

TITLE 54  
PROFESSIONS, VOCATIONS, AND BUSINESSES

CHAPTER 18  
PHYSICIANS AND PHYSICIAN ASSISTANTS

54-1801. SHORT TITLE. This chapter may be cited as the "Medical Practice Act."

[54-1801, added 1977, ch. 199, sec. 2, p. 536.]

54-1802. PURPOSE. Recognizing that the practice of medicine is a privilege granted by the state of Idaho and is not a natural right of individuals, the purpose of this chapter is to assure the public health, safety and welfare in the state by the licensure and regulation of physicians and physician assistants, and the exclusion of unlicensed persons from the practice of medicine.

[54-1802, added 1977, ch. 199, sec. 3, p. 537.; am. 2019, ch. 26, sec. 2, p. 53.]

54-1803. DEFINITIONS. As used in this chapter:

- (1) "Practice of medicine" means:
  - (a) The investigation, diagnosis, treatment, correction, or prevention of or prescription for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality that involves the application of principles or techniques of medical science; or
  - (b) Offering, undertaking, or holding oneself out as able to do any of the acts described in paragraph (a) of this subsection.
- (2) "Board" means the state board of medicine.
- (3) "Physician" means any person who holds a license to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine, provided that others authorized by law to practice any of the healing arts shall not be considered physicians for the purposes of this chapter.
- (4) "Supervising physician" means a physician who is responsible for the direction and supervision of the activities of and patient services provided by licensed or unlicensed medical personnel.
- (5) "License to practice medicine" means a license issued by the board to a person who has graduated from an acceptable school of medicine and who has fulfilled the licensing requirements of this chapter.
- (6) "License to practice osteopathic medicine" means a license issued by the board to a person who either graduated from an acceptable osteopathic school of medicine subsequent to January 1, 1963, or who has been licensed by endorsement of a license to practice osteopathic medicine issued by another state and who has fulfilled the licensing requirements of this chapter.
- (7) "Acceptable school of medicine" means any school of medicine or school of osteopathic medicine that meets the standards or requirements of a national medical school accrediting organization acceptable to the board.
- (8) "Intern" or "resident" means any person who has completed a course of study at an acceptable school of medicine and who is enrolled in a post-graduate medical training program.

(9) "Physician assistant" means any person who is a graduate of an acceptable physician assistant training program, who is qualified by specialized education, training, and experience, and who has been licensed by the board to render patient services.

(10) "Graduate physician assistant" means a person who is a graduate of an approved program for the education and training of physician assistants and who meets all of the requirements in this chapter for licensure, but who:

- (a) Has not yet taken and passed the certification examination and who has been authorized by the board to render patient services under the direction of a supervising physician for a period of six (6) months; or
- (b) Has passed the certification examination but who has not yet obtained a college baccalaureate degree and who has been authorized by the board to render patient services under the direction of a supervising physician for a period of not more than five (5) years.

[54-1803, added 1977, ch. 199, sec. 4, p. 537; am. 1998, ch. 177, sec. 1, p. 659; am. 2010, ch. 89, sec. 1, p. 170; am. 2019, ch. 26, sec. 3, p. 53; am. 2022, ch. 246, sec. 15, p. 798; am. 2023, ch. 12, sec. 1, p. 48.]

54-1804. UNLICENSED PRACTICE -- PENALTIES AND REMEDIES RELATING TO UNLICENSED PRACTICE. (1) Under the circumstances described and subject in each case to limitations stated, the following persons, though not holding a license to practice medicine in this state, may engage in activities included in the practice of medicine:

- (a) A medical officer of the armed forces of the United States, of the United States public health service, or of the United States department of veterans affairs, while engaged in the performance of his official duties;
- (b) A person residing in another state or country and authorized to practice medicine there, who is called in consultation by a person licensed in this state to practice medicine, or who for the purpose of furthering medical education is invited into this state to conduct a lecture, clinic, or demonstration, while engaged in activities in connection with the consultation, lecture, clinic, or demonstration, as long as he does not open an office or appoint a place to meet patients or receive calls in this state;
- (c) A person authorized to practice medicine in another jurisdiction of the United States called upon to conduct an examination in Idaho for the purpose of offering testimony in a criminal or civil legal proceeding;
- (d) A person authorized to practice medicine in another state or country while rendering medical care in a time of disaster or while caring for an ill or injured person at the scene of an emergency and while continuing to care for such person;
- (e) An intern or resident who is registered with the board as provided in this chapter and while engaged in programs authorized pursuant to rules of the board or a physician assistant licensed by the board;
- (f) A person authorized or licensed by this state to engage in activities which may involve the practice of medicine if acting within the scope of that license;
- (g) A person engaged in good faith in the practice of the religious tenets of any church or religious beliefs;
- (h) A person administering a remedy, diagnostic procedure or advice as specifically directed by a physician;

- (i) A person rendering aid in an emergency, where no fee for the service is contemplated, charged or received;
- (j) A person authorized to practice medicine in another jurisdiction of the United States who briefly provides critical medical service at the specific lawful direction of a medical institution or federal agency that assumes full responsibility for that treatment or service and is approved by the state medical board;
- (k) A person administering a family remedy to a member of the family;
- (l) A person who administers treatment or provides advice regarding the human body and its functions and who:

- (i) Does not use legend drugs or prescription drugs in such practice;
- (ii) Uses natural elements such as air, heat, water and light;
- (iii) Uses only class I or class II nonprescription, approved, medical devices as defined in section 513 of the federal food, drug and cosmetic act;
- (iv) Uses only vitamins, minerals, herbs, natural food products and their extracts, and nutritional supplements;
- (v) Does not perform surgery; and who
- (vi) Requires each person receiving services to sign a declaration of informed consent that includes an overview of the health care provider's education which states that the health care provider is not an "M.D." or "D.O." and is not licensed under the provisions of this chapter; or

- (m) A physician or physician assistant licensed and in good standing in another jurisdiction of the United States or credentialed in another country who:

- (i) Is affiliated with or employed by an established athletic team, athletic organization or performing arts company temporarily practicing, competing or performing in this state for no more than sixty (60) days in a calendar year; and
- (ii) Is practicing only on patients, clients or team staff affiliated with or employed by such team, organization or company.

(2) Nothing in subsection (1) (m) of this section shall be construed to permit a physician or physician assistant to provide care or consultation to any person residing in this state, other than a person specified in subsection (1) (m) of this section. Further, nothing in subsection (1) (m) of this section shall be construed to permit a physician or physician assistant to practice at a licensed health care facility in this state or to have prescriptive rights in this state unless in accordance with federal law.

(3) Except as provided in subsection (1) of this section, it shall constitute a felony for any person to practice medicine in this state without a license and upon conviction thereof shall be imprisoned in the state prison for a period not to exceed five (5) years, or shall be fined no more than ten thousand dollars (\$10,000), or shall be punished by both such fine and imprisonment.

(4) Except as provided in subsection (1) (a), (b), (c), and (d) of this section, it is unlawful for any person to assume or use the title or designation "medical doctor," "medical physician," "osteopathic doctor," "osteopathic physician," "physician assistant," "M.D.," "D.O.," or "P.A.," or any other title, designation, words, letters, abbreviation, sign, card, or device to indicate to the public that such person is licensed to practice medicine pursuant to this chapter unless such person is so licensed and,

upon conviction thereof, such person shall be imprisoned not to exceed one (1) year, or shall be fined no more than three thousand dollars (\$3,000), or shall be punished by both fine and imprisonment.

(5) When a person has been the recipient of services constituting the unlawful practice of medicine, whether or not he knew the rendition of the services was unlawful, proof of the rendition of such unlawful services by the recipient or his personal representative in an action against the provider of such services for damages allegedly caused by the services constitutes prima facie evidence of negligence shifting the burden of proof to such provider of unlawful services. The following damages in addition to any other remedies provided by law may be recovered in such an action:

(a) The amount of any fees paid for the unlawful services.

(b) Reasonable attorney's fees and court costs.

(6) The board may refer all violations of this section made known to it to appropriate prosecuting attorneys. The board may render assistance to a prosecuting attorney in the prosecution of a case pursuant to this section.

[54-1804, added 1977, ch. 199, sec. 5, p. 538; am. 1990, ch. 400, sec. 1, p. 1121; am. 1993, ch. 271, sec. 1, p. 908; am. 1998, ch. 177, sec. 2, p. 660.; am. 2011, ch. 301, sec. 1, p. 864; am. 2018, ch. 24, sec. 1, p. 42; am. 2019, ch. 26, sec. 4, p. 54.]

54-1805. THE STATE BOARD OF MEDICINE ESTABLISHED. (1) There is hereby established in the division of occupational and professional licenses a state board of medicine to be composed of eleven (11) members.

(2) (a) The board shall consist of eleven (11) members. The director of the Idaho state police or the director's designated agent shall be a member of the board. Seven (7) members shall be physicians who are residents of this state and engaged in the active practice of medicine in this state, two (2) members shall be public members, and one (1) member shall be a physician assistant who is a resident of this state and engaged in the active practice of medicine in this state.

