



# Idaho State Board of Medicine

# THE REPORT

## Winter 2022

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



**Message From the Board:**  
**LIFESTYLE MEDICINE**

**Paula Phelps, PA, Board Member**

Lifestyle Medicine is an evidence based approach to six pillars: Nutrition, Physical Activity, Sleep, Avoidance of Risky Substances, Healthy Relationships/Connections, and Stress Management. One of the key pillars is nutrition, which is based on a whole food plant based diet (WFPB).

There are three really good reasons to eat a whole food plant based diet (WFPB) – health benefits, likelihood to discuss health lifestyles with patients, and to decrease the carbon footprint. I have not always embraced a whole food plant based diet (WFPB). It has been only about 3 years since I committed myself to move from a dedicated omnivore towards all plants, or at least a plant slant! The impetus was a lecture given by Dr. Jennifer Shalz at the Idaho Academy of PA’s Annual Meeting in Sun Valley in 2018 entitled, Lifestyle is Medicine.

During her lecture, Dr. Shalz put up a slide of the leading causes of death in the US.<sup>1</sup> The message was that what is actually killing us is lifestyle – tobacco, poor diet, physical inactivity, high BMI, and excessive alcohol consumption. Approximately 80% of chronic diseases and many cancers are caused by how we are treating our bodies. What is even more astounding is that between 2005-2016,<sup>2</sup> only about 5% of Americans were able to adhere to a healthy lifestyle with all 5 elements, and only 1 in 5 people adhere to 4 health behaviors.

Dr. Shalz then put up a slide that showed Vegan, Lacto-ovo-vegetarian, pesco-vegetarian, and non-vegetarians on the X-axis. On the Y-axis were a bunch of nasty chronic diseases and certain cancers. There was a line moving from near zero (Vegan) up at a 45 degree angle towards the other end of the chart (non-vegetarians). I was hooked and knew I needed to change my eating habits. To stay motivated about the importance of dietary changes I continue looking at the literature. Following is a synopsis of a few important nutrition related studies.

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Many randomized controlled studies and meta-analyses have demonstrated the health benefits of vegetarianism and or a plant-based diet. A recently published 2021 longitudinal study of 15,099 nurses and 34,468 health professionals found that improving adherence to overall and healthful plant-based diets was associated with a lower risk of type 2 diabetes, whereas decreased adherence to such diets was associated with a higher risk.<sup>3</sup>

In 2019, the Adventist study 2 was published.<sup>4</sup> There were 73,308 participants whose diet was assessed at baseline by a quantitative food frequency questionnaire and categorized into 5 dietary patterns: nonvegetarian, semi-vegetarian, pesco-vegetarian, lacto-ovo-vegetarian, and vegan. The adjusted hazard ratio (HR) for all-cause mortality in the different groups was as follows: vegans was 0.85 (95% CI, 0.73–1.01); in pesco-vegetarians, 0.81 (95% CI, 0.69–0.94); all vegetarians combined vs non-vegetarians was 0.88 (95% CI, 0.80–0.97); lacto-ovo-vegetarians, 0.91 (95% CI, 0.82–1.00); and in semi-vegetarians, 0.92 (95% CI, 0.75–1.13) compared with nonvegetarians.

A 2017 meta-analysis<sup>5</sup> looked at diet and its impact on factors for chronic diseases, risk of all-cause mortality, incidence, and mortality from cardio-cerebrovascular diseases, total cancer, and specific type of cancer (colorectal, breast, prostate, and lung). It included eighty-six cross sectional and 10 cohort prospective studies. Its conclusion was that there is a significant protective effect of a vegetarian diet versus the incidence and/or mortality from ischemic heart disease (-25%) and incidence from total cancer (-8%). Additionally, a Vegan diet showed a significantly reduced risk (-15%) of incidence from total cancer.

