



IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

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IDAHO BOARD OF PSYCHOLOGIST EXAMINERS Division of Occupational and Professional Licenses 11341 W. Chinden Blvd., Bldg. 4 Boise, ID 83714

LOCATION: EAGLE ROCK CONFERENCE ROOM

MEETING LINK:

Meeting Number: 2462 301 4516
Password: JTjGGGfM357

Join by Phone: (415) 655-0001 US Toll
Access code: 2462 301 4516

AGENDA 7/26/2022

- 8:00 AM ROLL CALL & OPENING STATEMENT**
- 8:10 AM INTRODUCTIONS**
- 8:20 AM APPROVAL OF MINUTES 6/10/22 [Action Item]**
- 8:25 AM INVESTIGATIONS AND DISCIPLINE- Case to Close**
 - 1. I-PSY-2020-05 [Action Item]
- 8:40 AM BOARD BUSINESS**
 - 1. Board Member Training
 - 2. Zero Based Regulation [Action Item]
 - a. Idaho Medical Association Comments
 - 3. Board Election [Action Item]
 - 4. Public Comment
- 11:00 AM CONSENT AGENDA**
 - 1. PSYPACT Newsletter
 - 2. ASPPB Membership Invoice

NEXT MEETING DATE September 9, 2022

11:15 AM APPROXIMATE ADJOURNMENT

Times are approximate. The order in which items appear on the agenda is subject to change without further notice.

24.12.01 – RULES OF THE IDAHO STATE BOARD OF PSYCHOLOGIST EXAMINERS

000. LEGAL AUTHORITY.

The rules are promulgated pursuant to Section 54-2305, Idaho Code. ()

001. SCOPE.

These rules govern the practice of psychology in Idaho. ()

002. INCORPORATION BY REFERENCE.

The ~~current and updated~~ document titled "Ethical Principles of Psychologists and Code of Conduct," published by the American Psychological Association ~~and dated June 1, 2003 with the 2010 amendments effective June 1, 2010, as referenced in Section 350,~~ is herein incorporated by reference and is available ~~from the Board's office and on the Board web site.~~ [Ethical Principles of Psychologists and Code of Conduct \(apa.org/ethics/code\)](http://www.apa.org/ethics/code). ~~All licenses must have knowledge of the Ethical Principles of Psychologists and Code of Conduct.~~

003. -- 009. (RESERVED)

010. DEFINITIONS.

01. Certificate of Professional Qualification. A certificate of professional qualification means the certificate of professional qualification granted to a psychologist by the Association of State and Provincial Psychology Boards. ()

~~02. Collaboration or Collaborative Relationship. Collaboration or collaborative relationship means a cooperative working relationship between a prescribing psychologist and a licensed medical provider in the provision of patient care, including cooperation in the management and delivery of physical and mental health care, to ensure optimal patient care. ()~~

023. Geriatric Patient. A person sixty-five (65) years of age or older. ()

~~04. Licensed Medical Provider. A physician or physician assistant licensed pursuant to chapter 18, title 54, Idaho Code, or an advanced practice registered nurse licensed pursuant to chapter 14, title 54, Idaho Code. ()~~

035. Mental, Nervous, Emotional, Behavioral, Substance Abuse, and Cognitive Disorders. Disorders, illnesses, or diseases listed in either the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or those listed in the International Classification of Diseases published by the World Health Organization. ()

046. Pediatric Patient. A person seventeen (17) years of age or younger. ()

057. Prescribing Psychologist. A person who holds a license to practice psychology issued by the Board and who holds a Certification or Provisional Certification of Prescriptive Authority ~~issued by the Board under Sections 54-2317, 54-2318, 54-2319, Idaho Code, and these rules.~~ ()

~~08. Supervising Physician. A board-certified psychiatrist, neurologist, or other physician with specialized training and experience in the management of psychotropic medication and who is licensed under chapter 18, title 54, Idaho Code, or an equivalent licensing provision of the law of a state adjoining Idaho. ()~~

011. -- 099. (RESERVED)

Commented [TF1]: Check with legal counsel on proper administrative rule requirements for incorporation by reference. I don't think we can incorporate by reference an unspecified document. In addition, the legislature may or may not support an immediate adoption of new documents without a formal board action through rule change and subsequent legislative review.

Commented [LK2R1]: IC 67-5223(4) An agency proposing to adopt amendments to materials previously incorporated by reference in a rule shall prepare for inclusion with the filing of the proposed rule change a brief written synopsis that details the substantive differences between the previously incorporated material and the latest revised edition or version of the incorporated material being proposed for incorporation by reference. This synopsis shall accompany the submission to the director of legislative services and shall be provided to the germane joint subcommittee created in [section 67-454, Idaho Code](#).

Commented [TF3]: Duplicative of Section 54-2312(4), Idaho Code
(4) Has certified under oath that they have reviewed and will abide by the laws and rules governing the practice of psychology in Idaho and the code of ethics of the American psychological association

Commented [TF4]: Review this definition and rule 250 and determine if it is necessary, as the term "certificate of professional qualification is only used once in the rule chapter.
Section 54-2312(4)(a), Idaho Code

Commented [LK5R4]: Agree- only used in section that is getting rewritten for universal endorsement.

Commented [TF6]: Definition does not provide any additional enforceable context beyond statute and the rules set forth in rule 700-730.
Section 54-2316(4), Idaho Code
(4) A psychologist who issues a prescription to a patient pursuant to this section shall collaborate with the patient's licensed medical provider.

Section 54-2313, Idaho Code.
A psychologist who engages in psychotherapy shall make provision for the diagnosis and treatment of medical conditions in collaboration with a physician licensed pursuant to title 54, chapter 18, Idaho Code.

Commented [KS7]: Defined in statute. [Section 54-2302 – Idaho State Legislature](#)

Commented [TF8]: Statute specifies who qualifies as a supervising physician.
Section 54-2316(3), Idaho Code
(3) A psychologist who holds provisional certification of prescriptive authority may prescribe only under the di... [1]

100. APPLICATION.

01. Filing an Application. Applicants for licensure or certification or provisional certification of prescriptive authority must submit a complete application, ~~verified under oath~~, to the Board at its official address. The application must be on the forms approved by the Board and submitted together with the appropriate fee(s) and supporting documentation. ()

~~**02. Supporting Documents.** The applicant must provide or facilitate the provision of any supporting third party documents that may be required under the qualifications for the license being sought. ()~~

~~**a.** Any third party documents, including letters of reference, must be received by the Board directly from the third party. ()~~

a.b. One (1) of the two (2) years of supervised experience as required by Section 2307(2)(a), Idaho Code, for initial licensure may be pre-doctoral. The second year must be post-doctoral work under appropriate supervision and must be verified by the appropriate supervisor

150. FEES.

All fees are non-refundable. The examination or reexamination fee are in addition to the application fee and must accompany the application.

Fee Type	Amount (Not to Exceed)	Renewal (Not to Exceed)
Application for Licensure by Exam	\$150	-
Inactive License Renewal	\$125	-
Endorsement Application	\$250	-
Senior Psychologist	\$250	-
Annual Licensure Renewal	-	\$250
Prescribing Psychologist	\$250	\$250
Service Extender	\$100	\$100
Reinstatement Penalty-Current Year	\$35	-
Administrative Fee	\$25	-
Duplicate License Fee	\$10	-
Certification Fee	\$10	-

151. – 199. (RESERVED)

200. EXAMINATIONS.

01. Written Exam Required. Applicants will pass the National Examination for Professional Practice In Psychology (EPPP), ~~with a minimum of a scaled score of five hundred (500)~~. ()

02. Failure of Exam. The first time the examination is failed the applicant may take it again the next time it is given upon application and payment of fees. If the examination has been failed twice, the individual must wait at least one (1) year ~~and petition the Board for approval~~ to take the examination the third time. ~~The petition must include evidence satisfactory to the Board that the applicant has taken additional study in the field of Psychology before approval will be granted.~~ ()

201. EXAMINATION FOR PROVISIONAL CERTIFICATION OF PRESCRIPTIVE AUTHORITY.

The approved examination for provisional certification of prescriptive authority is the Psychopharmacology Examination for Psychologists (PEP). A passing score will be determined by the Association of State and Provincial Psychology Boards (ASPPB).

