



THE REPORT

September 2024

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



Message From the Board of Medicine:

[Perceptions of Governmental Institutions: Public Safety and Trust](#)

Christian Zimmerman MD, MBA, Board Member

Recent polling data shows that many Americans believe the federal government should have the responsibility of most societal functions, including protection from foreign threats, oversight from harmful consumer products, maintaining the nation's transportation systems, protecting the environment, and assuring most Americans have adequate healthcare. Pew Research recently found over half of Americans agree that the federal government should play a major role in addressing the functions previously measured.^{1,2} Additionally, Americans have generally been positive about the massive government interventions instituted since the pandemic.^{3,4,5}

Civic relationships with the federal government have been an issue since the nation's beginning. The United States was founded on the concept of individual freedom, liberty, and avoiding the tyranny of a central authority (i.e., monarchies). Yet the Founders saw the need for a new type of central authority (i.e., The Federal Government) as they envisioned the optimal way for a nation to function and survive. Departmental bureaucracy developed, and civil order and function ensued.

Americans are thus negative about the government in general, while simultaneously recognizing that the govern-

Continued on page 2

Inside this issue:

Message from the Board	1-3
Opioid Safety Support	4-5
Practitioners dispensing Med.	6
Changes to BOM	7
HPRP	8
IBOM Meeting Schedule	10

ment performs necessary restorative functions. This suggests, in part, that leaders, elected officials, and the citizenry need to be cautious in taking extreme positions of either heavy criticism towards the federal government or unquestioningly focusing on expanding its duties and roles. Simultaneously, to reflect public opinion, leaders need to recognize that the public sees the federal government as having flaws while also accepting it as a deeply necessary entity to keep the nation functioning. Thus, the paradoxical conflict and tacit accepting of necessary co-dependence.

Americans' views of their government are unsurprisingly seated in predictable and disparate territory. Barring election-year involvement, trust issues as they relate to the three branches of government are low from both a federal and state viewpoint; many Americans opine that the federal government is marginally effective in making a positive impact on people's lives. The federal government itself is given a very low positive rating, and approval of Congress is predictably low. Yet, these perspectives and measured opinions of Americans are conflicted about the course of politics in this country, whereby two-thirds (65%) of registered voters say the government mainly works to benefit political elites.³

When it comes to public safety and the government's role in securing those mechanisms and trust, directional action and maintenance of those foregone conclusions are more than an expectation. And, issues of citizen privacy potentially become entangled right from the outset.

Americans today are likely to mention issues relating to their government and political leadership as an important quandary facing the country. Many other measures of Americans' views of their government are deeply questioned, especially when dealing with transparency and trust. Many Americans are pessimistic about the future of politics in the country and two-thirds of registered voters say the government mainly works to benefit political elites, yet the interdependence is substantive and reliance on the system is utilized by many.⁴

Paradoxically, while vilifying the government in response to some questions, Americans tell pollsters that **they appreciate many of the services the government provides**. Many of the citizenry agree about the aforementioned Federal responsibilities; they are both managed and function quite well, especially when it comes to protecting the public, which includes healthcare delivery.

Pew Research also recently found over half of Americans agree that the federal government should play a "major role" in addressing different governmental functions.^{4,5} And Americans have generally been positive about the massive government outlays put into place since the pandemic. In the throws of this infirmity and uncertainty, reliance and direction were much less understood and more generally accepted.

Continued on Page 3

As a counterpoint, national organizations and state agencies, in particular the Division of Occupational and Professional Licenses (DOPL), and its subsequent Boards, license and monitor professionals such as physicians as regulating bodies in the delivery of healthcare and conventional safety. In Idaho, public and investigative Board meetings occur quarterly, and additional meetings may convene if a need arises. Case studies of public and private concerns are examined, structurally detailed, and reviewed by teams of investigative personnel prior to disposition and action. The thematic precedence for such an institution as the DOPL is public concern and safety and ensuring those levels of ethical ideals are maintained.

This conflictual nature of Americans' relationship to their government is imprecise and ever changing, yet perceptions and data measurement of the government's performance remain vital to the precedence of *checks and balances*. Americans have a generally skeptical view of their government delegation, to be sure. But at the same time, recognize the vital discharge it plays in providing needed services and functions, and clearly demand its oversight in many facets of life, especially the safest of healthcare delivery and its maintenance of excellence to its constituency.