Besides discussing these nutritional studies with our patients and encouraging them to change their lifestyles, we as clinicians also need to adopt these healthy behaviors. Of course, we need to do it for ourselves, but we also need to do it for our patients. When we walk the walk and talk the talk, we are more likely to engage in lifestyle counseling and additionally, our patients' adherence to therapeutic

lifestyle interventions improve. In a Dutch study<sup>6</sup> conducted by Lisanne Kiestra, 198 general practice (GP) physicians were surveyed to determine how well they employed lifestyle counseling. Lifestyle counseling was defined and operationalized through the 5As model (i.e., Assess, Advise, Agree, Assist and Arrange). The researchers looked at several determinants of whether the GP would employ the 5A's, such as planned behavior, expected norm, efficacy with the counseling, and the GP's own lifestyle behavior. Interestingly, unlike other studies which showed a direct correlation between providers' own lifestyle and their likelihood to engage in behavioral counseling, this study did not show a direct effect. Instead, it showed a positive correlation between efficacy and willingness to counsel, and a positive correlation of GP's lifestyle and efficacy. One of the conclusions was that medical training programs should incorporate more lifestyle counseling.

*Continued on page 3*

## 5 A's of Kiestra study

**Assess:** How often do you ask your patients about their lifestyle? and How often do you ask whether patients are motivated to change their lifestyle?

**Advise:** Based on the assessment, how often do you advise your patients on six lifestyle habits, included smoking, alcohol use, nutrition, physical activity, sleep, and stress.

**Agree to collaboratively set goals:** When you advise your patients, how often do you set concrete goals together to change the following lifestyle habits?

**Assist:** How often do you discuss the following factors that may (possibly) present a barrier to a healthy lifestyle for patients? The seven barriers were stress, temptations, lack of time, lack of knowledge, lack of motivation, lack of financial resources, and lack of confidence.

**Arrange:** When you give your patients lifestyle advice, how often do you provide follow-up support to them, for example, follow-up appointment, follow-up call, and/or medication reduction?

Finally, decreasing the consumption of meat could help reduce the carbon footprint! In a global modeling analysis of more than 150 countries, researchers combined<sup>7</sup>: nutrient levels, diet-related and weight-related chronic disease mortality, and environmental impacts. The results were: 1) a 19% reduction in premature mortality [95% CI 18-20] for the flexitarian diet to 22% [18-24] for the vegan diet), and; 2) a reduction in global greenhouse gas emissions by 54-87%.

Now, I ask you to ponder this question: **In a world where there is too much chronic disease, cancer, and greenhouse emissions, why not reduce your consumption of meat?**

- 1 Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000 [published correction appears in JAMA. 2005 Jan 19;293(3):298] [published correction appears in JAMA. 2005 Jan 19;293(3):293-4]. JAMA. 2004;291(10):1238-1245. doi:10.1001/jama.291.10.1238
- 2 Hecht EM, Layton MR, Abrams GA, Rabil AM, Landy DC. Healthy Behavior Adherence: The National Health and Nutrition Examination Survey, 2005-2016. *Am J Prev Med.* 2020;59(2):270-273. doi:10.1016/j.amepre.2020.02.013
- 3 Chen Z, Drouin-Chartier JP, Li Y, Baden MY, Manson JE, Willett WC, Voortman T, Hu FB, Bhupathiraju SN. Changes in Plant-Based Diet Indices and Subsequent Risk of Type 2 Diabetes in Women and Men: Three U.S. Prospective Cohorts. *Diabetes Care.* 2021 Mar;44(3):663-671. doi: 10.2337/dc20-1636. Epub 2021 Jan 13. PMID: 33441419; PMCID: PMC7896264.
- 4 Matsumoto S, Beeson WL, Shavlik DJ, et al. Association between vegetarian diets and cardiovascular risk factors in non-Hispanic white participants of the Adventist Health Study-2. *J*

*Nutr Sci.* 2019;8:e6. Published 2019 Feb 21. doi:10.1017/jns.2019.1

5 Vegetarian, vegan diets and multiple health outcomes: A systematic review with meta-analysis of observational studies Dinu, Monica. *Critical Reviews in Food Science and Nutrition* Volume: 57 Issue 17 (2017) ISSN: 1040-8398 Online ISSN: 1549-7852.

6 Kiestra L, de Vries IAC, Mulder BC (2020) Determinants of lifestyle counseling and current practices: A cross-sectional study among Dutch general practitioners. *PLoS ONE* 15(7): e0235968. <https://doi.org/10.1371/journal.pone.0235968>

7 Springmann M, Wiebe K, Mason-D'Croz D, Sulser TB, Rayner M, Scarborough P. Health and nutritional aspects of sustainable diet strategies and their association with environmental impacts: a global modeling analysis with country-level detail. *Lancet Planet Health.* 2018 Oct;2(10):e451-e461. doi: 10.1016/S2542-5196(18)30206-7. PubMed PMID: 30318102; PubMed Central PMCID: PMC6182055.

