

Dear Senators HEIDER, Souza, Jordan, and  
Representatives WOOD, Packer, Chew:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of  
the Board of Medicine:

IDAPA 22.01.01 - Rules of the Board of Medicine for the Licensure to Practice Medicine and  
Surgery and Osteopathic Medicine and Surgery in Idaho - Proposed Rule (Docket No.  
22-0101-1801);

IDAPA 22.01.02 - Rules of the Board of Medicine for the Registration of Externs, Interns, and  
Residents (Chapter Repeal) - Proposed Rule (Docket No. 22-0102-1801).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the  
cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research  
and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative  
Services. The final date to call a meeting on the enclosed rules is no later than 12/10/2018. If a meeting is  
called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis  
from Legislative Services. The final date to hold a meeting on the enclosed rules is 01/09/2019.

The germane joint subcommittee may request a statement of economic impact with respect to a  
proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement,  
and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has  
been held.

To notify Research and Legislation, call 334-4854, or send a written request to the address on the  
memorandum attached below.



Eric Milstead  
Director

# Legislative Services Office

## Idaho State Legislature

*Serving Idaho's Citizen Legislature*

### MEMORANDUM

**TO:** Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

**FROM:** Legislative Drafting Attorney - Matt Drake

**DATE:** November 21, 2018

**SUBJECT:** Board of Medicine

IDAPA 22.01.01 - Rules of the Board of Medicine for the Licensure to Practice Medicine and Surgery and Osteopathic Medicine and Surgery in Idaho - Proposed Rule (Docket No. 22-0101-1801)

IDAPA 22.01.02 - Rules of the Board of Medicine for the Registration of Externs, Interns, and Residents (Chapter Repeal) - Proposed Rule (Docket No. 22-0102-1801)

#### **1. IDAPA 22.01.01 - Rules of the Board of Medicine for the Licensure to Practice Medicine and Surgery and Osteopathic Medicine and Surgery in Idaho (Proposed Rule)**

##### **Summary and Stated Reasons for the Rule**

The Board of Medicine submits notice of proposed rulemaking. The proposed rules minimize regulation by combining existing rules and reducing barriers to licensure and practice. The proposed rules will also ensure that physician licensure rules are consistent with the medical practice act. The rules also update definitions and organizational titles, delete unnecessary and duplicative provisions, and incorporate provisions formerly located in IDAPA 22.01.02, regarding registration of interns and residents, and IDAPA 22.01.04, regarding registration of supervising and directing physicians, which are repealed and incorporated into this docket. Finally, the proposed rule contains minor changes to bring the rule into compliance with updates that have been made to Idaho Code.

##### **Negotiated Rulemaking / Fiscal Impact**

The Board states that negotiated rulemaking was conducted. There is no fiscal impact on the state general fund. The board states that the elimination of medical student registration will reduce its annual income by approximately five thousand five hundred dollars (\$5,500).

##### **Statutory Authority**

The rulemaking appears to be authorized pursuant to section 54-1806(2), Idaho Code.

#### **2. IDAPA 22.01.02 - Rules of the Board of Medicine for the Registration of Externs, Interns, and Residents (Chapter Repeal)**

##### **Summary and Stated Reasons for the Rule**

Kristin Ford, Manager  
Research & Legislation

Paul Headlee, Manager  
Budget & Policy Analysis

April Renfro, Manager  
Legislative Audits

Glenn Harris, Manager  
Information Technology

The Board of Medicine is streamlining and combining its rules to reduce obstacles to licensure and practice. Docket 22.01.02 repeals the existing rule in its entirety. Provisions related to the registration of externs, interns, and residents will be merged into IDAPA 22.01.01 to consolidate physician licensure and registration provisions.

**Negotiated Rulemaking / Fiscal Impact**

The Board states that negotiated rulemaking was conducted. There is no fiscal impact.

**Statutory Authority**

The rulemaking appears to be authorized pursuant to section 54-1806(2), Idaho Code.

cc: Board of Medicine  
Anne Lawler

**\*\*\* PLEASE NOTE \*\*\***

Per the Idaho Constitution, all administrative rules must be reviewed by the Legislature during the next legislative session. The Legislature has 3 options with this rulemaking docket: **1)** Approve the docket in its entirety; **2)** Reject the docket in its entirety; or **3)** Reject the docket in part.

## IDAPA 22 – BOARD OF MEDICINE

### 22.01.01 – RULES OF THE BOARD OF MEDICINE FOR THE LICENSURE TO PRACTICE MEDICINE AND SURGERY AND OSTEOPATHIC MEDICINE AND SURGERY IN IDAHO

DOCKET NO. 22-0101-1801

#### NOTICE OF RULEMAKING – PROPOSED RULE

**AUTHORITY:** In compliance with Sections 67-5221(1), Idaho Code, notice is hereby given that this agency initiated proposed rulemaking procedures. The action is authorized pursuant to Section 54-1806(2), Idaho Code.

**PUBLIC HEARING SCHEDULE:** A public hearing concerning this rulemaking will be held as follows:

**PUBLIC HEARING**  
**Thursday, December 6, 2018 – 3:00 p.m. to 5:00 p.m.**

**345 W. Bobwhite Court, Suite 150**  
**Idaho State Board of Medicine**  
**Boise, Idaho 83706**

The meeting site will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the meeting, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of the intended proposed rulemaking and the principal issues involved:

The Board of Medicine is promoting regulatory reform by streamlining and combining its rules and reducing obstacles to licensure and practice. The purpose of this proposed rulemaking is to update and clarify the Board's rules regarding physician licensure and practice, and to ensure that the physician licensure rules are consistent with the Medical Practice Act. These rules update definitions and organizational titles, and they delete unnecessary and duplicative provisions. In addition, the current provisions of IDAPA 22.01.02 regarding registration of interns and residents and the current provisions of IDAPA 22.01.04 regarding registration of supervising and directing physicians have been updated and moved into this chapter.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased: N/A

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking: N/A

The Board of Medicine is a dedicated funds agency, and therefore, there will be no fiscal impact to the state general fund. This rule eliminates registration of medical students ("externs"), which will reduce the Board's annual income by approximately \$5500.

**NEGOTIATED RULEMAKING:** Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was conducted with interested parties, including the state association, and such negotiations shall continue through the comment period and hearing.

**INCORPORATION BY REFERENCE:** Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rules, contact Anne K. Lawler, Executive Director, (208) 327-7000.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before December 6, 2018.

Dated this 4th day of October, 2018.

Anne K. Lawler, JD, RN, Executive Director  
Idaho State Board of Medicine  
345 W. Bobwhite Court, Suite 150  
Boise, Idaho 83706  
Phone: (208) 327-7000  
Fax: (208) 327-7005

**THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 22-0101-1801**  
**(Only Those Sections With Amendments Are Shown.)**

**22.01.01 – RULES OF THE BOARD OF MEDICINE FOR THE LICENSURE TO PRACTICE**  
**MEDICINE ~~AND SURGERY~~ AND OSTEOPATHIC MEDICINE ~~AND SURGERY~~ IN IDAHO**

**000. LEGAL AUTHORITY.**

Pursuant to Sections 54-1806(2), 54-1806(4), ~~54-1806(11)~~, 54-1806A, ~~52-1807~~, 54-1812, 54-1813, 54-1814 and 54-1841, Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to govern the practice of Medicine in Idaho. ~~(3-26-08)( )~~

**001. TITLE AND SCOPE.**

These rules shall be cited as IDAPA 22.01.01, “Rules of the Board of Medicine for the Licensure to Practice Medicine ~~and Surgery~~ and Osteopathic Medicine ~~and Surgery~~ in Idaho.” ~~(7-1-93)( )~~

