Idaho has provided guidance to practitioners since 2015, when the first Telehealth Act was established. There have been several changes to the Act, including some stemming from the Governor’s Licensure Freedom Act and Red Tape Reduction efforts in 2019-20.

Starting in April 2020, due to the pandemic Governor Little waived many licensure requirements to increase access to care. Several licensing boards had significant concerns about this decision, and asked for voluntary registration or notification if providers began caring for Idaho residents. In June 2020, Governor Little asked that the relaxed restrictions be made permanent.

One insurance carrier estimated that during the pandemic there was a 32,000% increase in virtual mental health visits and an approximately 12,000% increase in medical telehealth visits. Despite this, there was not a significant increase in complaints or discipline cases noted by licensing boards in Idaho.¹

The Idaho Virtual Care Act was first introduced in the 2021 session and was modified over the following two years. While House Bill 162 was implemented early, it was passed and officially went into effect on July 1, 2023. The bill has made providing virtual care easier and differs from the original Telehealth Act in several ways:


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In addition to telehealth, the Virtual Care Access Act now refers to all types of virtual care where the provider and patient are in different locations. It includes a wide range of technologies such as telemedicine, e-visits, and e-consults. **Both synchronous and asynchronous visits apply.** Virtual care includes:

- The assessment, diagnosis, consultation, treatment and remote monitoring of a patient
- Transfer of medical data
- Patient and professional health education
- Public health services
- Health administration

The Act applies to providers licensed in Idaho, but just as was the case during the pandemic, **providers licensed in any US state can legally provide virtual care to Idaho residents.** Under the additional circumstances:

- Licensed providers can also supply virtual care to patients with whom they have an established provider-patient relationship if they are in Idaho temporarily or for short-term care to ensure continuity of care
- If they are employed by an Idaho facility or hospital
- During times of disaster
- In preparation for an in-person visit
- In consultation with a licensed Idaho provider

**STANDARD OF CARE:**

- Virtual standard of care must be consistent with the **in-person, Idaho community standards of care.**
- “Community standard of care” refers to the degree of care a prudent and reasonable professional in the subject community would exercise under the same circumstances and with the same resources available to him or her.
- Treatment based on a **static online questionnaire does NOT constitute** an acceptable standard of care.

**PATIENT-PROVIDER RELATIONSHIP**

- A provider-patient relationship must be established to provide care except in the following situations:
  - The patient is an established patient in the provider’s medical group

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**The Board of Medicine has resumed conducting CME audits after a period of enforcement discretion due to the pandemic.**

If you are selected, you will be asked to provide documentation of completed CME.
Writing a prescription for another provider’s patient while on call
Writing a prescription for an advanced practice provider that you supervise
In an emergency
Before a first visit on a short-term basis

DOCUMENTATION

► The provider must document appropriate history and diagnostic information that meets the same standards as an in-person visit.

PRESCRIPTIONS

• A licensed provider may prescribe medications via a virtual care visit as long as:
  ◊ There is an established provider-patient relationship
  ◊ The medication is within their scope of practice
  ◊ The prescription is issued for a legitimate medical condition
  ◊ It complies with state and federal laws, including those regarding controlled substances

INFORMED CONSENT

• As with in-person care the provider must obtain informed consent for virtual care. The consent can be written or verbal. Providers should consider discussing the limitations of virtual care and potential technical difficulties that can occur.

ADDITIONAL REQUIREMENTS

• The provider or a partner in their medical group must be available for follow-up care.
• They must be able to refer to another provider, such as the emergency room, when medically indicated.
• Medical records must include documentation performed in the same way as an in-person visit, as well as comply with federal and state laws.
• Providers who fail to comply with the Act as well as applicable state and federal law can be disciplined by the appropriate Idaho licensing board.

