P.A.R.T. USA (Pain Awareness Right to Treatment)

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August 7, 2026

Members of the Montana Board of Medical Examiners
Montana Department of Labor & Industry
Business Standards Division
PO Box 200513
Helena, MT 59620-0513

Via Email

RE: Dr. Mark Ibsen — August 14, 2026 Screening Panel Review; Due Process and Patient Continuity of Care

Dear Members of the Montana Board of Medical Examiners and Department Leadership:

P.A.R.T. USA (Pain Awareness Right to Treatment) is a national patient-advocacy organization dedicated to protecting the rights, dignity, access to care, and medical freedom of individuals living with chronic pain, while also supporting responsible physicians and other healthcare professionals who provide legitimate patient care.

We are writing regarding the reported August 14, 2026 Screening Panel consideration involving Dr. Mark Ibsen and the following complaint matters:

- 2024-MED-00808
- 2024-MED-09656
- 2025-MED-00348
- 2025-MED-11234

P.A.R.T. USA is not asking the Board to prejudge these complaints, dismiss legitimate evidence, or ignore conduct that can be proven through lawful disciplinary proceedings.

We are, however, asking the Board to exercise particular care to ensure that each allegation is treated as an allegation unless and until it is established through the process required by Montana law, that Dr. Ibsen receives the procedural protections to which he is entitled, and that any action taken by the Board fully considers the consequences for the patients who presently rely upon him for ongoing medical care.

Our Concern Regarding Procedure

The information presently available to P.A.R.T. USA raises legitimate procedural questions.

A July 15, 2026 notice provided to Dr. Ibsen appears to identify Complaint 2024-MED-00808 for consideration at the August 14 screening-panel meeting. Subsequent information indicates that three additional separately numbered complaints were later included for consideration at that same meeting.

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We understand that Montana law does not necessarily prohibit multiple matters from being considered at the same screening meeting. We also understand that screening is a preliminary reasonable-cause process rather than a contested evidentiary hearing.

Our concern is therefore not simply that multiple complaints are being reviewed together.

Our concern is whether each individual complaint has received the process required by law.

Montana law requires a screening-panel reasonable-cause determination to identify the particular statute, rule, or professional standard believed to have been violated and the reasonable grounds supporting that determination.

Where multiple separately numbered complaints are considered, P.A.R.T. USA respectfully believes it is essential that the existence of several allegations not itself become evidence against the physician.

Each allegation must stand or fall on its own facts, law, evidence, and procedural history.

Four allegations do not become four proven violations simply because they appear on the same agenda.

Notice of the Complaints

P.A.R.T. USA is particularly concerned by information concerning Complaint 2025-MED-11234.

Information attributed to the Department reportedly states that Dr. Ibsen did not respond to this complaint. Dr. Ibsen has stated that he did not receive the complaint.

Those two assertions are materially different.

If lack of response or alleged failure to cooperate is to be considered in any manner adverse to Dr. Ibsen, we respectfully request that the Department first establish that the complaint and any request for response were actually provided to him.

We also request clarification as to the date and manner in which each of the four complaints was provided to Dr. Ibsen.

Montana Code § 50-4-1106(2) states that when a board receives a complaint that may result in revocation, the practitioner is to be provided a copy within the statutory period described there.

We recognize that questions may exist concerning the application and scope of that statute. We therefore do not presume the Board's legal interpretation. We do, however, respectfully ask the Board to identify how it has complied with the applicable notice requirements for each of these separately numbered complaints.

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Allegations From Other States Are Not Adjudications

P.A.R.T. USA also understands that several of these matters appear to involve information received from regulatory authorities in other states concerning interstate telemedicine and medical licensure.

A referral, investigative notice, cease-and-desist communication, pending investigation, or withdrawal of a license application is not necessarily equivalent to a final adjudicated finding of professional misconduct.

Montana may certainly investigate conduct that may violate laws governing professional practice. But where the underlying allegation itself has not been finally adjudicated elsewhere, we respectfully urge the Board to independently examine the underlying facts and applicable law rather than treating a foreign regulatory allegation as proof of misconduct.

This distinction may be particularly important where state telemedicine laws contain exceptions dependent upon such facts as:

- the location of the patient;
- the date of treatment;
- whether a physician-patient relationship was previously established;
- whether the patient was temporarily present in another state;
- whether the treatment constituted temporary or intermittent follow-up care;
- whether emergency or temporary authority applied; and
- what law was actually in effect at the time of treatment.

Those details matter.

Emergency or Summary Suspension

The July 15 notice states that the screening process may include emergency action resulting in summary suspension. P.A.R.T. USA is especially concerned about that possibility.

Under MCA § 2-4-631, emergency suspension requires substantially more than the ordinary existence of reasonable cause. The agency must find that public health, safety, or welfare imperatively requires emergency action.

The complaints presently identified reportedly originated in May 2024, October 2024, February 2025, and August 2025. The screening meeting is scheduled for August 2026.

We recognize that the age of an allegation does not automatically prevent it from supporting emergency action. A continuing danger can exist even where an investigation began earlier.

But the passage of substantial time makes the question of present danger particularly important.

