



## Idaho State Board of Medicine

# THE REPORT

## March 2024

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



### Inside this issue:

Message from the Board	1-2
Pending Legislation	3
Provider Bridge	4
CME Information	10
2024 Board Meeting Schedules	12
Board Members	13

### Message From the Board of Medicine:

#### **RETURN TO PRACTICE**

Keith E. Davis, MD, FAAFP, Board Member

Many Idaho physicians are looking at practice changes that might take them away from clinical practice in Idaho. Those changes could include practicing in another state, a medical condition such as a stroke that has changed their ability to practice, or a decision to try retirement with uncertainty about staying retired. These and many other situations might lead an Idaho physician to change their license from Active to Inactive.

I have been licensed in Idaho continuously since 1985, and I did not know Idaho had an Inactive License! For many reasons, there is a lot of discussion on “Return to Practice” (reentry) within Idaho and also nationally. Most recently, the Federation of State Medical Boards (FSMB) Workgroup on Reentry to Practice released a new draft report this month. It contains important background and guidelines for reentry or return to practice. While Idaho follows most of the FSMB recommendations, it is important to be aware that each state handles reentry to practice differently. For example, FSMB recommends that two years is the timeframe for absence from practice when a reentry process is needed. Current Idaho rule states that an inactive license be issued for no more than 5 years. After 5 years the inactive license can be renewed. An inactive license may be converted to an active license. Several steps need to occur for this to happen; application to the Board, payment of fees, the applicant must account for the time during which the inactive license was held and, the Board may require a personal interview. (IDAPA 24.33.03.101.04)

Who does NOT need the reentry process? Was your absence from practice due to disciplinary action or criminal conviction?

*Continued on page 2*

If so, reentry does not apply, and you need to refer to your Stipulations in the Board Disciplinary Order. Will you be entering practice in a different specialty from what you were trained in? A formal residency is required to enter a new specialty.

If you do qualify for reentry, the Idaho Board of Medicine will consider your reentry application individually (which aligns with FSMB recommendations), and your reentry application MUST include a written personal reentry program that documents the method in which you evaluated your clinical skills and competency. The application should also include a plan to address any education and/or training deficiencies identified in the evaluation. The reentry program might also include, but is not limited to, current Board Certification, concurrent continuing medical education (CME), and establishing a working relationship with a mentor who will directly supervise the applicant's provision of care. Currently, finding a mentor is up to the applicant, but in some states, the medical association provides assistance in finding a mentor.

Applicants may wish to check with their specialty board if they are or have been certified by ABMS or AOA. FSMB also offers a list of some of the available reentry and remedial programs available at:

[Directory of Physician Assessment and Remedial Education Programs](#)

Applicants will almost always be interviewed. Reentry programs should be submitted at least 21 days in advance of the scheduled interview and should include any relevant materials regarding an evaluation program, training, and/or education brochures.

Upon considering the application, the Board may Approve, Modify, or Deny an application and proposed reentry program. A license to practice medicine following clinical inactivity or change in status in Idaho may be conditioned upon the successful completion of the proposed reentry program.

Factors that the Board will take into consideration for an application include, but are not limited to:

- Duration of time out of practice;
- Clinical and other relevant activities engaged in by the physician while out of practice;
- Reentry during public health emergencies;
- Instances where absence from practice occurs to manage potentially impairing illness;
- Concordance of prior and intended scopes of practice;
- Intention to perform procedures upon reentry;
- Prior disciplinary history;
- Participation in accredited CME and/or volunteer activities during the time out of practice

As always, the charge of the Idaho Board of Medicine is “to assure the public health, safety, and welfare... by the licensure and regulation of physicians.” To that end, the Board must determine whether an applicant wanting to reenter practice or change his/her license status from Inactive to Active “possesses the requisite qualifications to provide the same standard of health care as provided by other Idaho licensed physicians.”

I recommend seeking expert guidance if you are considering changing your license status to Inactive or leaving clinical practice for more than twelve months.

