



Eric Milstead
Director

Legislative Services Office

Idaho State Legislature

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MEMORANDUM

TO: Senators MARTIN, Souza, Jordan and,
Representatives WOOD, Wagoner, Chew

FROM: Matt Drake - Legislative Drafting Attorney

DATE: April 21, 2020

SUBJECT: Temporary Rule

IDAPA 22.00.00 - Notice of Omnibus Rulemaking (Fee Rule) - Adoption of Temporary Rule - Docket
No. 22-0000-2000F

We are forwarding this temporary rule to you for your information only. No analysis was done by LSO. This rule is posted on our web site. If you have any questions, please call Matt Drake at the Legislative Services Office at (208) 334-4845. Thank you.

Attachment: Temporary Rule

Kristin Ford, Manager
Research & Legislation

Paul Headlee, Manager
Budget & Policy Analysis

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Glenn Harris, Manager
Information Technology

IDAPA 22 – BOARD OF MEDICINE

DOCKET NO. 22-0000-2000F (FEE RULE)

NOTICE OF OMNIBUS RULEMAKING – ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rules being adopted through this omnibus rulemaking is the adjournment date of the second regular session of the 65th Idaho State Legislature - March 20, 2020.

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted temporary rules. The action is authorized 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.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting temporary rules:

This temporary rulemaking adopts the following chapters under IDAPA 22:

IDAPA 22

- 22.01.01, *Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho*
- 22.01.03, *Rules for the Licensure of Physician Assistants*
- 22.01.07, *Rules for the Licensure of Naturopathic Medical Doctors*
- 22.01.10, *Rules for the Licensure of Athletic Trainers to Practice in Idaho*
- 22.01.11, *Rules for Licensure of Respiratory Therapists and Permitting of Polysomnographers in Idaho*
- 22.01.13, *Rules for the Licensure of Dietitians*

TEMPORARY RULE JUSTIFICATION: Pursuant to Sections 67-5226(1) and 67-5226(2), Idaho Code, the Governor has found that temporary adoption of these rules is appropriate for the following reasons:

These temporary rules are necessary to protect the public health, safety, and welfare of the citizens of Idaho and confer a benefit on its citizens. These temporary rules implement the duly enacted laws of the state of Idaho, provide citizens with the detailed rules and standards for complying with those laws, and assist in the orderly execution and enforcement of those laws. The expiration of these rules without due consideration and processes would undermine the public health, safety, and welfare of the citizens of Idaho and deprive them of the benefit intended by these rules.

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fees or charges being imposed or increased is justified and necessary to avoid immediate danger and the fees are described herein:

The fees or charges, authorized in Sections 54-1808, 54-3509, 54-3907, 54-4311, 54-5105, Idaho Code, are part of the agency's 2021 budget that relies upon the existence of these fees or charges to meet the state's obligations and provide necessary state services. Failing to reauthorize these temporary rules would create immediate danger to the state budget, immediate danger to necessary state functions and services, and immediate danger of a violation of Idaho's constitutional requirement that it balance its budget.

The following is a specific description of the fees or charges: The fees included in each rule chapter relate to licensure and renewal of licensure for each profession described in each rule chapter.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Anne Lawler, (208) 327-7000.

Dated this 14th day of February, 2020.

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IDAPA 22 – BOARD OF MEDICINE

22.01.01 – RULES OF THE BOARD OF MEDICINE FOR THE LICENSURE TO PRACTICE MEDICINE AND OSTEOPATHIC MEDICINE 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. (3-20-20)T

001. TITLE AND SCOPE.

These rules are titled IDAPA 22.01.01, “Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho.” (3-20-20)T

002. -- 009. (RESERVED)

010. DEFINITIONS.

01. 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. (3-20-20)T

02. 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. (3-20-20)T

03. 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. (3-20-20)T

04. Medical Practice Act. Title 54, Chapter 18, Idaho Code. (3-20-20)T

011. ABBREVIATIONS.

01. AAMC. Association of American Medical Colleges. (3-20-20)T

02. ACGME. Accreditation Council for Graduate Medical Education. (3-20-20)T

03. AMA. American Medical Association. (3-20-20)T

04. AOA. American Osteopathic Association. (3-20-20)T

05. CACMS. Committee on Accreditation of Canadian Medical Schools. (3-20-20)T

06. COCA. Commission on Osteopathic College Accreditation. (3-20-20)T

07. ECFMG. Educational Commission for Foreign Medical Graduates. (3-20-20)T

08. FAIMER. Foundation for Advancement of International Medical Education. (3-20-20)T

09. FSMB. Federation of State Medical Boards. (3-20-20)T

10. LCME. Liaison Committee on Medical Education. (3-20-20)T

11. USMLE. United States Medical Licensing Exam. (3-20-20)T

12. WFME. World Federation for Medical Education. (3-20-20)T

012. -- 049. (RESERVED)

050. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.

Requirements for licensure and renewal are found in Title 54, Chapter 18, Idaho Code, IDAPA 22.01.05, and on Board approved forms. (3-20-20)T

01. Special Purpose Examination. 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. (3-20-20)T

02. Additional Circumstances. The Board may require further inquiry when in its judgment the need is apparent, including, but not limited to, the following circumstances: (3-20-20)T

i. Graduate of an international medical school located outside the United States and Canada and not accredited by the LCME; (3-20-20)T

ii. Applicant whose background investigation reveals evidence of impairment, competency deficit, or disciplinary action by any licensing or regulatory agency; (3-20-20)T

iii. An applicant has not been in active medical practice for a period exceeding one (1) year, or when practice has been significantly interrupted; (3-20-20)T

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; (3-20-20)T

v. An applicant whose initial licensure was issued on the basis of an examination not recognized by the Board; or (3-20-20)T

vi. When there is any reason whatsoever to question the identity of the applicant. (3-20-20)T

03. Board Determinations. 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. (3-20-20)T

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: (3-20-20)T

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); (3-20-20)T

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; (3-20-20)T

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; (3-20-20)T

d. A 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 (3-20-20)T

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: (3-20-20)T

i. The resident must have the written approval of the residency program director; (3-20-20)T

ii. The resident must have a signed written contract with the Idaho residency program to complete the entire residency program; (3-20-20)T

iii. The resident must remain in good standing at the Idaho-based residency program; (3-20-20)T

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 (3-20-20)T

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. (3-20-20)T

02. International Medical School Requirements. An international medical school must be listed in the World Directory of Medical Schools, a joint venture of World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER). (3-20-20)T