202. – 249. (RESERVED)

Commented [LK9]: We don't need documents verified under oath due to a 2016 amendment to the IRCP: "Whenever these rules require or permit a written statement to be made under oath or affirmation, the statement may be made as provided in Idaho Code Section 9-1406. An affidavit includes a written certification or declaration made as provided in Idaho Code section 9-1406." Only need affidavits when statement is lieu of testimony. Suggest changing this to a declaration since it's unnecessary to get a verification.

250. UNIVERSAL LICENSURE ENDORSEMENT.

~~01. Eligibility for Endorsement. The board will issue a license to aAn applicant for endorsement who is in possessionprovides proof of possessing of a current, valid, and unrestricted statutory license or statutory certificate from another state, district, or territory of the United States or Canada pursuant to Section 67-9409, Idaho Code may apply for licensing under the endorsement section of this law.~~

Commented [TF10]: Section 67-9409, Idaho Code. UNIVERSAL LICENSURE.

(1) A licensing authority shall establish a procedure for the issuance of licensure to a person who:(a) Possesses current, valid, and unrestricted licensure in another state, district, or territory of the United States

~~02. Requirements for Endorsement. An applicant under the endorsement section must have: ()~~

~~a. A valid psychology license or certificate in good standing issued by the regulatory entity of another jurisdiction; and ()~~

~~b. A history of no disciplinary action in any jurisdiction; and ()~~

~~c. Meet one of the following qualifications: ()~~

~~i. A current certificate of professional qualification in Psychology as defined in these rules; or ()~~

~~ii. A registration with the National Register of Health Service Providers in Psychology; or ()~~

~~iii. A certification by American Board of Professional Psychology; or ()~~

~~iv. Graduated from an APA accredited program with a doctoral degree in psychology and two (2) years of supervised experience acceptable to the Board, one (1) year of which may include a pre-doctoral practicum or internship and one (1) year of which must be post-doctoral; ()~~

~~d. Or complete both of the following: ()~~

~~i. Graduated with a doctoral degree in psychology or a related field, provided experience and training are acceptable to the Board; and ()~~

~~ii. A record of practicing Psychology at the independent level for the five (5) years of the last seven (7) years immediately prior to application. ()~~

251. ENDORSEMENT FOR CERTIFICATION OF PRESCRIPTIVE AUTHORITY.

~~The Board may grant a provisional certification or certification of prescriptive authority by endorsement to an applicant who completes an application as set forth in Section 100 of these rules, pays the required fee, and meets the following requirements: ()~~

~~01. Holds a Current License. The applicant must be the holder of a current and unrestricted license to practice psychology in another state and in Idaho;~~

~~02. Holds a Current Certificate of Prescriptive Authority. ()~~

~~a. The applicant must be the holder of a current and unrestricted certification of prescriptive authority from another state that imposes substantially equivalent educational and training requirements as those contained in Sections 54-2317 and 54-2318, Idaho Code, and these rules; or ()~~

~~b. The applicant must have training from the United States department of defense demonstration project or other similar program developed and operated by any branch of the armed forces that imposes substantially equivalent educational and training requirements as those contained in Sections 54-2317 and 54-2318, Idaho Code;~~

Commented [TF11]: Duplicative of the applicant requirements set forth in Section 54-2319, Idaho Code: An applicant who has a current and unrestricted license to practice psychology and a current and unrestricted certification of prescriptive authority from another state, or training from the United States department of defense demonstration project or other similar program developed and operated by any branch of the armed forces that imposes substantially equivalent educational and training requirements as those contained in this chapter and required by the board, upon payment of the required fees, compliance with section 54-2317(1), Idaho Code, and the approval of the application, may be certified by endorsement pursuant to this chapter. The board may consider an applicant's experience in prescribing in another state as meeting a portion of the requirements necessary to obtain provisional certification or certification under this chapter, but also shall require additional education and supervision if the board deems it necessary to meet the educational and training requirements imposed by this chapter.

and these rules. ()

~~03. Credit Toward Requirements. In the event that an applicant has not met the requirements for certification of prescriptive authority, the Board may consider an applicant's experience in prescribing in another state as meeting a portion of the requirements necessary to qualify for provisional certification or certification of prescriptive authority in this state. In that event, the Board may require additional education, supervision, or both to satisfy the requirements to obtain a provisional certification or certification of prescriptive authority in this state.~~ ()

~~04. Advisory Panel. The Advisory Panel, as established in Section 54-2320, Idaho Code, will review the education and training of an applicant seeking certification by endorsement and advise the Board as to its sufficiency to meet the requirements for provisional certification or certification of prescriptive authority under Chapter 23, Title 54, Idaho Code, and these rules.~~ ()

~~252. -- 274. (RESERVED)~~

~~275. INACTIVE STATUS.~~

~~01. Request for Inactive Status. Persons requesting an inactive status during the renewal of their active license must submit a written request and pay the established fee.~~ ()

~~02. Inactive License Status.~~ ()

~~a. All continuing education requirements will be waived for any year or portion thereof that a licensee maintains an inactive license and is not actively practicing or supervising in Idaho.~~ ()

~~b. When the licensees desire active status, they must show fulfillment of continuing education requirements within the previous twelve (12) months and submit a fee equivalent to the difference between the current inactive and active renewal fee.~~ ()

~~25176. -- 299. (RESERVED)~~

300. TEMPORARY PERMITS.

Persons not licensed in this state who desire to practice psychology under the provisions of this chapter for a period not to exceed thirty (30) days within a calendar year may do so if they hold a license in another state or province have had no disciplinary action, and pay the required fee. Persons authorized to practice under this section must hold a certification of prescriptive authority issued by the Idaho Board of Psychologist Examiners to issue a prescription. ()

~~301. -- 37449. (RESERVED)~~

350. CODE OF ETHICS.

All licensees must have knowledge of the Ethical Principles of Psychologists and Code of Conduct, as published in the American Psychologist, as referenced in Section 002 of these rules. ()

~~351. -- 374. (RESERVED)~~

375. DISCIPLINE.

THE BOARD MAY IMPOSE A CIVIL FINE NOT TO EXCEED ONE THOUSAND DOLLARS (\$1,000) UPON A LICENSED PSYCHOLOGIST FOR EACH VIOLATION OF SECTION 54-2309, IDAHO CODE. ()

~~376. -- 39979. (RESERVED)~~

380. REHABILITATION COMPONENTS.

In the event of a violation of Board laws or rules, the Board, in its discretion, may implement a plan of rehabilitation.

Commented [TF12]: Duplicative of Section 54-2320, Idaho Code

The board shall establish an advisory panel to review and advise the board on proposed prescriptive rules and other regulations governing the prescriptive authority for psychologists, including any formulary or limited formulary, and also including the sufficiency of education and training for an applicant seeking certification by endorsement.

Formatted: Section Name TOC2

Commented [LK13]: 54-2305(9) "Temporary Permits."

Commented [LK14R13]: Permissive, not mandatory. 30 day time period is in statute.

