



***Public Protection
through fair and
impartial application
and enforcement of
practice acts***



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Idaho State Board of Medicine

THE REPORT

Summer 2021

LICENSE RENEWAL DEADLINE : JUNE 27, 2021

Please remember to RENEW YOUR LICENSE by June 27, 2021. Any renewals after June 27, 2021 at 10 pm MDT must be paid with a check or money order. Credit cards will not be accepted due to Idaho State Fiscal Year end.

If your license is not renewed by its expiration date, you will have to pay the license reinstatement fee plus the renewal fee to reinstate your license.

SEEKING MDs OR DOs TO SERVE ON THE COMMITTEE ON PROFESSIONAL DISCIPLINE

The Committee on Professional Discipline (COPD), an advisory committee to the Board of Medicine, is seeking nominations to replace two committee members whose terms are expiring.

The COPD requests that any interested MDs or DOs submit their CV and letter of interest by email to the Director of the Board at anne.lawler@bom.idaho.gov, no later than June 23, 2021.

Both the Board of Medicine and the COPD meet quarterly. For additional information, please send an email to info@bom.idaho.gov.

Message From the Board:

SENATE BILL #1093: REMOVING REGULATORY BURDENS FOR PHYSICIAN ASSISTANTS TO IMPROVE PATIENT CARE

Catherine Cunagin, MD, Board Member

Senate Bill #1093, which delineates changes in the regulation of the practice of physician assistants (PAs), was signed into law by Governor Little on March 17, 2021, and is due to go into effect on July 1, 2021. By allowing more generalized oversight of physician assistants, the legislature hopes to improve access to care in rural and underserved areas and to reduce the administrative and regulatory burdens on PAs, physicians, hospitals and practice managers. In order to maintain an appropriate level of PA oversight, the law outlines requirements for licensure and keeps the pre-existing structure of the Physician Assistant Advisory Committee. The major change involves the removal of the individually named supervising and alternate supervising physician, replacing them with a collaborative practice agreement. The new law preserves some of the existing requirements for practice of medicine by PAs in the state of Idaho.

Continued on page 2

The general application process remains unchanged and includes submission of forms, exam results and a fingerprint based criminal history check. The Physician Assistant Advisory Committee remains intact and consists of four board-appointed PA members and one public member.

All members are residents of Idaho and the PA members are engaged in the active practice of medicine here. While the committee is essential in reviewing licensure, misconduct and rule changes, they make recommendations to the Board of Medicine, who makes final decisions regarding licensure and discipline.

The requirements for oversight of PA practice have become less specific and fall into two basic categories: pre-existing licensing and credentialing processes or collaborative practice agreements. For licensed health care facilities with licensing, credentialing and oversight processes, the by-laws or procedures of that facility must define the degree and nature of collaboration between physician and PA. For those facilities or practices without these processes, a collaborative practice agreement must be written by either the employer, group or hospital service.

The law is nonspecific regarding requirements for the collaborative practice agreements. It places the responsibility on the facility or group to ensure that the medical services provided by the PA are within the PA's scope of education, experience and compe-

tence. Also, each physician is only able to collaborate with a PA within the PA's scope of training and experience. The PA must consult with an appropriate physician based on the condition of the patient, the education, competence and experience of the PA and the community standard of care. Collaborative physicians do not need to be named if more than one physician works in the facility or group.

Some groups or facilities may not employ physicians. In this case, they may still employ PAs as long as each PA has a collaborative practice agreement with at least one licensed physician. The same basic tenets are required in this collaborative practice agreement as stated above. This section of the law allows for a PA or group of PAs to independently own a medical practice in Idaho. However, a PA owning such a practice must have been licensed, registered, or certified as a PA in any state, territory or jurisdiction of the United States for at least two years.

Physician assistants are responsible for the care they provide and are tasked with obtaining professional liability insurance if not provided by their employer.

The new law alleviates some of the administrative burden of PA oversight and allows individual facilities and groups to define collaborative PA and physician relationships as long as certain parameters are considered. The hope is to improve access to care while maintaining patient safety.