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: (3-20-20)T

01. Valid ECFMG Certificate. Hold a valid certificate issued by ECFMG. (3-20-20)T

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. (3-20-20)T

03. Board Certification. Hold current board certification by a specialty board approved by the American Board of Medical Specialties or the AOA. (3-20-20)T

04. Five Years Unrestricted Practice. Evidence of five (5) years of unrestricted practice as a licensee of any United States or Canadian jurisdiction. (3-20-20)T

053. -- 078. (RESERVED)

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. (3-20-20)T

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. (3-20-20)T

03. Verification of Compliance. Licensees will, at license renewal, provide an attestation to the Board indicating compliance. The Board, in its discretion, may require such additional evidence as is necessary to verify compliance. (3-20-20)T

04. Alternate Compliance. The Board may accept certification or recertification by a member of the American Board of Medical Specialties, the American Osteopathic Association, 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. (3-20-20)T

05. 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. (3-20-20)T

080. PHYSICIAN PANELIST FOR PRELITIGATION CONSIDERATION OF MEDICAL MALPRACTICE CLAIMS.

01. Purpose. The purpose of serving as a physician panelist for prelitigation consideration of medical malpractice claims against physicians and surgeons practicing in the state of Idaho or against licensed acute care general hospitals operating in the state of Idaho is to: (3-20-20)T

a. Cooperate in the prelitigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care in Idaho; and (3-20-20)T

b. Accept and hear complaints of such negligence and damages, made by or on behalf of any patient who is an alleged victim of such negligence. (3-20-20)T

02. Eligibility. A physician licensed to practice medicine and surgery or osteopathic medicine or surgery in Idaho must be available to serve in any two (2) year period, or a longer period not to exceed five (5) years, as determined by the panel chairman, as a physician panelist for prelitigation consideration of a medical malpractice claim. (3-20-20)T

03. Excusing Physicians from Serving. A physician panelist so selected must serve unless he had served on a prelitigation panel during any previous two (2) year period, or a longer period not to exceed five (5) years, as determined by the panel chairman or for good cause shown, is excused by the panel chairman. To show good cause for relief from serving, the selected physician panelist must present an affidavit to the panel chairman which shall set out the facts showing that service would constitute an unreasonable burden or undue hardship. The panel chairman has the sole authority to excuse a selected physician from serving on a prelitigation panel. (3-20-20)T

04. Penalties for Noncompliance. The Board may condition, limit, suspend, or refuse to renew the license of any physician whom the Board determines has failed to serve as a physician panelist for the prelitigation consideration of a medical malpractice claim. (3-20-20)T

081. -- 099. (RESERVED)

100. FEES -- TABLE.

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

Fees -- Table (Non-Refundable)	
Licensure Fee	- Not more than \$600

Fees -- Table (Non-Refundable)		
Temporary License	-	Not more than \$300
Reinstatement 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
Duplicate Wallet License	-	Not more than \$20
Duplicate Wall Certificate	-	Not more than \$50
Volunteer License Application Fee	-	\$0
Volunteer License Renewal Fee	-	\$0

(3-20-20)T

02. Administrative Fees for Services. Administrative fees for services shall be billed on the basis of time and cost. (3-20-20)T

101. -- 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 physician. (3-20-20)T

02. 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. (3-20-20)T

03. 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. (3-20-20)T

04. 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. (3-20-20)T

05. 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. (3-20-20)T

06. 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. (3-20-20)T

07. 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. (3-20-20)T

08. 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. (3-20-20)T

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 include, but are not limited to: (3-20-20)T

a. An on-site visit at least semiannually to personally observe the quality of athletic training services provided; and (3-20-20)T

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. (3-20-20)T

02. Scope of Practice. The directing physician must 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, will 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. (3-20-20)T

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. (3-20-20)T

04. Available Supervision. The directing physician will 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 will 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 012. (3-20-20)T

05. Disclosure. It is 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. (3-20-20)T

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: (3-20-20)T

a. An on-site visit at least monthly to personally observe the quality of care provided; (3-20-20)T

b. A periodic review of a representative sample of medical records to evaluate the medical services that are provided. When applicable, this review will also include an evaluation of adherence to the delegation of services agreement between the physician and physician assistant or graduate physician assistant; and (3-20-20)T

c. Regularly scheduled conferences between the supervising physician and such licensees. (3-20-20)T

02. Pre-Signed Prescriptions. The supervising physician will not utilize or authorize the physician assistant to use any pre-signed prescriptions. (3-20-20)T

03. Supervisory Responsibility. A supervising physician or alternate supervising physician may not supervise more than four (4) 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. (3-20-20)T

04. Available Supervision. The supervising physician will 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 must 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. (3-20-20)T

05. Disclosure. It is 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. (3-20-20)T

163. 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 include, but are not limited to: (3-20-20)T

- a. An on-site visit at least monthly to personally observe the quality of care provided; (3-20-20)T
- b. Recording of a periodic review of a representative sample of medical records to evaluate the medical services that are provided; and (3-20-20)T
- c. Regularly scheduled conferences between the supervising physician and the intern or resident. (3-20-20)T

02. Available Supervision. The supervising physician will 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. (3-20-20)T

03. Disclosure. It is 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. (3-20-20)T

164. 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. (3-20-20)T

01. Definitions. (3-20-20)T

- a. Ablative. Ablative is the separation, eradication, removal, or destruction of human tissue. (3-20-20)T

- b.** Incisive. Incisive is the power and quality of cutting of human tissue. (3-20-20)T
- 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. (3-20-20)T
- 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. (3-20-20)T
- 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. (3-20-20)T

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 must be trained in the safety and use of prescriptive medical/cosmetic devices and products. (3-20-20)T

a. Patient Record. The supervising physician must document an adequate legible patient record of his evaluation and assessment of the patient prior to the initial 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. (3-20-20)T

b. Supervisory Responsibility. A supervising physician or alternate supervising physician of medical personnel may 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. (3-20-20)T

c. Available Supervision. The supervising physician will 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 includes, but is not limited to: (3-20-20)T

i. Periodic review of the medical records to evaluate the prescribed cosmetic treatments that are provided by such medical personnel including any adverse outcomes or changes in the treatment protocol; and (3-20-20)T

ii. Regularly scheduled conferences between the supervising physician and such medical personnel. (3-20-20)T

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 will ensure cosmetic treatments using prescriptive medical/cosmetic devices and products provided by medical personnel are limited to and consistent with the scope of practice of the supervising physician. The supervising physician will ensure medical personnel do not independently provide cosmetic treatments using prescriptive medical/cosmetic devices and products. (3-20-20)T

i. The supervising physician will 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 (3-20-20)T

ii. The supervising physician will 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.

