

Idaho State Board of Medicine

THE REPORT



DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

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



Standard of Care and Practice Variation

*Christian Zimmerman, MD, MBA, MS
Member, Idaho State Board of Medicine*

The Standard of Care is a benchmark in medicine used to determine the professional obligations of a healthcare provider to his or her patients and the community. Failure to deliver the standard of care may be deemed medical negligence. In other words, "A level of care, skill, and treatment which, in light of all relevant variables, is recognized as acceptable and appropriate by reasonably prudent similar health care providers."

Medical societies, biomedical research, sub-specialization, their parent societies, and legal precedent as defined by statute are largely responsible for the development of medical standards of care for providers in Idaho. Large-scale funding of biomedical research in academia and the advent of a third-party payment system greatly enhanced the attention/expectation of medical specialties and subsequently, national standards of care in medicine. Both surgical and medical disciplines became interested and demanded quality in clinical practice through mandatory testing and continuing education. Medical liability became an important fixture in American medicine, as expert testimony became synonymous with this industry.¹

The development of standards of care by these medical organizations, the formation of the American Board of Medical Specialties (ABMS), and national and specialty-based certifications all contributed to this phenomenon. By the late 1980s, the American Medical Association, working with medical specialty societies, launched a major initiative that signaled the endorsement of medical standard-

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setting by most organized medical professions. In 1987, the Council of Medical Specialty Societies announced that the American medical profession and American medical specialty societies should participate more in standard setting.^{2,3}

Standard of care is a legal term, not a medical one, customarily defined by state and federal law and regulated by most administrative agencies. The laws governing the standard of care can vary by state and region. If the standard of care is allegedly not met or deviated from, a patient can file for a medical malpractice action and seek damages in court. A surgeon who inadvertently leaves an instrument inside a patient after surgery is an example of a breach of the standard of care by the practitioner and institution.

Although there is an increasing push to adopt a uniform national standard, the Great State of Idaho allows for variations in how the local standard of care is defined and administered. For these reasons, state law, or how the legislature has defined it, determines the standard of care. There are no federal laws which would establish the applicable standard of care.⁴

For example, most states have adopted a locality rule, wherein the standard of care is based on what other professionals in the same area and community would provide for a patient in a similar circumstance. Other states designate a locality rule for general practice and a national standard of care for specialists, dependent on training and experience.⁷ That national standard, based on guidelines and recommendations within a designated specialty, becomes a supportive foundation for a particular legal principle. Both medical and surgical specialty opinion can also play a supportive role. Board certification does create a national standard, but it is not the determinative factor. A national standard only applies if there is no deviation between it and the local standard.

The standard of care does not change in case of emergencies or natural disasters. The standard of care is the established administration of care deemed reasonably prudent for that situation and what similar healthcare providers would do under the same circumstances.

The standard of care does not mean optimal care or best practices in a medical situation. The standard of care will run a spectrum from a barely acceptable level of medical care to the optimal level of medical care. Any



action which may be regarded as a breach in the standard of care may fall well outside of the acceptable legal definition and be subject to legal interpretation and opinion.⁷

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This is considered variability in the locality rule and becomes potentially problematic.

Precedence then establishes that the so-named physician is not measured against all physicians in the country, but rather under the locality rule, against other physicians in the local area. People who favor the locality rule contend that medical resources vary by community and that physicians in areas with fewer resources should not be bound by the same standards as those practicing in high-resource communities.⁷

Proving malpractice can often prove difficult.

To determine if the standard of care has been breached, the court must measure multiple factors, including State and Federal laws and regulations, prior legal opinions, published clinical guidelines from a recognized authority, state medical licensing boards, published, peer-reviewed medical journals or research articles, and health system policies and procedures such as a specific directed action for a specific condition.⁷

“A health care provider undertaking the treatment or care of a patient has a duty to possess and exercise that degree of skill and learning ordinarily possessed and exercised by other health care providers who are trained and qualified in the same or a similar field of care and who practice in the community in which such care is provided. It is further the duty of health care providers to use reasonable care and diligence in the exercise of their skill and the application of their learning.”