Commented [KS15]: combined into 002 Incorporation by Reference

Formatted: Section Name TOC

Commented [KS16]: Title 67 State Government & State Affairs Chapter 26 Department of Self-governing agencies [Section 67-2604 - Idaho State Legislature](#)

Completion of the plan may lead to consideration of submission of an application for re-licensure, the removal of suspension, or the removal of supervision requirements. In the event the licensee has not met the Board's criteria for rehabilitation, the plan may be revised, expanded, or continued depending upon the progress of the rehabilitation program. The rehabilitation components listed in this Section should be considered illustrative, but not exhaustive, of the potential options available to the Board. In each instance, rehabilitation parameters will be tailored to the individual needs of the licensee. ()

01. Options in Devising Rehabilitation Program. The Board may follow one (1) or more options in devising a rehabilitation program: ()

a. The individual may be supervised in all or selected areas of activities related to his practice as a licensee by a licensed psychologist approved by the Board for a specified length of time. ()

i. The Board may specify the focus of the supervision. ()

ii. The Board may specify the number of hours per week required in a face-to-face supervisory contract. ()

iii. The Board may require the supervisor to provide periodic and timely reports to the Board concerning the progress of the supervisee. ()

iv. Any fees for supervision time will be the responsibility of the supervisee. ()

02. Educational Programs. The individual may be expected to successfully complete a variety of appropriate educational programs. Appropriate educational formats may include, but are not limited to, workshops, seminars, courses in regionally accredited universities, or organized pre- or post-doctoral internship settings. Workshops or seminars that are not held in a setting of academic review (approved continuing education) need prior approval of the Board. Any course of study must be approved by the Board prior to enrollment if it is to meet the criteria of a rehabilitation plan. ()

03. Additional Requirements. The Board may require of the individual: ()

a. Psychodiagnostic evaluations by a psychologist approved by the Board; ()

b. A physical examination that may include an alcohol and drug screen by a physician approved by the Board; ()

c. Psychotherapy on a regular basis from a psychologist approved by the Board; ()

d. Take or retake and pass the appropriate professional examination; or ()

381. – 399. (RESERVED)

400. RENEWAL OF LICENSE – CONTINUING EDUCATION.

Licenses may be renewed or reinstated by payment of the required fees and by submitting certification of having satisfied the continuing education requirement. ()

401. CONTINUING EDUCATION REQUIREMENTS FOR RELICENSURE IN PSYCHOLOGY.

01. Number of Hours Required. All licensed psychologist_s, in order to renew their license, must complete have accumulated twenty (20) hours per year of continuing education credits each year. All prescribing psychologist_s, in order to renew their provisional certification or certification of prescriptive authority, must have accumulated complete twenty (20) hours per year of continuing education credits in psychopharmacology or psychopharmacotherapy offered in accordance with Subsection 402.01 of these rules. Continuing education credits

Commented [KS17]: Title 54 Profession, Vocations, and Businesses
Chapter 44 Peer Assistance Entity Agreement
[T54CH44.pdf \(idaho.gov\)](#)

Commented [TF18]: Section 54-2305, Idaho Code
The board of psychologist examiners shall have the following powers: (8) To adopt a rule requiring continuing education as a condition of continued licensure and certification.

~~for a prescribing psychologist are in addition to the continuing education credits required to renew their psychologist license. Newly licensed individuals will be considered to have satisfied the continuing education requirements for the year in which their license is granted.~~

~~_____ ()~~

~~**01. Hours Requires.** A licensed psychologist must complete fifteen (15) hours per year of continuing education credits each year. A prescribing psychologist must complete fifteen (15) hours each calendar year of continuing education credits in psychopharmacotherapy. Continuing education credits for prescribing psychologists are in addition to the continuing education credits required to renew their psychologist license.~~

~~**02. Professional Level of Continuing Education -** This continuing education experience must be at an appropriate level for professional training in psychology. The licensees have responsibility for demonstrating the relevance and adequacy of the educational experience they select. The licensees are also responsible for keeping an accurate record of their own personal continuing education hours for a period of five (5) years. A random audit may be conducted to ensure compliance. ()~~

~~**03. Continuing Education Credit.** Licensees are responsible for choosing quality continuing education programs that focus on protecting the health and safety of the public and contribute to their germane profession.~~

~~**04. Newly Licensed Individuals.** Newly licensed individuals will be considered to have satisfied the continuing education requirements for the remainder of the year in which their license is granted.~~

~~a. At the time of renewal of the psychologists' licenses and prescribing psychologists' certifications, they will certify that they are aware of the requirements for continuing education and that they have met those requirements for the preceding year. ()~~

~~b. At the time of reinstatement of a psychologist's license or a prescribing psychologist's certification or provisional certification, the psychologist must provide proof of meeting the requirements for continuing education for the preceding year. ()~~

~~c. A minimum of four (4) hours credit in ethics, standards of care, and/or review of laws pertaining to the practice of psychology is required every three (3) years. Areas covered may include practice, consultation, research, teaching, and/or supervision. These units may be used as part of the continuing education credit required. ()~~

~~**02. Professional Level of Continuing Education -- Time Period Records Kept -- Audit.** This continuing education experience must be at an appropriate level for professional training in psychology. The licensees have responsibility for demonstrating the relevance and adequacy of the educational experience they select. The licensees are also responsible for keeping an accurate record of their own personal continuing education hours for a period of five (5) years. A random audit may be conducted to insure compliance. ()~~

~~**03. Newly Licensed Individuals.** Newly licensed individuals will be considered to have satisfied the continuing education requirements for the remainder of the year in which their license is granted. ()~~

~~**04. Certificates of Satisfactory Attendance and Completion.** Certificates of satisfactory attendance and completion, participant lists, transcripts from universities, letters of certification on instructor's letterhead, and other reasonably convincing proof of the submitted activities may serve as documentation when persons audited are required to submit proof of continuing education. ()~~

~~**05. Licensees Who Do Not Fulfill the Continuing Education Requirements.** Licensees who do not fulfill the continuing education requirements may be subject to disciplinary action. ()~~

Commented [KS19]: Analysis of Surrounding States:

Alaska: 20
Montana: 20
Nevada: 30
Oregon: 40
South Dakota: 15
Utah: 24-48
Washington: 60
Wyoming: 30

Commented [TF20]: If the board is considering promulgating specific topics, add them above to rule 400.

Commented [TF21]: Allowance consolidated above.

~~06. — Carryover of Continuing Education Hours. Continuing education courses not claimed for CE credit in the current renewal year, may be credited for the next renewal year. A maximum of twenty (20) hours may be carried forward from the immediately preceding year for renewal of a psychologist license, and a maximum of twenty (20) hours may be carried forward from the immediately preceding year for renewal of a prescribing psychologist's certificate. (—)~~

~~07. — Special Exemption. The Board may make exceptions for reasons of individual hardship including health, when certified by a medical doctor, or other good cause. The licensee must provide any information requested by the Board to assist in substantiating hardship cases. This exemption is granted at the sole discretion of the Board. Request for special exemption must be made prior to licensure renewal. (—)~~

Commented [TF22]: Division policy being drafted for all boards for exemption requests for consistency.