(3-20-20)T

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 includes the following:

(3-20-20)T

i. Physics and safety of the prescriptive medical/cosmetic devices and products;

(3-20-20)T

ii. Basic principle of the planned procedure and treatment;

(3-20-20)T

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;

(3-20-20)T

iv. Indications and contraindications for the use of the prescriptive medical/cosmetic devices and products;

(3-20-20)T

v. Pre-procedure and post-procedure care;

(3-20-20)T

vi. Recognition and acute management of complications that may result from the procedure or treatment; and

(3-20-20)T

vii. Infectious disease control procedures required for each treatment.

(3-20-20)T

viii. The supervising physician will assure compliance with the training and reporting requirements of this rule.

(3-20-20)T

ix. The supervising physician will 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 will be sent to the Board and 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.

(3-20-20)T

f. Disclosure. It is 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.

(3-20-20)T

g. Patient Complaints. The supervising physician will report to the Board of Medicine all patient complaints received against medical personnel that relate to the quality and nature of cosmetic treatments rendered.

(3-20-20)T

h. 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.

(3-20-20)T

165. -- 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 will be renewed annually. (3-20-20)T

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. (3-20-20)T

202. -- 239. (RESERVED)

240. FEES - TABLE.

Nonrefundable fees are as follows:

Fees -- Table (Non-Refundable)	
Supervising Physician Registration Fee	- Not more than \$50
Annual Renewal of Supervising Physician Registration Fee	- Not more than \$25
Directing Physician Registration Fee	- Not more than \$50
Annual Renewal of Directing Physician Registration Fee	- Not more than \$25
Alternate supervising physicians and alternate directing physicians are not required to pay an annual fee.	

(3-20-20)T

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). (3-20-20)T

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). (3-20-20)T

243. RESIDENT AND INTERN REGISTRATION.

01. Registration Certificate. Upon approval of the registration application, the Board may issue a registration certificate that sets forth the period during which the registrant may engage in activities that may involve the practice of medicine. Each registration will be issued for a period of not less than one (1) year and will set forth its expiration date on the face of the certificate. Each registration will identify the supervising physician. Each registrant will notify the Board in writing of any change of the 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. (3-20-20)T

02. 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. (3-20-20)T

03. Annual Renewal of Registration. Each registration must be renewed annually prior to its expiration date. Any registration not renewed by its expiration date will be canceled. (3-20-20)T

04. Notification of Change. Each registrant must 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. (3-20-20)T

05. Disclosure. It is 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. (3-20-20)T

244. FEES - TABLE.

Nonrefundable fees are as follows:

Fees -- Table	
Resident and Intern Registration Fee	- Not more than \$25
Registration Annual Renewal Fee	- Not more than \$25

(3-20-20)T

245. -- 999. (RESERVED)

22.01.03 – RULES FOR THE LICENSURE OF PHYSICIAN ASSISTANTS

000. LEGAL AUTHORITY.

Pursuant to Section 54-1806(2), Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to govern activities of persons licensed under these rules to practice as physician assistants and graduate physician assistants under the supervision of persons licensed to practice medicine or osteopathic medicine in Idaho.

(3-20-20)T

001. TITLE AND SCOPE.

01. **Title.** These rules are titled IDAPA 22.01.03, “Rules for the Licensure of Physician Assistants.”

(3-20-20)T

02. **Scope.** Pursuant to Idaho Code, Section 54-1807A(1), physician assistants and graduate physician assistants must be licensed with the Board prior to commencement of activities.

(3-20-20)T

002. -- 009. (RESERVED)

010. DEFINITIONS.

01. **Approved Program.** A course of study for the education and training of physician assistants that is accredited by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) or predecessor agency or equivalent agency recognized by the Board as recommended by the Committee.

(3-20-20)T

02. **Delegation of Services (DOS) Agreement.** An agreement on a Board-approved form signed and dated by the licensed physician assistant or graduate physician assistant and supervising and alternate supervising physician that defines the working relationship and delegation of duties between the supervising physician and the licensee as specified by Board rule.

(3-20-20)T

03. **Supervision.** The direction and oversight of the activities of and patient services provided by a physician assistant or graduate physician assistant by a supervising physician or alternate supervising physician who accepts full medical responsibility with respect thereto. The constant physical presence of the supervising or alternate supervising physician is not required as long as the supervisor and such licensee are or can be easily in contact with one another by radio, telephone, or other telecommunication device. The scope and nature of the supervision will be outlined in a delegation of services agreement, as defined in Subsection 030.04 of these rules.

(3-20-20)T

011. -- 019. (RESERVED)

020. REQUIREMENTS FOR LICENSURE.

Requirements for licensure and renewal are found in Title 54, Chapter 18, Idaho Code, IDAPA 22.01.05, and on Board-approved forms.

(3-20-20)T

021. -- 027. (RESERVED)

028. SCOPE OF PRACTICE.

01. **Scope.** The scope of practice of physician assistants and graduate physician assistants is generally defined in the delegation of services and may include a broad range of diagnostic, therapeutic and health promotion and disease prevention services.

(3-20-20)T

a. The scope of practice includes only those duties and responsibilities delegated to the licensee by their supervising and alternate supervising physician and in accordance with the delegation of services agreement and consistent with the expertise and regular scope of practice of the supervising and alternate supervising physician.

(3-20-20)T

b. The scope of practice may include prescribing, administering, and dispensing of medical devices and drugs, including the administration of a local anesthetic injected subcutaneously, digital blocks, or the application of topical anesthetics, while working under the supervision of a licensed medical physician.

(3-20-20)T

c. Physician assistants and graduate physician assistants are agents of their supervising and alternate supervising physician in the performance of all practice-related activities and patient services.