(b) All physician and physician assistant appointments to the board shall be for a single six (6) year term. The physician members shall consist of six (6) members who are licensed to practice medicine in this state and one (1) member who is licensed to practice osteopathic medicine in this state. The physician assistant member shall be licensed to practice medicine in this state. Whenever a term of a member of the board who is licensed to practice medicine or osteopathic medicine expires or becomes vacant, the governor shall consider recommendations provided by professional organizations of physicians and physician assistants and by any individual residing in this state for appointment.

(c) All public members shall be appointed by the governor for three (3) year terms. Public members must reside in the state and be persons of integrity and good reputation who have lived in this state for at least five (5) years immediately preceding their appointment, who have never been authorized to practice a healing art, and who have never had a substantial personal, business, professional, or pecuniary connection with a healing art or with a medical education or health care facility, except as patients or potential patients.

(3) Appointments to fill vacancies occurring from some other reason than expiration of a term for which a member was appointed shall be made in

the same manner as hereinabove set forth for the unexpired term. All board members shall serve at the pleasure of the governor.

(4) The board shall elect a chairman from its membership. The members of the board, except for state employees, shall be compensated as provided by section [59-509](#)(p), Idaho Code. Six (6) members of the board shall constitute a quorum, and the board may act by virtue of a majority vote of members present at a meeting.

[54-1805, added 1977, ch. 199, sec. 6, p. 540; am. 1980, ch. 247, sec. 64, p. 627; am. 1990, ch. 106, sec. 1, p. 213; am. 1998, ch. 39, sec. 1, p. 166; am. 2000, ch. 469, sec. 125, p. 1586; am. 2016, ch. 340, sec. 22, p. 943; am. 2019, ch. 26, sec. 5, p. 56; am. 2021, ch. 222, sec. 16, p. 630.]

54-1806. POWERS AND DUTIES. The board shall have the authority to:

(1) Establish, pursuant to the administrative procedure act, rules for administration of this chapter, including rules establishing procedures for the receipt of complaints and for the investigation and disposition thereof. Such rules shall provide for notice to a person when board staff has undertaken to investigate that person and shall provide an opportunity for a person under investigation to meet with the committee or board staff before the initiation of formal disciplinary proceedings by the board.

(2) Conduct investigations and examinations and hold hearings as authorized by this section and by section [54-1806A](#), Idaho Code.

(3) The board shall have the power in any investigation or disciplinary proceeding pursuant to this chapter to administer oaths, take depositions of witnesses within or without the state in the manner consistent with rules adopted by the board pursuant to the administrative procedure act and, upon a determination that there is good cause, the board shall have power throughout the state of Idaho to require the attendance of such witnesses and the production of such books, records, and papers as it may deem appropriate for any investigation, deposition or hearing. For that purpose, the board may issue a subpoena for any witnesses, or a subpoena duces tecum to compel the production of any books, records, or papers, directed to the sheriff of any county of the state of Idaho where such witness resides or may be found, which subpoena shall be served and returned in the same manner as a subpoena in a criminal case is served and returned. The fees and mileage of the witnesses shall be the same as that allowed in the district courts in criminal cases, which fees and mileage shall be paid from any funds in the state treasury in the same manner as other expenses of the board are paid. In any case of disobedience to, or neglect of, any subpoena or subpoena duces tecum served upon any person, or the refusal of any witness to testify to any matter regarding which he may lawfully be interrogated, it shall be the duty of the district court of any county in this state in which such disobedience, neglect or refusal occurs, or any judge thereof, on application by the board to compel compliance with the subpoena by proceedings for contempt as in the case of disobedience of the requirements of a subpoena issued from such court or for refusal to testify therein. The licensed person accused in such formal contested case shall have the same right of subpoena upon making application to the board therefor.

(4) Seek injunctive relief prohibiting the unlawful practice of medicine.

(5) Make and enter into contracts.

(6) Operate, manage, superintend and control the licensure of physicians and physician assistants.

(7) Develop and submit a proposed budget setting forth the amount necessary to perform its functions.

(8) Perform such other duties as set forth in the laws of this state.

(9) Provide such other services and perform such other functions as are necessary to fulfill its responsibilities.

(10) Apply the provisions of section [12-117](#)(5), Idaho Code, regarding the assessment of costs and fees incurred in the investigation and prosecution or defense of a licensee under this chapter.

(11) Share with the department of labor personal identifying information of persons licensed under the provisions of this chapter necessary for the department of labor to identify workforce shortage areas in Idaho. The information provided to the department of labor concerning any person licensed under this chapter shall remain confidential and not subject to public disclosure, as required in section [74-106](#), Idaho Code.

[54-1806, added 1977, ch. 199, sec. 7, p. 541; am. 2000, ch. 332, sec. 2, p. 1117; am. 2010, ch. 88, sec. 1, p. 169; am. 2013, ch. 115, sec. 1, p. 276; am. 2015, ch. 141, sec. 140, p. 486; am. 2018, ch. 348, sec. 10, p. 807; am. 2019, ch. 26, sec. 6, p. 57; am. 2021, ch. 221, sec. 8, p. 612; am. 2023, ch. 12, sec. 2, p. 49.]

54-1806A. MEDICAL DISCIPLINARY ENFORCEMENT. The board of medicine shall create a committee on professional discipline which shall have the authority under the direct supervision and control of the board to conduct professional disciplinary enforcement investigations under this chapter and particularly under sections [54-1810](#) and [54-1814](#), Idaho Code, and to recommend appropriate action to the board with respect thereto. The committee on professional discipline shall have no authority to impose sanctions or limitations or conditions on licenses issued under this chapter and shall be authorized only to make recommendations to the board with respect thereto. The board shall provide as follows respecting the committee on professional discipline:

(1) Membership. The committee shall consist of five (5) members appointed by the board: four (4) members licensed to practice medicine and surgery in the state of Idaho, two (2) of whose terms shall expire at midnight on June 30 in each of two (2) successive years, and one (1) member who is an adult Idaho citizen of good reputation who shall not be licensed to practice medicine in the state of Idaho, whose term shall expire at midnight on June 30 in the year in which no physician member's term shall expire. All terms of appointment shall be for three (3) years. No member of the committee on professional discipline may be appointed to serve more than two (2) terms.

(2) Chairman. The board of medicine shall designate one (1) member of the committee as its chairman who shall serve and function in that capacity for one (1) year or until a successor is duly appointed, whichever is later.

(3) Quorum. Three (3) members shall constitute a quorum.

(4) Compensation. Members of the committee shall be compensated as provided by section [59-509](#)(p), Idaho Code, from the state board of medicine fund for expenses incurred in the course of serving on the committee.

(5) Conflicts and Disqualification. Members shall disqualify themselves and, on motion of any interested party may, on proper showing, be disqualified in any proceeding concerning which they have an actual conflict of interest or bias which interferes with their fair and impartial service.

(6) Powers of the Committee on Professional Discipline. The committee shall be empowered and authorized:

(a) To investigate or inquire into misconduct or unprofessional behavior and to recommend that the board take such action with respect thereto as it deems best in the interest of the public and justice, and to obtain the assistance of staff and legal counsel hired by the board of medicine to administer, process and assist in its work.

(b) To recommend that the board initiate, for good cause, proceedings under the disabled physician and physician assistant act for any licensed physician or physician assistant incapacitated by illness, senility, disability, or addiction to drugs, intoxicants or other chemical or like substances.

(c) To recommend that the board provide by order for reciprocal discipline in cases involving the discipline of a licensed physician or physician assistant disciplined in any other jurisdiction, provided that such licensee or applicant shall be entitled to appear and show cause why such order should not apply in his or her case.

(7) Openness. All formal hearings under the board's direction and control shall be open to the public. Formal dispositions or other formal actions taken by the board under sections [54-1806](#) and [54-1806A](#), Idaho Code, also shall be public. Proceedings, studies and investigations which do not result in formal hearings, formal dispositions or other formal actions by the board shall be conducted in private and shall remain confidential.

(8) Voluntary Restriction of Licensure. A physician may request in writing to the board a restriction of his license to practice medicine and the board is authorized to grant such request and, if it deems it appropriate to do so, to attach conditions to the licensure of the physician to practice medicine. The board is also authorized in such cases thereafter to waive the commencement of proceedings under this act or other provisions of the medical practice act if in the interest of justice it determines that such voluntary restrictions have rendered the same unnecessary. Removal of a voluntary restriction on or suspension of licensure to practice medicine shall be subject to the procedures for reinstatement elsewhere in this act or by rule of the board; provided also, such reinstatements may be subject to further conditions specially imposed in the individual case as a condition of the order entered therein.

(9) Adjudication of Discipline or Exoneration. The board shall make a determination of the merits of all proceedings, studies and investigations and, if grounds therefor are found to exist, may issue its order:

(a) Revoking the respondent physician's or physician assistant's license to practice medicine;

(b) Suspending or restricting the respondent physician's or physician assistant's license to practice medicine;

(c) Imposing conditions or probation upon the respondent physician or physician assistant's license, including requiring rehabilitation or remediation;

(d) Issuing a public reprimand;

(e) Imposing an administrative fine not to exceed ten thousand dollars (\$10,000) for each count or offense; and/or

(f) Assessing costs and attorney's fees against the respondent physician for any investigation and/or administrative proceeding.

Every person subject to disciplinary proceedings shall be afforded an opportunity for hearing after reasonable notice, and all investigations, proceedings, and hearings conducted pursuant to this act shall be conducted

in accordance with the administrative procedure act, [chapter 52, title 67](#), Idaho Code, and any rules adopted by the board pursuant thereto.