**002. WRITTEN INTERPRETATIONS.**

~~Written interpretations of these rules in the form of explanatory comments accompanying the notice of proposed rule making that originally proposed the rules and review of comments submitted in the rulemaking process in the adoption of these rules are available for review and copying at cost from the Board of Medicine, 1755 Westgate Drive, Suite 140, Box 83720 Boise, Idaho 83720-0058. In accordance with Title 67, Chapter 52, Idaho Code, this agency may have written statements that pertain to the interpretation of, or to compliance with the rules of this chapter. Any such documents are available for public inspection and copying at cost at the Board of Medicine office.~~ ~~(5-3-03)( )~~

**003. ADMINISTRATIVE APPEAL.**

All contested cases shall be governed by the provisions of IDAPA 04.11.01, “Idaho Rules of Administrative Procedures of the Attorney General;” ~~and IDAPA 22.01.07, “Rules of Practice and Procedure of the Board of Medicine,” and this chapter.~~ ~~(3-29-10)( )~~

**004. PUBLIC RECORD ACT COMPLIANCE.**

These rules have been promulgated according to the provisions of Title 67, Chapter 52, Idaho Code, and are public records. Pursuant to Sections ~~74-106(9)~~ ~~and 74-106(11)~~, Idaho Code, the Board may discuss, exchange and share complaints and the details of investigations with other Idaho state agencies or with other state boards in investigation and enforcement concerning violations of the Idaho Medical Practice Act and Board rules and comparable practice acts of other states. ~~(3-29-10)( )~~

**005. INCORPORATION BY REFERENCE.**

There are no documents incorporated by reference into these rules. (3-26-08)

**006. OFFICE – OFFICE HOURS – MAILING ADDRESS AND STREET ADDRESS.**

The central office of the Board of Medicine will be in Boise, Idaho. The Board's mailing address, unless otherwise indicated, will be Idaho State Board of Medicine, P.O. Box 83720, Boise, Idaho 83720-0058. The Board's street

address is 345 W. Bobwhite Court, Suite 150, Boise, Idaho 83706. The telephone number of the Board is (208) 327-7000. The Board's facsimile (FAX) number is (208) 327-7005. The Board's web site is [www.bom.idaho.gov](http://www.bom.idaho.gov). The Board's office hours for filing documents are 8 a.m. to 5 p.m. (4-4-13)

**007. FILING OF DOCUMENTS - NUMBER OF COPIES.**

All original documents and one (1) electronic copy in rulemaking or contested case proceedings must be filed with the office of the Board. (3-26-08)

**008. SEVERABILITY.**

The sections and subsections of these rules are presumed severable unless specifically provided to the contrary. If any rule, or part thereof, or the application of such rule to any person or circumstance is declared invalid, that invalidity does not affect the validity of any remaining portion. (3-26-08)

**009. (RESERVED)**

**010. DEFINITIONS.**

**01. Acceptable School of Medicine.** A medical school or college of osteopathic medicine located within the United States accredited by the Liaison Committee on Medical Education (LCME), Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), or the Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association (AOA). A medical school or college of osteopathic medicine located within Canada accredited by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for of Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges or the American Osteopathic Association (AOA) (CACMS). (3-26-08)(    )

**02. Acceptable International School of Medicine.** An international medical school located outside the United States or Canada that meets the standards for medical educational facilities set forth in Subsection 051.02, is accredited by the Educational Commission for Foreign Medical Graduates (ECFMG) and provides the scope and content of the education and coursework that are equivalent to acceptable schools of medicine located within the United States or Canada. (3-26-08)

**03. Accreditation Council for Graduate Medical Education (ACGME).** A nationally recognized accrediting authority responsible for accreditation of post-Medical Doctor medical training programs within the United States. (3-26-08)

**04. Applicant.** Any human person seeking a license to practice medicine from the Board. (3-26-08)

**05. Board.** The Idaho State Board of Medicine. (7-1-93)

**06. Educational Commission for Foreign Medical Graduates (ECFMG).** A nationally recognized non-profit organization that certifies international medical graduates who seek to enter United States residency and fellowship programs and conducts the Clinical Skills Assessment (CSA). (3-26-08)(    )

**07. Federation of State Medical Boards of the United States (FSMB).** A nationally recognized non-profit organization representing the seventy (70) medical and osteopathic boards of the United States and its territories. (3-26-08)(    )

**08. Liaison Committee on Medical Education (LCME).** An internationally recognized accrediting authority, sponsored by the Association of American Medical Colleges and the American Medical Association, for medical education programs leading to a Medical Doctor (MD) degree in United States and Canadian medical schools. (3-26-08)

**09. License to Practice Medicine.** A license issued by the Board to practice medicine and surgery or a license to practice osteopathic medicine and surgery in Idaho. (3-30-06)(    )

**10. Medical Practice Act.** Title 54, Chapter 18, Idaho Code. (3-30-06)

11. Certified Original ~~Certificate or~~ Documentation. The original document ~~itself or certificate~~ or a certified copy thereof issued by ~~the an~~ agency or institution and ~~mailed or~~ delivered directly from the source to the Board or a Board approved credential verification service. (3-26-08)(    )

**011. ABBREVIATIONS.**

- 01. AAMC. Association of American Medical Colleges. (3-26-08)
- 02. ACGME. Accreditation Council for Graduate Medical Education. (3-26-08)
- 03. AMA. American Medical Association. (3-26-08)
- 04. AOA. American Osteopathic Association. (3-26-08)
- 05. CACMS. Committee on Accreditation of Canadian Medical Schools. (    )
- 06. COCA. Commission on Osteopathic College Accreditation. (    )
- ~~057.~~ ECFMG. Educational Commission for Foreign Medical Graduates. (3-26-08)
- 08. FAIMER. Foundation for Advancement of International Medical Education. (    )
- ~~069.~~ FSMB. Federation of State Medical Boards. (3-26-08)
- 107. LCME. Liaison Committee on Medical Education. (3-26-08)
- ~~0811.~~ USMLE. United States Medical Licensing Exam. (3-26-08)
- 12. WFME. World Federation for Medical Education. (    )

**012. -- 049. (RESERVED)**

**050. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.**

01. **Residence.** No period of residence in Idaho shall be required of any applicant, however, each applicant for licensure must be legally able to work and live in the United States. Original documentation of lawful presence in the United States must be provided upon request only. The Board shall refuse licensure or renew a license if the applicant is not lawfully present in the United States. (3-26-08)

02. **Character.** The Board may refuse licensure if it finds that the applicant has engaged in conduct prohibited by Section 54-1814, Idaho Code; provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances. (7-1-93)

03. **English Language.** Each applicant shall speak, write, read, understand and be understood in the English language. Evidence of proficiency in the English language must be provided upon request only. (3-26-08)

04. **Application.** Each applicant must have graduated from an acceptable school of medicine, passed an examination acceptable to the Board that demonstrates qualification for licensure or successfully completed the United States Medical Licensing Exam (USMLE) and completed one (1) year of postgraduate training approved by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada or its successor organization, and shall submit a completed written application to the Board on forms prescribed by the Board with the nonrefundable application fee. Any certificate or document required to be submitted to the Board that is not in the English language must be accompanied by a certified translation thereof into English. The application form shall be verified and shall require the following: (5-8-09)(    )

- a. Personal identification information and education background of the applicant including ~~but~~

~~limited to, his college education,~~ medical school education and postgraduate training; (3-26-08)( )

**b.** ~~An original certificate or~~ documentation of graduation from an acceptable school of medicine, and evidence of satisfactory completion of postgraduate training of one (1) year at one (1) training program accredited for internship, residency or fellowship training by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada ~~or its successor organization;~~ (3-26-08)( )

**c.** The disclosure of any criminal charges, convictions or guilty pleas against the applicant other than minor traffic offenses; (7-1-93)

**d.** The current mental and physical condition of the applicant, ~~together with disclosure of any previous physical or mental illness~~ including any issue that may impact the applicant's ability to practice medicine; (3-30-01)( )