(3-20-20)T

d. A supervising physician or alternate supervising physician will each supervise no more than a total

of four (4) physician assistants or graduate physician assistants contemporaneously. (3-20-20)T

e. The Board, however, may authorize a 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. (3-20-20)T

029. CONTINUING EDUCATION REQUIREMENTS.

Requirements for Renewal. Prior to renewal of each license as set forth by the expiration date on the face of the certificate, physician assistants shall attest to maintenance of certification by the National Commission on Certification of Physician Assistants or similar certifying agency approved by the Board, which certification requires a minimum of one hundred (100) hours of continuing medical education over a two-year (2) period. (3-20-20)T

030. PRACTICE STANDARDS.

01. Identification. The physician assistant or graduate physician assistant will at all times when on duty wear a placard or plate so identifying himself. (3-20-20)T

02. Advertise. No physician assistant or graduate physician assistant may advertise or represent himself either directly or indirectly, as a physician. (3-20-20)T

03. Supervising Physician. Each licensed physician assistant and graduate physician assistant will have a Board-approved supervising physician prior to practice. (3-20-20)T

04. Delegation of Services Agreement. Each licensed physician assistant and graduate physician assistant must maintain a current, completed copy of a Delegation of Services (DOS) Agreement between the licensee and each of his supervising and alternate supervising physicians. This agreement must be sent to the Board and be maintained on file at each practice location and at the address of record of the supervising and alternate supervising physician. (3-20-20)T

05. Notification of Change or Addition of Supervising or Alternate Supervising Physician. A physician assistant or graduate physician assistant must notify the Board when adding, changing, or deleting a supervising physician or alternate supervising physician. (3-20-20)T

031. PARTICIPATION IN DISASTER AND EMERGENCY CARE.

A physician assistant or graduate physician assistant licensed in this state or licensed or authorized to practice in any other state of the United States or currently credentialed to practice by a federal employer who is responding to a need for patient services created by an emergency or a state or local disaster (not to be defined as an emergency situation which occurs in the place of one's employment) may render such patient services that they are able to provide without supervision as it is defined in this chapter, or with such supervision as is available. Any physician who supervises a physician assistant or graduate physician assistant providing patient services in response to such an emergency or state or local disaster will not be required to meet the requirements set forth in this chapter for a supervising physician. (3-20-20)T

032. -- 035. (RESERVED)

036. GRADUATE PHYSICIAN ASSISTANT.

01. Licensure Prior to Certification Examination -- Board Consideration. Any person who has graduated from an approved physician assistant training program and meets all Idaho requirements, including achieving a college baccalaureate degree, but has not yet taken and passed the certification examination, may be considered by the Board for licensure as a graduate physician assistant for six (6) months when an application for licensure as a graduate physician assistant has been submitted to the Board on forms supplied by the Board and payment of the prescribed fee, provided: (3-20-20)T

a. The applicant will submit to the Board, within ten (10) business days of receipt, a copy of acknowledgment of sitting for the national certification examination. The applicant will submit to the Board, within ten (10) business days of receipt, a copy of the national certification examination results. (3-20-20)T

b. After the graduate physician assistant has passed the certification examination, the Board will receive verification of national certification directly from the certifying entity. Once the verification is received by the Board, the graduate physician assistant’s license will be converted to a permanent license and he may apply for prescribing authority pursuant to Section 042 of these rules. (3-20-20)T

c. The applicant who has failed the certification examination one (1) time, may petition the Board for a one-time extension of his graduate physician assistant license for an additional six (6) months. (3-20-20)T

d. If the graduate physician assistant fails to pass the certifying examination on two (2) separate occasions, the graduate physician assistant’s license will automatically be canceled upon receipt of the second failing certification examination score. (3-20-20)T

e. The graduate physician assistant applicant will agree to execute an authorization for the release of information, attached to his application as Exhibit A, authorizing the Board or its designated agents, having information relevant to the application, including but not limited to the status of the certification examination, to release such information, as necessary, to his supervising physician. (3-20-20)T

02. Licensure Prior to College Baccalaureate Degree -- Board Consideration. Licensure as a graduate physician assistant may also be considered upon application made to the Board on forms supplied by the Board and payment of the prescribed fee when all application requirements have been met as set forth in Section 020 of these rules, except receipt of documentation of a college baccalaureate degree, provided: (3-20-20)T

a. A college baccalaureate degree from a nationally accredited school with a curriculum approved by the United States Secretary of Education, the Council for Higher Education Accreditation, or both, or from a school accredited by another such agency approved by the Board shall be completed within five (5) years of initial licensure in Idaho; (3-20-20)T

03. No Prescribing Authority. Graduate physician assistants shall not be entitled to issue any written or oral prescriptions unless granted an exemption by the Board. Application for an exemption must be in writing and accompany documentation of a minimum of five (5) years of recent practice as a physician assistant in another state. (3-20-20)T

04. Weekly Record Review. Graduate physician assistants must have a weekly record review by their supervising physician, unless subject to an exemption as granted in Subsection 036.03. (3-20-20)T

037. -- 041. (RESERVED)

042. PRESCRIPTION WRITING. Approval and Authorization Required. A physician assistant may issue written or oral prescriptions for legend drugs and controlled drugs, Schedule II through V only in accordance with the current delegation of services agreement and applicable federal and state law, and any prescriptive practice will be consistent with the regular prescriptive practice of the supervising or alternate supervising physician. (3-20-20)T

043. -- 050. (RESERVED)

051. FEES - TABLE.
Nonrefundable fees are as follows:

Fees -- Table (Non-Refundable)	
Licensure Fee - Physician Assistant & Graduate Physician Assistant	- Not more than \$250
Annual License Renewal Fee	- Not more than \$150
Reinstatement Fee	- \$50 plus past renewal fees
Reinstatement Fee for Graduate Physician Assistant	- Not more than \$100

Fees -- Table (Non-Refundable)		
Inactive License Fee	-	Not more than \$150
Annual Renewal of Inactive License Fee	-	Not more than \$100
Inactive Conversion Fee	-	Not more than \$150

(3-20-20)T

052. -- 999. (RESERVED)

22.01.07 – RULES FOR THE LICENSURE OF NATUROPATHIC MEDICAL DOCTORS

000. LEGAL AUTHORITY.

Pursuant to Section 54-5104(2), Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to implement provisions of the Naturopathic Medicine Act. (3-20-20)T

001. TITLE AND SCOPE.

These rules are titled IDAPA 22.01.07, “Rules for the Licensure of Naturopathic Medical Doctors,” and governs the licensure, scope of practice, and discipline of the Naturopathic Medical Doctors. (3-20-20)T

002. – 009. (RESERVED)

010. DEFINITIONS.

01. Council on Naturopathic Medical Education (CNME). The accrediting organization that is recognized by the United States Department of Education as the accrediting agency for education programs that prepare naturopathic medical doctors. (3-20-20)T