~~402. — GUIDELINES FOR APPROVAL OF CONTINUING EDUCATION CREDITS.~~

~~01. — Continuing Education Credit. Continuing education credit will be given to formally organized workshops or classes with an attendance roster and preassigned continuing education credit offered in association with or under the auspices of: (—)~~

~~a. — Regionally accredited institutions of higher education. (—)~~

~~b. — The American Psychological Association. (—)~~

~~c. — A Regional Psychological Association. (—)~~

~~d. — A State Psychological Association. (—)~~

~~e. — For prescribing psychologists, in addition to the approved organizations above, workshops or classes may be classified as continuing medical education credit and offered in association with or under the auspices of: (—)~~

~~i. — The American Medical Association; (—)~~

~~ii. — A regional medical association; (—)~~

~~iii. — A state medical association; or (—)~~

~~iv. — Offered by sponsors accredited by the Accreditation Council for Continuing Medical Education (ACCME). (—)~~

~~f. — Credit will be given for the number of credit hours preauthorized by the sponsoring agency with no upper limit on the number of hours. (—)~~

~~02. — Credit for International, National and Regional Meetings of Psychological Organizations. Six (6) hours of continuing education credit will be allowed for documented attendance at international, national and regional meetings of psychological organizations. (—)~~

~~03. — Credit for Other Relevant Workshops, Classes or Training Experiences. Other relevant workshops, classes or training experiences when not offered, approved, or provided by an entity in Subsection 402.01, may receive up to six (6) hours of credit per experience provided they are conducted by a licensed or reputable psychologist or other mental health professional. Each documented hour of training experience counts as one (1) hour of continuing education experience. (—)~~

~~04. — Presentation of Papers. Presentation of papers at international, national, regional or state psychological or other professional associations may be counted as equivalent to six (6) hours per event. Only actual presentation time may be counted; preparation time does not qualify for credit. The licensee must provide the Board with a letter from a sponsor, host organization, or professional colleague, copy of the program, and a summary of the~~

evaluations from the event. ()

05. Self Study, Lectures or Public or Professional Publications and Presentations. The Board also recognizes the value of self study, lectures or public or professional publications and presentations (including for example, in the case of the university faculty, preparation of a new course). Therefore, the Board will allow credit for six (6) hours of individual study per year. ()

a. Self Study. The reading of a publication may qualify for credit with proper documentation verifying completion. A licensee seeking credit for reading a publication must submit results from a test on the information contained within the publication. If a test is not available, the licensee must seek pre-approval of the Board. ()

b. Professional publications. Publication activities are limited to articles in professional journals, a chapter in an edited book, or a published book. The licensee must provide the Board with a copy of the cover page of the article or book in which the licensee has been published. For chapters of an edited book, licensees must submit a copy of the table of contents. ()

06. Board Assessment of Continuing Education Activities. The Board of Psychologist Examiners may avail itself of help and consultation from the American Psychological Association or the Idaho Psychological Association in assessing the appropriateness of continuing education activities. ()

07. Electronic Continuing Education Courses. ()

a. Non-interactive. A maximum of ten (10) on-line, non-interactive continuing education hours relevant to the practice of psychology may be counted during each reporting period. ()

i. Continuing education credit will be given to on-line education offered in association with or under the auspices of the organizations listed in Subsections 402.01.a. through 402.01.d. of these rules. ()

ii. The licensee must provide the Board with a copy of the certification, verified by the authorized signatures from the course instructors, providers, or sponsoring institution, substantiating any hours completed by the licensee. ()

b. Interactive. To qualify for credit, teleconferences must feature an interactive format. Interactive conferences are those that provide the opportunity for participants to communicate directly with the instructor or that have a facilitator present at the conference site. The licensee must provide the Board with a copy of the certificate, or a letter signed by course instructors, providers, or sponsoring institution, substantiating any hours attended by licensee. ()

i. When offered, approved, or provided by entities in Subsection 402.01, the number of hours that may be counted during each reporting period is not limited. ()

ii. When not offered, approved, or provided by an entity in Subsection 402.01, a maximum of six (6) hours may be counted during each reporting period. ()

403. -- 449. (RESERVED)

450. GENERAL APPROACH TO PSYCHOLOGY PRACTICE AND USE OF SERVICE EXTENDERS.

To evaluate whether a specific act is within the scope of psychology practice in or into Idaho, or whether an act can be delegated to other individuals under their supervision, a licensee of the Board must independently determine whether: ()

01. Express Prohibition. The act is expressly prohibited by the Idaho Psychologist Act, Title 54, Chapter 23, Idaho Code; rules of the Idaho Board of Psychologist Examiners; or any other applicable state or federal

laws or regulations. ()

02. Education, Training, and Experience. The act is consistent with the licensee or service extender's education, training, and experience. ()

03. Standard of Care. Performance of the act is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or service extender with similar education, training and experience. ()

04. Scope of Service Extenders. The scope of practice of service extenders includes only those duties and responsibilities identified in a written supervision agreement. ()

05. Supervised Practice. A signed supervision agreement between a licensed psychologist(s) and service extender(s) must include: ()

- a. The parties to the agreement and authorized scope of practice for each service extender; ()
- b. The direct supervision methods including regular weekly supervisory sessions and chart review; and ()
- c. The procedures for emergency consultation, and if necessary, any patient monitoring parameters. ()

06. Documentation. The licensed psychologist will maintain documentation of the supervision agreements for not less than three (3) years for each service extender and submit to the Board upon request. ()

451. -- 499. (RESERVED)

500. EDUCATIONAL AND CREDENTIALING REQUIREMENTS FOR LICENSURE.

Applicants who receive a doctoral degree from a program accredited by the American Psychological Association are considered to have met all criteria outlined in Section 500. ()

01. Training in Professional Psychology. Training in professional psychology is doctoral training offered in an institution of higher education accredited by a regionally accredited institution of higher education. The program must stand as a recognizable and coherent program in the institution. ()

- a. Middle States Commission on Higher Education. ()
- b. The New England Association of Schools and Colleges. ()
- c. Higher Learning Commission. ()
- d. The Northwest Commission on Colleges and Universities. ()
- e. The Southern Association of Colleges and Schools. ()
- f. The Western Association of Schools and Colleges. ()

~~**02. Training Program.** The training program must stand as a recognizable, coherent organizational entity within the institution. Programs that are accredited by the American Psychological Association or that meet the criteria for such accreditation are recognized as meeting the definition of a professional psychology program. ()~~

023. Training Program. The curriculum must encompass a minimum of three (3) academic years of full time graduate study, one (1) of which is in residence at the degree-granting institution. The program must include supervised practicum and pre-doctoral internship. Pre-doctoral internships must be completed at a member site of the

Commented [TF23]: Alternatively could state "one (1) or more licensed psychologists and one (1) or more service extenders"

This language removes the need to have multiple separate agreements in place when a psychologist is supervising multiple service extenders according to the same expectations.

This recommended change is a result of questions received from stakeholder in the last few months of implementing rule 450.

Association of Psychology Postdoctoral and Internship Centers, or sites demonstrating an equivalent program.