## TELEHEALTH ACCESS ACT GUIDANCE

The Idaho Division of Occupational and Professional Licensing Administrator announces processes to assist Idaho constituents seeking telehealth options during the declaration of emergency due to ongoing occurrences and safety issues from the effects of COVID-19.

[DOPL Telehealth Access Act](#)

## The 2021 Annual Report on United States Medical Licensing Examination® (USMLE) to Medical Licensing Authorities in the United States is now available

### Resources

Website: [www.usmle.org](http://www.usmle.org)

Bulletin of Information: <https://www.usmle.org/bulletin/>

FAQs: <https://www.usmle.org/frequently-asked-questions/>

### Social Media



[facebook.com/usmle/](https://facebook.com/usmle/)



[in.linkedin.com/](https://in.linkedin.com/)



[twitter.com/TheUSMLEcompany/usmle](https://twitter.com/TheUSMLEcompany/usmle)

## DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSE UPDATE

During the 2020 legislative session, House Bill 318 changed the Idaho Bureau of Occupational Licensing (IBOL) to the Division of Occupational and Professional Licenses (DOPL) and authorized the Governor to reorganize the self-governing agencies in Idaho. On June 3, 2020, Governor Brad Little issued Executive Order 2020-10 consolidating 11 separate self-governing agencies into the new Division to promote consistency and efficiency across the regulation of professional and occupational licensing across Idaho.

The former 11 agencies that are now part of DOPL include:

- Board of Accountancy
- Board of Pharmacy
- Board of Veterinary Medicine
- Division of Building Safety and its constituent boards: Building Code Board, Electrical Board, Public Works Contractors License Board, Plumbing Board, Public Works Construction Management, Heating, Ventilation, and Air Conditioning Board, and Factory Built Structures Advisory Board.
- Real Estate Commission
- Board of Licensure of Professional Engineers and Professional Land Surveyors
- Outfitters and Guides Licensing Board
- Board of Dentistry
- Board of Medicine and its advisory boards: Physician Assistant Advisory Committee, Board of Athletic Trainers, Dietetic Licensure Board, Respiratory Therapy Licensure Board, and Naturopathic Medical Board
- Board of Nursing
- Bureau of Occupational Licenses

As you can imagine, there have been many changes at the Division of Occupational and Professional Licenses over the past year. The organizational chart for 271 employees has been completed. This new structure has been implemented. It consists of teams organized by functions for each Bureau. Boards, Commissions, and Programs have begun to see changes in how they are supported. Boards will continue to be supported by their Bureau Chief. Additionally, each Board will have an Executive Officer (EO) assigned to work with them. The EO will work with the Board Chair and legal counsel to develop meeting agendas. They will attend all meetings. The EO will be the main point of contact for the Board and will ensure the needs of the Board are being met.

Teams of employees have been established in each Bureau for Board support in the following areas:

- Publish Board meeting dates
- Publish Board meeting agendas and meeting minutes
- Provide meeting packets to Board Members
- Assist Board Members with scheduling and travel arrangements
- Provide quarterly financial updates
- Facilitate disciplinary and investigation reviews

An attorney will be assigned to each Bureau and will attend all Board meetings. They will provide general counsel throughout the meeting.

### PLEASE NOTE OUR LOCATION AND MAILING ADDRESS

#### **Physical Address:**

Logger Creek Plaza  
345 Bobwhite Ct., Suite 150  
Boise, ID 83706  
(208) 327-7000

Website: <https://ibom.idaho.gov/>

#### **Mailing Address:**

P.O. BOX 83720  
Boise, ID 83720-0058

#### **Email:**

[info@bom.idaho.gov](mailto:info@bom.idaho.gov)

There is still lots of work ahead. The goal is to have all Bureaus into the permanent office on the Chinden Campus in just a few more months. And you may know, there remains work to be accomplished on reviewing and reducing regulations in the administrative rules from Governor Little's Executive Order No. 2020-01 Zero-Based Regulation. The Division of Occupational and Professional Licenses is striving to help strengthen Boards, improve customer service, and create efficiencies. Please do not hesitate to reach out with any questions or concerns.