#### References

IBOM “Physician Re-Entry After Absence from Practice Application for Medical Licensure or Change in Status from Inactive to Active.”

Federation of State Medical Boards, “REENTRY TO PRACTICE,” Report of the FSMB Workgroup on Reentry to Practice Draft, January 2024.

# Pending Agency Legislation

## *2024 Summary of Pending Statutes*

### *Changes specific to the Idaho Board of Medicine:*

#### [HB 436](#)

This legislation creates the Idaho Allied Health Professional Board by combining the Dietetic Licensure Board (54-3504, Idaho Code), Respiratory Therapy Licensure Board (54-4305, Idaho Code), Board of Athletic Trainers (54-3912, Idaho Code), and Naturopathic Medical Board (54-5104, Idaho Code) into one governing regulatory board that is advisory to the Board of Medicine. This legislation will facilitate efficient licensing and oversight from the Division of Occupational and Professional Licenses. Currently, these boards are all advisory to the Medicine and have limited jurisdiction to make recommendations to the Board of Medicine regarding licensure, discipline, and rulemaking. These advisory boards currently meet 9-12 times per year. With consolidation, the new advisory board would only meet up to four (4) times per year, with the exception that additional meetings may be necessary for their initial rule-making.

### *General changes that impact all boards in the division:*

#### *Licensure Renewals*

#### [HB 505](#)

This legislation would require the Division update all licensure renewals biennially (unless renewal dates are already greater than 2 years) using the birth date of the licensee or, for entities, the anniversary of the original license date as the expiration date. The Division would have until 2028 to complete the renewal transition.

#### *Fingerprinting*

#### [HB 490](#)

The Division has numerous boards which require criminal background checks and fingerprinting for licensure. Some of the statutes were written to require either board-approved forms or for the forms to be returned directly to the board. This has resulted in unnecessary delays in licensure, increased time in mailing and processing fingerprint cards, and the loss of fingerprint cards due to mailing errors. The Division plans to update the statutory language in all applicable chapters to provide applicants with additional options of live scanning and utilizing fingerprinting cards provided by local police departments. The Division also anticipates updating the language for the Speech, Hearing, and Communication Services Board as the Idaho State Police has notified the Division the language is insufficient to allow the board to run FBI criminal background checks. As this language is the same as or similar to the statutory language for other Division boards, the Division plans to update all statutory language to address these concerns.



## JOIN PROVIDER BRIDGE TO SUPPORT EMERGENCY RESPONSE

The incidence of emergencies and disasters has increased steadily in the U.S. since the 1980's. In 2023, the United States experienced 25 disasters, including a deadly wildfire in Maui and Hurricane Idalia in Florida. By registering for Provider Bridge, you will join thousands of qualified medical providers who are ready to provide care and contribute to the effective emergency management of these disasters.

### Provider Bridge Supports States' Emergency Preparedness and Response

Provider Bridge is a free-to-use technology platform that maintains a comprehensive registry of health professionals that can be accessed expeditiously to prepare for and respond to local, regional, or national emergencies.

Joining the Provider Bridge platform allows you to create and own a time-stamped, digital report ("passport") that includes your name, provider type, professional school and graduation date, NPI, state license number(s), specialty or area of practice, and DEA registration(s), as well as any disciplinary history. Each license is verified via data sharing with the Federation of State Medical Boards (FSMB), the National Commission on Certification of Physician Assistants (NCCPA), the National Council of State Boards of Nursing (NCSBN), and the American Board of Medical Specialties (ABMS).

Provider Bridge also allows entities, including state medical and nursing boards, hospitals, healthcare institutions, public health offices, and emergency management entities to search for verified medical professionals who are willing to assist in an emergency or deploy to a disaster site. Additionally, entities can verify the credentials of state-based registrants as well as those professionals in other states.

Currently, Provider Bridge includes physicians, PAs, and nurses and is positioned to expand to include other medical professionals, such as mental health providers (psychologists, counselors, social workers), respiratory therapists, EMS providers, and others.