(10) Temporary Suspension or Restriction Pending Final Order. The board may temporarily suspend or restrict the license of any physician or physician assistant on its own motion or on verified petition of any person, pending further or final order, without prior hearing, simultaneously with or at any time after the institution of proceedings under this chapter, if it finds, that the physician or physician assistant, for reasons set forth by petition, affidavit, or other verified showing, or determined in reliance upon other reliable proof, is causing great harm to the public or to any patient or group of patients, or is imminently likely to cause such harm, for which reason he or she and his or her license to practice medicine should be immediately suspended or restricted or he or she should be specially controlled, suspended in or restricted from the practice of medicine. Thereafter the physician or physician assistant may, for good cause, request dissolution or amendment of any such temporary order by petition filed with the board, which petition shall be set for prompt hearing before a designated hearing officer, which officer shall forthwith hear said matter and report to the board his report and recommendations. The board, consistent with due process and the administrative procedure act, [chapter 52, title 67](#), Idaho Code, shall rule on such petition for dissolution or amendment with the least amount of delay reasonably possible.

(11) Judicial Review. All final decisions by the board shall be subject to judicial review pursuant to the administrative procedure act, [chapter 52, title 67](#), Idaho Code.

(12) Protected Action and Communication. There shall be no liability on the part of and no action for damages against:

(a) Any member of the board, the committee on professional discipline or the staff or officials thereof for any action undertaken or performed within the scope of the functions of the board or the committee under this chapter when acting in good faith and in the reasonable belief that such action is warranted; or

(b) Any person providing information or testimony to the board, the committee, or their staff or officials in good faith and in the reasonable belief that such information is accurate.

[54-1806A, added 1976, ch. 293, sec. 1, p. 1011; am. 1980, ch. 247, sec. 65, p. 628; am. 1982, ch. 323, sec. 1, p. 798; am. 1990, ch. 106, sec. 2, p. 214; am. 1990, ch. 213, sec. 77, p. 542; am. 1998, ch. 39, sec. 2, p. 168; am. 2000, ch. 332, sec. 1, p. 1112; am. 2015, ch. 141, sec. 141, p. 487; am. 2019, ch. 26, sec. 7, p. 58; am. 2022, ch. 246, sec. 16, p. 799.]

54-1807. STATE BOARD OF MEDICINE -- REGISTRATION. Interns and residents must register with the board prior to the commencement of any activities constituting the practice of medicine in this state. Registration shall include disclosure of the applicant's prior education and training, the program or course of study the intern or resident intends to follow, the physicians or group of physicians who will supervise the program or course of study and such other information as the board deems relevant. The board shall reserve the right to approve any such program or course of study. A registration fee shall be fixed by the board and registration must be renewed annually or biannually.



[54-1807, added 1977, ch. 199, sec. 8, p. 543; am. 1998, ch. 177, sec. 3, p. 662; am. 2010, ch. 89, sec. 2, p. 171; am. 2019, ch. 26, sec. 8, p. 62; am. 2023, ch. 12, sec. 3, p. 50.]

54-1807A. PHYSICIAN ASSISTANTS -- PHYSICIAN ASSISTANT ADVISORY COMMITTEE. (1) Physician assistants must be licensed by the board prior to the commencement of activities which may involve the practice of medicine in this state. The licensure requirements for physician assistants shall include passage of an examination acceptable to the board and submission of a completed application to the board on forms furnished by the board. All applicants for original licensure as a physician assistant shall submit to a fingerprint-based criminal history check of the Idaho central criminal database and the federal bureau of investigation criminal history database. Each applicant shall submit a full set of the applicant's fingerprints on forms supplied by the board which shall be forwarded by the board to the Idaho department of law enforcement and to the federal bureau of investigation identification division. The board shall fix a license fee. All physician assistants shall renew their licenses annually or biannually.

(2) A physician assistant may practice at a licensed health care facility, a facility with a credentialing and privileging system, a physician-owned facility or practice, or another facility or practice allowed by this chapter. A physician assistant shall collaborate with, consult with, or refer to the appropriate member of the facility health care team as indicated by: the condition of the patient; the education, experience, and competence of the physician assistant; and the community standard of care. The degree and nature of collaboration shall be determined by the facility or practice in which the physician assistant works and shall be set forth in facility by-laws or procedures for facilities that have credentialing and privileging systems or in a written collaborative practice agreement for all other facilities and practices. Such provisions may provide for collaborative oversight to be provided by the employer, group, hospital service, or the credentialing and privileging systems of a licensed facility, but at a minimum shall require a physician assistant to collaborate with one (1) or more physicians licensed pursuant to this chapter. Such physicians need not be identified individually in the facility bylaws or procedures or collaborative practice agreement if more than one (1) physician works in the facility or practice. A physician assistant is responsible for the care provided by the physician assistant and is responsible for obtaining professional liability insurance if the physician assistant is not covered by the facility or practice in which the physician assistant works. A physician assistant may be employed by nonphysician health care providers if the physician assistant has a written collaborative practice agreement with one (1) or more physicians licensed pursuant to this chapter. Both the physician assistant and the physician who are parties to a collaborative practice agreement must comply with all requirements of this chapter and board rules. The collaborative practice agreement shall be provided to the board upon request.

(3) A physician assistant or a group of physician assistants may independently own a medical practice in this state provided that each physician assistant has a collaborative practice agreement in place with a physician licensed under this chapter. The collaborative practice agreement shall specify that the physician assistant must collaborate with, consult with, or refer to the collaborating physician or another appropriate physician as indicated by: the condition of the patient; the education, experience,

and competence of the physician assistant; and the community standard of care. Both the physician assistant and the physician who are parties to the collaborative practice agreement must comply with all requirements of this chapter and board rules. The collaborative practice agreement shall be provided to the board upon request. Each physician assistant must be licensed, registered or certified as a physician assistant in any state, territory or jurisdiction of the United States for at least two (2) years before the physician assistant may independently own a practice in this state.

(4) The facility or practice and each collaborating physician are responsible for ensuring that the medical services performed by the physician assistant are within the physician assistant's scope of education, experience, and competence. Each collaborating physician shall collaborate with the physician assistant on the performance of only those medical services for which the collaborating physician has training and experience.

(5) A physician assistant advisory committee is hereby established as follows:

(a) The physician assistant advisory committee shall consist of five (5) members appointed by the board. Four (4) members shall be physician assistants who are residents in this state and engaged in the active practice of medicine in this state, and one (1) member shall be a public member. Whenever a term of a member of the advisory committee expires or becomes vacant, the board shall give consideration to recommendations made by professional organizations of physician assistants and physicians, and any individual residing in the state. The board may remove any committee member for misconduct, incompetency or neglect of duty after giving the member a written statement of the charges and an opportunity to be heard thereon. The executive director of the Idaho state board of medicine shall serve as the executive director to the physician assistant advisory committee.

(b) Members will serve a term of three (3) years and terms will be staggered. Members may serve two (2) successive terms. The committee shall elect a chairman from its membership. The committee shall meet as often as necessary to fulfill its responsibilities. Members will be compensated according to section [59-509](#)(p), Idaho Code.

(c) The physician assistant advisory committee shall not have authority to revoke licenses or impose limitations or conditions on licenses issued pursuant to this chapter. The committee has authority to make recommendations to the board. The board shall make all final decisions with respect thereto.

(d) The physician assistant advisory committee shall work in the following areas in conjunction with and make recommendations to the board and shall perform other duties and functions assigned to it by the board, including:

- (i) Evaluating the qualifications of applicants for licensure and registration;
- (ii) Performing investigations of misconduct and making recommendations regarding discipline;
- (iii) Maintaining a list of currently licensed physician assistants and graduate physician assistants in this state; and
- (iv) Advising the board on rule changes necessary to license and regulate physician assistants and graduate physician assistants in this state.

[54-1807A, added 2010, ch. 89, sec. 3, p. 172; am. 2013, ch. 47, sec. 1, p. 101; am. 2019, ch. 26, sec. 9, p. 62; am. 2021, ch. 60, sec. 1, p. 191.]

54-1808. BOARD TO ISSUE LICENSES. (1) The board shall issue licenses to practice medicine and osteopathic medicine to persons who have qualified therefor in accordance with the provisions of this act. The board may refuse licensure if it finds that the applicant has engaged in conduct prohibited by section [54-1814](#), Idaho Code. Provided, that the board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances. Such licenses shall be issued after payment of a licensing fee in an amount to be fixed by the board, and such licenses shall be issued for a period of no more than five (5) years, the exact period to be fixed by the board. Licenses to practice medicine and osteopathic medicine shall be renewed on their expiration upon completion of a renewal application and upon payment of a renewal fee, the amount of which is to be fixed by the board.

(2) The board may renew on an inactive basis, the license of a physician or physician assistant who is not practicing medicine in this state. The board shall fix and collect an inactive license fee for each inactive license renewal, and each inactive license shall be issued for a period of no more than five (5) years, the exact period to be fixed by the board. A physician or physician assistant holding an inactive license may not engage in the practice of medicine in this state. If a person wishes to convert his inactive license to an active license, he must account to the board for that period of time in which he held an inactive license.