# BOARD SETS 2022 MEETING SCHEDULE

The Board meetings play an important role in the regulation of medical practice in Idaho. The Board extends an open invitation to all licensees, registrants, and other interested parties to attend and actively participate in these meetings. Feedback and engagement help to ensure that public health and patient safety are optimized in our state.

All meetings will be held in Boise, ID, on the following dates in 2022:

- January 7—Physician Assistant Advisory Committee
- February 10—Physicians & Surgeons Board
- March 10—Respiratory Therapy Board
- March 23—Athletic Trainers Board
- April 4—Dietitian Board
- April 8—Committee on Professional Discipline
- April 15—Physician Assistant Advisory Committee
- April 25—Naturopathic Medical Board
- May 12 & 13—Physicians & Surgeons Board
- June 8—Athletic Trainers Board
- June 23—Respiratory Therapy Board
- July 8—Physician Assistant Advisory Committee
- July 22—Committee on Professional Discipline
- July 25—Naturopathic Medical Board
- August 12 & 13—Physicians & Surgeons Board
- September 22—Respiratory Therapy Board
- September 28—Athletic Trainers Board
- October 14—Physician Assistant Advisory Committee
- October 21—Committee on Professional Discipline
- October 24—Naturopathic Medical Board
- November 17 & 18—Physicians & Surgeons Board
- December 1—Respiratory Therapy Board
- December 14—Athletic Trainers Board

These are open public meetings. Due to social distancing protocols implemented during the pandemic, seating capacity could be limited. The public is encouraged to attend telephonically in such cases. Please visit the Board's website for meeting agendas, conference call numbers, and minutes. Public meeting materials are typically available for download 48 hours prior to each meeting. Licensees or members of the public seeking to be on the agenda may contact the Board's Executive Director Nicki Chopski at [Nicki.Chopski@bop.idaho.gov](mailto:Nicki.Chopski@bop.idaho.gov) or 208/334-2356. The deadline to request to be on the agenda is six weeks prior to the meeting date.

## FREQUENTLY ASKED QUESTIONS FOR NALOXONE PRESCRIBING, DISPENSING, AND ADMINISTRATION IN IDAHO

### Purpose

To provide information on naloxone dispensing, prescribing, and administration in Idaho. Information in this document is for healthcare organizations and other community-based organizations receiving naloxone from the Idaho Department of Health and Welfare (DHW).

### Background

Idaho Statute 54-1733B of the Pharmacy Act was updated in July 2021. This law outlines the prescribing and dispensing of naloxone. The update allows for any health professional licensed or registered in Idaho to prescribe and dispense naloxone to any person or organization. The change also allows organizations and non-medical staff to provide naloxone for people to take home.

#### Idaho Statute 54-1733B OPIOID ANTAGONISTS

(1) Notwithstanding any other provision of law, any health professional licensed or registered under this title, acting in good faith and exercising reasonable care, may prescribe and dispense an opioid antagonist to any person or entity.

(2) Notwithstanding any other provision of law, any person acting in good faith and exercising reasonable care may administer an opioid antagonist to another person who appears to be experiencing an opiate-related overdose. As soon as possible, the administering person shall contact emergency medical services.

(3) Any person who prescribes, dispenses, or administers an opioid antagonist pursuant to subsection (1) or (2) of this section shall not be liable in a civil or administrative action or subject to criminal prosecution for such acts.

(4) As used in this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal food and drug administration for the treatment of drug overdose.

### What is the difference between naloxone dispensing and distribution?

Idaho law allows any licensed or registered health professional to prescribe and dispense naloxone to any individual or organization.

Naloxone dispensing is the preparation and delivery of the drug naloxone in accordance with a lawful prescription order of a practitioner. Naloxone can be prescribed and dispensed to an individual to have and keep for someone to use on them. Or naloxone can be prescribed and dispensed for the individual to use on a family member or friend. Healthcare professionals may also dispense naloxone to any community-based organizations.

If an organization is receiving naloxone directly from a manufacturer of naloxone, it is not considered dispensing.



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

## FREQUENTLY ASKED QUESTIONS FOR NALOXONE PRESCRIBING, DISPENSING, AND ADMINISTRATION IN IDAHO

### **Are entities allowed to further distribute naloxone to the public and their employees?**

Yes. Naloxone can be distributed by community-based organizations to people who may need it, including to their employees and the public.