**e.** The disclosure of any past or pending medical malpractice actions against the applicant, and the judgments or settlements, if any, of such claims exceeding ~~two-hundred~~ fifty thousand dollars (\$250,000); (5-8-09)( )

**f.** The disclosure of any disciplinary action by any board of medicine, licensing authority, medical society, professional society, hospital, medical school, or institution staff in any state or country; (3-26-08)

**g.** The disclosure of the refusal to issue or renew a license to practice medicine by any state, Canadian or international licensing authority; (3-26-08)

**h.** References to include two (2) letters of recommendation signed by licensed physicians who have known the applicant professionally for at least one (1) year; (3-30-06)

**i.** An unmounted photograph of the applicant, of adequate size and clarity to identify the applicant and no larger than four inches tall by three inches wide (4" x 3"), taken not more than one (1) year prior to the date of the application; (3-30-06)

**j.** A certified copy of a full set of the applicant's fingerprints on forms supplied by the Board that shall be forwarded to the Idaho Department of Law Enforcement and to the FBI Identification Division for the purpose of a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database; (5-3-03)

**k.** The employment history and relevant practice locations of the applicant; (3-30-06)

~~l. Each state, country and jurisdiction in which the applicant has applied for a license to practice medicine;~~ (3-26-08)

~~m.~~ Each state, country and jurisdiction wherein the applicant is licensed to practice medicine; (4-4-13)

~~n.~~ A copy of the applicant's birth certificate or current passport; and (4-4-13)

~~o.~~ Such other information or examinations as the Board deems necessary to identify and evaluate the applicant's credentials and competency. (4-4-13)

**05. Examination.** Each applicant must pass an examination acceptable to the Board, within the time period recommended by the examination authority, that shall thoroughly test the applicant's fitness to practice medicine or successfully completed the United States Medical Licensing Exam (USMLE). If an applicant fails to pass ~~any step of~~ the examination on two (2) separate occasions the applicant may be required to be interviewed, ~~or~~ evaluated ~~or examined~~ by the Board. (5-8-09)( )

**06. Interview.** Each applicant may be personally interviewed by the Board, ~~a Board member~~ or a designated committee of the Board. The interview shall include a review of the applicant's qualifications and professional credentials. (3-30-01)( )



**07. Applicants.** All applicants must complete their license application within one (1) year unless extended by the Board after filing an application for extension. Unless extended, applications that remain on file for more than one (1) year will be considered null and void and a new application and new fees will be required as if filing for the first time. (3-30-06)

**08. Health Care Standards.** In reviewing the application or conducting the applicant's interview, the Board shall determine whether the applicant possesses the requisite qualifications to provide the same standard of health care as provided by licensed physicians in this state. If the Board is unable to reach such a conclusion through the application and interview, it shall conduct further inquiry, to establish such qualifications. (3-30-06)

**a.** Upon inquiry, if further examination is required, the Board may require passage of the Special Purpose Examination (SPEX) administered by the FSMB, a post licensure assessment conducted by the FSMB, or an evaluation by an independent agency accepted by the Board to evaluate physician competence. (5-8-09)

**b.** The Board will require further inquiry when in its judgment the need is apparent, including but not limited to the following circumstances: (3-30-06)

**i.** Graduate of an international medical school located outside the United States and Canada and not accredited by the LCME; (5-8-09)

**ii.** Applicant whose background investigation reveals evidence of impairment, competency deficit, or disciplinary action by any licensing or regulatory agency; (3-26-08)

**iii.** An applicant has not been in active medical practice for a period exceeding one (1) year, or when practice has been significantly interrupted; (3-30-06)

**iv.** An applicant has not written a recognized examination intended to determine ability to practice medicine within a period of five (5) years preceding application; (3-30-06)

**v.** An applicant whose initial licensure was issued on the basis of an examination not recognized by the Board; or (3-30-06)

**vi.** When there is any reason whatsoever to question the identity of the applicant. (3-30-06)

**c.** Recommendations of the assessment and or evaluation acceptable to the Board related to the ability of the applicant to practice medicine and surgery will be considered by the Board in its decision whether to issue a license and the Board may limit, condition, or restrict a license based on the Board's determination and the recommendation of the assessment or evaluation. (3-30-06)

**051. LICENSURE FOR GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS LOCATED OUTSIDE OF THE UNITED STATES AND CANADA.**

**01. International Medical Graduate.** In addition to meeting the requirements of Section 050, graduates of international medical schools located outside of the United States and Canada must submit to the Board: (3-26-08)

**a.** Original certificate from the ECFMG or original documentation that the applicant has passed the examination either administered or recognized by the ECFMG and passed an examination acceptable to the Board that demonstrates qualification for licensure or successfully completed the United States Medical Licensing Exam (USMLE). (5-8-09)

**b.** Original documentation directly from the international medical school that establishes to the satisfaction of the Board that the international medical school meets the standards for medical educational facilities set forth in Subsection 051.02, and that both the scope and content of the applicant's coursework and performance were equivalent to those required of students of medical schools accredited by the LCME; (3-26-08)

c. Original documentation directly from the international medical school that it has not been disapproved or has its authorization, accreditation, certification or approval denied or removed by any state, country or territorial jurisdiction and that to its knowledge no state of the United States or any country or territorial jurisdiction has refused to license its graduates on the grounds that the school fails to meet reasonable standards for medical education facilities; (3-26-08)

d. A ~~complete and original~~ transcript from the international medical school showing successful completion of all the courses taken and grades received and original documentation of successful completion of all clinical coursework; and (~~3-26-08~~)(      )

e. Original documentation of successful completion of three (3) years of progressive postgraduate training at one (1) training program accredited for internship, residency, or fellowship training by the ACGME, AOA or the Royal College of Physicians and Surgeons of Canada or its successor organization, provided however, a resident who is attending an Idaho based residency program may be licensed after successful completion of two (2) years of progressive post graduate training, if the following conditions are met: (~~3-25-16~~)(      )

i. The resident must have the written approval of the residency program director; (3-25-16)

ii. The resident must have a signed written contract with the Idaho residency program to complete the entire residency program; (3-25-16)

iii. The resident must remain in good standing at the Idaho-based residency program; (3-25-16)

iv. The residency program must notify the Board within thirty (30) days if there is a change in circumstances or affiliation with the program (for example, if the resident resigns or does not demonstrate continued satisfactory clinical progress); and (3-25-16)

v. The Idaho residency program and the Idaho Board have prescreened the applicant to ensure that the applicant has received an MD or DO degree from an approved school that is eligible for Idaho licensure after graduation. (3-25-16)

~~f. ECFMG. The certificate from the ECFMG is not required if the applicant holds a license to practice medicine which was issued prior to 1958 in one (1) of the states of the United States and which was obtained by written examination. (3-26-08)~~

**02. International Medical School Requirements. (3-26-08)**

~~a. An international medical school, as must be listed in the World Health Organization Directory of Medical Schools, ~~which issued its first doctor of medicine degree less than fifteen (15) years prior to an application for licensure, must provide documented evidence of degree equivalency acceptable to the Board including, but not limited to: a joint venture of World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER).~~ (3-26-08)(      )~~

~~i. The doctor of medicine degrees issued must be substantially equivalent to the degrees issued by acceptable medical schools located within the United States or Canada. Equivalency shall be demonstrated, in part, by original documentation of a medical curriculum of not less than thirty-two (32) months, or its equivalent, of full-time classroom instruction and supervised clinical coursework. Such clinical coursework shall be in a hospital or hospitals that, at the time of the applicant's coursework, documented its evaluation of the applicant's performance in writing as a basis for academic credit by the medical school; (3-26-08)~~

~~ii. The medical school's admission requirements, including undergraduate academic subject requirements, entrance examination scores, and core curriculum are substantially equivalent to medical schools located within the United States or Canada; (3-26-08)~~