Authority and Primary Responsibility. There must be a clear authority and primary responsibility for the core and specialty areas by a designated leader who is a doctoral psychologist and is a member of the core faculty. ()

03.4. Content of Program. The program must be an integrated, organized sequence of study, with a recognized sequence of study. It must have an identifiable psychology faculty and body of students who are matriculated in that program for the purposes of receiving a degree. ()

05. — There Must Be an Identifiable Training Faculty and a Psychologist Responsible for the Program. There must be an identifiable training faculty on site of sufficient size and breadth to carry out the training responsibilities. A faculty psychologist must be responsible for the program. ()

06. — Program Must Have an Identifiable Body. The program must have an identifiable body of students who are matriculated in that program for a degree. ()

07. — What the Program Must Include. The program must include supervised practicum and pre-doctoral internship appropriate to the practice of psychology. Pre-doctoral internships must be completed at member sites of the Association of Psychology Postdoctoral and Internship Centers, or sites demonstrating an equivalent program. ()

08. — Curriculum. The curriculum must encompass a minimum of three (3) academic years of full time graduate study at least one (1) year of which is spent in full-time physical residence at the degree-granting educational institution. In addition to instruction in professional areas of competence, which include assessment and diagnosis, intervention, consultation, and supervision, the core program must require each student to demonstrate competence in specific substantive areas. Minimal competence is demonstrated by passing a three (3) credit semester graduate course (or a five (5) credit quarter graduate course) in each of the substantive areas listed below:

- a. Biological aspects of behavior: social psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology;
- b. Cognitive aspects of behavior: learning, thinking, motivation, emotion;
- c. Social bases of behavior: social psychology, group processes, organizational and systems theory;
- a-d. Individual differences: personality theory, human development, abnormal psychology. ()

~~a. — Biological Bases of Behavior: Physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology. ()~~

~~b. — Cognitive-Affective Bases of Behavior: Learning, cognition, motivation, emotion. ()~~

~~c. — Social Bases of Behavior: Social psychology, group processes, organizational and systems theory. ()~~

~~d. — Individual Differences: Personality theory, human development, abnormal psychology. ()~~

~~e. — Scientific and Professional Standards and Ethics. ()~~

~~f. — Research Design and Methodology. ()~~

~~g. — Techniques of Data Analysis: statistics, multivariate statistics, factor analysis, multiple regression, non-parametric statistics. ()~~

~~h. — Psychological Measurement: psychometric principles, test theory, personality assessment, cognitive assessment. ()~~

~~i. — History and Systems of Psychology. ()~~

Commented [LK24]: Incorporated into 02 above.

~~j. Multiculturalism and Individual Diversity. ()~~

501. – 549. (RESERVED)

550. REQUIREMENTS FOR SUPERVISED PRACTICE.

01. Duration and Setting of Supervised Practice. ()

a. A year of supervised experience is defined as a minimum of one thousand (1000) hours of supervised service provision acquired during not less than a twelve (12) month and no more than a thirty-six (36) calendar month period. The first year of supervised experience must be accredited only after acquiring the equivalent of one (1) year of full time graduate study. A second year must be obtained post-doctorly. ()

02. Qualifications of Supervisors. Supervising psychologists must be licensed and in good standing. must have training in the specific area of practice in which they are offering supervision. ()

03. Amount of Supervisory Contact. One (1) hour per week of face-to-face individual contact per fortytwenty (420) hours of applicable experience is a minimum. ()

04. Evaluation and Accreditation of Supervised Practice. At the conclusion of the supervisory period, the supervisor will submit a written evaluation on a Board approved form. The Board will require submission of information by the supervisor(s) that enable it to evaluate and credit the extent and quality of the candidate's supervised practice, on a form approved by the Board ()

05. Unacceptable Supervision. Supervised practice time during which the supervisor deems supervisee's performance to have been unacceptable will not be credited towards the required supervised practice hours. ()

551. – 699. (RESERVED)

700. QUALIFICATIONS FOR PROVISIONAL CERTIFICATION OF PRESCRIPTIVE AUTHORITY. The Board may grant a provisional certification of prescriptive authority to an applicant who holds a current license to practice psychology in Idaho, who completes an application as set forth in Section 100 of these rules, pays the required fee, and who meets the following educational and training qualifications. ()

~~01. Doctoral Degree. The applicant must have been awarded a doctoral degree in psychology from an institution of higher education that meets the requirements in Section 54-2317(2), Idaho Code. ()~~

~~02. Master's Degree. The applicant must have been awarded a master's degree in clinical psychopharmacology from an accredited program that meets the requirements in Section 54-2317(3), Idaho Code. ()~~

~~03. Clinical Experience. An applicant must have successfully completed clinical experience as part of the master's clinical psychopharmacology program that includes a diverse population of patients. ()~~

~~a. Clinical experience must include a minimum of four hundred (400) hours consisting of direct patient contact and collaboration with licensed medical providers involving a minimum of one hundred (100) separate patients. ()~~

~~b. A diverse population of patients includes diversity in: ()~~

~~i. Gender; ()~~

~~ii. Different ages throughout the life cycle, including adults, children/adolescents, and geriatrics, as possible and appropriate; ()~~

Commented [TF25]: What is the history and historical application of rule 550?

Commented [LK26]: More consistent with surrounding states.

Commented [LK27]: Could we strike this and include it on the form instead?

Commented [TF28]: Section 54-2305(1)(12), Idaho Code
The board of psychologist examiners shall have the following powers: (1) To pass upon the qualifications and fitness of applicants for licenses, reciprocal licenses, certification and provisional certification of prescriptive authority; and, at its option, to adopt and revise rules requiring applicants to pass examinations relating to their qualifications as a prerequisite to the issuance of licenses. (12) To establish by rule certification and provisional certification of prescriptive authority pursuant to sections 54-2316 through 54-2319, Idaho Code.

Commented [TF29]: Duplicative of Section 54-2317(1), Idaho Code

Commented [TF30]: Duplicative of Section 54-2317(2), Idaho Code

Commented [TF31]: Duplicative of Section 54-2317(3), Idaho Code

Commented [TF32]: Rule amendments needed to subsection 03 to align with Section 54-2317(3)(a-h) which specifies in detail the program requirements for the minimum clinical competencies for students to achieve for the masters degree and Section 54-2317(4), Idaho Code which details further clinical experience requirements to be determined by the institution. Rule 04 looks to fall outside statute authority and defers to the institution decision.

Section 54-2317(4), Idaho Code
(4) Clinical experience that is sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of qualified practitioners including, but not limited to, licensed physicians and prescribing psychologists as determined by the institution offering the clinical psychopharmacology degree;

iii. Range of disorders listed in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and acute and chronic disorders; ()

iv. Ethnicity; ()

v. Socio-cultural background; and ()

vi. In-patient and out-patient settings, as possible and appropriate. ()

~~04. Examination. An applicant must successfully pass the national examination in psychopharmacology, as approved by the Board under Section 201 of these rules. ()~~

~~015. Scope and Supervision Agreement. The scope of practice of a psychologist with provisional certification of prescriptive authority includes only those duties and responsibilities identified in a written supervision agreement with a licensed physician. An applicant must submit to the Board a supervision agreement that identifies the supervising physician(s) who will directly supervise the applicant's prescribing under a provisional certification of prescriptive authority. The agreement will contain the following elements: documentation submitted to the Board must also identify: ()~~

~~a. The parties to the agreement and authorized scope of authority for each prescribing psychologist;~~

~~b. The direct supervision methods, including supervision on a one-to-one basis for a minimum of four (4) hours each month and a minimum of a total of forty-eight (48) hours each year;~~

~~c. A requirement that the prescribing psychologist must collaborate with, consult with, or refer to the supervising physician as indicated by: the condition of the patient; the education, experience and competence of the prescribing psychologist; and the community standard of care; and~~

~~d. The procedures for emergency consultation, and if necessary, any patient monitoring parameters.~~

~~02. Documentation. The licensed psychologist will maintain documentation of the supervision agreements for not less than three (3) years for each service extender and submit to the Board upon request.~~

~~a. For each supervising physician, the supervisor's name, address, license number, state in which granted, licensure status, length of licensure, and area of specialization; ()~~

~~b. For each supervising physician, documentation of the physician's board certification as a psychiatrist or neurologist or of specialized training and experience in the management of psychotropic medication; ()~~

~~c. For an applicant seeking to prescribe for pediatric or geriatric patients, the supervising physician(s)' specialized training and experience in treating the patient population for which the applicant seeks to prescribe; ()~~

~~d. Designate a primary supervising physician when more than one (1) supervising physician is identified. The primary supervising physician will be responsible for coordinating between the other supervising physician(s) to obtain written progress reports at least every six (6) months concerning how the provisional prescribing psychologist is performing in the domains for supervision. ()~~

~~e. The types of cases for which each supervisor will be responsible for supervising and in which the supervisor has specialized training and experience. ()~~

~~f. The number of provisional certification holders supervised by each supervising physician. A supervising physician may not concurrently supervise more than three (3) provisional certification holders unless otherwise approved by the Board; and ()~~

Commented [TF33]: Duplicative of Section 54-2317(5) and Rule 201

201. Examination For Provisional Certification Of Prescriptive Authority.
The approved examination for provisional certification of prescriptive authority is the Psychopharmacology Examination for Psychologists (PEP). A passing score will be determined by the Association of State and Provincial Psychology Boards (ASPPB).