### **What is naloxone administration?**

Naloxone administration is the act of getting a medication (in this case naloxone) into a person's blood stream. Naloxone can be administered in one of three ways:

- 1) Nasal spray** – by a mist sprayed into a person's nose.
- 2) Auto injectable** – by an auto-injection directly into a person's muscle, usually in the upper thigh or in the upper arm or shoulder.
- 3) Injectable** – by a needle placed into a person's vein, usually on the inside of the arm.

Nasal spray and auto-injectable naloxone are the most common for out-of-hospital settings. Nasal spray and auto-injectable administration trainings are available in video or in-person. Injectable naloxone requires the user be trained on its use.

### **Who can administer naloxone?**

Any person, including a family member, friend, or bystander, may administer naloxone to a person experiencing an overdose. Often, family or friends are the first people to notice an overdose.

### **Is naloxone covered by insurance?**

Coverage of prescription naloxone varies by insurance and usually requires a co-pay.

Naloxone is free at the pharmacy for individuals with Medicaid. No co-pay is required. Family, friends, or the individual may request naloxone with a Medicaid number and patient name.

To assist with billing, health professionals prescribing naloxone should consider registering for a National Provider Identification (NPI) at: <https://nppes.cms.hhs.gov/#/>

### **Does there need to be a patient-provider relationship to prescribe and dispense naloxone?**

No. Under [Idaho Statute 54-1733](#), a patient-provider relationship is not needed to prescribe and dispense naloxone to an individual.

### **When does naloxone need to be reported to the Idaho Prescription Drug Monitoring Program (PDMP)?**

Naloxone needs to be reported to the Idaho PDMP if naloxone is being dispensed to an individual or entity.

Naloxone does not need to be reported to the Idaho PDMP if:

- Naloxone was requested through the manufacturer.
- Naloxone was requested through the Idaho Department of Health and Welfare.

# ECHO IDAHO

## Pediatric Autism

### Specialist Support for Pediatric Autism

Led by a panel of subject matter experts based in Idaho, this series will help enhance your competencies and provide the opportunity to learn best practices in screening for and treating Autism Spectrum Disorder (ASD) in children. 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 specialists in primary care and developmental pediatrics, pediatric psychiatry, psychology, pharmacy, speech language pathology, and parent advocacy.

### What does ECHO Idaho offer?

- MOC Part IV credits for MDs and DOs and AAPA Category 1 PI-CME for PAs.
- 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 12 scheduled sessions.
- Sign up 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 autism specialists.

**12 ECHO SESSIONS  
HELD VIRTUALLY**

**2nd and 4th Thursdays  
Jan. 13 - June 23, 2022  
Noon to 1 p.m. Pacific time  
1 - 2 p.m. Mountain time**

### Audience:

The target audience is primary care physicians, but all clinicians are welcome. MDs and DOs can earn MOC Part IV credit for participation and PAs can earn Category 1 PI-CME.

### Cost:

Participation in ECHO Idaho is free for clinicians and organizations!

Learn more and sign up for ECHO Idaho at [www.uidaho.edu/echo](http://www.uidaho.edu/echo)

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

**Questions?** Contact us at [echoidaho@uidaho.edu](mailto:echoidaho@uidaho.edu) or 208-364-4640.





## Why ECHO Idaho Pediatric Autism?

Intervening on ASD early provides the best opportunity for healthy development throughout life, yet only about 42% of children with ASD receive a comprehensive developmental evaluation. This ECHO series will support healthcare teams to improve screening rates and management of care for pediatric ASD patients.

### SCHEDULE AND TENTATIVE TOPICS

1/13/2022 What is Autism?

1/27/2022 While You Wait: screening, Referrals and Common Medical Concerns in Children with Developmental Concerns

2/10/2022 Sleep and Autism

2/24/2022 Irritability, Autism and Medication Use

3/10/2022 Constipation and Autism

3/24/2022 ADHD, Autism and Medication Use

4/14/2022 Anxiety, Autism and Medication Use

4/28/2022 Parent Support

5/12/2022 Resources: Local, State, Regional and National

5/26/2022 Common Behavior Strategies in Autism/ What is ABA?

6/9/2022 Feeding Issues in Autism

6/23/2022 What is an IEP?

