students.
QUALIFYING PROGRAMS [§3(C)]	Must be established by a statewide health provider association and be 501(c)(3) or 501(c)(6) tax-exempt.

SafeHaven, administered through the Montana Medical Association, meets every qualifying criterion under MCA 37-2-203.

The Statute Preserves What Matters Most: Public Safety

SafeHaven protections are broad — but they are not absolute.

PROTECTED
No Reporting Required

- Seeking peer coaching for burnout or career fatigue
- Counseling for stress, anxiety, or moral injury
- Participating in wellness assessments or programs
- Processing adverse events or malpractice trauma
- Addressing work-life integration challenges

Early intervention is **legislatively encouraged** — MCA 37-2-203

vs

REPORTING STILL REQUIRED
Statutory Exceptions — Public Safety

- Licensee is not competent to continue to practice *[§37-3-401 as amended]*
- Licensee is a danger to themselves or to patients/public
- Licensee refuses to complete required evaluation or treatment
- Licensee's condition creates risk of harm to patients or others
- Licensee is otherwise engaged in unprofessional conduct

Protections create **no blind spot** — public safety obligations remain fully intact

*The Legislature drew a clear line: **early intervention is encouraged** — but **public safety remains the Board's paramount obligation.***

SafeHaven's Statutory Qualification Under MCA 37-2-203

MCA 37-2-203 COMPLIANCE

Not aspirational compliance — *confirmed statutory fit.*

1

STATEWIDE ASSOCIATION SPONSOR

SafeHaven is established by and contracted through the **Montana Medical Association** — a qualifying statewide association that primarily represents health care providers.

§ 37-2-203(3)(c)(i)

2

501(C)(3)/(C)(6) STATUS CONFIRMED

The program structure meets the **IRS tax-exemption requirement** under 501(c)(3) or 501(c)(6) of the Internal Revenue Code, as required by statute.

§ 37-2-203(3)(c)(ii)

3

CAREER FATIGUE & WELLNESS FOCUS

SafeHaven is expressly created to address **career fatigue and wellness** in health care providers — the statute's precise purpose definition.

§ 37-2-203(3)(c) — Purpose Criterion

4

PARTICIPANT INDEPENDENCE GUARANTEED

Active participants are **not employed by, engaged by, or financially invested** in SafeHaven — satisfying the conflict-of-interest prohibition.

§ 37-2-203(2) — Independence Requirement

RESULT: **SafeHaven is a qualifying professional program under Montana law — confirmed on every statutory criterion.**

SafeHaven™ — Built for Physicians

Six integrated services, all confidential, all protected by MCA 37-2-203 — designed around the realities of physician life and practice.

MCA 37-2-203 PROTECTED

Up to 6 hrs/incident

Clinician Peer Coaching

Certified physician peer coaches providing **confidential, objective support** from someone who truly understands the demands of medicine.

Up to 6 sessions/incident

Counseling Services

Virtual, accessible counseling for **clinicians and family members** — healthcare-provider-specialized therapists who speak the language of medicine.

On-demand access

Legal & Financial Consultation

Expert consultations for **legal questions, financial planning,** and professional concerns — on-demand, with no institutional entanglement.

No wait list · No appointment

24/7 In-the-Moment Support

Telephonic **crisis and support access around the clock** — immediate, confidential, and always available when clinicians need it most.

Virtual concierge

WorkLife Concierge

Virtual assistance for **travel, home services, caregiving resources** and daily life demands — reducing cognitive load so clinicians can focus on medicine.

WBI · MBI · MAAS

VITAL WorkLife App

Mobile access to the **Mayo Clinic Well-Being Index, Maslach Burnout Inventory,** personalized assessments, goals, and curated wellbeing content.

Administered through **VITAL WorkLife** — a specialized clinician wellbeing platform. All six services operate under the statutory protections of **MCA 37-2-203**, Montana Code Annotated 2025.