02. North American Board of Naturopathic Examiners (NABNE). The independent, nonprofit organization that qualifies applicants to take the Naturopathic Physicians Licensing Exam and submits those results to the regulatory authority. (3-20-20)T

03. Naturopathic Physicians Licensing Exam (NPLEX). The board examination for naturopathic medical doctors. (3-20-20)T

04. Naturopathic Medical Doctor. A person who meets the definition in Section 54-5101(5), Idaho Code. Licensed naturopathic physician, physician of naturopathic medicine, naturopathic medical doctor and NMD are interchangeable terms. (3-20-20)T

05. Primary Care. Comprehensive first contact and/or continuing care for persons with any sign, symptom, or health concern not limited by problem of origin, organ system, or diagnosis. It includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illness. It includes collaborating with other health professionals and utilizing consultation or referral as appropriate. (3-20-20)T

011. – 019. (RESERVED)

020. GENERAL QUALIFICATIONS FOR LICENSURE.

Requirements for licensure and renewal are found in Title 54, Chapter 51, Idaho Code, IDAPA 22.01.05, “General Provisions of the Board of Medicine,” and on Board-approved forms. (3-20-20)T

021. APPLICATION FOR LICENSURE.

01. Application. Each applicant for licensure will submit a completed written application to the Board on forms prescribed by the Board, together with the nonrefundable application fee. (3-20-20)T

02. Licensing Examinations. Each applicant must provide certification of passing the following four (4) NPLEX exams: (3-20-20)T

a. Part I Biomedical Science; (3-20-20)T

b. Part II Core Clinical Science; (3-20-20)T

c. Part II Clinical Elective Minor Surgery; and (3-20-20)T

d. Part II Clinical Elective Pharmacology. (3-20-20)T

022. AUTHORITY TO PRESCRIBE, DISPENSE, ADMINISTER, AND ORDER.

Naturopathic medical doctors are allowed to prescribe, dispense, administer, and order the following: (3-20-20)T

01. Laboratory and Diagnostic Procedures. Naturopathic medical doctors licensed under this chapter may perform and order physical examinations, laboratory tests, imaging, and other diagnostic tests consistent with primary care. (3-20-20)T

a. All examinations, laboratory, and imaging tests not consistent with primary care must be referred to an appropriately licensed health care professional for treatment and interpretation. (3-20-20)T

b. Any test result or lesion suspicious of malignancy must be referred to the appropriate physician licensed pursuant to Chapter 18, Title 54 Idaho Code. (3-20-20)T

02 Naturopathic Formulary. The formulary for naturopathic medical doctors licensed under this chapter consists of non-controlled legend medications (excluding testosterone) deemed appropriate for the primary health care of patients within the scope of practice and training of each naturopathic medical doctor. Prescribing pursuant to the Naturopathic Formulary shall be according to the standard of health care provided by other qualified naturopathic medical doctors in the same community or similar communities, taking into account their training, experience and the degree of expertise to which they hold themselves out to the public. (3-20-20)T

03. Formulary Exclusions. The naturopathic formulary does not include: (3-20-20)T

a. Scheduled, controlled drugs, except for testosterone used in physiologic doses with regular lab assessment for hormone replacement therapy, gender dysphoria, or hypogonadism; (3-20-20)T

b. General anesthetics; (3-20-20)T

c. Blood derivatives except for platelet rich plasma; or (3-20-20)T

d. Systemic antineoplastic agents, except for the following antineoplastic agents used orally or topically for non-cancer purposes: (3-20-20)T

i. Fluorouracil (5FU); (3-20-20)T

ii. Anastrozole; and (3-20-20)T

iii. Letrozole. (3-20-20)T

023. – 031. (RESERVED)

032. GROUNDS FOR DISCIPLINE OR DENIAL OF A LICENSE.

In addition to statutory grounds for discipline set forth in Section 54-5109, Idaho Code, every person licensed as a naturopathic medical doctor is subject to discipline by the Board under the following grounds: (3-20-20)T

01. Ability to Practice. Demonstrating a manifest incapacity to carry out the functions of the licensee’s ability to practice naturopathic medicine or deemed unfit by the Board to practice naturopathic medicine; (3-20-20)T

02. Controlled Substance or Alcohol Abuse. Using any controlled substance or alcohol in a manner which has or may have a direct and adverse bearing on the licensee’s ability to practice naturopathic medicine with reasonable skill and safety; (3-20-20)T

03. Education or Experience. Misrepresenting educational or experience attainments; (3-20-20)T

04. Medical Records. Failing to maintain adequate naturopathic medical records. Adequate naturopathic medical records mean legible records that contain subjective information, an evaluation or report of objective findings, assessment or diagnosis, and the plan of care; (3-20-20)T

05. Untrained Practice. Practicing in an area of naturopathic medicine for which the licensee is not trained; (3-20-20)T

06. Sexual Misconduct. Committing any act of sexual contact, misconduct, exploitation, or intercourse with a patient or former patient or related to the licensee's practice of naturopathic medicine; (3-20-20)T

- a. Consent of the patient shall not be a defense. (3-20-20)T
 - b. Subsection 032.06 does not apply to sexual contact between a naturopathic medical doctor and the naturopathic medical doctor’s spouse or a person in a domestic relationship who is also a patient. (3-20-20)T
 - c. A former patient includes a patient for whom the naturopathic medical doctor has provided naturopathic medical services within the last twelve (12) months. Sexual or romantic relationships with former patients beyond that period of time may also be a violation if the naturopathic medical doctor uses or exploits the trust, knowledge, emotions, or influence derived from the prior professional relationship with the patient. (3-20-20)T
- 07. Failure to Report.** Failing to report to the Board any known act or omission of a licensee, applicant, or any other person, that violates any of the rules promulgated by the Board under the authority of the act; (3-20-20)T
- 08. Interfering with or Influencing Disciplinary Outcome.** Interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts or by use of threats or harassment against any patient, Board or naturopathic medical board, Board staff, hearing officer, or witness in an attempt to influence the outcome of a disciplinary proceeding, investigation or other legal action; (3-20-20)T
- 09. Failure to Obey Laws and Rules.** Failing to obey federal and local laws and rules governing the practice of naturopathic medicine. (3-20-20)T

033. CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS.

- 01. Renewal.** Every two (2) years, a total of forty-eight (48) hours (twenty (20) of which is pharmacology) of Board-approved CME is required as part of the naturopathic medical doctor’s license renewal. (3-20-20)T
- 02. Verification of Compliance.** Licensees must, at license renewal, provide a signed statement to the Board indicating compliance. The Board, in its discretion, may require such additional evidence as it deems necessary to verify compliance. (3-20-20)T