~~iii. The medical school has adequate learning facilities, class attendance, medical instruction, and clinical rotations consistent with quality medical education. (3-26-08)~~

~~iv. The medical school has not been disapproved or has its authorization, accreditation, certification, licensure, or approval denied or removed by any state, country or territorial jurisdiction; and (3-26-08)~~

~~v. The medical school does not issue diplomas, confer degrees or allow graduation based on Internet or on line courses inconsistent with quality medical education. (3-26-08)~~

~~b. An international medical school, as listed in the World Health Organization Directory of Medical Schools, which issued its first doctor of medicine degree more than fifteen (15) years prior to an application for licensure, may, in the Board's discretion, be required to provide original documented evidence of degree equivalency acceptable to the Board. (3-26-08)~~

**052. GRADUATES OF UNAPPROVED INTERNATIONAL MEDICAL SCHOOLS LOCATED OUTSIDE OF THE UNITED STATES OR CANADA.**

In addition to meeting the requirements of Section 050 of these rules, graduates of unapproved international medical schools located outside the United States or Canada that do not meet the requirements of Section 051, 02 of these rules, shall submit to the Board an original certificate or document of three (3) of the four (4) following requirements. (3-26-08)(    )

**01. Valid ECFMG Certificate.** Hold a valid certificate issued by ECFMG. (3-26-08)

**02. Three Years of Completed Post Graduate Training.** Successful completion of three (3) years of progressive post graduate training at one (1) training program accredited for internship, residency or fellowship training in an ACGME or AOA or Royal College of Physicians and Surgeons of Canada or its successor organization's approved program. (3-26-08)(    )

**03. Board Certification.** Hold current board certification by a specialty board approved by the American Board of Medical Specialties or the AOA. (3-26-08)

**04. Five Years Unrestricted Practice.** Evidence of five (5) years of unrestricted practice as a licensee of any United States or Canadian jurisdiction. (3-26-08)

**053. LICENSURE BY ENDORSEMENT.**

An applicant, in good standing with no restrictions upon or actions taken against his license to practice medicine and surgery in a state, territory or district of the United States or Canada is eligible for licensure by endorsement to practice medicine in Idaho. An applicant with any disciplinary action, whether including past, pending, public or confidential, by any board of medicine, licensing authority, medical society, professional society, hospital, medical school or institution staff in any state, territory, district or country is not eligible for licensure by endorsement. An applicant ineligible for licensure by endorsement may make a full and complete application pursuant to the requirements of Sections 050, 051, or 052 of these rules. (5-8-09)(    )

**01. Character.** An applicant is not eligible for licensure by endorsement if the Board finds the applicant has engaged in conduct prohibited by Section 54-1814, Idaho Code. (5-8-09)

**02. Residence.** No period of residence in Idaho shall be required of any applicant, however, each applicant for licensure must be legally able to work and live in the United States. Original documentation of lawful presence in the United States must be provided upon request only. The Board shall refuse licensure or renew a license if the applicant is not lawfully present in the United States. (5-8-09)(    )

**03 English Language.** Each applicant shall speak, write, read, understand and be understood in the English language. Evidence of proficiency in the English language must be provided upon request only. (5-8-09)(    )

**04. Application.** The applicant shall submit a completed written application to the Board on forms furnished by the Board with the necessary nonrefundable application fee. Any certificate or document required to be submitted to the Board that is not in the English language must be accompanied by a certified translation thereof into English. The application form shall be verified and shall require the original document itself or a certified copy thereof issued by the agency or institution and mailed or delivered directly from the source to the Board or a Board

approved credential verification service of the following: (5-8-09)

**a.** Current, valid, unrevoked, unsuspended, undisciplined license to practice medicine and surgery in a state, territory or district of the United States or Canada shall constitute prima facie evidence of graduation from an acceptable school of medicine, successful completion of the United States Medical Licensing Exam (USMLE) and completion of one (1) year of postgraduate training approved by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada or its successor organization; or current board certification by a specialty board approved by the American Board of Medical Specialties or AOA; (5-8-09)(    )

~~**b.** Current board certification by a specialty board approved by the American Board of Medical Specialties or AOA;~~ (5-8-09)

~~**e.** Five (5) years of contemporaneous active, unrestricted, clinical practice of medicine and surgery as a licensee of a state, territory or district of the United States or Canada;~~ (5-8-09)

~~**d.** Disclosure of any past or current mental and/or physical condition of the applicant, ~~together with disclosure of any previous physical or mental illness~~ that may impact the applicant's ability to practice medicine;~~ (5-8-09)(    )

**ec.** Disclosure of past or pending medical malpractice actions against the applicant within the last ten (10) years and the judgments or settlements, if any, of such claims that exceed two-hundred fifty thousand dollars (\$250,000); (5-8-09)(    )

**fd.** An unmounted photograph of the applicant, of adequate size and clarity to identify the applicant and no larger than four inches tall by three inches wide (4" x 3"), taken not more than one (1) year prior to the date of the application; and (5-8-09)

**ge.** A certified copy of a full set of the applicant's fingerprints on forms supplied by the Board that shall be forwarded to the Idaho Department of Law Enforcement and to the FBI Identification Division for the purpose of a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database. (5-8-09)

**05. Affidavit.** An applicant shall provide the Board an Affidavit swearing that all the information he provides and all of his application answers are true and correct and that he is on notice that any false statement, omission, misrepresentation, or dishonest answer is a ground for denial of his application or revocation of his license. (5-8-09)

**(BREAK IN CONTINUITY OF SECTIONS)**

**078. LICENSES.**

**01. Licensure Expiration.** Each license to practice medicine shall be issued for a period of not less than one (1) year or more than five (5) years. Each license shall set forth its expiration date on the face of the certificate. Prorated fees may be assessed by the Board to bring the expiration date of the license within the next occurring license renewal period. The Board may condition the issuance of such a license for the full term upon the occurrence of events specified by the Board and the Board may extend a license for an intermediate period of time. (3-30-06)

**02. Renewal.** Each license to practice medicine may be renewed prior to its expiration date by the payment of a renewal fee to the Board and by completion of a renewal form provided by the Board. In order to be eligible for renewal, a licensee must provide a current address to the Board and must notify the Board of any change of address prior to the renewal period. Licenses not renewed by their expiration date shall be canceled. (3-30-06)

**03. Reinstatement Reactivation.** Licenses canceled for nonpayment of renewal fees may be reinstated reactivated by filing a reinstatement reactivation application on forms prescribed by the Board and upon payment of a

~~reinstatement~~ reactivation fee and applicable renewal fees for the period the license was lapsed. ~~(3-30-06)~~( )

**04. Relicensure.** Physicians whose licenses have been canceled for a period of more than five (5) years, shall be required to make application to the Board as new applicants for licensure. (3-26-08)

**079. CONTINUING MEDICAL EDUCATION (CME) REQUIRED.**

**01. Purpose.** The purpose of practice relevant CME is to enhance competence, performance, understanding of current standards of care, and patient outcomes. (5-3-03)

**02. Renewal.** Each person licensed to practice medicine and surgery or osteopathic medicine or surgery in Idaho shall complete no less than forty (40) hours of practice relevant, Category 1, CME every two (2) years. (5-3-03)

**03. Approved Programs.** All education offered by institutions or organizations accredited by the ACCME and reciprocating organizations or the AMA or AOA are considered approved. ~~(3-26-08)~~( )

**04. Verification of Compliance.** Licensees shall, at license renewal, provide a signed statement to the Board indicating compliance. The Board, in its discretion, may require such additional evidence as is necessary to verify compliance. (5-3-03)

**05. Alternate Compliance.** The Board may accept certification or recertification by a member of the American Board of Medical Specialties, the American Osteopathic Association Bureau of Professional Education, or the Royal College of Physicians and Surgeons of Canada or its successor organization in lieu of compliance with continuing education requirements during the cycle in which the certification or recertification is granted. The Board may also grant an exemption for full time participation in a residency or fellowship training at a professionally accredited institution. ~~(5-3-03)~~( )