EMERGENCY DECLARATION AND TEMPORARY WAIVERS

When Governor Little lifts the Emergency Declaration, all out-of-state practitioners (MDs, DOs, PAs, and RTs) must be fully licensed in Idaho to continue practicing in person or via telemedicine. For those out-of-state practitioners who plan to discontinue their Idaho practice, please timely transition your patients to an Idaho-licensed provider to ensure continuity of care. Any practitioner who is practicing in

Idaho or providing telemedicine services to Idaho residents without an active Idaho license after the Emergency Declaration is lifted may be disciplined by the Board.

The Board is no longer issuing new temporary licenses to retired and inactive practitioners for COVID-19 purposes.



BOARD OF MEDICINE FACEBOOK PAGE

The Board of Medicine is now on social media. Find us on Facebook and give us a like for the latest updates from the Board.

[Find us on Facebook!](#)

SUPERVISION VERSUS COLLABORATION

With the new law comes new opportunity for Idaho's licensees. Below is a table to help you navigate the impact of the I.C. § 54-1807A statutory changes, which go into effect on July 1, 2021.

<u>Supervision (through 6/30/21)</u>	<u>Collaboration (beginning 7/1/21)</u>
Supervising physicians are required to obtain Board approval prior to supervising a PA.*	Physicians do not need to obtain approval from the Board prior to entering into a Collaborative Practice Agreement (CPA)** with a PA. This means physicians no longer need to submit a Supervising Physician Registration or an Affidavit of Primary Supervising Physician to the Board.
Supervising physicians and PAs are required to enter into a Delegation of Services agreement (DOS) before the PA can practice.	Physicians and PAs are required to enter into a CPA before the PA can practice. Those PAs who currently practice under a DOS must have a CPA in place by 7/1/21 to continue their current practice.
The DOS must be submitted to the Board so the Board can verify and record the DOS.	The CPA does not need to be submitted to the Board unless the Board requests it.
The Board provided DOS and other relevant forms.	The Board will not provide a template or model CPA.
The supervising physician and PA are required to maintain a copy of the DOS.	The PA and any collaborating physicians are required to maintain a copy of the CPA.
Any changes to the DOS, supervising physician, or practice location must be submitted to and approved by the Board.	Changes no longer need to be automatically submitted to the Board. However, the PA and collaborating physician are responsible for having a new or modified CPA in place, should the same be necessary.
The supervising physician accepts <u>full responsibility</u> for the medical acts of and patient services provided by PA and for the supervision of such acts.	The PA, not the collaborating physician, is responsible for the medical acts and care provided by the PA. However, the collaborating physician is responsible for ensuring that the medical services performed by the physician assistant are within the physician assistant's scope of education, experience, and competence.

<u>Supervision (through 6/30/21)</u>	<u>Collaboration (beginning 7/1/21)</u>
A PA's practice is limited to those medical services which are delegated by the supervising physician.	Collaboration between a PA and a specific collaborating physician is limited to only those medical services for which the collaborating physician has training and experience. However, a PA can collaborate with multiple physicians through a facility/practice wide CPA or multiple CPAs.
Supervising physicians can only supervise four (4) PAs without a waiver.	Physicians are not limited in the number of PAs with whom they can collaborate. Similarly, PAs can collaborate with multiple physicians, including physicians from different practice areas.
The supervising physician is required to conduct an on-site visit at least monthly, regularly scheduled conferences with the PA, and periodic review of the PA's medical records.	The CPA shall address the collaboration and consultation between the PA and collaborating physician based upon: the condition of the patient; the education, experience, and competence of the physician assistant; and the community standard of care.
No practice is permitted if the primary supervising physician is not available and an alternate has not been designated.	The PA and collaborating physician must collaborate and consult as specified in the CPA. The CPA must also address when the PA should refer to the collaborating physician or another appropriate physician.
A PA must obtain prescriptive authority from the Board of Medicine before obtaining a registration from the Board of Pharmacy and the DEA.	The Board of Medicine will no longer issue prescriptive authority to PAs and such prescriptive authority is no longer necessary for the PA to register with the Board of Pharmacy or DEA.

* The term "PA" refers to physician assistants and graduate physician assistants.

** A CPA is required anytime the PA and collaborating physician are not employed by a facility with credentialing and privileging systems in place. This comparison is meant to address the situations where a CPA is required.

CHANGES TO PHYSICIAN ASSISTANT PRESCRIBING PRIVILEGES

Beginning July 1, 2021, PAs will no longer need to submit a *Physician Assistant Application for Prescription Privileges* to the Board of Medicine as the PA will no longer need the Board of Medicine's authorization to prescribe or to obtain a Board of Pharmacy or DEA controlled substance registration.

