

**Idaho State Board of Medicine  
Regular Meeting  
December 5, 2014**

Chairman Barry Bennett, MD, Idaho Falls, called the Idaho State Board of Medicine (Board) meeting to order at 1:59 p.m., Friday, December 5, 2014, at the Holiday Inn Express, Parkcenter Room, 475 West Parkcenter Blvd. Boise, Idaho, 83706. Attendees were: Vice Chairman Robert Ward, MD, Twin Falls; John Brown, MD, Moscow; William Ganz, MD, Coeur d'Alene; Joyce McRoberts, public member, Meridian; Christopher Peine, DO, Eagle and Kathleen Sutherland, MD, Boise. Absent and excused were Ralph Powell, Director, Idaho State Police, Boise and Joseph Williams, MD, Meridian. Board staff attendees were: Nancy Kerr, executive director; Mary Leonard, associate director; Anne Lawler, quality assurance specialist; Cynthia Michalik, quality assurance specialist; Connie Pyles, quality assurance specialist; Darlene Parrott, compliance monitor; and Jean Uranga, Board attorney.

In accordance with Idaho Code § 67-2345, (1), (d) the Board moved to go into Executive Session at 2:00 p.m. to consider records exempt from disclosure. (Motion –Ward Affirmed: Bennett, Brown, Ganz, McRoberts, Peine, and Sutherland)

In Executive Session, the members considered the recommendations of the Committee on Professional Discipline (COPD) and allied health boards in the cases presented.

In Executive Session the Board conducted interviews of applicants for licensure.

The Board acted to leave Executive Session 2:29 p.m. (Ward/Unanimous)

The Board acted to accept the recommendations of the COPD and Allied Health Boards in the cases presented (McRoberts/Unanimous)

Guests present during the meeting were Lisa Robin, Chief Advocacy Officer, Federation of State Medical Boards (FSMB), Pam King, MD, Ph.D., FSMB Board of Directors, Molly Steckel, Idaho Medical Association, William Woodhouse, MD, Idaho State University Residency Program, Mark Johnston, R.Ph., Idaho Board of Pharmacy and Emily Patchin, Risch-Pisca Law and Policy

**Section I - Business  
Section II - License and Registration**

**MINUTES**

The Board reviewed and approved the minutes of the September 5, 2014 regular meeting. (Brown/Unanimous)

Unless otherwise noted, all actions were taken on motions duly made and adopted unanimously.

## **ADMINISTRATION**

Lisa Robin and Pam King, MD, Ph.D., presented information on the Federation of State Medical Board activities, model telemedicine policy, and the interstate licensure compact.

The Board reviewed the financial report of the Board of Medicine and in further action the Board approved the expenses of the executive director. (Ward/Unanimous)

The members reviewed the quarterly report of the Physician Health Program.

Dr Peine volunteered to write an article for the next newsletter.

Following review and discussion of information from the Telehealth Council the Board acted to adopt the FSMB Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (Appendix 2) without modification (Bennett/Unanimous) In further action the Board acted to support the FSMB Interstate Medical Licensure Compact (Appendix 3) and directed staff to pursue legislative authority to participate in the compact. (Ward/Unanimous)

Mark Johnston, R. Ph., presented information on proposed legislation and rules of the Idaho Board of Pharmacy and answered questions.

Molly Steckel and William Woodhouse, MD, presented information on the proposed resolution of the Idaho Medical Association (IMA) related to international medical graduates and current licensure rules of the Board prohibiting licensure until after the completion of three (3) years of approved, progressive, post-graduate training. The Board acted to appoint a subcommittee to review this issue with the IMA, residency programs and interested parties. The Board appointed Joyce McRoberts, Public Member, John Brown, MD, Barry Bennett, MD, Jean Uranga, Attorney and the executive director to the committee. (Consensus)

Per the request of the Department of Health and Welfare, Division of Public Health, Bureau of Laboratories, the Board reviewed the rules related to radiation safety. Concerns expressed by the members regarding training, certification or licensure of operators, record keeping requirements and fees and the potential impact on rural clinics and solo practitioners were discussed. The Board directed staff to share the concerns with the Department of Health and Welfare. (Ganz/Unanimous)