### Register Now!

Provider Bridge supports expeditious emergency response most effectively by having a large number of medical professionals registered on the platform. Registration is free and takes only a few minutes at the following link: <https://provider.providerbridge.org/>.

### What to Expect After Registering for Provider Bridge

Once you have registered for Provider Bridge, there are no additional steps you need to take. You can generate a certified pdf of your passport to present at an emergency site. Health care entities can add registrants to their provider list, pull Provider Bridge passports, and contact providers (unless a licensee chooses to opt out of allowing entities to find their profile). In the event of a national or state emergency, an entity can reach out to providers to determine if they are available and willing to provide health care services.

For more information, go to <https://www.providerbridge.org/> or contact:

Anne K. Lawler, JD, RN

Provider Bridge Program Officer

(208) 331-2341

## Question & Answer

The Division of Public and Occupational Licenses receives many questions daily regarding the various boards in relation to the laws and rules regarding their licenses. Most questions have to do with what a licensee can and can't do with their license. Oftentimes the questions are related to similar issues across several boards. Here are some common questions The Idaho Board of Medicine has been receiving lately.

***Scenario 1 : A new MedSpa is opening. They will be providing Botox and IV hydration therapy. They have hired a nurse who has taken a class on Botox and has experience with IV hydration. They understand that a physician is needed to prescribe the botox and IV hydration. Question A. Does the physician need to see every client? Question B. Can't the nurse just use the physician's credentials to order the medication?***

***Question A. Does the physician need to see every client?***

***Answer:*** Per IDAPA 24.33.03.150.i (General provisions of the Board of Medicine) Additional grounds for suspensions, revocation, disciplinary sanctions or denial or restriction of a license includes: Failing to maintain adequate records. Adequate patient or client records means legible records that contain, at a minimum, subjective information, an evaluation and report of objective findings, assessment or diagnosis, and the plan of care.

***Question B. Can't the nurse just use the physician's credentials to order the medication?***

***Answer:*** In addition to the answer to A above., per IDAPA 24.33.03.150.c (General provisions of the Board of Medicine) Additional grounds for suspensions, revocation, disciplinary sanctions or denial or restriction of a license includes: Allowing another person or organization to use his/her license or permit to practice his/her profession.

***Scenario 2 : My wife was diagnosed with ADHD by her Primary Care Provider.***

***Question: Can I prescribe Adderall to my wife?***

***Answer:*** In addition to the answer to A above., per IDAPA 24.33.03.150.d (General provisions of the Board of Medicine) Additional grounds for suspensions, revocation, disciplinary sanctions or denial or restriction of a license includes: Prescribing, selling, administering, distributing or giving any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug to himself or herself or to a spouse, child or stepchild.

*Continued on page 6*

## Question & Answer

Boards have different rules regarding who a licensee can treat, it is important to know the rules specific to your license.

There is increasing concern relating to the growth of IV Hydration Therapy services. South Carolina's Department of Labor, Licensing and Regulation's Board of Medical Examiners, Board of Pharmacy, and Board of Nursing created a joint advisory opinion regarding IV therapy businesses. If you are interested in reading the report, it can be found at the South Carolina Board of Medicine Alert – [IV Hydration Advisory Opinion](#).

The Idaho Division of Occupational and Professional Licenses has created a [Guidance for Lifestyle Injectable Treatments](#) found on the Idaho Board of Pharmacy website under Statutes, Rules, and Guidance.

The Idaho Division of Occupational and Professional Licenses (DOPL) is providing this guidance [document/letter] as a public service. It is intended to provide general guidance and is non-binding. This [document/letter] does not constitute legal advice, nor may DOPL, its officers, employees, or agents be held liable for actions taken or omissions made in reliance on any information contained herein. Guidance [documents/letters] do not have the full force or effect of law. If there is any discrepancy between this publication and the law, the provisions of the law will prevail.