Commented [TF34]: Board Discussion: Align supervision agreements for provisional certification of prescriptive authority with the well-established process of all other supervision agreements physicians utilize for other healthcare professionals.

Section 54-2317(6), Idaho Code
(6) Supervision agreements with board-certified psychiatrists, neurologists, family medicine physicians, or other physicians with a minimum of two (2) years of experience in the management of psychotropic medication who are licensed under chapter 18, title 54, Idaho Code, or an equivalent licensing provision of the law of an adjoining state.

Commented [TF35]: Board Discussion:
Should this be determined by the provisional certification holder and the supervising physician in the supervision agreement -- consistent with other prescribing healthcare providers in supervision agreements with physicians?

~~g. The name and nature of setting in which the applicant will practice; ()~~

~~h. Prior to a change in supervisors or a change in the supervision agreement, the supervisee must notify the Board and the change must be approved by the Board, or a designated member of the Board, prior to the commencement of supervision by a new supervisor or implementation of the change. ()~~

701. SUPERVISED PRACTICE OF PROVISIONAL CERTIFICATION HOLDER.

~~A holder of a provisional certification of prescriptive authority may only prescribe under the supervision of physician(s) approved by the Board. Prior to application for a certification of prescriptive authority, a provisional certification holder must complete two (2) years, including a minimum of two-thousand (2,000) hours, of satisfactory prescribing under a supervision agreement with a licensed physician, which includes: ()~~

~~01. Hours of Supervision. A minimum of two thousand (2,000) hours acquired in not less than twenty-four (24) months and not more than forty-eight (48) months. ()~~

~~a. The two thousand (2,000) hours may consist of direct patient contact, supervision, case consultations, and collaboration with licensed health care providers for the purpose of evaluation and treatment of patients with medication(s) within the formulary set forth in Section 730 of these rules. ()~~

~~b. Supervised practice time during which the supervisor(s) deem(s) a supervisee's performance to have been unsatisfactory will not be credited towards the required supervised practice hours. A supervisor who believes the supervisee's practice is unsatisfactory should notify the supervisee and the primary supervisor as soon as possible and identify the basis for such conclusion including, but not limited to, specific domains or issues needing remediation. ()~~

~~02. Number of Patients. A minimum of fifty (50) separate patients who are seen for the purpose of evaluation and treatment with those medications that are within the formulary established in Section 730 of these rules. ()~~

~~03. Amount of Supervisory Contact. Supervision on a one-to-one basis for a minimum of four (4) hours each month and a minimum of a total of forty-six (46) hours each year. One-to-one supervision must be provided either face-to-face, telephonically, or, by live video communication. ()~~

~~04. Domains for Supervision. Supervision must include assessment of the provisional certification holder with regard to each of the following domains: ()~~

~~a. Basic science; ()~~

~~b. Neurosciences; ()~~

~~c. Physical assessments and laboratory exams; ()~~

~~d. Clinical medicine and pathophysiology; ()~~

~~e. Clinical and research pharmacology and psychopharmacology; ()~~

~~f. Clinical pharmacotherapeutics; ()~~

~~g. Research; and ()~~

~~h. Professional, ethical, and legal issues. ()~~

702. QUALIFICATIONS TO PRESCRIBE FOR PEDIATRIC OR GERIATRIC PATIENTS.

~~01. Supervision for Pediatric or Geriatric Patients. Prior to application for certification of prescriptive authority A prescribing psychologist may not prescribe for pediatric or geriatric patients unless approved by the Board. The Board may only grant prescriptive authority for pediatric patients or geriatric patients, a provisional certification~~

Commented [LK36]: Illinois= 400 hour practicum and passage of PEP. New Mexico= No practicum requirement but does require passage of PEP.

Commented [TF37]: Already permissive as "may"

Commented [TF38]: Section 54-2318, Idaho Code already requires the supervising physician to attest to the applicant meeting satisfactory requirements.

Commented [TF39]: Moved to rule 700.01.b.

Commented [TF40]: Duplicative of Section 54-2317(3), Idaho Code

~~holder must to an applicant for certification of prescriptive authority who has completed one (1) year, including a minimum of one thousand (1,000) hours, of satisfactory prescribing, under a supervision agreement with a licensed physician as attested to by the supervising physician, for the patient population for which the prescribing psychologist seeks to prescribe.~~ ()

Commented [LK41]: Not required by New Mexico and Illinois for prescriptive authority.

~~01. Credit Toward Certification.~~ The one (1) year of satisfactory prescribing for a pediatric or geriatric population may be counted as one (1) year of the two (2) years of satisfactory prescribing required to qualify for a certification of prescriptive authority. ()

~~02. Hours of Supervision.~~ One (1) year of satisfactory prescribing includes a minimum of one thousand (1,000) hours acquired in not less than twelve (12) months and not more than twenty-four (24) months. ()

~~a.~~ The one thousand (1,000) hours may consist of direct patient contact, supervision, case consultations, and collaboration with licensed medical providers for the purpose of evaluation and treatment of patients with medication(s) within the formulary set forth in Section 730 of these rules. A minimum of eight hundred (800) hours of the one thousand (1,000) hours must be directly related to the population for which the prescribing psychologist seeks to prescribe. ()

~~b.~~ Supervised practice time during which the supervisor(s) deem(s) a supervisee's performance to have been unsatisfactory will not be credited towards the required supervised practice hours. A supervisor who believes the supervisee's practice is unsatisfactory should notify the supervisee and the primary supervisor as soon as possible and identify the basis for such conclusion including, but not limited to, specific domains or issues needing remediation. ()

~~03. Number of Patients.~~ One (1) year of satisfactory prescribing includes a minimum of twenty-five (25) separate patients in the population for which the prescribing psychologist seeks to prescribe and who are seen for the purpose of evaluation and treatment with those medications that are within the formulary established in Section 730 of these rules. For a prescribing psychologist who seeks to prescribe for pediatric patients, a minimum of ten (10) separate patients must be twelve (12) years of age or younger and a minimum of ten (10) separate patients must be between thirteen (13) years of age and seventeen (17) years of age. ()

~~04. Amount of Supervisory Contact.~~ Supervision must be obtained in accordance with Subsection 701.03 of these rules, and under a supervision agreement approved by the Board in accordance with Subsection 700.05 of these rules. ()

Commented [TF42]: Moved to rule 700.