**06. Penalties for Noncompliance.** The Board may condition, limit, suspend, or refuse to renew the license of any person whom the Board determines has failed to comply with the continuing education requirements of this chapter. (5-3-03)

**080. VOLUNTEER LICENSE.**

**01. License.** Upon completion of an application and verification of qualifications, the Board may issue a volunteer license to a physician who is retired from active practice for the purpose of providing medical service to people who, due to age, infirmity, handicap, indigence or disability, are unable to receive regular medical treatment. (3-30-06)

**02. Retired Defined.** A physician previously holding a license to practice medicine and surgery and osteopathic medicine and surgery in Idaho or another state shall be considered retired if, prior to the date of the application for a volunteer's license, he has: (3-30-06)

**a.** Surrendered or allowed his license with active status to expire with the intent of ceasing active practice for remuneration or; (3-30-06)

**b.** Converted his active license to an inactive status with the intention of ceasing to actively practice for remuneration or; (3-30-06)

**c.** Converted his license with active or inactive status to a license with retirement or similar status that proscribed the active practice of medicine. (3-30-06)

**03. Eligibility.** A physician whose license has been restricted, suspended, revoked surrendered, resigned, converted, allowed to lapse or expire as the result of disciplinary action or in lieu of disciplinary action shall not be eligible for a volunteer license. The volunteer license cannot be converted to a license with active, inactive or temporary status. (3-30-06)

**04. Application.** The application for a volunteer license shall include the requirements listed in Section 050 of these rules and: (3-30-06)

**a.** Verification that the applicant held an active license in good standing in Idaho or another state within five (5) years of the date of application for a volunteer license. (3-30-06)

**b.** The Board may at its discretion issue a volunteer license to a physician who has not held an active license in good standing for greater than five (5) years if the applicant has completed an examination acceptable to the Board that demonstrates the applicant possesses the knowledge and skills required to practice. (3-30-06)

**c.** A notarized statement from the applicant on a form prescribed by the Board, that the applicant will not provide any physician services to any person other than those permitted by the license and that the applicant will not accept any amount or form of remuneration, other than as reimbursement for the amount of actual expenses incurred as a volunteer physician, for any physician services provided under the authority of a volunteer's license. (3-30-06)

**d.** A completed *self* query of the *applicant from the* National Practitioner Databank *submitted to the Board.* (3-30-06)( )

**05. Expiration.** The volunteer license shall be valid until the expiration date printed on the license and may be renewed in accordance with these rules. (3-30-06)

**06. Discipline.** The volunteer license is subject to discipline in accordance with Section 54-1814, Idaho Code, and these rules. (3-30-06)

**(BREAK IN CONTINUITY OF SECTIONS)**

**100. FEES -- TABLE.**

**01. Fees -- Table.** Nonrefundable fees are as follows:

<b>Fees -- Table</b>	
Licensure Fee	Not more than \$600
Temporary License	Not more than \$300
<del>Reinstatement</del> <b>Reactivation</b> License Fee plus total of renewal fees not paid by applicant	Not more than \$300
Inactive License Renewal Fee	Not more than \$100
Renewal of License to Practice Medicine Fee	Not more than \$300
<del>Reactivation License Fee</del>	<del>Not more than \$200</del>
Duplicate Wallet License	Not more than \$20
Duplicate Wall License	Not more than \$50
Volunteer License Application Fee	\$0
Volunteer License Renewal Fee	\$0

(3-26-08)( )

**02. Administrative Fees for Services.** Administrative fees for services shall be billed on the basis of time and cost. (7-1-93)

**101. ADDITIONAL GROUNDS FOR SUSPENSION, REVOCATION OR DISCIPLINARY SANCTIONS.**

**01. Discipline.** In addition to the statutory grounds for medical discipline set forth in Idaho Code, Section 54-1814, every person licensed to practice medicine or registered as an ~~extern~~, intern, resident or physician assistant is subject to discipline by the Board upon any of the following grounds: (3-26-08)( )

**02. Unethical Advertising.** Advertising the practice of medicine in any unethical or unprofessional manner, includes but is not limited to: (7-1-93)

**a.** Using advertising or representations likely to deceive, defraud or harm the public. (7-1-93)

**b.** Making a false or misleading statement regarding his or her skill or the efficacy or value of the medicine, treatment or remedy prescribed by him or her at his or her direction in the treatment of any disease or other condition of the body or mind. (7-1-93)

**03. Standard of Care.** Providing health care that fails to meet the standard of health care provided by other qualified physicians in the same community or similar communities, includes but is not limited to: (7-1-93)

**a.** Being found mentally incompetent or insane by any court of competent jurisdiction. (7-1-93)

**b.** Engaging in practice or behavior that demonstrates a manifest incapacity or incompetence to practice medicine. (7-1-93)

**c.** Allowing another person or organization to use his or her license to practice medicine. (7-1-93)

**d.** 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. (3-19-99)

**e.** Violating any state or federal law or regulation relating to controlled substances. (7-1-93)

**f.** Directly promoting surgical procedures or laboratory tests that are unnecessary and not medically indicated. (7-1-93)

**g.** Failure to transfer pertinent and necessary medical records to another physician when requested to do so by the subject patient or by his or her legally designated representative. (7-1-93)

**h.** Failing to maintain adequate records. Adequate patient 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. (3-30-06)

**i.** Engaging in a pattern of unprofessional or disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; provided that such behavior does not have to cause actual patient harm to be considered unprofessional or disruptive. ( )

**04. Conduct.** Engaging in any conduct that constitutes an abuse or exploitation of a patient arising out of the trust and confidence placed in the physician by the patient, includes but is not limited to: (7-1-93)

**a.** Obtaining any fee by fraud, deceit or misrepresentation. (7-1-93)

**b.** Employing abusive billing practices. (7-1-93)

**c.** Failure to transfer pertinent and necessary medical records to another physician when requested to do so by the subject patient or by his or her legally designated representative. (7-1-93)

- d. Commission of any act of sexual contact, misconduct, exploitation or intercourse with a patient or former patient or related to the licensee's practice of medicine. (7-1-93)
- i. Consent of the patient shall not be a defense. (3-19-99)
- ii. Section 101 does not apply to sexual contact between a medical care provider and the provider's spouse or a person in a domestic relationship who is also a patient. (3-19-99)
- iii. A former patient includes a patient for whom the physician has provided medical services or prescriptions within the last twelve (12) months. (3-19-99)
- iv. Sexual or romantic relationships with former patients beyond that period of time may also be a violation if the physician uses or exploits the trust, knowledge, emotions or influence derived from the prior professional relationship with the patient. (3-19-99)
- e. Accepting any reimbursement for service, beyond actual expenses, while providing physician services under a volunteer license. (3-30-06)
- f. Interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts or by use of threats or harassment against any patient, Board or Committee on Professional Discipline member, Board staff, hearing officer or witness in an attempt to influence the outcome of a disciplinary proceeding, investigation or other legal action. (3-30-06)
- g. Failure to obey state and local laws and rules governing the practice of medicine. (3-26-08)
- h. Failure to be lawfully present in the United States. (3-26-08)

102. -- ~~999~~150. (RESERVED)

**151. DEFINITIONS RELATING TO SUPERVISING AND DIRECTING PHYSICIANS.**

**01. Alternate Directing Physician.** A designated Idaho licensed physician, registered with the Board pursuant to this chapter and Title 54, Chapter 39, Idaho Code, who oversees the practice of athletic training and is responsible for the athletic training services provided by the athletic trainer in the temporary absence of the directing physician. ( )

**02. Alternate Supervising Physician.** An Idaho licensed physician who is registered with the Board pursuant to this chapter and who has full responsibility for the medical acts and practice of a physician assistant or graduate physician assistant in the temporary absence of the supervising physician. ( )