SafeHaven Protects Montana's Entire Healthcare Workforce

While this presentation focuses on physicians, the program — and Montana law — extend protection to every licensed healthcare professional.

Physicians

MDs and DOs across all specialties and practice settings, including rural and frontier providers

Medical Residents & Fellows

Physicians in training — among the highest-burnout populations in all of medicine

Advanced Practice Providers

Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs)

Nurses

Registered Nurses, Licensed Practical Nurses, and other licensed nursing professionals

Dentists & Dental Professionals

Licensed dentists and dental providers across Montana

Pharmacists

Licensed pharmacists in hospital, clinic, and community settings

Behavioral Health Professionals

Licensed counselors, psychologists, clinical social workers, and mental health providers

EMS & Emergency Medical Personnel

EMTs, paramedics, and emergency response healthcare workers

Healthcare Students

Students enrolled in medical, nursing, dental, pharmacy, and behavioral health programs

Vision: A Montana where every healthcare worker can seek help without fear, stigma, or professional jeopardy.

* Statutory protections under MCA 37-2-203 apply to covered providers as defined in the statute. All listed professions are served by the SafeHaven Montana program.

How SafeHaven Works for You

1

You Decide to Reach Out

Physicians self-refer directly. No referral from employer, hospital, or Board required. Your decision is entirely private — no one is notified.

2

Immediate 24/7 Access

Call or connect online anytime. In-the-moment telephonic support around the clock — no appointment needed. Visit **safehavenhealth.org** or the **VITAL WorkLife App.**

3

Choose Your Support

SafeHaven matches you to the right resource:

- Peer Coaching
- Counseling
- Legal & Financial
- WorkLife Concierge

4

Protected by Montana Law

Your participation is protected by **MCA 37-2-203**. Records are not discoverable. The Board is not notified. What you share stays with the program.

Statutory protection — not just a promise.

5

Ongoing Support Per Incident

Up to **6 hours peer coaching** + **6 counseling sessions** per unique incident. A new incident opens a new set of benefits. **No lifetime cap on incidents.**

Confidential, self-directed, no employer notification — designed around how physicians actually live and practice.

▸ PROGRAM ROLLOUT:
SafeHaven in Montana is being launched by the Montana Medical Association as the qualifying statewide association under MCA 37-2-203. Enrollment instructions will be provided directly to Montana physicians at program launch. Access is free to participating physicians.

Why SafeHaven Is Not Just Another EAP

Traditional Employee Assistance Programs were not built for the clinical environment.

TRADITIONAL EAP — WHAT CLINICIANS FEAR

- Notes **auditable by employer** — confidentiality not guaranteed
- Records potentially **discoverable** in malpractice proceedings
- **Mandatory reporting triggers** can apply upon enrollment
- **Not independent** from the employing institution
- Designed for **general workforce** — not clinical-specific challenges
- **Stigma:** using employer EAP flags the clinician internally

VS

SAFEHAVEN — WHAT MCA 37-2-203 MAKES POSSIBLE

- **Statutory confidentiality** — not just a privacy policy promise
- Records **protected by evidentiary privilege** in civil actions
- **No mandatory reporting** solely for participation — by statute
- **Fully independent** program — no employer entanglement
- **Clinician-specific:** burnout, moral injury, malpractice trauma, adverse events
- **Self-referral model** — no institutional knowledge required

Aligned With the Board's Regulatory Mandate

SafeHaven does not circumvent the Board's authority — it extends the Board's reach into early intervention.

SafeHaven™
MCA 37-2-203

STEP 01

Early Identification

SafeHaven catches distress signals **early** — before impairment develops. Validated assessments (WBI, MBI) surface at-risk clinicians **proactively**, not reactively.

STEP 02

Voluntary Remediation

Clinicians **self-refer** and engage treatment voluntarily — the highest-efficacy pathway for behavior change, with **no coercion** or Board proceedings required.

STEP 03

Statutory Safety Net Preserved

MCA 37-2-203 is clear: if a clinician becomes **incompetent or dangerous**, reporting obligations remain. SafeHaven creates **no blind spot** for the Board.