Beginning July 1, 2021, a PA's prescribing privileges will be governed by the collaborative practice agreement or the facility bylaws or procedures of any facility with credentialing and privileging systems. PAs will need to go directly to the Board of Pharmacy and the DEA to obtain the necessary controlled substance registration.

FREQUENTLY ASKED QUESTIONS—COLLABORATIVE PRACTICE

Q: Does the new law limit a PA's or graduate PA's scope of practice.

A: Yes. The scope of practice of PAs and graduate PAs includes only those duties and responsibilities identified in a collaborative practice agreement or the facility bylaws or procedures of any facility with credentialing and privileging systems.

Q: What is a collaborative practice agreement?

A: A collaborative practice agreement is a written agreement executed by a PA and/or graduate PA and at least one collaborating physician.

Q: Is a collaborative practice agreement required for all Idaho-licensed PAs?

A: A written collaborative practice agreement is required for most PAs and graduate PAs. The only exception is that a written collaborative practice agreement is not required for those PAs and graduate PAs who are employed by a facility with a credentialing and privileging system. In those situations, the facility bylaws and procedures will govern the PA's and graduate PA's scope of practice.

Q: If a PA or graduate PA is not employed by a facility with a credentialing and privileging system, can a PA or graduate PA practice without a collaborative practice agreement in place?

A: No. Beginning July 1, 2021, before a PA or graduate PA can practice, that individual must have a written collaborative practice in place with at least one collaborating physician. If no such agreement is in place on July 1, 2021, the PA or graduate PA must cease practicing until he/she has a fully executed written collaborative practice agreement.

Q: What do PAs and physicians who are currently in a supervisory relationship need to do?

A: No later than July 1, 2021, any PAs and physicians who are subject to a current delegation of service agreement should enter into a written collaborative practice agreement.

Q: Do I need to notify the Board to terminate a current delegation of service agreement?

A: No. For the Board's purposes, any DOS agreement will automatically expire on June 30, 2021. On July 1, 2021, PAs and physicians who practice outside of a facility with a credentialing and privileging system must have a fully executed written collaborative practice agreement in place.

Q: Do physicians still need to renew their Supervising Physician registration to supervise PAs or graduate PAs?

A: No, physicians do not need to renew their SPHY license. Similarly, collaborating physicians do not need to submit an *Affidavit of Primary Supervising Physician* to the Board

Q: Does the collaborative practice agreement need to be submitted to the Board by July 1, 2021?

A: No. The collaborative practice agreement only needs to be submitted to the Board upon request. Please do not provide the Board with a copy unless the Board specifically requests it. The Board will not retain copies of any agreements which its staff did not specifically request.

Q: Will the Board provide forms for the collaborative practice agreement?

A: No, the Board will not provide a form or template of a collaborative practice agreement. Instead, the Board recommends licensees contact relevant associations, such as the IAPA and IMA, regarding a template and/or contact an attorney for assistance with the preparation of the agreement.

Q: Will the Board approve collaborative practice agreement templates or forms prepared by others, such as the IAPA and IMA.

A: No. Individual licensees, not the Board, are responsible for ensuring any collaborative practice agreements comply with the requirements set forth in I.C. § 54-1807A and Board rule.

Q: What terms or provisions must a collaborative practice agreement contain?

A: Pursuant to statute and Board rule, a collaborative practice agreement must contain the following elements: (1) the parties to the agreement; (2) the authorized scope of practice for each licensed physician assistant or graduate physician assistant; (3) a requirement that the physician assistant or graduate physician assistant must collaborate with, consult with, or refer to the collaborating physician or another appropriate physician as indicated by: the condition of the patient; the education, experience and competence of the physician assistant or graduate physician assistant; and the community standard of care; and (4) if necessary, any monitoring parameters.

Q: Can the collaborative practice agreement contain terms beyond what is required by the statute or Board rule?

A: Yes. The collaborative practice agreement is a contract between one or more PAs and one or more collaborating physician(s). The parties to the agreement can add any agreed-upon terms which make sense for their collaboration. So long as the agreement contains the above-referenced required terms and any additional provisions are not contrary to Idaho law or the community standard of care, the parties are free to make the agreement as detailed or general as they desire.

Q: Will the limits on the number of PAs a physician can work with still be in place?