**03. Alternate Supervising Physician for Interns and Residents.** A physician licensed to practice medicine or licensed to practice osteopathic medicine in Idaho who has been designated by the supervising physician and approved by and registered by the Board to supervise the intern or resident in the temporary absence of the supervising physician. ( )

**04. Alternate Supervising Physician of Medical Personnel.** An Idaho licensed physician who is registered with the Board pursuant to this chapter, who supervises and has full responsibility for cosmetic treatments using prescriptive medical/cosmetic devices and/or products provided by medical personnel in the temporary absence of the supervising physician. ( )

**05. Athletic Trainer.** A person who has met the qualifications for licensure as set forth in Title 54, Chapter 39, Idaho Code, is licensed under that chapter, and carries out the practice of athletic training under the direction of a designated Idaho licensed physician, registered with the Board. ( )

**06. Board.** The Idaho State Board of Medicine established pursuant to Section 54-1805, Idaho Code. ( )



**07. Directing Physician.** A designated Idaho licensed physician, registered with the Board pursuant to this chapter and Title 54, Chapter 39, Idaho Code, who oversees the practice of athletic training and is responsible for the athletic training services provided by the athletic trainer. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. ( )

**08. Graduate Physician Assistant.** A person who is a graduate of an approved program for the education and training of physician assistants and who meets all the requirements in IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants" for Idaho licensure but has not yet taken and passed the certification examination, and who has been authorized by the Board, as defined in IDAPA 22.01.03, Subsection 036.01, of these rules to render patient services under the direction of a supervising physician for a period of six (6) months or has passed the certification examination but who has not yet obtained a college baccalaureate degree, and who has been authorized by the Board, as defined in IDAPA 22.01.03, Subsection 036.02, to render patient services under the direction of a supervising physician for a period of not more than five (5) years. ( )

**09. Intern.** Any person who has completed a course of study at an acceptable school of medicine as defined in Subsection 010.01 or 010.02 of these rules, and who is enrolled in a postgraduate medical training program. ( )

**10. Medical Personnel.** An individual who provides cosmetic treatments using prescriptive medical/cosmetic devices and products that are exclusively non-incisive or non-ablative under the direction and supervision of a supervising physician registered with the Board, pursuant to the applicable Idaho statutes and the applicable rules promulgated by the Board. ( )

**11. Physician.** A physician who holds a current active license issued by the Board to practice medicine or osteopathic medicine in Idaho and is in good standing with no restrictions upon or actions taken against his license. ( )

**12. Physician Assistant.** Any person duly licensed with the Board as a physician assistant to render patient services under the direction of a supervising physician registered with the Board, pursuant to the applicable Idaho statutes and the applicable rules promulgated by the Board. ( )

**13. Resident.** Any person who has completed a course of study at an acceptable school of medicine as defined in Subsection 010.01 or 010.02 of these rules, and who is enrolled in a postgraduate medical training program. ( )

**14. Supervising Physician.** Any physician who is registered with the Board pursuant to this chapter and who supervises and has responsibility for the medical acts of and patient services provided by a physician assistant or graduate physician assistant. ( )

**15. Supervising Physician of Interns or Residents.** Any person approved by and registered with the Board who is licensed to practice medicine and surgery or osteopathic medicine and surgery in Idaho, who signs the application for registration of an intern or resident, and who is responsible for the direction and supervision of their activities. ( )

**16. Supervising Physician of Medical Personnel.** An Idaho licensed physician who is registered with the Board pursuant to this chapter, who supervises and has full responsibility for cosmetic treatments using prescriptive medical/cosmetic devices and products provided by medical personnel. ( )

**152. – 160. (RESERVED)**

**161. DUTIES OF DIRECTING PHYSICIANS.**

**01. Responsibilities.** The directing physician accepts full responsibility for the acts and athletic training services provided by the athletic trainer and oversees the practice of athletic training of the athletic trainer, and for the supervision of such acts which shall include, but are not limited to: ( )

a. An on-site visit at least semiannually to personally observe the quality of athletic training services provided; and ( )

b. Recording of a periodic review of a representative sample of the records, including, but not limited to, records made from the past six (6) months of the review to evaluate the athletic training services that were provided. ( )

02. Scope of Practice. The directing physician shall ensure the scope of practice of the athletic trainer, as set forth in IDAPA 22.01.10, "Rules for the Licensure of Athletic Trainers to Practice in Idaho," and Section 54-3903, Idaho Code, shall be limited to and consistent with the scope of practice of the directing physician and exclude any independent practice of athletic training by an athletic trainer. ( )

03. Directing Responsibility. The responsibilities and duties of a directing physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician without prior notification and Board approval. ( )

04. Available Supervision. The directing physician shall oversee the activities of the athletic trainer and must be available either in person or by telephone to supervise, direct, and counsel the athletic trainer. The scope and nature of the direction of the athletic trainer shall be outlined in an athletic training service plan or protocol, as set forth in IDAPA 22.01.10, "Rules for the Licensure of Athletic Trainers to Practice in Idaho," Section 013. ( )

05. Disclosure. It shall be the responsibility of each directing physician to ensure that each athlete who receives athletic training services is aware of the fact that said person is not a licensed physician. This disclosure requirement can be fulfilled by the use of name tags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the athlete of the education and training of the person rendering athletic training services. ( )

06. On-Site Review. The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of the directing physicians at the locations and facilities in which the athletic trainer practices at such times as the Board deems necessary. ( )

**162. DUTIES OF SUPERVISING PHYSICIANS.**

01. Responsibilities. The supervising physician accepts full responsibility for the medical acts of and patient services provided by physician assistants and graduate physician assistants and for the supervision of such acts which shall include, but are not limited to: ( )

a. An on-site visit at least monthly to personally observe the quality of care provided; ( )

b. A periodic review of a representative sample of medical records to evaluate the medical services that are provided. When applicable, this review shall also include an evaluation of adherence to the delegation of services agreement between the physician and physician assistant or graduate physician assistant; and ( )

c. Regularly scheduled conferences between the supervising physician and such licensees. ( )

02. Pre-Signed Prescriptions. The supervising physician shall not utilize or authorize the physician assistant to use any pre-signed prescriptions. ( )

03. Supervisory Responsibility. A supervising physician or alternate supervising physician shall not supervise more than three (3) physician assistants or graduate physician assistants contemporaneously. The Board, however, may authorize a supervising physician or alternate supervising physician to supervise a total of six (6) such licensees contemporaneously if necessary to provide adequate medical care and upon prior petition documenting adequate safeguards to protect the public health and safety. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician without prior notification and Board approval. ( )

04. Available Supervision. The supervising physician shall oversee the activities of the physician ( )

assistant or graduate physician assistant, and must always be available either in person or by telephone to supervise, direct, and counsel such licensees. The scope and nature of the supervision of the physician assistant and graduate physician assistant shall be outlined in a delegation of services agreement, as set forth in IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants," Subsection 030.04. ( )

**05. Disclosure.** It shall be the responsibility of each supervising physician to ensure that each patient who receives the services of a physician assistant or graduate physician assistant is aware of the fact that said person is not a licensed physician. This disclosure requirement can be fulfilled by the use of nametags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the patient of the education and training of the person rendering medical services. ( )

**163. ON-SITE REVIEW.**

The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of the supervising physicians at the locations and facilities in which the physician assistant or graduate physician assistant practices at such times as the Board deems necessary. ( )

**164. DUTIES OF SUPERVISING PHYSICIANS OF INTERNS AND RESIDENTS.**

**01. Responsibilities.** The supervising physician is responsible for the direction and supervision of the medical acts and patient services provided by an intern or resident. The direction and supervision of such activities shall include, but are not limited to: ( )