(3) Whenever the board determines that an applicant for a license to practice medicine or osteopathic medicine is not qualified for such a license pursuant to the provisions of this act, the board shall notify the applicant by certified mail of its denial of licensure and the reasons for denial.

[54-1808, added 1977, ch. 199, sec. 9, p. 543; am. 2019, ch. 26, sec. 10, p. 64.]

54-1809. OCCUPATIONAL LICENSES FUND -- RECEIPTS AND DISBURSEMENTS. All fees, charges, and fines received by the board under the provisions of this chapter shall be deposited in the state treasury to the credit of the occupational licenses fund in the dedicated fund, and all costs and expenses incurred by the board under the provisions of this chapter shall be a charge against and paid from the fund for such purposes. The funds collected under this chapter shall be immediately available for the administration of this chapter, the provisions of any other law notwithstanding.

[54-1809, added 2021, ch. 224, sec. 46, p. 676.]

54-1810. PHYSICIAN LICENSURE BY WRITTEN EXAMINATION. Any person seeking to be licensed to practice medicine or osteopathic medicine as a physician in this state must successfully complete the following requirements before a license will be issued:

(1) Each applicant must submit a completed written application to the board on forms furnished by the board which shall require proof of graduation from a medical school acceptable to the board and successful completion of a postgraduate training program acceptable to the board. The application shall require a fingerprint-based criminal history check of the Idaho

central criminal database and the federal bureau of investigation criminal history database. Each applicant must submit a full set of the applicant's fingerprints on forms supplied by the board which shall be forwarded to the Idaho state police and the federal bureau of investigation identification division for this purpose or for the purpose of qualifying an applicant for an expedited license as the state of principal license as provided in section [54-1847](#), Idaho Code. The board shall not disseminate data acquired from a fingerprint-based criminal history check except as allowed by law.

(2) Each applicant must pass an examination conducted by or acceptable to the board which shall thoroughly test the applicant's fitness to practice medicine. If an applicant fails to pass any step of the examination on two (2) separate occasions, the applicant may be required to be interviewed, evaluated, or examined by the board.

(3) The board may require an applicant to be personally interviewed by the board or a designated committee of the board. Such an interview shall be limited to a review of the applicant's qualifications and professional credentials.

[54-1810, added 1977, ch. 199, sec. 10, p. 544; am. 1999, ch. 116, sec. 1, p. 350; am. 2003, ch. 126, sec. 1, p. 376; am. 2017, ch. 81, sec. 1, p. 224; am. 2019, ch. 26, sec. 12, p. 65.]

54-1810A. PHYSICIAN ASSISTANT LICENSURE. Any person seeking to be licensed to practice medicine as a physician assistant in this state must successfully complete the following requirements before a license will be issued:

(1) Each applicant must submit a completed written application to the board on forms furnished by the board, which shall require proof of a college baccalaureate degree from a nationally accredited school and completion of a physician assistant training program acceptable to the board and accredited by the accreditation review commission on education for physician assistants;

(2) Each applicant must submit proof of current certification by the national commission on certification of physician assistants or similar certifying agency approved by the board; and

(3) The application shall require a fingerprint-based criminal history check of the Idaho central criminal database and the federal bureau of investigation criminal history database. Each applicant must submit a full set of the applicant's fingerprints on forms supplied by the board, which shall be forwarded to the Idaho state police and the federal bureau of investigation identification division for this purpose. The board shall not disseminate data acquired from a fingerprint-based criminal history check except as allowed by law.

[54-1810A, added 2019, ch. 26, sec. 13, p. 65.]

54-1811. PHYSICIAN LICENSURE BY ENDORSEMENT. Any person seeking to be licensed to practice medicine as a physician in this state who is licensed to practice medicine in another state must successfully complete the following requirements before a license to practice medicine will be issued:

(1) Each applicant must submit a completed written application to the board on forms furnished by the board which shall require proof that the applicant holds a valid, unrevoked, unsuspended license to practice medicine, or osteopathic medicine in a state, territory or district of the

United States or Canada, and the applicant demonstrates that he possesses the requisite qualifications to provide the same standard of health care as provided by licensed physicians in this state. The board may require further examination to establish such qualifications. An applicant with any disciplinary action, including past, pending, 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.

(2) The application shall require a fingerprint-based criminal history check of the Idaho central criminal database and the federal bureau of investigation criminal history database. Each applicant must submit a full set of the applicant's fingerprints on forms supplied by the board which shall be forwarded to the Idaho state police and the federal bureau of investigation identification division for this purpose or for the purpose of qualifying an applicant for an expedited license as the state of principal license as provided in section [54-1847](#), Idaho Code. The board shall not disseminate data acquired from a fingerprint-based criminal history check except as allowed by law.

(3) The board may require an applicant to be personally interviewed by the board or a designated committee of the board. The interview shall be limited to a review of the applicant's qualifications and professional credentials.

[54-1811, added 1977, ch. 199, sec. 11, p. 545; am. 1999, ch. 116, sec. 2, p. 350; am. 2003, ch. 126, sec. 2, p. 377; am. 2017, ch. 81, sec. 2, p. 225; am. 2019, ch. 26, sec. 14, p. 66.]

54-1812. GRADUATES OF MEDICAL SCHOOLS LOCATED OUTSIDE OF THE UNITED STATES AND CANADA. In addition to the other licensure requirements of this chapter, the board may require by rule and regulation that graduates of medical schools located outside of the United States and Canada provide additional information to the board concerning the medical school attended. The board may also require such graduates to take an additional examination. The board may refuse to issue a license to an applicant who graduated from a medical school located outside of the United States and Canada if it finds that such applicant does not possess the requisite qualifications to provide the same standard of health care as provided by licensed physicians in this state.

[54-1812, added 1977, ch. 199, sec. 12, p. 546; am. 1980, ch. 146, sec. 1, p. 315.]

54-1813. TEMPORARY LICENSE AND REGISTRATION. (1) The board may by rule provide for the issuance of a temporary license to a person licensed to practice medicine or osteopathic medicine in some other state, territory, or district of the United States or Canada or to a person who is a diplomate of the national board of medical examiners or a diplomate of the national board of osteopathic medical examiners or to a physician assistant, excluding any volunteer license applicant, provided that such temporary license shall be issued only to persons who have made an application for a permanent license in this state. The board shall fix and collect a fee for a temporary license and it shall be valid from the date of issuance for one hundred twenty (120) days, unless extended by the board or its designated representative upon a showing of good cause.

(2) The board may by rule provide for temporary registration of interns, residents, and experienced international medical graduates who are forcibly displaced persons. The board shall fix and collect a fee for the temporary registration and shall specify the time period of the temporary registration.

(3) For purposes of subsection (2) of this section, "experienced international medical graduate who is a forcibly displaced person" means a person who:

- (a) Is a graduate of a medical school recognized by the board;
- (b) Is an asylee, a humanitarian parolee, or a refugee holding a customs and border protection form I-94 or an equivalent document;
- (c) Has applied for an accredited medical residency training program in Idaho;
- (d) Has at least three (3) years of practice in the person's specialty;
- (e) Has no gap of greater than five (5) years between the person's clinical practice and the person's application for the accredited medical residency training program in Idaho;
- (f) Passes the occupational English test for medicine; and
- (g) Agrees to practice in a health professional shortage area, as designated by the federal government, for at least three (3) years following graduation from an accredited medical residency training program in Idaho.

[54-1813, added 1977, ch. 199, sec. 13, p. 546; am. 1998, ch. 177, sec. 4, p. 662; am. 2019, ch. 26, sec. 15, p. 67; am. 2023, ch. 155, sec. 1, p. 419.]

54-1814. GROUNDS FOR MEDICAL DISCIPLINE. Every person licensed to practice medicine, or registered as an intern or resident in this state is subject to discipline by the board pursuant to the procedures set forth in this chapter and rules promulgated pursuant thereto upon any of the following grounds:

- (1) Being convicted of a felony, pleading guilty to a felony, or the finding of guilt by a jury or court of commission of a felony.
- (2) Using false, fraudulent or forged statements or documents, diplomas or credentials in connection with any licensing or other requirements of this act.
- (3) Practicing medicine under a false or assumed name in this or any other state.
- (4) Advertising the practice of medicine in any unethical or unprofessional manner.
- (5) Knowingly aiding or abetting any person to practice medicine who is not authorized to practice medicine as provided in this chapter.
- (6) Performing or procuring an unlawful abortion or aiding or abetting the performing or procuring of an unlawful abortion.
- (7) Providing health care which fails to meet the standard of health care provided by other qualified physicians or physician assistants in the same community or similar communities, taking into account his training, experience and the degree of expertise to which he holds himself out to the public.
- (8) Dividing fees or gifts or agreeing to split or divide fees or gifts received for professional services with any person, institution or corporation in exchange for referral.

(9) Giving or receiving or aiding or abetting the giving or receiving of rebates, either directly or indirectly.

(10) Inability to obtain or renew a license to practice medicine, or revocation, suspension, or other discipline of a license to practice medicine by any other state, territory, district of the United States or Canada, unless it can be shown that such action was not related to the competence of the person to practice medicine or to any conduct designated herein.

(11) Prescribing or furnishing narcotic or hallucinogenic drugs to addicted persons to maintain their addictions and level of usage without attempting to treat the primary condition requiring the use of narcotics.