SUMMARY

• The Idaho Virtual Care Access Act allows a broader range of care possibilities, from a larger pool of providers. This should help improve access in rural areas and hopefully to those with less ability to pay for medical care. Providers must, however, comply with the community standard of care wherever the patient is located at the time of care.
# Physician Well-Being

Idaho Board of Medicine is committed to the "ALL IN" campaign, reducing mental health stigma for physicians. The Board has revised the question physicians and other healthcare licensees have previously been required to answer to get licensed. The question now asks, "Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice your medical profession with reasonable skill and safety?"

If a need should arise for a physician to seek mental health treatment, the licensee should not fear losing their license for seeking the help they need.

## Health Professionals Recovery Program

The goal of the Health Professionals Recovery Program is to assist health professionals and their families in identifying substance use disorders that may be a potential threat to the individual or their loved ones. The program aims to lessen the negative impacts on the individual and their career.

Research shows that disciplinary actions don’t necessarily intervene in the progression of addiction. However, individualized alcohol or substance use disorder treatment can be an effective method for medical professionals and society at large.

Are you ready to make changes?
Do you feel that yourself or someone you know is going down the wrong path?
Do you know someone in the medical community struggling who needs help?

You can choose the direction you are headed and get help addressing substance use or mental health.

For further information about this program contact Katie Stuart.

Katie Stuart, CIP
Website: dopl.idaho.gov/health-professionals-recovery-program
Phone: (208) 869-5085
Email: Katie.Stuart@dopl.idaho.gov
What is a naturopathic medical doctor (NMD)?
Naturopathic medical doctors (NMDs) are educated and trained in accredited naturopathic medical schools. They diagnose, prevent, and treat acute and chronic illness to restore and establish optimal health by supporting the patient’s inherent self-healing process. NMDs work to identify underlying causes of illness and develop personalized treatment plans to address them.

What are the requirements to obtain a naturopathic medical doctor license in Idaho?
To obtain naturopathic medical doctor licensure in Idaho applicants must:
- Graduate from a naturopathic medical program accredited by the Council on Naturopathic Medical Education (CNME) [https://cnme.org/] which is recognized by the US Department of Education.
- Pass the Naturopathic Physicians Licensing Examinations (NPLEX) administered and approved by the North American Board of Naturopathic Examiners. [https://nabne.org/]
- The Board may require an interview for the applicant, limited to a review of the applicant’s qualifications and professional credentials.

What is a naturopathic medical doctor’s scope of practice in Idaho?
Naturopathic medical doctors in Idaho may:
- Perform physical examinations, and order laboratory tests, imaging, and other diagnostic tests consistent with naturopathic medical education and training.
- Dispense, administer, and prescribe prescription drugs and medical devices as authorized by the naturopathic medical formulary as set forth in rule.
- Perform minor office procedures.
- Perform therapies for which they are trained and educated, consistent with primary care and provisions of the law.
- Admit patients to a hospital at which they are credentialed and privileged to do so.
- The practice of naturopathic medicine does not include the practice of obstetrics.

What is the difference between an ND and an NMD?
Titles can be confusing and not all states use the same titles. Currently, 26 jurisdictions (23 states plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands) have licensing or registration laws for naturopathic medical doctors. It is more common to see the ND or naturopathic doctor designation in other licensed states. In Idaho, the licensed terms are NMD, naturopathic physician, and naturopathic medical doctor. Titles such as ND or naturopathic doctor remain unregulated in Idaho.

What schools do licensed naturopathic physicians attend?
Accredited naturopathic medical education is overseen by the Council on Naturopathic Medical Education (CNME) which is recognized by the US Department of Education. [https://cnme.org/]. Those who graduate from accredited naturopathic medical programs are eligible to apply for the naturopathic physician licensing exam (NPLEX).