~~05. Domains for Supervision.~~ Supervision must include assessment in each of the domains set forth in Subsection 701.04 of these rules. ()

~~703. - 709. (RESERVED)~~

~~710. QUALIFICATIONS FOR CERTIFICATION OF PRESCRIPTIVE AUTHORITY.~~ The Board may grant a certification of prescriptive authority to an applicant who completes an application as set forth in Section 100 of these rules and who meets the following educational and training qualifications. ()

Commented [TF43]: Duplicative of requirements set in statute for qualification of for certification of prescriptive authority

~~01. Holds a License to Practice Psychology.~~ The applicant must hold a current license to practice psychology issued by the Board. ()

~~02. Holds Provisional Certification.~~ The applicant must hold a provisional certification of prescriptive authority issued by the Board. ()

~~03. Supervision.~~ The applicant must have successfully completed at least two (2) years of satisfactory prescribing under supervision that meets the requirements of Section 701 of these rules, as attested to by the supervising physician(s). ()

711. — 719. — (RESERVED)

70220. STANDARDS OF PRACTICE FOR PRESCRIPTIVE AUTHORITY.

A prescribing psychologist who issues a prescription ~~for medication~~ to a patient must collaborate with the patient's licensed medical provider and follow the community standards of ~~care~~ practice as set forth in these rules. ()

01. Education. Only prescribe formulary drugs or devices for conditions for which the prescribing psychologist is educationally prepared and for which competence has been achieved and maintained.

02. Patient-Prescriber Relationship. Only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship as defined in Section 54-1733, Idaho Code.

03. Patient Assessment. Obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care and the best available evidence.

04. Collaboration with Other Health Care Professionals. Recognize the limits of the prescribing psychologist own knowledge and experience and consult with and refer to other licensed medical providers as appropriate.

05. Documentation. Maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan.

~~01. Licensed Medical Provider. A prescribing psychologist may only prescribe medication to a patient who has a licensed medical provider. If a patient does not have a licensed medical provider, the prescribing psychologist must refer the patient to a licensed medical provider prior to prescribing medication.~~ ()

~~a. In the event a patient terminates the relationship with the patient's licensed medical provider, with whom the prescribing psychologist has established a collaborative relationship, and the patient declines to secure a new licensed medical provider, the prescribing psychologist must advise the patient that the prescribing psychologist cannot continue to psychopharmacologically manage the patient.~~ ()

~~b. The prescribing psychologist must document that the psychologist has made every reasonable effort to encourage the patient to maintain or establish a relationship with a licensed medical provider.~~ ()

~~c. In those cases, in which an abrupt discontinuation of a psychopharmacologic medication could represent a health risk or result in adverse effects, the prescribing psychologist, with concurrence from the previously established licensed medical provider, may prescribe the medication in a manner that is customarily recognized as a discontinuation regimen until the medication has been completely discontinued. The prescribing psychologist must document the discontinuation regimen in the patient's medical records.~~ ()

~~02. Release of Information. A prescribing psychologist must obtain a release of information from the patient or the patient's legal guardian authorizing the psychologist to contact the patient's licensed medical provider. If the patient or the patient's legal guardian refuses to sign a release of information for the patient's licensed medical provider, the prescribing psychologist must inform the patient or the patient's legal guardian that the psychologist cannot treat the patient pharmacologically without an ongoing collaborative relationship with the patient's licensed medical provider. The psychologist must refer the patient to another mental health care provider who is not required to maintain an ongoing collaborative relationship with a licensed medical provider.~~ ()

~~03. Initial Collaboration with Licensed Medical Provider. Prior to prescribing medication, a prescribing psychologist must contact the patient's licensed medical provider as provided in these rules and receive the results of the licensed medical provider's assessment.~~ ()

~~_____ a. _____ The prescribing psychologist must inform the licensed medical provider of: _____ (____)~~

~~_____ i. _____ The medication(s) the prescribing psychologist intends to prescribe for mental, nervous, emotional, behavioral, substance abuse, cognitive disorders; and _____ (____)~~

~~_____ ii. _____ Any laboratory tests that the prescribing psychologist ordered or reviewed. _____ (____)~~

~~_____ b. _____ The prescribing psychologist must discuss with the licensed medical provider the relevant indications and contraindications to the patient of prescribing the medication(s) that the prescribing psychologist intends to prescribe. _____ (____)~~

~~_____ c. _____ The prescribing psychologist must document the date and time of contacts with the licensed medical provider, a summary of what was discussed, and the outcome of the discussions or decisions reached. _____ (____)~~

~~_____ 04. _____ **Ongoing Collaboration with Licensed Medical Provider.** After the initial collaborative relationship with the patient's licensed medical provider is established, the prescribing psychologist must maintain and document the collaborative relationship to ensure that relevant information is exchanged accurately and in a timely manner. At a minimum the prescribing psychologist must: _____ (____)~~

~~_____ a. _____ Contact the licensed medical provider for any changes in medication not previously discussed with the licensed medical provider. _____ (____)~~

~~_____ b. _____ Contact the licensed medical provider if and when the patient experiences adverse effects from medications prescribed by the psychologist that may be related to the patient's medical condition for which he or she is being treated by a health care practitioner. _____ (____)~~

~~_____ c. _____ Contact the licensed medical provider regarding results of laboratory tests related to the medical care of the patient that have been ordered by the psychologist in conjunction with psychopharmacological treatment. _____ (____)~~

~~_____ d. _____ Inform the licensed medical provider as soon as possible of any change in the patient's psychological condition that may affect the medical treatment being provided by the licensed medical provider. _____ (____)~~

~~_____ e. _____ Request that as part of the collaborative relationship, the licensed medical provider inform the prescribing psychologist of any new medical diagnosis or changes in the patient's medical condition that may affect the treatment being provided by the prescribing psychologist. _____ (____)~~

~~_____ f. _____ Request that as part of the collaborative relationship, the licensed medical provider inform the prescribing psychologist of any psychotropic medications prescribed or discontinued by the licensed medical provider or other licensed medical provider, of which the licensed medical provider is aware, the dates of any subsequent changes in psychotropic medications prescribed by the licensed medical provider or other licensed medical provider, of which the licensed medical provider is aware, and the efforts to coordinate the mental health care of the patient as soon as possible. _____ (____)~~

~~_____ 05. _____ **Disagreement between Prescribing Psychologist and Licensed Medical Provider.** If the licensed medical provider and the prescribing psychologist do not agree about a particular psychopharmacological treatment strategy, the prescribing psychologist must document the reasons for recommending the psychopharmacological treatment strategy that is in disagreement and must inform the licensed medical provider of that recommendation. If the licensed medical provider believes the medication is contraindicated because of a patient's medical condition, the prescribing psychologist must defer to the judgment of the licensed medical provider and may not prescribe that psychopharmacological treatment strategy. _____ (____)~~

~~_____ 06. _____ **Prohibited Agreements with Licensed Medical Providers.** A prescribing psychologist is~~

~~prohibited from employing a licensed medical provider or entering into an independent contractor or similar contractual or financial relationship with a licensed medical provider with whom the prescribing psychologist collaborates, unless approved by the Board. The Board may grant an exception to this requirement on a case-by-case basis where the prescribing psychologist shows that such relationship is structured so as to prohibit interference with the licensed medical provider's relationship with patients, the licensed medical provider's exercise of independent medical judgment, and satisfaction of the obligations and responsibilities in Chapter 23, Title 57, Idaho Code, and these rules.~~ ()

~~07. Prescriptions. All prescriptions issued by a prescribing psychologist must comply with all applicable federal and state laws, rules and regulations and these rules.~~ ()

068. Emergencies. If a prescribing psychologist determines that an emergency exists that may jeopardize the health or well being of the patient, the prescribing psychologist may, without prior consultation with the patient's licensed medical provider, prescribe psychotropic medications or modify an existing prescription for psychotropic medication previously written for that patient by that prescribing psychologist. The prescribing psychologist must consult with the licensed medical provider as soon as possible. The prescribing psychologist must document in the patient's psychological evaluation/treatment records the nature and extent of the emergency and the attempt(s) made to contact the licensed medical provider prior to prescribing or other reason why contact could not be made. ()