(12) Prescribing or furnishing narcotic, hypnotic, hallucinogenic, stimulating or dangerous drugs for other than treatment of any disease, injury or medical condition.

(13) Failing to safeguard the confidentiality of medical records or other medical information pertaining to identifiable patients, except as required or authorized by law.

(14) Directly promoting the sale of drugs, devices, appliances or goods to a patient that are unnecessary and not medically indicated.

(15) Abandoning a patient.

(16) Willfully and intentionally representing that a manifestly incurable disease or injury or other manifestly incurable condition can be permanently cured.

(17) Failing to supervise the activities of interns, residents, nurse practitioners, certified nurse-midwives, clinical nurse specialists, or physician assistants.

(18) Practicing medicine when a license pursuant to this chapter is suspended, revoked or inactive.

(19) Practicing medicine in violation of a voluntary restriction or terms of probation pursuant to this chapter.

(20) Refusing to divulge to the board upon demand the means, method, device or instrumentality used in the treatment of a disease, injury, ailment, or infirmity.

(21) Committing any act constituting a felony.

(22) Engaging in any conduct which constitutes an abuse or exploitation of a patient arising out of the trust and confidence placed in the physician by the patient.

(23) Being convicted of or pleading guilty to driving under the influence of alcohol, drugs or other intoxicating substances or being convicted of or pleading guilty to other drug or alcohol related criminal charges.

(24) Failing to comply with a board order entered by the board.

(25) Failing to comply with the requirements of the abortion complications reporting act, [chapter 95, title 39](#), Idaho Code.

(26) 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. Such behavior does not have to have caused actual patient harm to be considered unprofessional or disruptive.

(27) Interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts or by use of threats of harassment against any patient, member of a board or committee on professional discipline, board staff, hearing officer, or witness in an attempt to influence the outcome of a disciplinary proceeding, investigation, or other legal action.



(28) Delegating professional responsibilities to:

(a) An unlicensed person when the licensee knows or has reason to know that such person is not qualified by training, experience, or license to carry them out; or

(b) A person licensed by this state to engage in activities which may involve the practice of medicine when the delegating licensee knows or has reason to know that the delegated activities are outside the licensed person's scope of practice.

(29) Failure to report the charge or conviction of a felony to the board within thirty (30) days of the charge.

[54-1814, added 1977, ch. 199, sec. 14, p. 547; am. 1979, ch. 58, sec. 1, p. 152; am. 1992, ch. 73, sec. 1, p. 209; am. 1998, ch. 118, sec. 15, p. 446; am. 1998, ch. 177, sec. 5, p. 662; am. 2000, ch. 332, sec. 3, p. 1118; am. 2013, ch. 252, sec. 1, p. 622; am. 2018, ch. 225, sec. 3, p. 515; am. 2019, ch. 26, sec. 16, p. 67.]

54-1815. VIOLATION OF ACT -- INJUNCTION. Whenever any person is found violating any of the provisions of this chapter, the department or the board, without regard to criminal prosecution, may maintain an action in the name of the state of Idaho to enjoin said person from doing any of the acts above described, said action to be brought in the county in which said acts are claimed to have been or are being committed; and upon the filing of a verified petition in the district court of the county where said acts have been or are being committed, the court, or a judge thereof at chambers, if satisfied by affidavit or otherwise that the acts complained of have been or are being committed, shall issue a temporary injunction, without bond, as a matter of course, enjoining the defendant from the commission of any such act or acts. A copy of said verified complaint shall be served upon the defendant, and the proceedings shall thereafter be conducted as in other civil cases. If the commission of said act or acts be established, the court, or a judge thereof at chambers, shall enter a decree perpetually enjoining said defendant from committing said act or acts. In case of violation of any injunction issued under the provisions of this section, the court, or a judge thereof, at chambers, may summarily try and punish the offender for his contempt of court.

[54-1815, added 1949, ch. 23, sec. 15, p. 27.]

54-1818. REPORTING OF VIOLATIONS BY PHYSICIANS. A licensed physician or physician assistant possessing knowledge of a violation of section [54-1814](#), Idaho Code, by any other physician or physician assistant licensed to practice medicine in Idaho shall with reasonable promptness report such knowledge to the board of medicine or its duly authorized committee, agency or representative, and failure to do so shall subject such person to disciplinary action by the state board of medicine as in its discretion the board shall deem proper, pursuant to procedures provided in [chapter 18, title 54](#), Idaho Code; provided, no person shall be civilly liable for communications, reports or acts of any kind made, given or handled under the provisions of this act. However, notwithstanding the foregoing, no physician or physician assistant shall be required to report, nor shall any physician or physician assistant report, any information known, learned or discovered by that person as a result of participation in peer review or access to peer review records, as defined in section [39-1392a](#), Idaho Code. This provision shall



not relieve a health care organization of its notification obligations as set forth in section [39-1393](#), Idaho Code.

[54-1818, added 1976, ch. 192, sec. 1, p. 709; am. 2003, ch. 244, sec. 7, p. 634; am. 2019, ch. 26, sec. 18, p. 69.]

54-1820. ACCESS TO RECORDS. All papers, records, correspondence, communications and proceedings of the Idaho state board of medicine shall be open and public except as otherwise provided in [chapter 1, title 74](#), Idaho Code.

[54-1820, added 1985, ch. 233, sec. 1, p. 554; am. 1990, ch. 213, sec. 78, p. 546; am. 2015, ch. 141, sec. 142, p. 490.]

54-1821. NO PHYSICIAN-PATIENT RELATIONSHIP FOR INFORMAL CONSULTATIONS. (1) No physician-patient relationship is created between a physician licensed under this chapter and an individual not otherwise a patient of that physician when a physician is contacted by another physician or licensed health care practitioner who is treating the patient for a consultation or advice, if:

- (a) The consulted physician does not examine the patient; and
- (b) Such consultation or advice is given by the physician to the physician or health care practitioner treating the patient without expectation of compensation for providing such consultation or advice.

(2) A consulted physician who does not have a physician-patient relationship with a patient by virtue of this section shall not be named on any special verdict form concerning care provided to the patient unless there is a basis of liability to the patient independent of the consultation.

[54-1821, added 2010, ch. 353, sec. 1, p. 929.]

54-1831. SHORT TITLE. This act shall be known as the "Disabled Physician and Physician Assistant Act."

[54-1831, added 1976, ch. 290, sec. 1, p. 1000; am. 2019, ch. 26, sec. 20, p. 69.]

54-1832. GROUNDS FOR RESTRICTION, SUSPENSION, OR REVOCATION OF LICENSE. The license of any physician or physician assistant to practice medicine in this state shall be subject to restriction, suspension, or revocation, as hereinafter provided, in case of inability of the licensee to practice medicine with reasonable skill or safety to patients by reason of one (1) or more of the following:

- (1) Mental illness;
- (2) Physical illness, including but not limited to, deterioration through the aging process, or loss of motor skill; or
- (3) Excessive use or abuse of drugs, including alcohol.

[54-1832, added 1976, ch. 290, sec. 2, p. 1000; am. 2019, ch. 26, sec. 21, p. 69.]

54-1833. DUTIES OF BOARD OF MEDICINE. (1) If the board of medicine ("board") has reasonable cause to believe that a physician or physician assistant licensed to practice medicine in this state is unable to practice

medicine with reasonable skill and safety to patients because of a condition described in section [54-1832](#), Idaho Code, the board shall serve upon the physician or physician assistant a notice of hearing on the sole issue of the capacity of the physician or physician assistant to competently and safely engage in the practice of medicine.

(2) Every physician and physician assistant who accepts the privilege of being licensed under this chapter gives consent to:

- (a) Submitting at the licensee's own expense to an immediate mental or physical examination when directed in writing by the board to do so; and
- (b) The admissibility of the reports of the examining physician's testimony or examination, and waives all objections on the ground the reports constitute a privileged communication.

(3) The examination may be ordered by the board, only upon a finding of reasonable cause to believe:

- (a) The physician or physician assistant is unable to practice medicine with reasonable skill and safety because of a condition described in section [54-1832](#), Idaho Code; and
- (b) Immediate action by the board is necessary to prevent harm to patients or the general public.

(4) Failure of a physician to submit to the examination ordered under this section is a ground for the board's immediate suspension of the physician's license by written order.

[54-1833, added 1976, ch. 290, sec. 3, p. 1000; am. 2019, ch. 26, sec. 22, p. 69.]

54-1834. PROCEEDINGS. (1) The board may proceed against a physician or physician assistant under this act by serving upon such physician or physician assistant at least fifteen (15) days' notice of a time and place fixed for a hearing. Such notice shall be served upon the licensee either personally or by registered or certified mail with return receipt requested.

(2) At said hearing the licensee shall have the right to be present, to be represented by counsel, to produce witnesses or evidence in his behalf, to cross-examine witnesses, and to have subpoenas issued by the board.

(3) The results of any examination ordered by the board pursuant to section [54-1833](#)(c), Idaho Code, including evidence and testimony offered by the examining physician shall be admissible at said hearing, along with any other evidence, or witness testimony relevant to the licensee's fitness to practice.