1. [U.S. Public Opinion and the Role of Government \(gallup.com\)](#)
2. [Public Opinion on COVID-19 Crisis: All Gallup News Articles](#)
3. [7.1 What Is Public Opinion? – American Government and Politics in the Information Age \(umn.edu\)](#)
4. [Public opinion concerning governments' response to the COVID-19 pandemic - PMC \(nih.gov\)](#)
5. [The federal government's coronavirus actions and failures \(brookings.edu\)](#)

Opioid Safety Support Resources for Idaho Providers

The opioid epidemic continues to escalate across the country. Although it appears largely driven by illicit fentanyl and less by prescription opioid misuse, high-dose opioid prescribing for chronic, non-malignant pain remains an issue. The Idaho Department of Health & Welfare Division of Public Health's Drug Overdose Prevention Program (DOPP) is using their CDC Overdose Data to Action in States (OD2A-S) grant to facilitate a unique partnership with the Division of Medicaid's pharmacy program to use the prior authorization process to educate and support providers in Idaho to make safer decisions when prescribing opioids and ultimately reduce reliance on long-term opioid therapy for non-malignant pain.

DOPP is currently funding two consultant pharmacists, Elaine Ladd and Amy McHenry, to focus solely on opioid and benzodiazepine safety. They work closely with Idaho Medicaid's Medical Director Dr. Magni Hamso, who is Board certified in addiction medicine and internal medicine, to provide clinical decision support and educational resources to Idaho prescribers, health systems, and community pharmacists on topics such as:

- 2022 CDC Clinical Practice Guideline for Prescribing Opioids in Pain
- Safely tapering or discontinuing opioids
- Best practices for transitioning between opioids
- Non-opioid therapies for chronic pain
- Buprenorphine for the treatment of chronic pain
- Management of perioperative pain, including in patients on buprenorphine
- Safely tapering or discontinuing benzodiazepines
- Use of evidence-based medications to treat substance use disorders

Elaine and Amy also contribute to DOPP program goals by providing case management to individuals on high-dose (>90 MME), long-term opioids for non-malignant pain, especially when used concurrently with potentiators like sedative hypnotics, benzodiazepines, gabapentinoids, and stimulants. In addition, they make risk mitigation recommendations such as co-dispensing naloxone, safe disposal to reduce excess opioids and benzodiazepines in the community, diversion prevention, and identification and treatment of substance use disorders.

Continued on page 5

Elaine and Amy look forward to being a resource to all Idaho providers and pharmacists and being part of your patient-centered team with the unified goal of reducing accidental overdoses and deaths within our great state.

For more information about Idaho Medicaid's pharmacy benefit, visit <https://medicaidpharmacy.idaho.gov>.

For questions about PAs, call 1-866-827-9967 Mon-Fri 8am-5pm MST

You are encouraged to reach out and contact Elaine or Amy with any questions or patient support you or your teams may need.

Elaine Ladd, PharmD

Amy McHenry, RPh

208-364-1829

208-364-1829

elaine.ladd@dhw.idaho.gov

amy.mchenry@dhw.idaho.gov

Practitioners Dispensing Medication

DOPL has received several inquiries that have reflected the need to provide information regarding Prescriber Drug Outlet (PDO) registration.

A practitioner who dispenses legend drugs (not samples) to their patient(s) must register their facility as a PDO with the Idaho State Board of Pharmacy. A prescriber who administers but does not dispense legend drugs to their patient(s) is not required to register their facility as a prescriber drug outlet. If a provider administers and then dispenses the medication to their patient, the provider is required to register as a PDO.

There is corresponding responsibility for the practitioner to obtain the correct registration before dispensing legend drugs or devices as well as for the pharmacy or wholesaler who provides the legend drugs or devices to the practitioner who dispenses. Both entities can be held accountable.

A drug outlet as defined in the [Pharmacy Practice Act](#) “means a resident or nonresident pharmacy, business entity or other facility subject to registration by the board, pursuant to section [54-1729](#), Idaho Code, where employees or personnel are engaged in the practice of pharmacy, in the provision of pharmaceutical care, or in the dispensing, delivering, distributing or manufacturing of drugs or devices in or into Idaho.

If you are currently dispensing legend drugs or devices or intend to do so in the future, obtain a PDO registration by going to the Board of Pharmacy [website](#) or contact licensing at the Board of Pharmacy at (208) 334-3233 or BOP-info@dopl.idaho.gov.



Changes to the Idaho Board of Medicine

Allied Health Advisory Board

During the 2024 Legislative Session, the Idaho Legislature passed H0436. This legislation consolidated four advisory boards to the Board of Medicine—the dietetic licensure board, the board of athletic trainers, the licensure board for respiratory therapy, and the naturopathic medical board — into a single Allied Health Advisory Board (AHAB). This legislation is expected to improve the administrative efficiency of the Board of Medicine. For licensees, there will be no changes. The Board of Medicine will remain the ultimate licensing and discipline authority for Respiratory Therapists, Athletic Trainers, Dietitians, and Naturopathic Medical Doctors. The regulations and scope of practice for each profession remain unchanged, as does the formulary for Naturopathic Medical Doctors.

The AHAB consists of 7 members; 1 Physician, 1 Dietitian, 1 Athletic Trainer, 1 Respiratory Therapist, 1 who is authorized to provide polysomnography-related respiratory care services, 1 Naturopathic Medical Doctor, and 1 Public Member.