If the conduct being questioned has ceased, the patients involved in the interstate matters are no longer under Dr. Ibsen's care, and no comparable conduct is continuing, P.A.R.T. USA respectfully asks what current circumstances could make immediate complete suspension imperative now.

If emergency action is contemplated, we ask that the Board make a specific, evidence-based determination of present risk rather than relying upon the number of complaints or the historical existence of allegations.

The Patients Must Not Become Collateral Damage

Our strongest concern is not limited to Dr. Ibsen. It is also about his patients.

Many chronic-pain patients have spent years establishing treatment relationships with physicians who understand their medical histories, prior treatments, functional limitations, medication responses, adverse reactions, and complicated medical needs.

Removing a physician from practice does not affect that physician alone. It can immediately affect every patient depending upon that physician.

Patients can be left attempting to locate replacement care in a healthcare environment where many physicians are already reluctant to accept established chronic-pain patients, particularly those receiving long-term controlled-substance therapy.

Abrupt disruption of an established course of treatment may create serious consequences, including uncontrolled pain, withdrawal, loss of function, medical destabilization, psychological distress, and difficulty securing continuity of care.

Patient safety therefore requires looking in both directions.

The Board has a responsibility to protect patients from genuinely unsafe professional conduct. But protection of the public should also include consideration of foreseeable harm caused by abruptly removing medically necessary care when a less disruptive alternative could adequately address whatever concern has been established.

Montana law provides the Board with multiple possible disciplinary and protective tools, including monitoring, restrictions, probation, remedial measures, and other conditions in addition to complete suspension or revocation.

P.A.R.T. USA therefore respectfully asks that, should the Board ultimately determine that some intervention is warranted, it carefully consider whether patient-protective alternatives could appropriately address the identified concern while maintaining continuity of care.

Prior Procedural History Increases Our Concern

P.A.R.T. USA is also aware that prior proceedings involving Dr. Ibsen resulted in judicial review and a remand associated with procedural errors.

We are not asserting that those historical errors establish present bias, retaliation, or misconduct by the current Board.

They do, however, provide a legitimate reason for heightened attention to procedure in the current matters.

That history makes it particularly important that notice, screening, evidentiary distinctions, panel separation, reasonable-cause findings, and any emergency action be meticulously documented and consistent with Montana law.

P.A.R.T. USA Respectfully Requests

Without requesting confidential patient information or attempting to interfere with the merits of pending proceedings, P.A.R.T. USA respectfully requests clarification regarding the following procedural issues:

1. On what date was each of the four complaints received by the Department?
2. On what date and by what method was a complete copy of each complaint provided to Dr. Ibsen?
3. What nonconfidential record establishes transmission or delivery of each complaint and each request for response?
4. When were Complaints 2024-MED-09656, 2025-MED-00348, and 2025-MED-11234 added to the August 14, 2026 screening-panel review?
5. When and by what method was Dr. Ibsen informed that those additional complaints would be considered?
6. What procedure ensures that each separately numbered complaint receives an individualized reasonable-cause determination identifying the particular statute, rule, or professional standard allegedly violated and the reasonable grounds supporting that conclusion?
7. What procedure prevents the number of complaints from being treated as substantive evidence supporting an otherwise insufficient allegation?
8. What procedure applies when summary suspension under MCA § 2-4-631 is being considered?
9. If emergency suspension is being contemplated, what process ensures that the Panel evaluates whether a present and imperative danger exists rather than relying solely upon historical allegations?
10. What measures does the Board consider to protect continuity of care for existing patients if restrictions, suspension, or other action affecting a physician's ability to practice is contemplated?
11. Does the Board distinguish, for disciplinary purposes, between an out-of-state regulatory referral or allegation, a cease-and-desist communication, an application withdrawal, and a final adjudicated disciplinary order?

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12. What mechanism is available for a patient-advocacy organization such as P.A.R.T. USA to submit general patient-impact and continuity-of-care information without improperly entering or influencing the confidential merits of an individual disciplinary proceeding?

Closing

P.A.R.T. USA respects the legitimate responsibility of a medical board to investigate credible allegations and protect patients from actual unsafe conduct.

We expect the same level of protection for physicians whose livelihoods and professional reputations are placed at risk by unproven allegations.

And we expect equal consideration for the patients whose healthcare may be profoundly affected by the Board's decisions.

Due process is not an obstacle to patient safety. It is part of patient safety.

A physician should not lose the ability to practice simply because several allegations have accumulated. A patient should not lose an established physician merely because an allegation has been made.

Where misconduct is proven through lawful proceedings, a medical board has an obligation to respond appropriately. Where it has not been proven, restraint, fairness, individualized review, and adherence to procedure are equally important obligations.

P.A.R.T. USA therefore respectfully requests that the Montana Board of Medical Examiners ensure that every procedural protection required by Montana law is followed in these matters and that the foreseeable consequences to Dr. Ibsen's existing patients are meaningfully considered before any action is taken that would interrupt their care.

We would appreciate a written response addressing the procedural and patient-continuity questions raised above to the extent permitted by Montana confidentiality law.

Respectfully,

Ingrid "Kitty" Trimm
Founder & Executive Director
P.A.R.T. USA
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