The executive director gave a brief overview of staffing changes, new hires and projected retirements. (Information)

## **LEGAL**

No new business

## LICENSURE

The Board acted to approve all licensure and registration actions taken subsequent to the last Board meeting on September 5, 2014 as noted on the attached licensure report. (Ganz/Unanimous) (Appendix 1)

The Board considered an application for wavier to allow a physician at State Hospital South to supervise more than three (3) physician assistants and provide supervisory coverage due to a loss of a physician. The Board acted to grant the request with a follow up in 24 months to allow time to find a physician replacement. (Bennett/Unanimous)

The Board acted to grant full unrestricted licensure to BOMA 5180 (Ward/Unanimous). The applicant expressed appreciation to the Board staff, Lisa Osterman, for her assistance during the licensure application process.

The Board acted to grant licensure to BOMA 5048 and impose additional requirements. (Bennett/Unanimous)

Follow up information and documentation received was presented to the Board in unlicensed practice Case Number 2014-BOM-7462 to report compliance with obtaining a new supervisor. (Information)

The Board reviewed the minutes of September 15, 2014 meeting of the Athletic Trainers Board, the October 23, 2014 meeting of the Dietitian Licensure Board, the November 7, 2014 meeting of the Physician Assistant Advisory Committee and the October 23, 2014 meeting of the Respiratory Therapy Board.

The Board acted to appoint Judith Butkus, RD to the Dietitian Licensure Board. (Ganz/Unanimous) and in further action appointed David Blakeman, RT and Erica Mazzarella, RT, to the Respiratory Licensure Board. (Bennett/Unanimous)

Chairman Barry Bennett, MD, adjourned the Board of Medicine meeting at 3:57 p.m. on Friday, December 5, 2014.

Appendix 1  
 Idaho State Board of Medicine  
 Meeting – December 5, 2014  
 Licensure Report

Temporary licensure was issued to the following physician(s) pending receipt of a negative criminal background check:

TL-4039	CHARLES ALLEN CATON , MD	09/02/2014
TL-4040	SVEN EBEN ROSE , MD	09/05/2014
TL-4041	ABBY MARIE LUENSMANN , MD	09/05/2014
TL-4042	STEPHEN JOHN BACKMAN , DO	09/29/2014
TL-4043	TINA ESTHER GONZALEZ BRONNER , MD	09/30/2014
TL-4044	JAMES HENRY PIKTEL , MD	10/06/2014
TL-4045	JOHN LEE COCHRAN , MD	10/07/2014
TL-4046	CARY ALEXANDER JOHNSON , MD	10/16/2014
TL-4047	VIVEK STEPHEN KANTAYYA , MD	10/21/2014
TL-4048	DONGNGAN THUY TRUONG , MD	10/31/2014
TL-4049	EDWARD RAY SETSER , MD	11/03/2014
TL-4050	ERIC SKLAR , MD	11/04/2014
TL-4051	WAYNE GORDON , MD	11/04/2014

Licensure to practice medicine and surgery in Idaho was issued to the following physicians subsequent to the last Board Meeting:

M-12607	GREGORY HUGH ROSE , MD	08/20/2014
M-12608	MATTHEW MAURICE KIRKPATRICK , MD	08/21/2014
M-12613	PANAYOTA KOTSALI , MD	08/21/2014
M-12616	PAMELA KOTHARI DENSON , MD	08/22/2014
M-12617	BROOK Lucien BROUHA , MD	08/25/2014
M-12618	FELIX SCHULTZ KARP , MD	08/25/2014
M-12619	MICHAEL WILLIAM PERRY , MD	08/26/2014
M-12620	GLEN IRVING REEVES , MD	08/26/2014
M-12621	GREGORY DEAN PENNOCK , MD	08/26/2014
M-12622	KARYN CATT , MD	08/27/2014
M-12623	TARAS KINDRAT , MD	08/27/2014
M-12625	DAVID ROMAN RENNER , MD	08/28/2014
M-12629	KATE ASHLI KUHLMAN-WOOD , MD	09/02/2014
M-12630	ANTHONY ANDREW TERRERI , MD	09/03/2014
M-12631	JOHN ANTHONY PONZO , MD	09/03/2014
M-12632	JOHN ZHANG , MD	09/04/2014
M-12635	VANESSA CORTES DE JORGE , MD	09/08/2014
M-12638	SVEN EBEN ROSE , MD	09/08/2014
M-12639	CHARLES THOMAS SMARK , MD	09/08/2014
M-12640	RICHARD FURMAN BORST , MD	09/10/2014
M-12641	JAIME FAIR , MD	09/10/2014
M-12643	NICOLE JEAN TE POEL , MD	09/15/2014
M-12644	PAMELA JOYCE BARNES , MD	09/15/2014
M-12645	JOHN MARK WOODARD , MD	09/15/2014
M-12646	EUGENE WONG , MD	09/15/2014
M-12647	ROBERT LORNE VEALE , MD	09/15/2014
M-12649	ANDREW JACKSON MYRICK JR., MD	09/19/2014
M-12650	BRENTON DAVID BALDWIN , MD	09/19/2014
M-12652	STEPHEN JOHN LEE , MD	09/26/2014
M-12654	ABBY MARIE LUENSMANN , MD	09/30/2014

M-12656	KATHRYN KURZET MOORE WOLPERT , MD	10/02/2014
M-12657	RAJVEE MANOJ SHAH , MD	10/02/2014
M-12658	MICHAEL KHALILI , MD	10/03/2014
M-12661	TONY HUE-DAN YUAN , MD	10/06/2014
M-12662	THERAN Bradford ADAMSON , MD	10/06/2014
M-12665	TREVOR DEAN JACOBSON , MD	10/07/2014
M-12668	MAXIMILIAM KHATIBI , MD	10/10/2014
M-12672	CATHERINE NGUYEN KEEGAN , MD	10/10/2014
M-12673	JODIE LYNN DONOVAN , MD	10/10/2014
M-12674	THOMAS MARION SEAY , MD	10/16/2014
M-12680	JUSTIN JACKSON ROSENAU , MD	10/20/2014
M-12681	DAVID Marcelino SANDOVAL , MD	10/20/2014
M-12682	DAVID SMITH OWENS , MD	10/20/2014
M-12685	JOSHUA ERIC LUNDBERG , MD	10/22/2014
M-12686	CHRISTOPHER EARL SPOONER , MD	10/23/2014
M-12687	JAMES HENRY PIKTEL , MD	10/23/2014
M-12690	CHRISTOPHER RICHARD SIDDEN , MD	10/24/2014
M-12691	TIMOTHY MICHAEL ROWLAND , MD	10/24/2014
M-12693	BRIJAL KANAKKUMAR DAVE , MD	10/24/2014
M-12696	AARON PATRICK TANSY , MD	10/27/2014
M-12697	JASON YUE SHEN , MD	10/27/2014
M-12701	KEITH EDWARD PEREIRA , MD	10/27/2014
M-12702	ROBERT JACK EARDLEY , MD	10/28/2014
M-12704	JOHN JOSEPH RYAN , MD	10/28/2014
M-12705	KELSEY ANGELINE TERLAND , MD	10/28/2014
M-12706	JUSTIN BRADLEY SMITH , MD	10/30/2014
M-12707	ADAM IAN BALINGER , MD	10/30/2014
M-12709	ADAM ALEXANDER MORGAN , MD	10/31/2014
M-12710	KENDALL L CAPECCI , MD	10/31/2014
M-12714	DAWN WEBSTER-ZABLOCKI , MD	11/03/2014
M-12715	JAMILE SARAH WOODS , MD	11/03/2014
M-12716	CAROLYN MARGARET JOHNSON , MD	11/05/2014
M-12717	AMY NICOLE MANDEVILLE , MD	11/05/2014
M-12718	MARGOT EVA VLOKA , MD	11/05/2014
M-12721	SMITHA SONNI , MD	11/06/2014
M-12724	JOHN F ZURASKY , MD	11/07/2014
M-12728	MICHELE THERESA ROONEY , MD	11/13/2014
M-12729	DONGNGAN THUY TRUONG , MD	11/13/2014
M-12732	ALLISON BROOKE BASTIAN , MD	11/17/2014
M-12733	SARAH ELIZABETH BELENSKY , MD	11/17/2014
M-12736	NICOLE LEE RUSKE , MD	11/17/2014
M-12739	PAUL Jeffrey CAMPSEN , MD	11/18/2014