Maternal Mortality Review Committee

The Idaho Legislature, during the 2024 Legislative Session, passed H0399. This legislation authorizes the Board of Medicine to collect and report data on maternal mortality rates. The Maternal Mortality Review Committee (MMRC) was initially established in 2019 with a sunset date of July 2023. The MMRC was housed under the Idaho Department of Health and Welfare (IDHW). Data was collected, reviewed, and reported for 2018, 2019, 2020 & 2021. The MMRC under IDHW was allowed to sunset in 2023.

With the re-establishment of the MMRC under the Idaho Board of Medicine, data from 2022 and 2023 will be reviewed and a summary for each year will be presented to the legislature by January 31, 2025 and annually thereafter. The MMRC not only reports data but identifies trends and traditionally has provided recommendations to mitigate future preventable maternal deaths. The Committee is currently in development.



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

Phone: (208) 869-5085

Email: Katie.Stuart@dopl.idaho.gov

WELLNESS

Physician Vitality Program

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.

New Well-Being Attestation for Licensing

Mental Health is a concern for a large portion of the population including health care professionals. The Dr. Lorna Breen Heroes’ Foundation is on a mission “to reduce burnout of health care professionals and safeguard their well-being and job satisfaction” (*Dr. Lorna Breen Heroes Foundation, 2024*). The foundation has challenged licensing boards to remove intrusive mental health questions from their applications. The Division of Occupational and Professional Licenses Health Professions Boards’ have met the challenge by replacing questions regarding mental health with a general attestation of well-being which reads as follows: “As a Healthcare professional, I commit to monitoring my personal health and well-being and, if I ever need treatment or counseling to support my health, I will attend to those needs by obtaining that treatment and counseling.”

The attestation is part of the current licensure process.

2024 Board Meeting Schedules

Board of Medicine

- 11/14/2024

Committee on Professional Discipline

- 10/08/2024

Allied Health Advisory Board

- 09/09/2024

All Meetings will be held at:

11341 W Chinden Blvd.

Building 4

Boise, ID 83714

Room: TBD

For meeting updates visit:

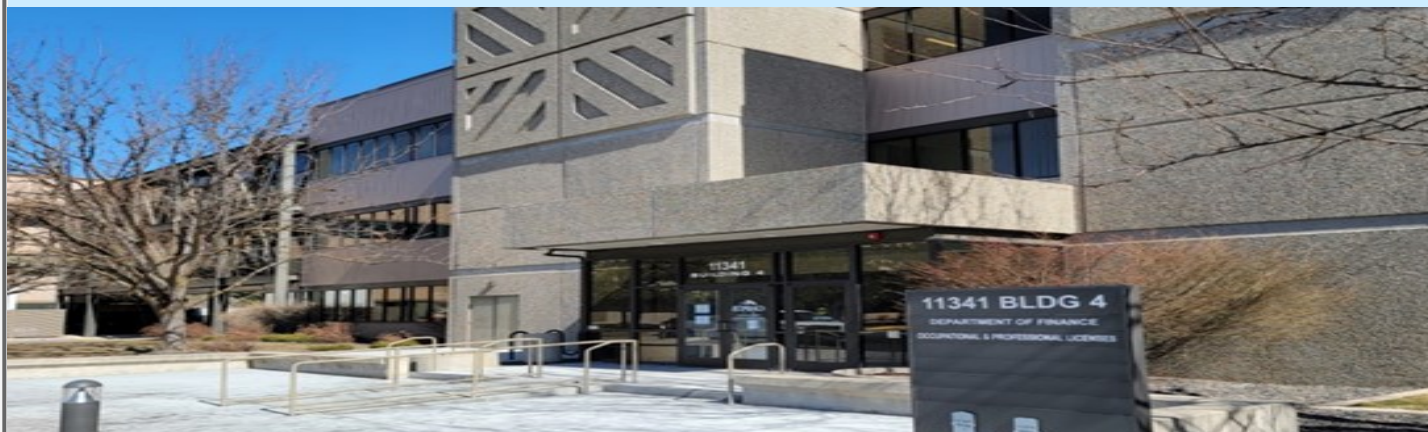
[Home - DOPL \(idaho.gov\)](https://www.idaho.gov/dopl)



Idaho State Board of Medicine

Phone: 208-344-3233 Fax: 208-327-7005

E-mail: hp-licensing@dopl.idaho.gov



Visit our Website at:

<https://dopl.idaho.gov/bom/>

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

ALLIED HEALTH ADVISORY BOARD

Tara Lyn Erbele, MD, Member

Kimberly Jill Young, LD, Member

Dave Hammons, AT, Member

Tim Seward, RT, Member

Robb Hruska, RT/PSG, Member

Cory Szybala, NMD, 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