# *Do you know?*

## *Resident drug outlet that dispenses drugs to patients without a pharmacist or prescriber vs. Prescriber drug outlet*

What are the differences between a Prescriber Drug Outlet and a Resident Drug Outlet that dispenses drugs to patients without a pharmacist or prescriber?

Prescriber Drug Outlet – A drug outlet that is supervised by a prescriber. The prescriber ***must be present*** when prescription drugs or devices are dispensed directly to patients. In the case that delivery is accomplished by patient assistance program drugs, drug samples, on-site administration of drugs, or investigational drugs as permitted in [chapter 94, title 39](#) Idaho Code., prescriber supervision of delivery is not required.

Drug Outlets that dispense drugs to patients without an onsite pharmacist or prescriber - A drug outlet that dispenses drugs to patients in Idaho that does not have a pharmacist or prescriber onsite to perform or supervise pharmacy operations must comply with the following requirements:

- Security and Access - Maintain adequate video surveillance of the facility and retain a high-quality recording for a minimum of thirty (30) days
- Technology - The video or audio communication system used to counsel and interact with each patient or patient's caregiver, must be clear, secure, and HIPAA-compliant.
- Technical Limitation Closure - The drug outlet must be, or remain, closed to the public if any component of the surveillance or video and audio communication system is malfunctioning, until system corrections or repairs are completed.
- Exemption for Self-Service Systems - A self-service ADS that is operating as a drug outlet is exempt from the video surveillance requirement and the self-inspection requirement of the rule. In addition, if counseling is provided by an onsite prescriber or pharmacist, a self-service ADS is exempt from the video and audio communication system requirements of the rule.

A license or a certificate of registration is required for drug outlets.

This information is being provided as the Idaho Board of Pharmacy has received several inquiries about whether a license is needed when providing drugs to clients in a location other than a pharmacy and if so what the requirements would be for a prescriber drug outlet versus a drug outlet that does not require a prescriber.

# Health Professionals RECOVERY Program (HPRP)

formerly Physician Recovery Network

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](https://dopl.idaho.gov/health-professionals-recovery-program)

Phone: (208) 869-5085

Email: [Katie.Stuart@dopl.idaho.gov](mailto:Katie.Stuart@dopl.idaho.gov)



## WELLNESS

In addition to DOPL's Health Professional Recovery Program (HPRP), many medical licensees in Idaho also have the option of utilizing the Physician Vitality Program (PVP). PVP was created by Ada County Medical Society in 2016 to address the growing needs of those facing the epidemic of physician burnout, as well as other occupational and personal stressors. The program is currently available to all medically licensed members of the Idaho Medical Association and Idaho Academy of Family Physicians: physicians (including residents), physician assistants, and nurse practitioners. Idaho medical students should seek services provided through their school.

PVP provides five confidential appointments at no cost, with a strong emphasis on maintaining the privacy of individuals seeking help. While many clinicians have access to Employee Assistance Programs (EAPs) through their insurance plans, they often hesitate to use them due to genuine or perceived confidentiality concerns. PVP created its own panel of clinically licensed mental health professionals available throughout Idaho and via telehealth and chose those with a reputation for serving medical clinicians. It is suitable for those seeking help for depression, grief, relationship and work challenges, imposter syndrome, and other issues commonly faced by those who practice medicine. To find out more about this program, visit [www.physicianvitality.org](http://www.physicianvitality.org).



[mental health wellness psychology mind psychological psychiatry wooden-1194333.jpg!d \(1200x799\) \(pxhere.com\)](https://www.pexels.com/photo/wooden-1194333.jpg)

# CME Credit Can Be Reported Directly to the Idaho Board of Medicine

Good news! Your participation in accredited CME activities can now be reported directly to the Idaho Board of Medicine (BOM). The BOM is collaborating with the Accreditation Council for Continuing Medical Education (ACCME), with the goal of streamlining the CME credit reporting process and reducing your reporting burden so you can focus on your patients, rather than paperwork.