Licensure to practice osteopathic medicine and surgery in Idaho was issued to the following physicians subsequent to the last Board Meeting:

O-0819	SUNDEEP KUMAR RAM , DO	08/26/2014
O-0820	A. CHRISTINE ZENDER-PRINCETON , DO	08/28/2014
O-0823	TIMOTHY JOHN ZIELICKE , DO	09/02/2014
O-0824	JULIE MARIE MILLS , DO	09/10/2014
O-0825	STEVEN ADAMS , DO	09/15/2014
O-0827	CHRISTINA REILLY-TORRES , DO	10/06/2014
O-0830	RICHARD JOSEPH CARREGAL , DO	10/08/2014
O-0831	JASON ONEAL PARKINSON , DO	10/17/2014
O-0832	JARED DON HIATT , DO	10/28/2014

O-0835	BRENT ROBERT JACOBSON , DO	11/06/2014
O-0837	TYLER FORREST MAYO , DO	11/17/2014

Licensure by endorsement was issued to the following physicians subsequent to the last Board Meeting:

M-12609	DAVID REED CONDIE , MD	OH	08/21/2014
M-12610	MICHAEL A CODIGA , MD	CA	08/21/2014
M-12611	STEPHEN DAVID LEONARD , MD	GA	08/21/2014
M-12612	KATRINA LEWIS , MD	WA	08/21/2014
M-12614	ANDREW JAMES ARONSON , MD	IL	08/22/2014
M-12615	MARGARET CHEN , MD	OR	08/22/2014
O-0818	SCOTT JOSEPH COOLE , DO	AZ	08/22/2014
M-12624	IAN AMOS GLASS , MD	WA	08/28/2014
M-12626	SEAN CHRISTOPHER KEENAN , MD	KS	09/02/2014
M-12627	JASON HOWARD EVES , MD	AK	09/02/2014
M-12628	MICHAEL JOHN LEPESKA , MD	TX	09/02/2014
O-0821	CHRISTOPHER CLAYTON HILLS , DO	GA	09/02/2014
O-0822	MARK DANIEL DALTON , DO	MO	09/02/2014
M-12633	DAVID MARK GRAHAM , MD	MI	09/08/2014
M-12634	DAVID EUGENE FRANKL , MD	AK	09/08/2014
M-12636	CHARLES ALLEN CATON , MD	UT	09/08/2014
M-12637	MICHAEL ANTHONY WILSON , MD	MS	09/08/2014
M-12642	JEAN-JACQUES ABITBOL , MD	CA	09/12/2014
M-12648	VERONIKA KARASEK , MD	AZ	09/18/2014
M-12651	SARAH LYNN GOOGE , MD	MT	09/26/2014
M-12653	KAREN PORTH , MD	MT	09/30/2014
M-12655	KEVIN TRACY MCCUSKER , MD	MA	09/30/2014
O-0826	TIMOTHY GOODRICH , DO	GA	09/30/2014
M-12659	MORGAN CHEATHAM HAILE , MD	CT	10/03/2014
M-12660	VIVIAN YUNG SHUNG LEE , MD	NM	10/03/2014
M-12663	RYAN ROBERT FORTNA , MD	WA	10/06/2014
O-0828	NICHOLAS JAMES LARSEN , DO	WY	10/06/2014
M-12664	COLIN KERST GRISSOM , MD	UT	10/07/2014
O-0829	STEPHEN JOHN BACKMAN , DO	CA	10/07/2014
M-12666	GLEN TERRIS PORTER , MD	UT	10/08/2014
M-12667	JOYCE DENISE SCHROEDER , MD	CO	10/08/2014
M-12669	SCOTT DOUGLAS FRIEDMAN , MD	MD	10/10/2014
M-12670	JOHN LEE COCHRAN , MD	TX	10/10/2014
M-12671	KENNETH LEE GIBBS , MD	FL	10/10/2014
M-12675	JAMES REX ALLBRIGHT , MD	CO	10/17/2014
M-12676	RUSSELL Edward BARTT , MD	IL	10/17/2014
M-12677	STEPHEN KENT BRADLEY , MD	UT	10/17/2014
M-12678	JOSEPH RANDALL LYNCH , MD	WA	10/17/2014
M-12679	ALEJANDRO PEREZ VERDIA , MD	TX	10/17/2014
M-12683	EDWARD SLOCUM BREWER , MD	VA	10/22/2014
M-12684	CARY ALEXANDER JOHNSON , MD	NY	10/22/2014
M-12688	MARK KENNETH ROBBINS , MD	VA	10/23/2014
M-12689	JAMES FORREST ORME Jr., MD	UT	10/23/2014
M-12692	CARLOS ENRIQUE DONAYRE , MD	CA	10/24/2014
M-12694	STANLEY MICHAEL HIGGINS , MD	FL	10/24/2014
M-12695	GREGORY DOUGLAS HOMER , MD	TX	10/24/2014
M-12698	JOHN B KRUEGER , MD	UT	10/27/2014
M-12699	ROBERT MARSDEN BLANCH , MD	MO	10/27/2014
M-12700	STACEY RAE NIEDER , MD	AK	10/27/2014
M-12703	VIVEK STEPHEN KANTAYYA , MD	IL	10/28/2014