034. – 040. (RESERVED)

041. FEES.
Nonrefundable fees are shown in the following table:

Fees -- Table (Non-Refundable)	
Licensure Fee	Not more than \$600
Annual License Renewal Fee	Not more than \$300
Reinstatement Fee	Not more than \$200
Inactive License Renewal Fee	Not more than \$100
Duplicate Wallet License Fee	Not more than \$20
Duplicate Wall Certificate Fee	Not more than \$50

(3-20-20)T

042. – 999. (RESERVED)

22.01.10 – RULES FOR THE LICENSURE OF ATHLETIC TRAINERS TO PRACTICE IN IDAHO

000. LEGAL AUTHORITY.

Pursuant to Section 54-3914(2), Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to govern the practice of athletic trainers. (3-20-20)T

001. TITLE AND SCOPE.

01. Title. These rules are titled IDAPA 22.01.10, “Rules for the Licensure of Athletic Trainers to Practice in Idaho.” (3-20-20)T

02. Scope. Pursuant to this chapter and Idaho Code, Section 54-3904, athletic trainers must be licensed with the Board prior to commencement of activities related to athletic training. (3-20-20)T

002. -- 009. (RESERVED)

010. DEFINITIONS.

01. Actively Engaged. A person who is employed in Idaho on a remuneration basis by an educational or health care institution, professional, amateur, or recreational sports club, or other bona fide athletic organization and is involved in athletic training as a responsibility of his employment. (3-20-20)T

02. Association. The Idaho Athletic Trainers’ Association. (3-20-20)T

03. Athletic Training Service Plan or Protocol. A written document, made upon a form provided by the Board, mutually agreed upon, signed and dated by the athletic trainer and directing physician that defines the athletic training services to be provided by the athletic trainer. The Board may review athletic training service plans or protocols, job descriptions, policy statements, or other documents that define the responsibilities of the athletic trainer in the practice setting, and may require such changes as needed to achieve compliance with this chapter and Title 54, Chapter 39, Idaho Code, and to safeguard the public. The Board of Chiropractic Physicians may review those athletic training service plans or protocols or other documents that define the responsibilities of the athletic trainer for those athletic trainers whose directing physicians are chiropractic physicians. (3-20-20)T

011. SCOPE OF PRACTICE.

01. Referral by Directing Physician. An athletic injury not incurred in association with an educational institution, professional, amateur, or recreational sports club or organization must be referred by a directing physician, but only after such directing physician has first evaluated the athlete. An athletic trainer treating or evaluating an athlete with an athletic injury incurred in association with an amateur or recreational sports club or organization will especially consider the need for a directing physician to subsequently evaluate the athlete and refer for further athletic training services. (3-20-20)T

02. Limitations of Scope of Practice. The scope of practice of the athletic trainer, as set forth in this chapter and Section 54-3903, Idaho Code, shall be limited to and consistent with the scope of practice of his directing physician. (3-20-20)T

03. Identification. The athletic trainer will at all times when on duty identify himself as an athletic trainer. (3-20-20)T

012. ATHLETIC TRAINING SERVICE PLAN OR PROTOCOL.

Each licensed athletic trainer providing athletic training services will create, upon a form provided by the Board, an athletic training service plan or protocol with his directing physician. This athletic training service plan or protocol must be reviewed and updated on an annual basis. Each licensed athletic trainer must notify the Board within thirty (30) days of any change in the status of his directing physician. This plan or protocol will not be sent to the Board, but must be maintained on file at each location in which the athletic trainer is practicing. The Board may review athletic training service plans or protocols, job descriptions, policy statements, or other documents that define the responsibilities of the athletic trainer in the practice setting, and may require such changes as needed to achieve compliance with this chapter, Title 54, Chapter 39, Idaho Code, and to safeguard the public. This plan or protocol will be made immediately available to the Board upon request. This plan or protocol will be made immediately available to the Board of Chiropractic Physicians upon request for those athletic trainers whose directing physicians are chiropractic physicians. This plan or protocol will include: (3-20-20)T

01. Listing of Services and Activities. A listing of the athletic training services to be provided and

specific activities to be performed by the athletic trainer. (3-20-20)T

02. Locations and Facilities. The specific locations and facilities in which the athletic trainer will function; and (3-20-20)T

03. Methods to be Used. The methods to be used to ensure responsible direction and control of the activities of the athletic trainer, which will provide for the: (3-20-20)T

a. Recording of an on-site visit by the directing physician at least semiannually or every semester; (3-20-20)T

b. Availability of the directing physician to the athletic trainer in person or by telephone and procedures for providing direction for the athletic trainer in emergency situations; and (3-20-20)T

c. Procedures for addressing situations outside the scope of practice of the athletic trainer. (3-20-20)T

013. -- 019. (RESERVED)

020. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.

Requirements for licensure and renewal are found in Title 54, Chapter 39, Idaho Code, IDAPA 22.01.05, and on Board-approved forms. (3-20-20)T

021. -- 029. (RESERVED)

030. APPLICATION FOR LICENSURE.

01. Application for Provisional Licensure. (3-20-20)T

a. The Board, based upon the recommendation of the Board of Athletic Trainers, may issue provisional licensure to applicants who have successfully completed a bachelor's or advanced degree from an accredited four (4) year college or university, and met the minimum athletic training curriculum requirement established by the Board as recommended by the Board of Athletic Trainers and who have met all the other requirements set forth by Section 020 of these rules but who have not yet passed the examination conducted by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, approved by the Board as recommended by the Board of Athletic Trainers. (3-20-20)T

b. Each applicant for provisional licensure will submit a completed written application to the Board on forms prescribed by the Board, together with the application fee. The application shall be verified, under oath, and include an affidavit signed by an Idaho licensed athletic trainer affirming and attesting to supervise and be responsible for the athletic training services of the provisionally licensed athletic trainer and to review and countersign all records and documentation of services performed by the provisionally licensed athletic trainer. (3-20-20)T

ii. Supervision. A provisionally licensed graduate athletic trainer must be in direct association with his directing physician and Idaho licensed athletic trainer who will supervise and be available to render direction in person and on the premises where the athletic training services are being provided. The directing physician and the supervising athletic trainer is responsible for the athletic training services provided by the provisionally licensed graduate athletic trainer. The extent of communication between the directing physician and supervising athletic trainer and the provisionally licensed athletic trainer is determined by the competency of the provisionally licensed athletic trainer and the practice setting and the type of athletic training services being rendered. (3-20-20)T

c. Scope of Practice. The scope of practice of the provisionally licensed athletic trainer, as set forth in this chapter and Section 54-3903, Idaho Code, is limited to and consistent with the scope of practice of his directing physician and supervising athletic trainer and conform with the established athletic training service plan or protocol. (3-20-20)T

d. Expiration of Provisional License. All provisional licenses for athletic trainers will expire upon

meeting the minimum athletic training curriculum requirement established by the Board as recommended by the Board of Athletic Trainers and meeting all the other requirements set forth by Section 020 of these rules, including passing the certification examination conducted by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, approved by the Board as recommended by the Board of Athletic Trainers. (3-20-20)T