## How does the Collaboration work?

When you register for a CME activity, ask the CME education organization to report your CME credit in ACCME's Program and Activity Reporting System (PARS). To have your credit reported, provide the following:

First and Last Name

Idaho Medical License number (Find your number [here](#).)

Month/day of birth

You may also need to click a button or otherwise agree to have your participation information sent to the BOM. Once the CME education organization has reported your participation, and it has been accepted in ACCME's system, the BOM will be able to view and verify your participation. If the CME education organization does not know how to report your credit, you can tell them to email ACCME at [info@accme.org](mailto:info@accme.org) and ACCME staff can assist them.

If you are audited, the BOM will look at your reported CME in the ACCME system to verify your credit. Given this is a new process, we will continue to accept CME certificates as proof for any CME that was not reported in ACCME's system.

## Opportunity to Create an Account in CME Passport

With this collaboration, you also have the option to create a CME Passport account. [CME Passport](#) is a free, centralized tool for you view, track, and generate transcripts of your reported CME credit. Any CME credit an education organization uploads into ACCME's system will show up in your CME Passport account. You may use your CME Passport account to share a transcript of any credit that is reported on your behalf with any organization you choose. You will not need to share a transcript of your CME credit with the Idaho BOM, since BOM staff have access to any credit reported on your behalf. CME Passport is also a great place to go to find CME activities that meet your educational needs. You are not able to upload your own CME credit into CME Passport. Only accredited education providers can report credit on your behalf.

We are optimistic that this collaboration will lead to a simpler and more efficient way to meet your licensing requirements!

## 2024 Board Meeting Schedules

<p><b>Board of Medicine</b></p> <ul style="list-style-type: none"> <li>• April 18</li> <li>• May 9</li> <li>• July 18</li> </ul>	<p><b>Board of Athletic Trainers</b></p> <ul style="list-style-type: none"> <li>• March 18</li> <li>• May 01</li> </ul>
<p><b>Naturopathic Medical Board</b></p> <ul style="list-style-type: none"> <li>• April 08</li> <li>• July 22</li> <li>• October 28</li> </ul>	<p><b>Committee on Professional Discipline</b></p> <ul style="list-style-type: none"> <li>• April 05</li> <li>• July 18</li> <li>• October 08</li> </ul>
<p><b>Dietetic Board</b></p> <ul style="list-style-type: none"> <li>• February 26</li> <li>• June 11</li> <li>• September 09</li> </ul>	<p><b>Board of Respiratory Therapy</b></p> <ul style="list-style-type: none"> <li>• March 07</li> <li>• June 12</li> <li>• September 04</li> </ul>
<p><b>Physician Assistant Advisory Committee</b></p> <ul style="list-style-type: none"> <li>• March 15</li> <li>• June 07</li> <li>• September 06</li> </ul>	<p>All Meetings will be held at:</p> <p><b>11341 W Chinden Blvd. Building 4 Boise, ID 83714 Room: TBD</b></p> <p>For meeting updates visit: <a href="https://www.idaho.gov/dopl">Home - DOPL (idaho.gov)</a></p>



## Idaho State Board Of Medicine

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## IDAHO STATE BOARD OF MEDICINE

David McClusky III, MD, (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

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

Heidi Bird, Public Member

## Board of Athletic Trainers

Dani Michelle Moffit, AT

David Hammons, AT

Alta Graham, Public Member

Timothy Nicoletto, AT



## Dietetic Licensure Board

Suzanne Marguerite Linja, LD (Chair)

Carol Fellows Kirkpatrick, PhD, LD

Pamela Howland, Public Member

Kimberly Jill Young,, LD

## Physician Assistant Advisory Committee

Heather M Whitson, PA (Chair)

Erin Sue Carver, PA

Valentin Roy Garcia, Public Member

Brian Bizik, MS, PA

Nathan Thompson, PA

## 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

Michelle Jarvis, Public Member (Chair)

Robb Hruska, RT/PSG

Phillip Hager, RT

Tim Seward, RT

Lisa Taylor, RT/PSG