079. Disaster Areas. If a prescribing psychologist is working in a declared emergency/disaster area, the on-site medical staff can serve as the evaluating licensed medical provider. ()

~~70321. -- 729. (RESERVED)~~

730. FORMULARY.

~~A prescribing psychologist may prescribe medications and controlled substances that are recognized in or customarily used in the diagnosis, treatment and management of individuals with mental, nervous, emotional, behavioral, substance abuse and cognitive disorders and that are relevant to the practice of psychology or other procedures directly related thereto under the following limitations.~~ ()

~~01. Prohibited Medications and Controlled Substances. A prescribing psychologist may not prescribe:~~ ()

~~a. Any medication or controlled substance designated or included as a Schedule I controlled substance; or~~ ()

~~b. Any opioid.~~ ()

~~02. Disorders and Conditions. A prescribing psychologist may not prescribe any opioid controlled substance medication. A prescribing psychologist may not prescribe medication to treat a primary endocrine, cardiovascular, orthopedic, neurologic, gynecologic, obstetric, metabolic, hematologic, respiratory, renal, gastrointestinal, hepatic, dermatologic, oncologic, infectious, ophthalmologic, or rheumatologic illness or disorder. The provisions of this rule do not prohibit a prescribing psychologist from prescribing to treat a mental, nervous, emotional, behavioral, substance abuse or cognitive disorder that arises secondary to a primary physical illness, provided that the primary illness is being treated by a licensed medical provider and the prescribing psychologist collaborates with the patient's licensed medical provider, as provided in these rules.~~ ()

~~731. -- 999. (RESERVED)~~

Commented [LK44]: Is this included within the "standard of care"?

Commented [TF45]: Duplicative of Section 54-2316(2), Idaho Code.

Commented [KS46]: Pursuant to negotiated rulemaking comments from the IMA, reverted to the original formulary language, but simplified.

Statute specifies who qualifies as a supervising physician.

Section 54-2316(3), Idaho Code

(3) A psychologist who holds provisional certification of prescriptive authority may prescribe only under the direct supervision of a supervising physician who meets the requirements of section 54-2317(6), Idaho Code.

Section 54-2317(6), Idaho Code.

(6) Supervision agreements with board-certified psychiatrists, neurologists, family medicine physicians, or other physicians with a minimum of two (2) years of experience in the management of psychotropic medication who are licensed under chapter 18, title 54, Idaho Code, or an equivalent licensing provision of the law of an adjoining state.

I





July 11, 2022

Katie Stuart
Executive Officer
Department of Occupational & Professional Licensure
Board of Psychologist Examiners

Sent via email to:
Katie.Stuart@dopl.idaho.gov

Dear Ms. Stuart:

The Idaho Psychiatric Association (IPA) would like to provide input regarding the Department of Occupational & Professional Licensure's (DOPL) process to perform a thorough review of the administrative rules 24.12.01 that govern the profession of the Board of Psychologist Examiners pursuant to Executive Order 2020-1.

First, I would like to provide context for our general concerns, in addition to addressing two specific concerns. When the law to allow psychologists to prescribe was proposed in 2016 and ultimately passed in 2017, IPA came to the table with serious reservations about the concept but agreed to work with psychologists to craft appropriate legislation that would confer prescriptive authority on those psychologists with additional education and training that would allow them to safely prescribe legend drugs in their practices.

We spent countless hours and significant effort to negotiate with the Idaho Psychological Association and ultimately jointly agreed on appropriate safeguards to permit safe prescribing. With the inclusion of appropriate parameters in the statute and rules to serve as safeguards, the IPA agreed to the new law. It was agreed that many of those safeguards would be placed in rules of the Board, rules we negotiated with the Board and the Idaho Psychological Association in significant detail. We continue to believe that it is imperative to retain many of the rules that govern prescribing psychologists. The rules were drafted for very specific reasons related to patient safety and must be retained to ensure adequate protections for Idaho patients.

There is no doubt that psychologists play a critical role providing testing and therapy to patients and we need them. However, prescribing requires significant training, education, and supervision. Without strong accompanying rules to the 2017 law, the safeguards for prescribing psychologists falls short of the necessary training, education, and supervision.

The Idaho Medical Association's Director of Government Affairs, Jamie Neill submitted

verbal comments at the June 13, 2022 public meeting. IPA would like to expand on those comments and concerns and outline some further areas of interest following further review.

As Mr. Neill outlined in the June 13th meeting, IPA has concerns with the current language in Rule 701.03 related to supervision requirements for prescribing psychologists. As the language currently reads, psychologists who prescribe must be supervised for a minimum of four hours a month. However, this is a change from the preferred language approved by the Advisory Panel for the Board of Psychologist Examiners which recommends a minimum of one hour of supervision for every six hours of clinical contact with patients.

For psychiatry residents, who are already licensed physicians, the supervision requirement is 1 hour of supervision for every 5 hours of clinical work. It takes that kind of training and oversight for physicians to learn how to safely prescribe, and it should be noted that the previous requirement of 1 hour of supervision for every 6 hours of clinical work is less stringent than that imposed upon licensed physicians. We believe a similar level of supervision should also exist for psychologists, especially those early in the practice of prescribing. The current rule allows psychologists to prescribe with only one hour per week of supervision. That is insufficient and a danger to public health.

Mr. Neill also mentioned concerns related to eliminating language in Rule 730.02 related to formulary rules. The IPA is not aware of any updates to conditions that psychologists wish to prescribe for outside of the nexus of mental and behavioral health. One of the safeguards we negotiated in 2017 was a limitation on conditions for which a psychologist can prescribe, in order to ensure the appropriate focus on behavioral health. Unfortunately, the proposed rules would eliminate those specific limitations. The current language should be retained in order to ensure that prescriptive authority is limited to behavioral health issues only.

IPA is also concerned with the requirement threshold for prescribing for children. Children are the most vulnerable patients we see and a case log of 20 pediatric patients as a prerequisite to prescribing medication to that population is not adequate. Per prior safeguards in the legislation, those either electing to treat children or geriatric populations needed 40% of their clinical time AND a minimum number of patients (eg. 800 of the 2000 clinical hours and 25 specific child and adolescent cases or geriatric cases) as part of their 2-year minimum and 4-year maximum supervised clinical hours. It should be noted that licensed physicians see far more patients in these populations before practicing and prescribing independently. In addition, even most general psychiatrists do not prescribe to children or the elderly after 4 years of residency due to the steep learning curve. These requirements are essential to protecting the most vulnerable among us.

Finally, we are also concerned with the proposal to remove the language in Rule 720 that eliminates the need for a prescribing psychologist to collaborate with other medical

providers. That provision was central to the stated desire in 2017 that professionals collaborate in order to deliver optimal health care. It also is absolutely essential to understanding a patient history and properly diagnosing and treating patients. In addition, it was previously stated in the rules that collaboration with a primary care provider was a prerequisite before prescribing any psychotropic medication.

We are concerned that taken together these proposed changes unnecessarily weaken the protections of the public health to which we all agreed just five years ago. Collectively they will endanger patients. Beyond that there is no apparent public benefit to making the changes and we don't believe it is a wise course. We are prepared to sit with you and discuss these issues with you in greater detail- and we hope you will take us up on this offer. Idaho patients will benefit from getting this right.

Please contact IPA President, Kirsten Aaland, MD, with any questions at Kirsten.Aaland@va.gov. Thank you for your time.

Sincerely,

Kirsten Aaland, MD

President

Idaho Psychiatric Association

cc: Nicki Chopski, Health Division Bureau Chief
Sara Stover, Senior Policy Advisor to Governor Little