(4) At the conclusion of the hearing, the board shall make a determination of the merits and, if grounds therefor are found to exist, may issue an order imposing one (1) or more of the following:

- (a) A recommendation that the licensee submit to the care, counseling, or treatment by physicians acceptable to the board; or
- (b) Suspension or restriction of the licensee's license to practice medicine for the duration of his impairment; or
- (c) Revocation of the licensee's license to practice medicine; and
- (d) If grounds are not found to exist, the board shall enter its order so stating, shall dismiss the proceedings and shall provide the respondent a true copy thereof.

[(54-1834) 54-1837, added 1976, ch. 290, sec. 7, p. 1002; am. 1990, ch. 213, sec. 79, p. 547.; am. 2015, ch. 141, sec. 143, p. 490; am. and redesi. 2019, ch. 26, sec. 26, p. 70.]

54-1835. RIGHT TO APPEAL AND REINSTATEMENT. (1) A physician or physician assistant whose license is suspended under section [54-1833](#)(4) has the right to a hearing to appeal the suspension within ten (10) days after the license is suspended. The hearing held under this subsection shall be conducted in accordance with section [54-1834](#), Idaho Code, for the sole purpose of determining if sufficient basis exists for the continuance of the order of suspension in order to prevent harm to the licensee's patients or the general public.

(2) A physician or physician assistant whose license is revoked, suspended, or in any way restricted under section [54-1833](#) or [54-1834](#), Idaho Code, may request that the board consider, at reasonable intervals, evidence presented by the physician or physician assistant under procedures established by rule, regarding any change in the licensee's condition to determine whether the licensee is or is not able to safely and competently engage in the practice of medicine; and is qualified to have the physician or physician assistant license to practice under this chapter restored completely or in part.

[(54-1835) 54-1838, added 1976, ch. 290, sec. 8, p. 1004; am. and redesign. 2019, ch. 26, sec. 27, p. 72.]

54-1836. JUDICIAL REVIEW. All final decisions by the board of medicine shall be subject to judicial review pursuant to the procedures of the administrative procedure act, [chapter 52, title 67](#), Idaho Code.

[(54-1836) 54-1839, added 1982, ch. 323, sec. 3, p. 804; am. and redesign. 2019, ch. 26, sec. 28, p. 72.]

54-1841. VOLUNTEER'S LICENSE -- QUALIFICATIONS. (1) Upon application and qualification, the board may issue, without examination, a volunteer's license to a physician or physician assistant who is retired from the active practice of medicine or osteopathic medicine to enable the retired physician or physician assistant to provide medical services to persons who, due to age, infirmity, indigence or disability, are unable to receive regular medical treatment.

(2) (a) For purposes of this section, a physician or physician assistant previously holding a license to practice medicine or osteopathic medicine with active status in Idaho or another state shall be considered to be retired if, prior to the date of application for a volunteer's license:

(i) He has surrendered or allowed his license with active status to expire with the intention of ceasing to actively practice as a physician or physician assistant for remuneration;

(ii) He has converted his license with active status to a license with inactive status with the intention of ceasing to actively practice as a physician or physician assistant for remuneration; or

(iii) He has converted his license with active or inactive status to a license with retirement or similar status that proscribed the active practice of medicine or osteopathic medicine.

(b) A physician or physician assistant whose license had been restricted, suspended, revoked, surrendered, resigned, converted, or allowed to lapse or expire as the result of disciplinary action or in

lieu of disciplinary action being taken shall not be eligible for a volunteer's license.

(3) An application for a volunteer's license shall include, but not be limited to, the following:

(a) Verification of graduation from an acceptable school of medicine or an acceptable osteopathic school of medicine or an acceptable physician assistant program;

(b) Verification from each state board in which the applicant was licensed that the applicant maintained his license in good standing without disciplinary action that restricted the applicant's license or resulted in the applicant's license being placed on probation, suspended, revoked or being surrendered, resigned or otherwise allowed to lapse or expire in lieu of disciplinary action;

(c) Verification that the applicant held a license in good standing in Idaho or another state as of the date upon which the physician or physician assistant became retired;

(d) Verification that the applicant held an active status license in good standing in Idaho or another state within five (5) years of the date of application for a volunteer's license, provided that the board may waive the five (5) year requirement in the event that the applicant demonstrates that he possesses the knowledge and skills requisite to the practice of medicine or osteopathic medicine by successfully completing such examinations as are required by the board; and

(e) A notarized statement from the applicant on a form prescribed by the board, that the applicant will not provide any physician or physician assistant 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 or physician assistant, for any physician or physician assistant services provided under the authority of a volunteer's license.

(4) A volunteer's license shall be valid for that period specified for physicians or physician assistants in section [54-1808](#), Idaho Code, and may be renewed upon application of the licensee unless the license has been revoked in accordance with this section. The board shall maintain a register of all physicians or physician assistants who hold a volunteer's license. The board shall not charge an application or licensing fee for issuing or renewing a volunteer's license. A volunteer's license cannot be converted to a license with active, inactive or temporary status.

(5) The board may revoke a volunteer's license upon receiving proof satisfactory to the board that grounds existed for enforcement or disciplinary action against the holder of a volunteer's license under other sections of this chapter or the administrative rules promulgated under this chapter.

[54-1841, added 2005, ch. 45, sec. 1, p. 173; am. 2010, ch. 235, sec. 39, p. 574; am. 2019, ch. 26, sec. 30, p. 72.]

54-1842. INTERSTATE MEDICAL LICENSURE COMPACT. The interstate medical licensure compact is hereby enacted into law and entered into with all other jurisdictions legally joining therein, in the form substantially as follows in sections [54-1843](#) through [54-1866](#), Idaho Code.

[54-1842, added 2015, ch. 105, sec. 1, p. 248.]

54-1843. PURPOSE. In order to strengthen access to health care and in recognition of the advances in the delivery of health care, the member states of the interstate medical licensure compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The compact creates another pathway for licensure and does not otherwise change a state's existing medical practice act. The compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter and therefore requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the compact.

[54-1843, added 2015, ch. 105, sec. 1, p. 248.]

54-1844. DEFINITIONS. As used in this compact:

- (1) "Bylaws" means those bylaws established by the interstate commission pursuant to section [54-1853](#), Idaho Code, for its governance, or for directing and controlling its actions and conduct.
- (2) "Commissioner" means the voting representative appointed by each member board pursuant to section [54-1853](#), Idaho Code.
- (3) "Conviction" means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a guilty or equivalent plea to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.
- (4) "Expedited license" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the compact.
- (5) "Interstate commission" means the interstate commission created pursuant to section [54-1853](#), Idaho Code.
- (6) "License" means authorization by a state for a physician to engage in the practice of medicine, which would be unlawful without the authorization.
- (7) "Medical practice act" means laws and rules governing the practice of allopathic and osteopathic medicine within a member state.
- (8) "Member board" means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation and education of physicians as directed by the state government.
- (9) "Member state" means a state that has enacted the compact.
- (10) "Offense" means a crime that is deemed relevant in accordance with section [67-9411](#)(1), Idaho Code.
- (11) "Physician" means any person who:
  - (a) Is a graduate of a medical school accredited by the liaison committee on medical education, the commission on osteopathic college accreditation or a medical school listed in the world directory of medical schools or its equivalent;

(b) Passed each component of the United States medical licensing examination (USMLE) or the comprehensive osteopathic medical licensing examination (COMLEX-USA) within three (3) attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;

(c) Successfully completed graduate medical education approved by the accreditation council for graduate medical education or the American osteopathic association;

(d) Holds specialty certification or a time-unlimited specialty certificate recognized by the American board of medical specialties or the American osteopathic association's bureau of osteopathic specialists;

(e) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;

(f) Has never been convicted or received adjudication, deferred adjudication, community supervision or deferred disposition for any offense by a court of appropriate jurisdiction;

(g) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license;

(h) Has never had a controlled substance license or permit suspended or revoked by a state or the United States drug enforcement administration; and

(i) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction.

(12) "Practice of medicine" means the clinical prevention, diagnosis or treatment of human disease, injury or condition requiring a physician to obtain and maintain a license in compliance with the medical practice act of a member state.

(13) "Rule" means a written statement by the interstate commission promulgated pursuant to section [54-1853](#), Idaho Code, that is of general applicability, implements, interprets, or prescribes a policy or provision of the compact or an organizational, procedural or practice requirement of the interstate commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.

(14) "State" means any state, commonwealth, district or territory of the United States.

(15) "State of principal license" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the compact.

[54-1844, added 2015, ch. 105, sec. 1, p. 248; am. 2020, ch. 175, sec. 23, p. 526.]

54-1845. ELIGIBILITY. (1) A physician must meet the eligibility requirements as defined in section [54-1844](#)(11), Idaho Code, to receive an expedited license under the terms and provisions of the compact.

(2) A physician who does not meet the requirements of section [54-1844](#)(11), Idaho Code, may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the compact, relating to the issuance of a license to practice medicine in that state.

[54-1845, added 2015, ch. 105, sec. 1, p. 250.]

54-1846. DESIGNATION OF STATE OF PRINCIPAL LICENSE. (1) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

- (a) The state of primary residence for the physician;
- (b) The state where at least twenty-five percent (25%) of the physician's practice of medicine occurs;
- (c) The location of the physician's employer; or
- (d) The state designated as the physician's state of residence for purpose of federal income tax, if no other state qualifies under paragraph (a), (b) or (c) of this subsection.

(2) A physician may redesignate a member state as the state of principal license at any time, as long as the state meets the requirements in subsection (1) of this section.