A: No. The statutes and Board rules do not limit the number of PAs who can collaborate with a single physician. However, a collaborating physician should be mindful of the statutory duties regarding collaboration, consultation and referrals when deciding whether to enter into a collaborative practice agreement with one or multiple PAs and graduate PAs.

Q: Can a PA or graduate PA perform medical services beyond those regarding which the collaborating physician has training and experience?

A: No. Collaboration between a PA and a specific collaborating physician is limited to only those medical services for which the collaborating physician has training and experience. However, a PA can collaborate with multiple physicians through a facility/practice wide collaborative practice agreement or multiple collaborative practice agreements. The PA or graduate PA needs to be mindful that he/she is not performing services beyond those allowable by any collaborative practice agreement or beyond the PA's or graduate PA's scope of education, experience, and competence.

Q: Does the collaborative practice agreement need to identify the frequency or types of meetings between a PA/graduate PA and the collaborating physician?

A: While the written collaborative practice agreement can contain this level of detail, such detail is not required. However, the parties must be mindful of their duties required by Idaho law, including, but not limited to the duties to ensure the PA/graduate PA is only performing services within his/her scope of education, experience, and competence; and that the collaborating physician and PA/graduate PA are actually collaborating, consulting, and referring based upon: the condition of the patient; the education, experience, and competence of the physician assistant; and the community standard of care.

Q: Does the collaborative practice agreement need to require medical record reviews by the collaborating physician?

A: While the written collaborative practice agreement can contain this level of detail, such detail is not required. However, the parties must be mindful of their duties required by Idaho law, including, but not limited to the duties to ensure the PA/graduate PA is only performing services within his/her scope of education, experience, and competence; and that the collaborating physician and PA/graduate PA are actually collaborating, consulting, and referring based upon: the condition of the patient; the education, experience, and competence of the physician assistant; and the community standard of care.

Q: Who is responsible for the care provided by a PA?

A: The PA is responsible for the care he/she provides.

Q: What responsibilities does a collaborating physician have regarding the care provided by a PA?

A: The collaborating physician and facility are responsible for ensuring the medical services performed by the PA or graduate PA are within the PA's or graduate PA's scope of education, experience, and competence. The collaborating physician must also comply with other legal requirements such as actually collaborating, consulting, and accepting referrals based upon: the condition of the patient; the education, experience, and competence of the physician assistant; and the community standard of care.

Q: Can a PA be disciplined for not complying with the terms of a collaborative practice agreement?

A: Yes. While the Board will not dictate every provision of a collaborative practice agreement, the Board will discipline a PA or graduate PA who is not complying with the law and not properly consulting with, conferring with, and referring to the appropriate collaborating physician.

Q: Can a PA be disciplined for performing services which are outside the scope of any collaborative practice agreement?

A: Yes.

Q: Can a physician be disciplined for not complying with the terms of a collaborative practice agreement?

A: Yes. While the Board will not dictate every provision of a collaborative practice agreement, the Board will discipline a collaborating physician who is not complying with the law and not properly consulting with, conferring with, or accepting appropriate referrals from a PA with whom the physician is collaborating.

Q: Do the parties to the CPA need to be licensed in Idaho?

A: Yes. The PAs, graduate PAs, and collaborating physician(s) must be licensed in Idaho.

Q: Does a PA still need to obtain prescribing authority from the Board?

A: No. Beginning July 1, 2021, PAs will no longer need to submit a *Physician Assistant Application for Prescription Privileges* to the Board of Medicine or obtain the Board of Medicine's authorization to prescribe or to obtain a Board of Pharmacy or DEA controlled substance registration. Beginning July 1, 2021, a PA's prescribing privileges will be governed by the collaborative practice agreement or the facility bylaws or procedures of any facility with credentialing and privileging systems. PAs will need to go directly to the Board of Pharmacy and the DEA to obtain the necessary controlled substance registration.

BOARD OF MEDICINE JOINS THE IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

Effective July 1, 2021, the Board of Medicine and all its Allied Health Boards will be part of the Health Professions Section of the Idaho Division of Occupational and Professional Licenses (IDOPL) and will no longer be a stand-alone self-governing agency of the State.

Please see the following [link to an organizational chart of IDOPL](#) to show which Boards will be in each of the main sections of the Division.