You can find more information on specific naturopathic medical programs at the Association of Accredited Naturopathic Medical Schools [https://www.aanmc.org/]

For additional information you can visit the website at: [Naturopathic Medical Licensure Board | Division of Occupational and Professional Licenses (idaho.gov)]
The Food and Drug Administration (FDA) has provided updated information about FDA-approved semaglutide products, which are marketed for type 2 diabetes or weight loss, and its concerns about compounding semaglutide products.¹

Semaglutide is a glucagon-like peptide-1 receptor agonist, and there are currently three FDA-approved semaglutide products: Ozempic® injection, Rybelsus® tablets, and Wegovy® injection. These three medications are available by prescription only, and there are no approved generic versions. As of May 2023, Ozempic and Wegovy are on FDA’s Drug Shortages List, which may allow compounders to prepare a compounded version of these drugs if they meet certain requirements in the Federal Food, Drug, and Cosmetic Act (FD&C Act). The active pharmaceutical ingredient in Ozempic and Wegovy is semaglutide in its base form. FDA is aware, however, that in some cases compounders may be using salt forms of semaglutide, including semaglutide sodium and semaglutide acetate. The salt forms are different active ingredients than what is used in the approved drugs. FDA is not aware of any basis for compounding using the salt forms that would meet the FD&C Act requirements for types of active ingredients that can be compounded. FDA has received adverse event reports after patients used compounded semaglutide. Health care professionals and patients should understand that FDA does not review compounded versions of these drugs for safety, effectiveness, or quality, and are reminded to not use a compounded drug if an approved drug is available.

FDA encourages health care professionals, compounders, and patients to report adverse events or quality problems to its MedWatch Adverse Event Reporting Program.

The full semaglutide update may be viewed at https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/medications-containing-semaglutide-marketed-type-2-diabetes-or-weight-loss

¹The Idaho Board of Pharmacy received this information from the FDA through NABP.
### Board Meeting Schedules

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<td>Naturopathic Medical Board</td>
<td>Board of Athletic Trainers</td>
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<td>January 22, 2024</td>
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All Meetings will be held at:
11341 W Chinden Blvd. Building 4
Boise, ID 83714

For meeting updates visit:
[Home - DOPL (idaho.gov)]

### PUBLIC BOARD MEMBERS NEEDED

Licensing Boards are charged with protecting the public health, safety and welfare through licensure and regulation. Board members promote public safety and should strive to act in the public’s best interest. All board members:

- Must be residents of Idaho.
- Appointed by the Governor’s office
- Must be able to attend quarterly meetings

There are currently vacancies for public members on the following Boards:

- Podiatry
- Physical Therapy
- Pharmacy
- Speech, Hearing and Communication Services
- Veterinary Medicine

If you or someone you know is interested in serving as a public member on a Health Professions Licensing Board, please email support.hp@dopl.idaho.gov
IDaho State Board Of Medicine
11341 W. Chinden Bldg #4
Phone: 208-334-3233
Fax: 208-334-3536
E-mail: HP-Licensing@dopl.idaho.gov
Visit our Website at: www.bom.idaho.gov

IDAHO STATE BOARD OF MEDICINE
David McClusky III, MD, (Chair)
Guillermo Guzman, MD, (Vice Chair)
Paula Phelps, PA, Member
Keith Davis, MD, Member
Kedrick Wills, ISP, Member
Mark Grajcar, DO, Member
Jared Morton, MD, Member
Thomas Neal, MD, Member
Christian Zimmerman MD, Member
Michele Chadwick, Public Member
Paul Anderson, Public Member

Committee on Professional Discipline
Michelle Ebbers, MD, Member (Chair )
Amy Laurel Cooper, MD, Member
Larry T. Curtis, MD, Member
Kathleen Sutherland, MD, Member
Heidi Bird, Public Member

Board of Athletic Trainers
Dani Michelle Moffit, AT (Chair)
David Hammons, AT
Alta Graham, Public Member
Timothy Nicolello, AT

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

Physician Assistant Advisory Committee
Heather M. Whitson, PA (Chair)
Erin Sue Carver, PA
Brian Bizik, PA
Nathan Thompson, PA
Valentin Roy Garcia, Public Member

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

Respiratory Therapy Licensure Board
Tim Seward, RT (Chair)
Robb Hruska, RT/PSG
Phillip Hager, RT
Michelle Jarvis, Public Member
Lisa Taylor, RT/PSG