031. -- 051. (RESERVED)

052. DENIAL OR REFUSAL TO RENEW LICENSURE OR SUSPENSION OR REVOCATION OF LICENSURE.

01. Application or Renewal Denial. A new or renewal application for licensure may be denied by the Board and shall be considered a contested case. Every person licensed pursuant to Title 54, Chapter 39, Idaho Code and these rules is subject to discipline pursuant to the procedures and powers established by and set forth in Section 54-3911, Idaho Code, and the Idaho Administrative Procedure Act. (3-20-20)T

02. Petitions for Reconsideration of Denial. All petitions for reconsideration of a denial of a license application or reinstatement application shall be made to the Board within one (1) year from the date of the denial. (3-20-20)T

053. -- 060. (RESERVED)

061. FEES -- TABLE.

Nonrefundable fees are as follows:

Fees -- Table (Non-Refundable)	
Athletic Trainer Licensure Fee	- Not more than \$240
Athletic Trainer Annual Renewal Fee	- Not more than \$160
Directing Physician Registration Fee	- Not more than \$50
Annual Renewal of Directing Physician Registration Fee	- Not more than \$25
Alternate Directing Physician Registration/Renewal Fee	- \$0
Provisional Licensure Fee	- Not more than \$80
Annual Renewal of Provisional License Fee	- Not more than \$40
Inactive License Renewal Fee	- Not more than \$80
Reinstatement Fee	- Not more than \$50 plus unpaid renewal fees

(3-20-20)T

062. -- 999. (RESERVED)

**22.01.11 – RULES FOR LICENSURE OF RESPIRATORY THERAPISTS AND
PERMITTING OF POLYSOMNOGRAPHERS IN IDAHO**

000. LEGAL AUTHORITY.

Pursuant to Sections 54-4304A, 54-4305, 54-4309, 54-4310, 54-4311, 54-4312 and 54-4316, Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules governing the practice of respiratory care and polysomnography related respiratory care. (3-20-20)T

001. TITLE AND SCOPE.

01. Title. These rules are titled IDAPA 22.01.11, “Rules for Licensure of Respiratory Therapists and Permitting of Polysomnographers in Idaho.” (3-20-20)T

02. Scope. Pursuant to Sections 54-4304 and 54-4304A, Idaho Code, and this chapter, respiratory therapists must be licensed and polysomnographers issued a permit by the Board prior to commencement of practice and related activities. (3-20-20)T

002. -- 009. (RESERVED)

010. DEFINITIONS.

01. Board of Registered Polysomnographic Technologists. A nationally recognized private testing, examining and credentialing body for the polysomnography related respiratory care profession. (3-20-20)T

02. Comprehensive Registry Exam. The comprehensive registry examination administered by the Board of Registered Polysomnographic Technologists, or administered by an equivalent board, recognized by the Board, the successful completion of which entitles a person to the professional designation of Registered Polysomnographic Technologist (RPSGT). (3-20-20)T

03. Conditional Permit. A time-restricted permit issued by the Board. (3-20-20)T

04. Medical Practice Act. Title 54, Chapter 18, Idaho Code. (3-20-20)T

05. Written Registry and Clinical Simulation Examinations. The certification examinations administered by the National Board of Respiratory Care, Inc., or certification examinations administered by an equivalent board, recognized by the Board, the successful completion of which entitles a person the professional designation of “Registered Respiratory Therapist” (RRT). (3-20-20)T

011. APPLICATION TO BOTH PERMITS AND LICENSES.

The provisions of this chapter governing procedures for suspension and revocation of licenses, payment and assessment of fees and governing misrepresentation, penalties and severability and other administrative procedures shall apply equally to permits for the practice of polysomnography related respiratory care services as to licenses for the practice of respiratory care. (3-20-20)T

012. -- 030. (RESERVED)

031. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.

Requirements for licensure and renewal are found in Title 54, Chapter 43, Idaho Code, IDAPA 22.01.05, and on Board-approved forms. (3-20-20)T

01. Application for Respiratory Care and Polysomnography Related Respiratory Care Practitioner. (3-20-20)T

a. The Board may issue a dual license/permit to an applicant who meets the requirements set forth in this chapter and Sections 54-4306 and 54-4304A(2) and (3), Idaho Code. A dual license/permit shall authorize the holder to perform respiratory care and polysomnography related respiratory care in this state. (3-20-20)T

b. Application for a dual license/permit shall be made to the Board on a form prescribed by the Board, together with the application fee. (3-20-20)T

c. Such dual license/permit shall expire on the expiration date printed on the face of the certificate unless renewed. (3-20-20)T

032. CONTINUING EDUCATION.

01. Evidence of Completion. Prior to renewal each applicant for renewal, reinstatement or reapplication, shall submit evidence of successfully completing no less than twelve (12) clock hours per year of continuing education acceptable to the Board. Continuing education must be germane to the practice or performance of respiratory care. Appropriate continuing professional education activities include but are not limited to, the following: (3-20-20)T

- a. Attending or presenting at conferences, seminars or inservice programs. (3-20-20)T
- b. Formal course work in Respiratory Therapy related subjects. (3-20-20)T

02. Polysomnographer Continuing Education. Each individual applicant for renewal of an active permit shall, on or before the expiration date of the permit, submit satisfactory proof to the Licensure Board of successful completion of not less than twelve (12) hours of approved continuing education pertaining to the provision of polysomnographic-related respiratory care per year in addition to any other requirements for renewal as adopted by the Board. The Board, as recommended by the Licensure Board, may substitute all or a portion of the coursework required in Section 032 when an applicant for renewal shows evidence of passing an approved challenge exam or of completing equivalent education as determined by the Board, as recommended by the Licensure Board, to be in full compliance with the education requirements of this chapter. (3-20-20)T