The Section Chief for the Health Professions Section of IDOPL is Nicki Chopski, PharmD, current Executive Director of the Board of Pharmacy.

DOPL HEALTH PROFESSIONS TOWNHALL LISTENING SESSIONS

In preparation for Zero Based Regulations (ZBR) 2022 we are seeking stakeholder input. Please join us for a brief overview of the DOPL structure and upcoming legislation & rule making efforts for the following boards:

Idaho Speech, Hearing & Communication Services Licensure, Idaho Board of Psychologist Examiners, Idaho Board of Optometry, Physical Therapy Licensure Board, Idaho Board of Dentistry, State Occupational Therapy Licensure Board, Idaho Board of Medicine, Idaho Board of Dentistry, Idaho Board of Nursing, Idaho Board of Podiatry, Idaho Board of Pharmacy, Idaho Board of Veterinary Medicine, Idaho Board of Athletic Trainers, Idaho Board of Naturopathic, Idaho Board of Respiratory Therapy, Idaho Board of Dietetic Licensure

We want to hear your thoughts and ideas as we move forward in this new venture. These one-hour sessions will be spent listening to you, the stakeholders, and gathering feedback. Feel free to attend one or all sessions. For more information, please contact Tim Frost (tim.frost@dopl.idaho.gov or 208-577-2491) and Nicki Chopski (nicki.chopski@bop.idaho.gov or 208-803-5982). Hope to see you there!

DATE: Monday, June 14, 2021	CENTRAL IDAHO	DATE: Monday, June 21, 2021	NORTH IDAHO
McCall, Idaho		Coeur d' Alene, Idaho	
TIME: 5:30 pm		TIME: 12:00 pm	
LOCATION: Banyons on the Green Golf Course		LOCATION: Dept. of Environmental Quality	
925 Fairway Drive, McCall, ID 83638		2110 Ironwood Parkway, STE 100, CDA ID 83814	
		Osprey Conference room	
DATES: Thursday, June 17, 2021			
Friday, June 18, 2021	SOUTHEAST IDAHO	DATE: Tuesday, June 22, 2021	NORTH IDAHO
Pocatello, Idaho		Moscow, Idaho	
TIMES: 6:00 pm and 7:00 am		TIME: 7:00 am	
LOCATION: Portneuf Medical Center		LOCATION: One World Cafe	
777 Hospital Way, Pocatello, ID 83201		533 S. Main Street, Moscow, ID 83843	
Pebble Creek classroom			
DATE: Friday, June 18, 2021	SOUTHEAST IDAHO	DATE: Tuesday, June 22, 2021	NORTH IDAHO
Idaho Falls, Idaho		Lewiston, Idaho	
TIME: 12:00 pm		TIME: 12:00 pm	
LOCATION: Mountain View Hospital		LOCATION: Mystic Cafe	
2325 Coronado Street, Idaho Falls, ID 83404		1303 Main Street, Lewiston, ID 83501	
DATE: Monday, June 21, 2021	NORTH IDAHO	DATE: Monday, June 28, 2021	SOUTH CENTRAL IDAHO
Sandpoint, Idaho		Twin Falls, Idaho	
TIME: 7:00 am		TIME: 6:00 pm	
LOCATION: Blue Heron Cafe		LOCATION: Idaho Joe's Restaurant	
486260 Highway 95, Sandpoint, ID 83864		598 Blue Lakes Blvd. N Twin Falls, ID 83301	

***Additional Sessions will be scheduled in July in the Treasure Valley**



The Board of Medicine conducts random CME audits! If you are selected, be prepared to provide documentation.



Specialist support for pediatric behavioral health

Led by a panel of subject matter experts based in Idaho, this series will help build your confidence as you learn best practices for treating common pediatric mental health conditions in children, including depression, anxiety, trauma, suicide, comorbidity, substance use disorders and more.

Connect with peers from around the state to discuss what really works and get feedback on patient cases. Each drop-in session is designed to be collaborative, engaging, and immediately applicable to your practice.

Interdisciplinary panel includes Pediatrician, Pediatric psychiatrist, Pharmacist, School Nurse, and Parent Advocate.

What does ECHO Idaho offer?

- Free CME for health care professionals
- Collaboration, support and ongoing learning with experts and other physicians/care teams
- Better care for patients in their home community

How does it work?