(3) The interstate commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

[54-1846, added 2015, ch. 105, sec. 1, p. 250.]

54-1847. APPLICATION AND ISSUANCE OF EXPEDITED LICENSE. (1) A physician seeking licensure through the compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(2) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility to the interstate commission.

(a) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination and other qualifications as determined by the interstate commission through rule, shall not be subject to additional primary source verification where the primary source is already verified by the state of principal license.

(b) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the federal bureau of investigation, with the exception of federal employees who have suitability determination in accordance with 5 CFR 731.202.

(c) Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of that state.

(3) Upon verification of eligibility pursuant to subsection (2) of this section, physicians eligible for an expedited license shall complete the registration process established by the interstate commission to receive a license in a member state selected pursuant to subsection (1) of this section, including the payment of any applicable fees.

(4) Upon verification of eligibility pursuant to subsection (2) of this section and any payment of fees pursuant to subsection (3) of this section, a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the medical practice act and all applicable laws and regulations of the issuing member board and member state.

(5) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(6) An expedited license obtained through the compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a nondisciplinary reason without redesignation of a new state of principal licensure.

(7) The interstate commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

[54-1847, added 2015, ch. 105, sec. 1, p. 250.]

54-1848. FEES FOR AN EXPEDITED LICENSE. (1) A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the compact.

(2) The interstate commission is authorized to develop rules regarding fees for expedited licenses.

[54-1848, added 2015, ch. 105, sec. 1, p. 251.]

54-1849. RENEWAL AND CONTINUED PARTICIPATION. (1) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the interstate commission if the physician:

- (a) Maintains a full and unrestricted license in a state of principal license;
- (b) Has not been convicted or received adjudication, deferred adjudication, community supervision or deferred disposition for any offense by a court of appropriate jurisdiction;
- (c) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license; and
- (d) Has not had a controlled substance license or permit suspended or revoked by a state or the United States drug enforcement administration.

(2) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(3) The interstate commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(4) Upon receipt of any renewal fees collected pursuant to subsection (3) of this section, a member board shall renew the physician's license.

(5) Physician information collected by the interstate commission during the renewal process will be distributed to all member boards.



(6) The interstate commission is authorized to develop rules to address renewal of licenses obtained through the compact.

[54-1849, added 2015, ch. 105, sec. 1, p. 251.]

54-1850. COORDINATED INFORMATION SYSTEM. (1) The interstate commission shall establish a database of all physicians licensed or who have applied for licensure under the compact.

(2) Notwithstanding any other provision of law, member boards shall report to the interstate commission any public action or complaints against a licensed physician who has applied or received an expedited license through the compact.

(3) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the interstate commission.

(4) Member boards may report any nonpublic complaint, disciplinary or investigatory information not required by subsection (3) of this section to the interstate commission.

(5) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(6) All information provided to the interstate commission or distributed by member boards shall be confidential, filed under seal and used only for investigatory or disciplinary matters.

(7) The interstate commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.

[54-1850, added 2015, ch. 105, sec. 1, p. 251.]

54-1851. JOINT INVESTIGATIONS. (1) Licensure and disciplinary records of physicians are deemed investigative.

(2) In addition to the authority granted to a member board by its respective medical practice act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member boards.

(3) A subpoena issued by a member state shall be enforceable in other member states.

(4) Member boards may share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiated under the compact.

(5) Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

[54-1851, added 2015, ch. 105, sec. 1, p. 252.]

54-1852. DISCIPLINARY ACTIONS. (1) Any disciplinary action taken by any member board against a physician licensed through the compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the medical practice act or regulations in that state.

(2) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action

necessary by any member board, on the same status. If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the medical practice act of that state.

(3) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided, and:

(a) Impose the same or lesser sanction against the physician so long as such sanction is consistent with the medical practice act of that state; or

(b) Pursue separate disciplinary action against the physician under its respective medical practice act, regardless of the action taken in other member states.

(4) If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license issued to the physician by any other member board shall be suspended, automatically and immediately, for ninety (90) days upon entry of the order by the disciplining board, to permit the other member board to investigate the basis for the action under the medical practice act of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the ninety (90) day suspension period in a manner consistent with the medical practice act of that state.

[54-1852, added 2015, ch. 105, sec. 1, p. 252.]

54-1853. INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION. (1) The member states hereby create the interstate medical licensure compact commission.

(2) The purpose of the commission is the administration of the interstate medical licensure compact, which is a discretionary state function.

(3) The interstate commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers and duties set forth in the compact and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the compact.

(4) The interstate commission shall consist of two (2) voting representatives appointed by each member state who shall serve as commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one (1) representative from each member board. A commissioner shall be:

(a) An allopathic or osteopathic physician appointed to a member board;  
 (b) An executive director, executive secretary or similar executive of a member board; or

(c) A member of the public appointed to a member board.

(5) The interstate commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

(6) The bylaws may provide for meetings of the interstate commission to be conducted by telecommunication or electronic communication.

(7) Each commissioner participating at a meeting of the interstate commission is entitled to one (1) vote. A majority of commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the interstate commission. A commissioner shall not delegate a vote to another commissioner. In the absence of its commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (4) of this section.

(8) The interstate commission shall provide public notice of all meetings and all meetings shall be open to the public. The interstate commission may close a meeting, in full or in portion, where it determines by a two-thirds (2/3) vote of the commissioners present that an open meeting would be likely to:

- (a) Relate solely to the internal personnel practices and procedures of the interstate commission;
- (b) Discuss matters specifically exempted from disclosure by federal statute;
- (c) Discuss trade secrets, commercial or financial information that is privileged or confidential;
- (d) Involve accusing a person of a crime or formally censuring a person;
- (e) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- (f) Discuss investigative records compiled for law enforcement purposes; or
- (g) Specifically relate to the participation in a civil action or other legal proceeding.

(9) The interstate commission shall keep minutes that shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.

(10) The interstate commission shall make its information and official records, to the extent not otherwise designated in the compact or by its rules, available to the public for inspection.

(11) The interstate commission shall establish an executive committee, which shall include officers, members and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the interstate commission, with the exception of rulemaking, during periods when the interstate commission is not in session. When acting on behalf of the interstate commission, the executive committee shall oversee the administration of the compact, including enforcement and compliance with the provisions of the compact, its bylaws and rules, and other such duties as necessary.

(12) The interstate commission may establish other committees for governance and administration of the compact.

[54-1853, added 2015, ch. 105, sec. 1, p. 253.]

54-1854. POWERS AND DUTIES OF THE INTERSTATE COMMISSION. The interstate commission shall have the duty and the power to:

- (1) Oversee and maintain the administration of the compact;
- (2) Promulgate rules that shall be binding to the extent and in the manner provided for in the compact;
- (3) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the compact, its bylaws, rules and actions;

(4) Enforce compliance with compact provisions, the rules promulgated by the interstate commission, and the bylaws, using all necessary and proper means including, but not limited to, the use of judicial process;

(5) Establish and appoint committees including, but not limited, to an executive committee, which shall have the power to act on behalf of the interstate commission in carrying out its powers and duties;

(6) Pay or provide for the payment of the expenses related to the establishment, organization and ongoing activities of the interstate commission;

(7) Establish and maintain one (1) or more offices;

(8) Borrow, accept, hire or contract for services of personnel;

(9) Purchase and maintain insurance and bonds;

(10) Employ an executive director who shall have such powers to employ, select or appoint employees, agents or consultants, and to determine their qualifications, define their duties and fix their compensation;

(11) Establish personnel policies and programs relating to conflicts of interest, rates of compensation and qualifications of personnel;

(12) Accept donations and grants of money, equipment, supplies, materials and services, and receive, utilize and dispose of such items in a manner consistent with the conflict of interest policies established by the interstate commission;

(13) Lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve or use any property, whether real, personal or mixed;

(14) Sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, whether real, personal or mixed;

(15) Establish a budget and make expenditures;

(16) Adopt a seal and bylaws governing the management and operation of the interstate commission;

(17) Report annually to the legislatures and governors of the member states concerning the activities of the interstate commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the interstate commission;

(18) Coordinate education, training and public awareness regarding the compact, its implementation and its operation;

(19) Maintain records in accordance with the bylaws;

(20) Seek and obtain trademarks, copyrights and patents; and

(21) Perform such functions as may be necessary or appropriate to achieve the purposes of the compact.

[54-1854, added 2015, ch. 105, sec. 1, p. 254.]

54-1855. FINANCE POWERS. (1) The interstate commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the interstate commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the interstate commission, which shall promulgate a rule binding on all member states.

(2) The interstate commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.

(3) The interstate commission shall not pledge the credit of any of the member states, except by and with the authority of the member state.

(4) The interstate commission shall be subject to a yearly financial audit conducted by a certified or licensed public accountant and the report of the audit shall be included in the annual report of the interstate commission.

[54-1855, added 2015, ch. 105, sec. 1, p. 255.]

54-1856. ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION. (1) The interstate commission shall, by a majority of commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the compact within twelve (12) months of the first interstate commission meeting.

(2) The interstate commission shall elect or appoint annually from among its commissioners a chairperson, a vice-chairperson and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall preside at all meetings of the interstate commission.

(3) Officers selected pursuant to subsection (2) of this section shall serve without remuneration from the interstate commission.