STEP 04

Workforce Retention + Public Safety

Clinicians who recover remain **productive, licensed, and safe to practice** — avoiding the cost and trauma of formal discipline, license suspension, or workforce attrition.

SafeHaven transforms the Board from enforcer of last resort to partner in proactive clinician health.

Montana Cannot Afford to Lose More Physicians

The workforce data makes SafeHaven a recruitment and retention strategy, not just a wellness initiative.

1,726

average monthly healthcare job postings in Montana — physicians consistently among the hardest positions to fill

MHA Montana Healthcare Workforce Assessment, 2025: physicians cit

>1/3

of active U.S. physicians will reach retirement age within the next decade — in rural Montana, more than half of rural doctors are already age 50 or older

⚠ WHY THIS MATTERS FOR MONTANA

A projected 23% decline in rural physicians by 2030 from retirements alone means every burnout-driven early exit accelerates a crisis already in motion. SafeHaven directly addresses the only form of physician attrition the Board can actively prevent — loss driven by untreated distress, not age.

43%

decline in rural independent physicians nationwide 2019–2024 — Montana rural counties have fewer replacement pipelines than any urban counterpart

$7.1B

annual economic contribution of Montana's healthcare sector — physician retention is the single highest-leverage intervention available

> *Montana's healthcare system is at a crossroads.*
>
> — Lily Apedaile, Director, UM Office of Health Research & Partnership, 2024–2025 Montana Healthcare Workforce Report

SafeHaven reduces preventable attrition — the only form of physician loss entirely within the Board's sphere of influence.

Sources: NRHA Rural Health Voices Blog, June 2025; MHA Montana Healthcare Workforce Assessment, 2025; UM OHRP 2024–2025 Montana Healthcare Workforce Report; Becker's Hospital Review, 2025.

What the Board Is Asked to Consider

A formal position that aligns regulatory responsibility with legislative intent.

MCA 37-2-203 · MONTANA CODE ANNOTATED 2025

1. **Acknowledge Legislative Intent**
   The Montana Legislature enacted MCA 37-2-203 to enable programs exactly like SafeHaven. Board recognition reinforces that legislative design and signals alignment with the 2025 Regular Session.

2. **Endorse SafeHaven as a Board-Recognized Program**
   A formal statement that SafeHaven constitutes a qualifying professional program under MCA 37-2-203 removes ambiguity for clinicians considering enrollment.

3. **Communicate Clearly to Licensees**
   Board communications to licensed physicians, PAs, and health professionals should reference SafeHaven as a protected, Board-recognized pathway to voluntary wellbeing support.

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4. **Integrate with Licensing Guidance**
   Consider including SafeHaven referral in licensing renewal communications, fitness-to-practice guidance, and remediation pathways.

5. **Track Outcomes**
   Establish a framework with SafeHaven administrators to monitor aggregate (non-identifying) outcome data, validating program impact on workforce stability.

✓ **Each step is supported — and encouraged — by the plain language of MCA 37-2-203.**

SafeHaven™: The Right Program, at the Right Time, with the Right Protection

LEGISLATIVELY ENABLED · BOARD-ALIGNED · CLINICIAN-CENTERED · MONTANA-BUILT

Every clinician who gets well before reaching crisis is **a patient who remains safe**, **a license that remains active**, and **a Montana community that retains its doctor**.

MCA 37-2-203 — Active Law

Montana Medical Association — Program Sponsor

VITAL WorkLife — Trusted Administrator

FOR CLINICIANS:

safehavenhealth.org

Self-referral · Confidential · No Board notification

FOR THE BOARD:

Engage SafeHaven leadership to establish a formal recognition protocol and communication framework — aligned with the plain language of MCA 37-2-203.

SafeHaven™ is a qualifying professional program under MCA 37-2-203, Montana Code Annotated 2025, Ch. 615, L. 2025 (SB 497).