(Applicable jury instruction defining the standard of care, approved by the Idaho Supreme Court)⁶

Historically, the Idaho Supreme Court (September 2024) has ruled in favor of utilizing the standard of care in legal malpractice cases. In the case of *Dodd v. Jones*, the court upheld the district court’s exclusionary rule of *Dodd’s* expert testimony, finding that experts did not demonstrate base of knowledge/familiarity with the standard of care in Nampa, Idaho at the time of the filing. The ruling highlights the importance of local standards of care and the need for expert testimony to support claims of medical malpractice. The ruling also emphasizes the burden on plaintiffs in legal malpractice cases to prove the merit of their medical malpractice claim.

For example, a practitioner is expected to deliver the same level of expertise, care, and competency as other specialists with similar training. If the surgeon makes an error that a competent surgeon wouldn't, such as performing a surgery incorrectly or removing the wrong organ, they would likely be considered negligent and be liable for providing compensation.⁷



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Potential circumstances possibly constituting negligence could be failing to diagnose or misdiagnosing a disease or ordering/performing the appropriate medical tests, incorrectly prescribing treatments or medications, failing to obtain consent before any procedure or the most common legally sought infractions which include surgical misadventures, or anesthesia errors.⁵

Some states cap the amount of compensation you can receive for pain, suffering, and emotional distress. The cap may be as low as \$500,000 in states like California, Idaho, Montana, and Texas, while 15 states have no damage caps of any sort.

References:

1. <https://journalofethics.ama-assn.org/issue/standards-care-ethical-examination>
2. <https://cmss.org>
3. <https://journalofethics.ama-assn.org/sites/joedb/files/2018-09/mhst1-0412.pdf>
4. <https://healthandwelfare.idaho.gov/providers/facility-standards/facility-standards-resources>
5. <https://legalclarity.org/what-is-considered-medical-negligence>
6. <https://www.law.com/2024/09/10/idaho-supreme-court-mulls-regional-standards-of-care-for-medical-negligence-in-lawsuit-underlying-legal-mal-action/?slreturn=2026022407545>
7. [Standard of Care: Definition and What Patients Should Know](#)

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Changes a Pharmacist Can Make to a Schedule II Prescription Drug

Do you ever wonder why a pharmacist might call about a prescription? There are changes that a pharmacist may or may not make to a prescription.

In December 2025, the Board of Pharmacy adopted a policy regarding changes to schedule II prescription drug orders. The policy can be found by going to the Idaho Board of Pharmacy [website](#), selecting the Statutes, Rules and Guidance [box](#), and tapping the Guidance carrot. The document is found under the label Practice and is entitled *Changes to Written Schedule II Prescription Drug Order Policy Statement* and reads:

Background: The Drug Enforcement Administration (DEA) Diversion Control Division is in the process of reviewing allowable changes a pharmacist may make to a schedule II paper prescription. During this interim period the following guidance has been provided:

“... pharmacists should adhere to state regulations or policy regarding those changes that a pharmacist may make to a schedule II prescription after oral consultation with the prescriber.”¹

Policy: Pursuant to I.C. § 37-2722 any schedule II prescription must be dispensed pursuant to a valid prescription drug order, contain a quantity that is both spelled out in English and written in numerical form, and not be refilled.

The following items shall not be substantively changed:

- Name and or Signature of the Prescribing Physician
- Date of the Prescription
- Patient’s Full Name
- Drug Name

Any other change deemed necessary and within the acceptable Idaho Community Standard of Care may be made to a written schedule II prescription, provided that the pharmacist verbally contacts the issuing prescriber and documents the authorized change(s).



1. U.S. Drug Enforcement Administration. (2022, October 18). Changes pharmacists may make to Schedule II paper prescriptions (Guidance Document No. DEA-DC-063). U.S. Department of Justice, Drug Enforcement Administration

PDMP Delegate List Review

Is your delegate list up to date? The new year is an opportunity to ensure that the delegates assigned to you are still active and accurate. The delegate review ensures that delegate users of the Idaho Prescription Drug Monitoring Program (PDMP) are still authorized to perform searches on behalf of their supervisor. As a supervisor, you are responsible for activities performed within the system by your delegate(s).

Did you know that there is an online support center for [PMP AWARe users](#), including help with [Delegate Management](#)?

Below is the online content information for managing delegates.