- a.** An on-site visit at least monthly to personally observe the quality of care provided; ( )
- b.** Recording of a periodic review of a representative sample of medical records to evaluate the medical services that are provided; and ( )
- c.** Regularly scheduled conferences between the supervising physician and the intern or resident. ( )

**02. Available Supervision.** The supervising physician shall oversee the activities of the intern or resident, and must always be available either in person or by telephone to supervise, direct and counsel the intern or resident. ( )

**03. Disclosure.** It shall be the responsibility of each supervising physician to ensure that each patient who receives the services of an intern or resident is aware of the fact that said person is not a licensed physician. This disclosure requirement can be fulfilled by the use of nametags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the patient of the education and training of the person rendering medical services. ( )

**04. On-Site Review.** The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of the supervising physicians at the locations and facilities in which the intern or resident practices at such times as the Board deems necessary. ( )

**165. SUPERVISING PHYSICIANS OF MEDICAL PERSONNEL.**

Prescriptive medical/cosmetic devices and products penetrate and alter human tissue and can result in complications such as visual impairment, blindness, inflammation, burns, scarring, hypopigmentation, and hyperpigmentation. Cosmetic treatments using such prescriptive medical/cosmetic devices and products is the practice of medicine as defined in Section 54-1803(1), Idaho Code. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. ( )

- 01. Definitions.** ( )
  - a.** Ablative. Ablative is the separation, eradication, removal, or destruction of human tissue. ( )
  - b.** Incisive. Incisive is the power and quality of cutting of human tissue. ( )

c. Cosmetic Treatment. An aesthetic treatment prescribed by a physician for a patient that uses prescriptive medical/cosmetic devices and products to alter human tissue. ( )

d. Prescriptive Medical/Cosmetic Device. A federal food and drug administration approved prescriptive device that uses waveform energy including, but not limited to, intense pulsed light or lasers, to cosmetically alter human tissue. ( )

e. Prescriptive Medical/Cosmetic Product. A federal food and drug administration approved prescriptive product whose primary intended use of the product is achieved through chemical action and cosmetically alters human tissue including, but not limited to, filler substances such as collagen or fat; lipo transfer; muscle immobilizers or sclerosing agents. ( )

02. Duties and Responsibilities of Supervising Physicians. The supervising physician accepts full responsibility for cosmetic treatments provided by medical personnel using prescriptive medical/cosmetic devices and products and for the supervision of such treatments. The supervising physician shall be trained in the safety and use of prescriptive medical/cosmetic devices and products. ( )

a. Patient Record. The supervising physician must document an adequate legible patient record of his evaluation and assessment of the patient prior to a cosmetic treatment. An adequate patient record must contain, at minimum, subjective information, an evaluation and report of objective findings, assessment or diagnosis, and the plan of care including, but not limited to, a prescription for prescriptive medical/cosmetic devices and products. ( )

b. Supervisory Responsibility. A supervising physician or alternate supervising physician of medical personnel shall not supervise more than three (3) such medical personnel contemporaneously. The Board, however, may authorize a supervising physician or alternate supervising physician to supervise a total of six (6) such medical personnel contemporaneously if necessary to provide adequate cosmetic treatments and upon prior petition documenting adequate safeguards to protect the public health and safety. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation or partnership, nor may they be assigned to another physician without prior notification and Board approval ( )

c. Available Supervision. The supervising physician shall be on-site or immediately available to respond promptly to any questions or problems that may occur while a cosmetic treatment is being performed by medical personnel using prescriptive medical/cosmetic devices and products. Such supervision shall include, but is not limited to: ( )

i. Periodic review of the medical records to evaluate the cosmetic treatments that are provided by such medical personnel including any adverse outcomes or changes in the treatment protocol; and ( )

ii. Regularly scheduled conferences between the supervising physician and such medical personnel. ( )

d. Scope of Cosmetic Treatments. Medical personnel providing cosmetic treatments are limited to using prescriptive medical/cosmetic devices and products that are exclusively non-incisive and non-ablative. The supervising physician shall ensure cosmetic treatments using prescriptive medical/cosmetic devices and products provided by medical personnel shall be limited to and consistent with the scope of practice of the supervising physician. The supervising physician shall ensure medical personnel shall not independently provide cosmetic treatments using prescriptive medical/cosmetic devices and products. ( )

i. The supervising physician shall ensure that, with respect to each procedure performed, the medical personnel possess the proper training in cutaneous medicine, the indications for the prescribed treatment, and the pre- and post-procedure care involved; and ( )

ii. The supervising physician shall prepare a written protocol for medical personnel to follow when using prescriptive medical/cosmetic devices and products. The supervising physician is responsible for ensuring that the medical personnel use prescriptive medical/cosmetic devices and products only in accordance with the written protocol and do not exercise independent judgment when using prescriptive medical/cosmetic devices and products. ( )

- ( )
- e.** Training Requirements. Medical personnel who provide cosmetic treatments using prescriptive medical/cosmetic devices and products must have training and be certified by their supervising physicians on each device or product they will use. The training on each device or product must include the following: ( )
- i.** Physics and safety of the prescriptive medical/cosmetic devices and products: ( )
  - ii.** Basic principle of the planned procedure and treatment: ( )
  - iii.** Clinical application of the prescriptive medical/cosmetic devices and products including, but not limited to, wavelengths to be used with intense pulsed light/lasers: ( )
  - iv.** Indications and contraindications for the use of the prescriptive medical/cosmetic devices and products: ( )
  - v.** Pre-procedure and post-procedure care: ( )
  - vi.** Recognition and acute management of complications that may result from the procedure or treatment; and ( )
  - vii.** Infectious disease control procedures required for each treatment. ( )
  - viii.** The supervising physician shall assure compliance with the training and reporting requirements of this rule. ( )
  - ix.** The supervising physician shall submit verification of training upon the Medical Personnel Supervising Physician Registration form provided by the Board, to the Board for approval prior to the provision of cosmetic treatments using prescriptive medical/cosmetic devices and products by medical personnel. The Board may require the supervising physician to provide additional written information, which may include his affidavit attesting to the medical personnel's qualifications and clinical abilities to perform cosmetic treatments using prescriptive medical/cosmetic devices and products. The Medical Personnel Supervising Physician Registration Form shall be sent to the Board and must be maintained on file at each practice location and at the address of record of the supervising physician. The Board may require such changes as needed to achieve compliance with this chapter and Title 54, Chapter 18, Idaho Code, and to safeguard the public. ( )
- f.** Disclosure. It shall be the responsibility of each supervising physician to ensure that every patient receiving a cosmetic treatment using prescriptive medical/cosmetic devices and products by such medical personnel is aware of the fact that such medical personnel are not licensed physicians. This disclosure requirement can be fulfilled by the use of name tags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the patient of the education and training of the medical personnel rendering such cosmetic treatments. ( )
- g.** On-Site Review. The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of the supervising physicians at the locations and facilities in which medical personnel provide cosmetic treatments using prescriptive medical/cosmetic devices and products at such times as the Board deems necessary. ( )
- h.** Patient Complaints. The supervising physician shall report to the Board of Medicine all patient complaints received against medical personnel that relate to the quality and nature of cosmetic treatments rendered. ( )
- i.** Duties and Responsibilities Nontransferable. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician or person. ( )

**166 -- 200. (RESERVED)**

**201. REGISTRATION BY SUPERVISING AND DIRECTING PHYSICIANS.**

**01. Registration and Renewal.** Each supervising, directing, and alternate physician must register with the Board and such registration shall be renewed annually. ( )

**02. Notification.** The supervising and directing physician must notify the Board of any change in the status of any physician assistant, graduate physician assistant, athletic trainer, or medical personnel for whom he is responsible, including, but not limited to, changes in location, duties, responsibilities, or supervision, or termination of employment within thirty (30) days of such event. ( )