(4) The officers and employees of the interstate commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of interstate commission employment, duties or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury or liability caused by the intentional or willful and wanton misconduct of such person.

(a) The liability of the executive director and employees of the interstate commission or representatives of the interstate commission, acting within the scope of such person's employment or duties for acts, errors or omissions occurring within such person's state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees and agents. The interstate commission is considered to be an instrumentality of the states for the purposes of any such action. Nothing in this subsection shall be construed to protect such person from suit or liability for damage, loss, injury or liability caused by the intentional or willful and wanton misconduct of such person.

(b) The interstate commission shall defend the executive director, its employees and, subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an interstate commission representative, shall defend such interstate commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of interstate commission employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of interstate commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from intentional or willful and wanton misconduct on the part of such person.

(c) To the extent not covered by the state involved, member state or the interstate commission, the representatives or employees of the interstate commission shall be held harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error or omission that occurred within the scope of interstate commission employment, duties or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of interstate commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from intentional or willful and wanton misconduct on the part of such persons.

[54-1856, added 2015, ch. 105, sec. 1, p. 255.]

54-1857. RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION. (1) The interstate commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the compact. Notwithstanding the foregoing, in the event the interstate commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the compact, or the powers granted hereunder, then such an action by the interstate commission shall be invalid and have no force or effect.

(2) Rules deemed appropriate for the operations of the interstate commission shall be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, and subsequent amendments thereto.

(3) Not later than thirty (30) days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States district court for the District of Columbia or the federal district where the interstate commission has its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the interstate commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the interstate commission.

[54-1857, added 2015, ch. 105, sec. 1, p. 256.]

54-1858. OVERSIGHT OF INTERSTATE COMPACT. (1) The executive, legislative and judicial branches of state government in each member state shall enforce the compact and shall take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of the compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of medicine.

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the compact that may affect the powers, responsibilities or actions of the interstate commission.

(3) The interstate commission shall be entitled to receive all service of process in any such proceeding and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the interstate commission shall render a judgment or order void as to the interstate commission, the compact or promulgated rules.

[54-1858, added 2015, ch. 105, sec. 1, p. 256.]

54-1859. ENFORCEMENT OF INTERSTATE COMPACT. (1) The interstate commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the compact.

(2) The interstate commission may, by majority vote of the commissioners, initiate legal action in the United States district court for the District of Columbia, or, at the discretion of the interstate commission, in the federal district where the interstate commission has its principal offices, to enforce compliance with the provisions of the compact and its promulgated rules and bylaws, against a member state in default. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

(3) The remedies herein shall not be the exclusive remedies of the interstate commission. The interstate commission may avail itself of any other remedies available under state law or the regulation of a profession.

[54-1859, added 2015, ch. 105, sec. 1, p. 257.]

54-1860. DEFAULT PROCEDURES. (1) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the compact or the rules and bylaws of the interstate commission promulgated under the compact.

(2) If the interstate commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the compact, the bylaws or promulgated rules, the interstate commission shall:

(a) Provide written notice to the defaulting state and other member states of the nature of the default, the means of curing the default and any action taken by the interstate commission. The interstate commission shall specify the conditions by which the defaulting state must cure its default; and

(b) Provide remedial training and specific technical assistance regarding the default.

(3) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the compact upon an affirmative vote of a majority of the commissioners and all rights, privileges and benefits conferred by the compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(4) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the interstate commission to the governor, the majority and minority leaders of the defaulting state's legislature and each of the member states.

(5) The interstate commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state or the withdrawal of a member state.

(6) The member state that has been terminated is responsible for all dues, obligations and liabilities incurred through the effective date of termination, including obligations, the performance of which extends beyond the effective date of termination.

(7) The interstate commission shall not bear any costs relating to any state that has been found to be in default or that has been terminated from

the compact, unless otherwise mutually agreed upon in writing between the interstate commission and the defaulting state.

(8) The defaulting state may appeal the action of the interstate commission by petitioning the United States district court for the District of Columbia or the federal district where the interstate commission has its principal offices. The prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

[54-1860, added 2015, ch. 105, sec. 1, p. 257.]

54-1861. DISPUTE RESOLUTION. (1) The interstate commission shall attempt upon the request of a member state to resolve disputes which are subject to the compact and which may arise among member states or member boards.

(2) The interstate commission shall promulgate rules providing for both mediation and binding dispute resolution, as appropriate.

[54-1861, added 2015, ch. 105, sec. 1, p. 258.]

54-1862. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT. (1) Any state is eligible to become a member state of the compact.

(2) The compact shall become effective and binding upon legislative enactment of the compact into law by no less than seven (7) states. Thereafter, it shall become effective and binding on a state upon enactment of the compact into law by that state.

(3) The governors of nonmember states or their designees shall be invited to participate in the activities of the interstate commission on a non-voting basis prior to adoption of the compact by all states.

(4) The interstate commission may propose amendments to the compact for enactment by the member states. No amendment shall become effective and binding upon the interstate commission and the member states unless and until it is enacted into law by unanimous consent of the member states.

[54-1862, added 2015, ch. 105, sec. 1, p. 258.]

54-1863. WITHDRAWAL. (1) Once effective, the compact shall continue in force and remain binding upon each and every member state; provided that a member state may withdraw from the compact by specifically repealing the statute which enacted the compact into law.

(2) Withdrawal from the compact shall be by the enactment of a statute repealing the same, but shall not take effect until one (1) year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

(3) The withdrawing state shall immediately notify the chairperson of the interstate commission in writing upon the introduction of legislation repealing the compact in the withdrawing state.

(4) The interstate commission shall notify the other member states of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice as provided under subsection (3) of this section.

(5) The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.



(6) Reinstatement following withdrawal of a member state shall occur upon the withdrawing state reenacting the compact or upon such later date as determined by the interstate commission.

(7) The interstate commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

[54-1863, added 2015, ch. 105, sec. 1, p. 258.]

54-1864. DISSOLUTION. (1) The compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the compact to one (1) member state.

(2) Upon the dissolution of the compact, the compact becomes null and void and shall be of no further force or effect. The business and affairs of the interstate commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws.

[54-1864, added 2015, ch. 105, sec. 1, p. 258.]

54-1865. SEVERABILITY AND CONSTRUCTION. (1) The provisions of the compact shall be severable, and if any phrase, clause, sentence or provision is deemed unenforceable, the remaining provisions of the compact shall be enforceable.

(2) The provisions of the compact shall be liberally construed to effectuate its purposes.

(3) Nothing in the compact shall be construed to prohibit the applicability of other interstate compacts to which the states are members.

[54-1865, added 2015, ch. 105, sec. 1, p. 259.]

54-1866. BINDING EFFECT OF COMPACT AND OTHER LAWS. (1) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the compact.

(2) All laws in a member state in conflict with the compact are superseded to the extent of the conflict.

(3) All lawful actions of the interstate commission, including all rules and bylaws promulgated by the commission, are binding upon the member states.

(4) All agreements between the interstate commission and the member states are binding in accordance with their terms.

(5) In the event any provision of the compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

[54-1866, added 2015, ch. 105, sec. 1, p. 259.]

54-1867. LIMITED LICENSE FOR BRIDGE YEAR PHYSICIANS. (1) As used in this section:

(a) "Board" means the state board of medicine.

(b) "Bridge year physician" means a person who:

(i) Is within the first year of graduation from a medical school accredited or provisionally accredited by an entity recognized by the board;

(ii) Is a United States citizen or attended medical school in the United States; and

(iii) Applied to, but was not accepted into, an accredited medical residency training program.

(2) The board shall establish a one (1) year, nonrenewable limited license under which bridge year physicians may practice medicine under terms, conditions, and a scope of practice determined by the board. If there is a limit to the number of limited licenses that may be issued, priority shall be granted to bridge year physicians who live in Idaho or who have longstanding ties to the state of Idaho, as determined by the board.

(3) Persons practicing under a limited license established pursuant to this section shall:

(a) Practice only within the scope of practice determined by the board;

(b) Practice under the supervision of a licensed physician or pursuant to a collaborative practice agreement. The person practicing under a limited license shall qualify as one (1) of a supervising physician's permitted advanced practice professionals. The board shall prescribe supervision requirements for limited licensees, provided that such requirements shall be no less stringent than supervision requirements for physician assistants;

(c) Have prescriptive authority as determined by the board; and

(d) Be subject to the same professional discipline, civil liability, and criminal liability as a fully licensed physician.

(4) The services provided by a person practicing under a limited license shall be compensable in accordance with customary medical billing practices.

(5) The board is authorized to:

(a) Take such actions as are necessary to implement the provisions of this section, including the promulgation of any necessary rules;

(b) Charge a fee of up to three hundred dollars (\$300) for a limited license; and

(c) Cooperate with the department of health and welfare and other relevant entities, including hospitals and health care clinics, whether public or private, in establishing a limited license.

(6) No later than January 31, 2033, the board shall provide a report to the senate and house of representatives health and welfare committees on:

(a) Requirements for a limited license;

(b) The number of limited licenses issued and the number of limited license holders who were later accepted into a residency program; and

(c) Whether and how limited licenses have increased the supply of health care providers in health professional shortage areas.

[54-1867, added 2023, ch. 101, sec. 1, p. 301.]