Learn more and sign up for ECHO Idaho at [www.uidaho.edu/echo](http://www.uidaho.edu/echo)

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

**Questions?** Contact us at [echoidaho@uidaho.edu](mailto:echoidaho@uidaho.edu) or 208-364-4640.

Text @echoautism to 81010 to sign up for text reminders.

\*Last updated 12/13/2021

## ECHO IDAHO

Pediatric Autism

### MEET OUR TEAM

#### Clinical Faculty Leads



J.T. Leavell, MD

Medical Director, St. Luke's Children's Center for Autism and Neurodevelopmental Disabilities



Christopher Streater, MD

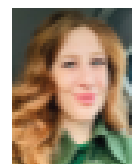
Medical Director and Pediatric Psychiatrist, St. Luke's Children's Behavioral Health

#### Expert Panelists



Travis Haase, LCPC

Counselor, St. Luke's Children's Center for Autism and Neurodevelopmental Disabilities



Hannah Nixon, PsyD, MP

Clinical Psychologist, Big Lake Psychological Services



Thomas Patterson, MD

Pediatrician, Family Medicine Residency of Idaho



Molly Reider, MA, CCC-SLP, ESDM-C

Pediatric Speech Language Therapist, St. Luke's Children's Rehabilitation



Julie Wittman, MEd, PhD, BCBA

Parent Advocate



University of Idaho  
WWAMI Medical Education



# 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.

### Hyson, Morton, M.D. (M-12191), Las Vegas, NV

Licensee falsely attested on a license renewal application that he had not been a party or defendant in any malpractice proceedings and that he had not been investigated by any other licensing board. He was ordered to pay a \$500 fine for each false attestation.

♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦

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

Hyson, Morton, M.D. (M-12191), Las Vegas, NV



## Idaho State Board Of Medicine

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Visit our Website at:  
[www.bom.idaho.gov](http://www.bom.idaho.gov)

### IDAHO STATE BOARD OF MEDICINE

David McClusky III, MD, (Chair)  
Catherine Cunagin, MD, (Vice Chair)  
Paula Phelps, PA, Member  
Guillermo Marcelino Guzman Trevino, MD, Member  
Keith Davis, MD, Member  
Ked Wills, ISP, Member  
Mark Grajcar, DO, Member  
Jared Morton, MD, Member  
Michele Chadwick, Public Member

### COMMITTEE ON PROFESSIONAL DISCIPLINE

William H. Miller, MD, Member (Chair )  
Amy Laurel Cooper, MD, Member  
Larry T. Curtis, MD, Member  
Michelle Ebbers, MD, Member  
Robert Yoshida, Public Member

### Naturopathic Medical Board

Joan Haynes, NMD (Chair)  
Tara Lyn Erbele, MD, NMD  
Nicole Marie Maxwell, NMD  
Cory J. Szybala, NMD  
Kelsey Jae, JD, Public Member



### Board Staff

Nicki Chopski, Bureau Chief/Executive Officer  
Berk Fraser, Chief Investigator  
Katie Stuart, EO/Board Service Manager  
Stephanie Lotridge, EO/License & Registration Program Manager  
Kim Aksamit, Licensing Supervisor  
Mike Celeste, Investigations Supervisor  
Linda Brown, Financial Officer  
Felicia Kruck, Management Assistant  
Frutoso Gonzalez, Medical Investigator  
Jason Weaver, Medical Investigator  
Helen Kuo, Medical Investigator  
Deborah Mitchell, Medical Investigator  
Matthew Post, Complaints  
Sai Ellis, Licensing Specialist  
Jodi Adcock, Licensing Specialist  
Michelle Griffin, Licensing Specialist  
Claudia Lawson, Licensing Specialist  
Linda Holt, Licensing Specialist  
Elisha Fawkes, Licensing Specialist  
Jennifer Woodland, Pre-litigation Specialist

### Physician Assistant Advisory Committee

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

### Dietetic Licensure Board

Suzanne Marguerite Linja, LD (Chair)  
Carol Fellows Kirkpatrick, PhD, LD  
Pamela Howland, Public Member  
Kimberly Jill Young, LD

### Board of Athletic Trainers

Dani Michelle Moffit, AT  
Dave Hammons, AT  
Alta Graham, Public Member  
2 open positions

### Respiratory Therapy Licensure Board

Michelle Jarvis, Public Member (Chair)  
Lutana Haan, RT  
Phillip Hager, RT  
Tim Seward, RT  
1 open position