Delegate Management Dashboard

If a user's role involves supervisory responsibilities and allows them to designate and oversee delegated users, they will have access to the Delegate Management Dashboard.

Delegate Management				
Select a delegate to review details.				
First	Last	Role	Delegate Status	Date Requested
		Prescriber Delegate - Unlicensed	Pending	10/13/2017
		Prescriber Delegate - Unlicensed	Approved	10/13/2017

When a delegate selects a supervisor, an email and system notification will be sent to the selected supervisor to request review of the pending delegate connection. Supervisors can approve, reject, and/or remove a delegate by selecting the delegate's name and accessing their delegate details card.

Delegate Management				
Select a delegate to review details.				
First	Last	Role	Delegate Status	Date Requested
		Prescriber Delegate - Unlicensed	Pending	10/13/2017
		Prescriber Delegate - Unlicensed	Approved	10/13/2017

Jordan Delegate		Verify Status	Reject
Role:	Prescriber Delegate - Unlicensed		
Phone:	5555		
Email:	@clinic.com (Unverified)		
Address:	Lyndon, KY 40223		
Date of Birth:	1980		
Delegate (pending) Drivers license (invalid)		1 Supervisor (pending) @clinic.com	

Important Notes:

If a user attempts to make a delegate/supervisor connection using an email address that is not associated with a registered PDMP account, an error message will appear indicating "The email address provided cannot be specified as a delegate."

If this occurs, please send an email to PDMP@dopl.idaho.gov for assistance.

Health Professionals Recovery Program

(Formerly Physicians Recovery Network)

Are you going down the wrong path?
Feeling the quality of your patient care slipping?
Concerned you are becoming a burden to others?



Behavioral and
Mental Health
Conditions

Chemical Abuse
or Dependency

Functional
Impairment

IT IS TIME TO MAKE A CHANGE



HPRP is a non-punitive and confidential program that helps you get healthy again while protecting your professional license to work.

Call today to find out more for yourself or a friend.



Tabitha Edwards
(208) 817-6189
dopl.idaho.gov/health-professionals-recovery-program/



24/7 Crisis Line
1-866-460-9014
southworthassociates.net

If you're a health professional silently battling substance use or mental health challenges—or if someone you know is—it's time to take that first step toward healing.

The **Health Professionals Recovery Program (HPRP)** is here to support you, not judge you.

Addiction can affect even the most dedicated professionals, and research shows that punishment doesn't stop it; personalized, compassionate support does. That's **exactly** what this program offers: a path forward that **protects** your health, your career, and your future.

It's never too early—or too late—to get help.

You don't have to hit rock bottom to reach out. You just have to be ready for change. Many have walked this path before you and found a better, healthier life on the other side.

If you're unsure about reaching out, consider attending a virtual or in-person meeting through

[International Doctors in Alcoholics Anonymous \(IDAA\)](#)—a nonjudgmental, confidential community of peers who understand exactly what you're going through.

Take back your life. Reclaim your strength. We are here when you are ready.

Contact:

Tabitha Edwards
(208) 817-6189

Tabitha.edwards@dopl.idaho.gov

dopl.idaho.gov/health-professionals-recovery-program

2026 Board Meeting Schedules

Board of Medicine

- May 21
- August 27
- November 19

Physician Assistant Advisory Committee

- April 15
- July 22
- October 14

Allied Health Advisory Board

- June 03
- September 02
- December 09

Committee on Professional Discipline

- April 23
- July 16
- October 08

Maternal Mortality Review Committee

- May 01
- August 14
- November 13

All Meetings will be held at:

11341 W Chinden Blvd.

Building 4

Boise, ID 83714

Room: TBD

For meeting updates visit:

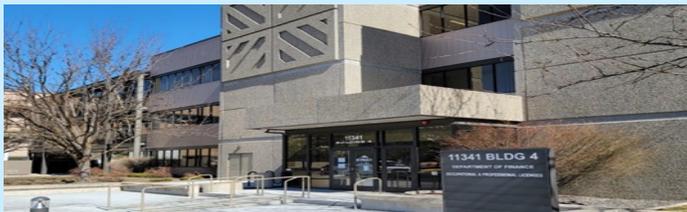
[Home - DOPL \(idaho.gov\)](https://www.idaho.gov/DOPL)



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/>



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