- Join 1-hour online video conferences for 8 scheduled sessions
- Sign up to participate to receive regular emails with login information, agendas and resources. Discuss and share:
 - Case presentations by participants
 - A brief, high-yield didactic presentation by pediatric behavioral health experts.

8 ECHO SESSIONS HELD VIRTUALLY

2nd and 4th Thursdays
May 13 - Aug. 26, 2021
1 - 2 p.m. Mountain time
Noon to 1 p.m. Pacific time

Audience: The target audience is primary care providers, but all clinicians are welcome.

Cost: Participation in ECHO Idaho is free for clinicians and organizations!

Learn more and sign up for ECHO Idaho at www.uidaho.edu/echo

If you miss a session, recordings are available on the website.

Questions? Contact us at echoidaho@uidaho.edu or 208-364-4608.



Why ECHO Idaho Pediatric Behavioral Health?

Nearly 1 in 5 children living in the U.S. today has a clinically diagnosed mental health disorder. In Idaho, a state where most counties have less than one pediatrician for every 10,000 children, pediatric behavioral health professionals cannot meet demand and many families find themselves relying on a primary care or family medicine specialist as a trusted source of information and care for their children's behavioral health needs.

SCHEDULE AND TENTATIVE TOPICS

5/13/2021	Suicide Assessment and Medication Management
5/27/2021	Screening Tools and Comorbid Conditions
6/10/2021	Management of Anxiety and Depression
6/24/2021	ADHD
7/8/2021	Adolescent Eating Disorders
7/22/2021	Types of Therapy
8/12/2021	Strengthening Primary Care and School Health Systems
8/26/2021	Managing Crisis Care for Families with Children with a Serious Emotional Disturbance (SED)

Learn more and sign up for ECHO Idaho at www.uidaho.edu/echo

If you miss a session, recordings are available on the website.

Questions? Contact us at echoidaho@uidaho.edu or 208-364-4608.

Text @**echopedsbh** to 81010 to sign up for text reminders.

The University of Idaho, WWAMI Medical Education Program is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Idaho, WWAMI Medical Education Program designates each live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ECHO IDAHO

Pediatric Behavioral Health

MEET OUR TEAM



Gretchen Gudmundsen, PhD

Psychologist, St. Luke's Children's Center for Neurobehavioral Medicine, Boise



Angela Lindig, BS

Executive Director, Idaho Parents Unlimited



Thomas Patterson, MD

Pediatrician, Family Medicine Residency of Idaho, Boise



Renee Robinson, PharmD, MPH, MSPHarm

Associate Professor of Pharmacy, Idaho State University



Sue Ropski, RN, MS, MPA, NCSN

School Nurse, Meridian Elementary



Cristopher Streeter, MD

Medical Director and Pediatric Psychiatrist, St. Luke's Children's Behavioral Health, Boise



University of Idaho
WWAMI Medical Education





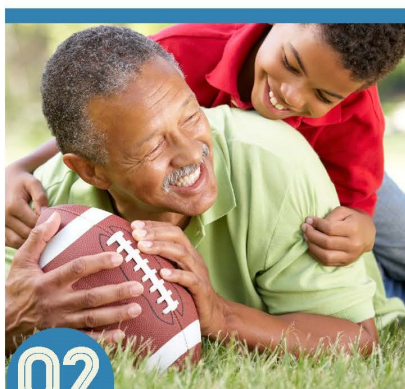
JUNE IS MEN'S HEALTH MONTH

awareness | prevention | education | family



01

Eat Healthy. Start by taking small steps like saying no to super-sizing and yes to a healthy breakfast. Eat many different types of foods to get all the vitamins and minerals you need. Add at least one fruit and vegetable to every meal.



02

Get Moving. Play with your kids or grandkids. Take the stairs instead of the elevator. Do yard work. Play a sport. Keep comfortable walking shoes handy at work and in the car. Most importantly, choose activities that you enjoy to stay motivated.



03

Make Prevention a Priority. Many health conditions can be prevented or detected early with regular checkups from your healthcare provider. Regular screenings may include blood pressure, cholesterol, glucose, prostate health and more.

100%

Women are 100% more likely than men to visit the doctor for annual exams and preventive services.

1 IN 2

1 in 2 men are diagnosed with cancer in their lifetime compared to 1 in 3 women.

1994

On May 31, 1994 President Clinton signed the bill establishing National Men's Health Week.

"Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue."
Congressman Bill Richardson (May 1994)

In 2000 there were fewer than 80 men for every 100 women by the time they reach age 65 – 74.

80

ONLINE RESOURCES

Men's Health Month
menshealthmonth.org

Men's Health Network
menshealthnetwork.org

Get It Checked
getitchecked.com

Talking About Men's Health Blog
talkingaboutmenshealth.com

Women Against Prostate Cancer
womenagainstproustatecancer.org

Board Actions

Explanation of Terms

The following are non-reportable, non-disciplinary actions:

- **Letter of Concern:** non-disciplinary letter issued for a minor violation the Board feels may pose a risk to public safety.
- **Corrective Action Plan:** confidential, non-reportable practice remediation.
- **Fine:** a fee imposed for failure to provide accurate information on renewal.

The following are reportable disciplinary actions:

- **Stipulation and Order (S&O):** an agreement between the Board and the practitioner regarding authorization to practice or placing terms or conditions on the authorization to practice.
- **Public Reprimand:** a formal admonishment of conduct or practice.
- **Suspension:** temporary withdrawal of authorization to practice.
- **Revocation:** cancellation of the authorization to practice.
- **Administrative Complaint:** occurs when a licensee refuses to sign a recommended stipulation. Commences formal administrative disciplinary hearing process.

Lovin, Jeffrey, M.D. (M-5645), Del Mar, CA

Physician's license to practice medicine in Idaho was revoked reciprocal to a Medical Board of California action.

Oglesbay, Michael, D.O. (O-0631), Post Falls, ID

Licensee falsely attested on a license renewal application to not having been investigated by any licensing board since his last renewal. Licensee was ordered to pay a \$500 fine.

The following licensees had prior Stipulated Orders that were terminated by the Board:

Brown, Rose, PSG (PSG-056), Meridian, ID
 Cox, Megan, A.T. (AT-664), Post Falls, ID
 Crownover, Brian, M.D. (M-11819), Meridian, ID
 Sphar, Wesley, A.T. (AT-570), Hailey, ID
 Torres, James Cruz II, M.D. (M-9527), Meridian, ID



Idaho State Board Of Medicine

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Visit our Website at:
www.bom.idaho.gov

IDAHO STATE BOARD OF MEDICINE

David McClusky III, MD, Chairman
Catherine Cunagin, MD, Member
Keith Davis, MD, Member
Erich Garland, MD, Member
Mark Grajcar, DO, Member
Guillermo Guzman, MD, Member
Paula Phelps, PA, Member
Ked Wills, ISP, Member
Michele Chadwick, Public Member
Erwin Sonnenberg, Public Member

COMMITTEE ON PROFESSIONAL DISCIPLINE

William Ganz, MD, Member, Chairman
Barry Bennett, MD, Member
William H. Miller, MD, Member
Robert Yoshida, Public Member
Michelle Ebbers, MD, Member

Naturopathic Medical Board

Joan Haynes, NMD (Chair)
Brandi Solace, NMD
Cory Szybala, NMD
Kelsey Jae, JD, Public Member



Physician Assistant Advisory Committee

Mary Eggleston Thompson, PA (Chair)
Heather M. Frazee Whitson, PA
Anntara Smith, PA
Erin Sue Carver, PA
Valentin Roy Garcia, Public Member

Dietetic Licensure Board

Katie Rebecca Miner, LD
Suzanne Marguerite Linja, LD
Pamela Howland, Public Member
Carol Fellows Kirkpatrick, PhD

Board of Athletic Trainers

Richard Bingham, AT (Chair)
Forrest Pecha, AT
Alta Graham, Public Member

Respiratory Therapy Licensure Board

Michelle Jarvis, Public Member (Chair)
Carla Miller, RT, RPSGT
Lutana Haan, RT
Phillip Hager, RT

Board Staff

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Yvonne Dunbar, Board Attorney
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Diane Griffiths, Business Analyst
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Frutoso Gonzalez, Medical Investigator
Jason Weaver, Medical Investigator
Deb Mitchell, Medical Investigator
Felicia Kruck, Investigations Specialist
Elisha Fawkes, Licensing Specialist
Jodi Adcock, Licensing Specialist
Linda Holt, Licensing Specialist
Claudia Lawson, Licensing Specialist
Sai Ellis, Licensing Specialist
Jennifer Woodland, Prolitigation Specialist
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