**202. DISCIPLINARY ACTION.**

Every person registered as a supervising, directing, or alternate physician in this state is subject to discipline by the Board pursuant to the procedures and powers set forth in Section 54-1806A, Idaho Code, for violation of these rules or upon any of the grounds set forth in Section 54-1814, Idaho Code. ( )

**203. -- 239. (RESERVED)**

**240. FEES.**

Necessary fees shall accompany applications for registration and shall not be refundable. ( )

**01. Supervising Physician Registration Fee.** The fee for supervising physician registration will be not more than fifty dollars (\$50) and the annual renewal fee will be not more than twenty-five dollars (\$25); provided however, alternate supervising physicians shall not be required to pay an annual renewal fee. ( )

**02. Directing Physician Registration Fee.** The fee for directing physician registration will be not more than fifty dollars (\$50) and the annual renewal fee will be not more than twenty-five dollars (\$25); provided however, alternate directing physicians shall not be required to pay an annual renewal fee. ( )

**241. (RESERVED)**

**242. DEFINITIONS RELATED TO INTERNS AND RESIDENTS.**

**01. Acceptable Training Program.** A medical training program or course of medical study that has been approved by the Liaison Committee for Medical Education (LCME), Council on Medical Education or Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association (AOA). ( )

**02. Acceptable Post Graduate Training Program.** A post graduate medical training program or course of medical study that has been approved by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA). ( )

**03. Intern or Resident.** Any person who has completed a course of study at an acceptable school of medicine as defined in Subsection 010.01 or 010.02 of these rules, but is not yet licensed to practice medicine and who is enrolled in an acceptable postgraduate medical training program. ( )

**243. REQUIREMENTS FOR REGISTRATION OF INTERNS AND RESIDENTS.**

**01. Residence.** No period of residence in Idaho shall be required of any applicant, however, each applicant for registration must be legally able to work and live in the United States. Original documentation of lawful presence in the United States must be provided upon request only. The Board shall refuse to issue a registration or renew a registration if the applicant is not lawfully present in the United States. ( )

**02. English Language.** Each applicant shall speak, write, read, understand, and be understood in the English language. Evidence of proficiency in the English language must be provided upon request. ( )

**03. Application.** Each intern or resident intending to commence activities in the state of Idaho that may involve activities constituting the practice of medicine, must submit a completed registration application to the Board

on forms furnished by the Board and be issued a registration certificate prior to the commencement of any such activities. Any diploma or other document required to be submitted to the Board that is not in the English language must be accompanied by a certified translation thereof into English. The application form shall be verified and shall require the following information: ( )

a. Personal identification information and the educational background of the intern or resident including his medical school education and any postgraduate training programs; ( )

b. The disclosure of any criminal convictions, criminal charges, medical disciplinary actions or medical malpractice actions, whatever the outcome, naming the intern or resident; ( )

c. A complete description of the program or course of study in the acceptable post graduate training program the applicant intends to follow, including documentation of the liability coverage to be provided to the applicant; ( )

d. The name and address of the supervising physician and alternate supervising physician and the location of the program or course of study; ( )

e. The signature by the supervising physician and alternate supervising physician by which they acknowledge and accept responsibility for the activities of the intern or resident; ( )

f. Original documentation confirming ECFMG certification of the international medical graduate; ( )

g. A copy of the applicant's birth certificate or current passport; and ( )

h. Such other information as the Board deems relevant in reviewing the registration application. ( )

**244. GENERAL PROVISIONS FOR REGISTRATION.**

**01. Character.** The Board may refuse to issue or renew registration if it finds that the applicant has engaged in conduct prohibited by Section 54-1814, Idaho Code; provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances. ( )

**02. No Action on Application.** An application upon which the applicant takes no further action will be held for no longer than one (1) year. ( )

**03. Registration Certificate.** Upon approval of the registration application, the Board may issue a registration certificate that shall set forth the period during which the registrant may engage in activities that may involve the practice of medicine. Each registration shall be issued for a period of not less than one (1) year and shall set forth its expiration date on the face of the certificate. Each registration shall identify the supervising physician and alternate supervising physician. Each registrant shall notify the Board in writing of any change of the supervising physician, alternate supervising physician or the program or course of study fourteen (14) days prior to any such change. If the Board deems the intern or resident qualified, and if the course study requires, the Board may additionally certify on the registration certificate that the intern or resident is qualified to write prescriptions for Class III through Class V scheduled medications. ( )

**04. Termination of Registration.** The registration of an intern or resident may be terminated, suspended, or made conditional by the Board on the grounds set forth in Section 54-1814, Idaho Code, and under the procedures set forth in Section 54-1806A, Idaho Code. ( )

**05. Annual Renewal of Registration.** Each registration shall be renewed annually prior to its expiration date. Any registration not renewed by its expiration date shall be canceled. ( )

**06. Notification of Change.** Each registrant shall notify the Board in writing of any adverse action or termination, whatever the outcome, from any post graduate training program and any name changes within fourteen

(14) days of such event. ( )

07. Disclosure. It shall be the responsibility of each registrant to ensure that every patient is aware of the fact that such intern and resident is currently enrolled in a post graduate training program and under the supervision of a licensed physician. This disclosure requirement can be fulfilled by the use of name tags, correspondence, oral statements, or such other procedures that under the circumstances adequately advise the patient of the education and training of the intern and resident. ( )

**245. FEES.**

01. Registration Fee. The nonrefundable registration issuance fee shall be no more than twenty-five dollars (\$25). ( )

02. Registration Annual Renewal Fee. The nonrefundable registration annual renewal fee shall be no more than twenty-five dollars (\$25). ( )

03. Other. Administrative fees for services, including photocopying and review of records shall be billed on the basis of time and charges. ( )

**246. -- 999. (RESERVED)**



## IDAPA 22 – BOARD OF MEDICINE

### 22.01.02 – RULES OF THE BOARD OF MEDICINE FOR THE REGISTRATION OF EXTERNS, INTERNS, AND RESIDENTS

#### DOCKET NO. 22-0102-1801 (CHAPTER REPEAL)

#### NOTICE OF RULEMAKING – PROPOSED RULE

**AUTHORITY:** In compliance with Sections 67-5221(1), Idaho Code, notice is hereby given that this agency initiated proposed rulemaking procedures to repeal a rule. The action is authorized pursuant to Section 54-1806(2), Idaho Code.

**PUBLIC HEARING SCHEDULE:** A public hearing concerning this rulemaking will be held as follows:

**PUBLIC HEARING**  
**Thursday, December 6, 2018 – 3:00 p.m. to 5:00 p.m.**

**345 W. Bobwhite Court, Suite 150**  
**Idaho State Board of Medicine**  
**Boise, Idaho 83706**

The meeting site will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the meeting, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The Board of Medicine is promoting regulatory reform by streamlining and combining its rules and reducing obstacles to licensure and practice. The purpose of this proposed rulemaking is to combine all provisions which apply to licensure and registration of physicians into IDAPA 22.01.01, Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho. The provisions from IDAPA 22.01.02 relating to the registration of externs, interns, and residents will be merged into a IDAPA 22.01.01 to consolidate physician licensure and registration provisions. As a result, IDAPA 22.01.02 will be repealed.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased: N/A

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking: N/A

The Board of Medicine is a dedicated funds agency, and therefore, there will be no fiscal impact to the state general fund.

**NEGOTIATED RULEMAKING:** Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was conducted with interested parties, including the state association, and such negotiations shall continue through the comment period and hearing.

**INCORPORATION BY REFERENCE:** Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rules, contact Anne K. Lawler, Executive Director, (208) 327-7000. Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before December 6, 2018.

Dated this 4th day of October, 2018.

Anne K. Lawler, JD, RN, Executive Director  
Phone: (208) 327-7000  
Fax: (208) 327-7005

Idaho State Board of Medicine  
345 W. Bobwhite Court, Suite 150  
Boise, Idaho 83706

**IDAPA 22.01.02 IS BEING REPEALED IN ITS ENTIRETY**