033. SUPERVISION OF RESPIRATORY CARE.

The practice or provision of respiratory care by persons holding a student or consulting and training exemption, or temporary permit shall be in direct association with a respiratory care practitioner or licensed physician who shall be responsible for the activities of the person being supervised and shall review and countersign all patient documentation performed by the person being supervised. The supervising respiratory care practitioner or licensed physician need not be physically present or on the premises at all times but must be available for telephonic consultation. The extent of communication between the supervising or consulting respiratory care practitioner or licensed physician and the person being supervised shall be determined by the competency of the person, the treatment setting, and the diagnostic category of the client. (3-20-20)T

034. DENIAL OR REFUSAL TO RENEW LICENSE OR PERMIT OR SUSPENSION OR REVOCATION OF LICENSE OR PERMIT.

Discipline. A new or renewal application may be denied, and every person licensed or issued a permit pursuant to Title 54, Chapter 43, Idaho Code and these rules is subject to discipline, pursuant to the procedures and powers established by and set forth in Section 54-4312, Idaho Code and the Administrative Procedures Act. (3-20-20)T

035. -- 045. (RESERVED)

046. FEES -- TABLE.

01. Fees -- Table. Nonrefundable fees for Respiratory Care Practitioners are as follows:

Fees -- Table (Non-Refundable)	
Respiratory Care Practitioner Initial Licensure Fee	- Not more than \$180
Respiratory Care Practitioner Reinstatement Fee	- \$50 plus unpaid renewal fees
Annual Renewal Fee for Inactive License	- Not more than \$100
Inactive Conversion Fee	- Not more than \$100
Annual Renewal Fee	- Not more than \$140
Temporary Permit Fee	- Not more than \$180

(3-20-20)T

02. Fees -- Table. Nonrefundable Permit Fees for Polysomnography Related Respiratory Care

Practitioners.

Fees -- Table (Non-Refundable)	
Initial Permit Fee – Registered Polysomnographic Technologist	- Not more than \$180
Initial Permit Fee -Polysomnographic Trainee	- Not more than \$100
Reinstatement Fee – Registered Polysomnographic Technologist	- \$50 plus unpaid renewal fees
Annual Renewal Fee – Registered Polysomnographic Technologist	- Not more than \$140
Annual Renewal Fee – Polysomnographic Trainee	- Not more than \$70
Temporary Permit Fee – Registered Polysomnographic Technologist	- Not more than \$180
Temporary Permit Fee – Polysomnographic Trainee	- Not more than \$90
Conditional Permit Fee – Registered Polysomnographic Technologist	- Not more than \$180
Conditional Permit Fee – Polysomnographic Trainee	- Not more than \$90
Annual Renewal Fee for Inactive License—Polysomnographic Technologist	- Not more than \$100
Inactive Conversion Fee	- Not more than \$100 plus unpaid active licensure fees for the time inactive

(3-20-20)T

03. Fees - Table. Nonrefundable Dual Licensure/Permit Fees for Practitioners of Respiratory and Polysomnography Related Respiratory Care. (3-20-20)T

a. Initial Licensure/Permit Fee. A person holding a current license or permit, if qualified, may apply for and obtain a dual license/permit without paying an additional fee.

Fees -- Table (Non-Refundable)	
Dual Licensure/Permit Fee	- Not more than \$180
A person holding a current license or permit, if qualified, may apply for and obtain a dual license/permit without paying an additional fee.	
Reinstatement Fee	- \$50 plus unpaid renewal fees
Annual Renewal Fee	- Not more than \$140
Renewal is required upon the expiration of either the permit or the license, whichever expires first if the two (2) initially were not obtained at the same time.	

(3-20-20)T

047. -- 999. (RESERVED)

22.01.13 – RULES FOR THE LICENSURE OF DIETITIANS

000. LEGAL AUTHORITY.

Pursuant to Section 54-3505(2), Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to implement provisions of the Dietitians Act. (3-20-20)T

001. TITLE AND SCOPE.

These rules are titled IDAPA 22.01.13, “Rules for the Licensure of Dietitians.” (3-20-20)T

002. -- 019. (RESERVED)

020. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.

Requirements for licensure and renewal are found in Title 54, Chapter 35, Idaho Code, IDAPA 22.01.05, and on Board-approved forms. (3-20-20)T

021. PROVISIONAL LICENSURE.

01. Provisional License. The Board may issue a provisional license to a person who has successfully completed the academic requirements of an education program in dietetics approved by the licensure board and has successfully completed a dietetic internship or preprofessional practice program, coordinated program or such other equivalent experience as may be approved by the board and who has met all the other requirements set forth by Section 020 of this rule but who has not yet passed the examination conducted by the Commission on Dietetic Registration. (3-20-20)T

02. Provisional License Dietitian/Monitor Affidavit. The provisionally licensed dietitian must obtain an affidavit signed by an Idaho licensed dietitian affirming and attesting that they will be responsible for the activities of the provisionally licensed dietitian and will review and countersign all patient documentation signed by the provisionally licensed dietitian. The supervising monitor need not be physically present or on the premises at all times but must be available for telephonic consultation. The extent of communication between the monitor and the provisionally licensed dietitian will be determined by the competency of the individual, the treatment setting, and the diagnostic category of the patients. (3-20-20)T

03. Provisional Licensure Expiration. Provisional licenses will become full active licenses upon the date of receipt of a copy of registration by the Commission on Dietetic Registration. All provisional licenses will expire on the last day of the current renewal cycle. (3-20-20)T

022. -- 031. (RESERVED)

032. DENIAL OR REFUSAL TO RENEW, SUSPENSION OR REVOCATION OF LICENSE.

01. Disciplinary Authority. A new or renewal application may be denied or a license may be suspended or revoked by the Board, and every person licensed pursuant to Title 54, Chapter 35, Idaho Code and these rules is subject to disciplinary actions or probationary conditions pursuant to the procedures and powers established by and set forth in Section 54-3505, Idaho Code, and the Idaho Administrative Procedure Act. (3-20-20)T

033. -- 040. (RESERVED)

041. FEES -- TABLE.

Nonrefundable fees are as follows:

Fees -- Table (Non-Refundable)	
Initial Licensure Fee	- Not more than \$150
Annual Renewal Fee	- Not more than \$100
Reinstatement Fee	- \$50 plus unpaid renewal fees
Inactive Conversion Fee	- Not more than \$50

(3-20-20)T

042. -- 999. (RESERVED)