M-12708	KEVIN MATTHEW KUHN , MD	MO	10/30/2014
M-12711	JOEL EDUARDO MATA , MD	CA	11/03/2014
M-12712	MICHAEL NG , MD	NY	11/03/2014
M-12713	HEATHER MICHELLE SILVERS , MD	WA	11/03/2014
M-12719	KAMALDEEN RIZVIE SALDIN , MD	FL	11/05/2014
M-12720	MATTHEW MICHAEL GRINSELL , MD	UT	11/05/2014
O-0833	MARTIN FOWLER , DO	PA	11/05/2014
O-0834	WAYNE LEE GARRETT , DO	CA	11/06/2014
M-12722	HOLLIS ANN TRIPP BURGGRAF , MD	CA	11/07/2014
M-12723	JORGE ENRIQUE MENDIZABAL , MD	TX	11/07/2014
M-12725	STEPHANIE ELLEN WALLACE , MD	WA	11/07/2014
M-12726	TINA ESTHER GONZALEZ BRONNER , MD	CA	11/13/2014
M-12727	CONRAD CRUZ NIEVERA Jr, MD	WI	11/13/2014
M-12730	JASON PATRICK BRONNER , MD	CA	11/13/2014
O-0836	JEFFREY LEE SCOTT , DO	OR	11/13/2014
M-12731	KEVIN PATRICK BANKS , MD	TX	11/17/2014
M-12734	WAYNE GORDON , MD	TX	11/17/2014
M-12735	WILLIAM BRENDAN HAYES , MD	TX	11/17/2014
M-12737	EDWARD RAY SETSER , MD	KY	11/17/2014
M-12738	ERIC SKLAR , MD	MO	11/17/2014
M-12740	DAVID ALAN HADLEY , MD	CA	11/18/2014
M-12741	JOHN MICHAEL WISE , MD	MT	11/18/2014
O-0838	JAMES WILLIAM PICKETT , DO	AZ	11/18/2014

On the date(s) indicated the following duplicate license(s) to practice medicine and surgery in Idaho were issued:

M-11045	TRAVIS ROY TORNGREN , MD	Nam/Addr Chg	09/15/2014
M-11178	HEMA KHURANA , MD	Lost	09/03/2014
M-11511	ALLYSON RENEE ROSS , MD	Nam/Addr Chg	10/24/2014
M-11603	ERIN ANNE CLARK , MD	Lost	10/03/2014
M-11798	CATHERINE ANN CUNAGIN , MD	Nam/Addr Chg	10/21/2014
M-11815	LINDSAY Leanne MEREDITH , MD	Lost	11/13/2014
M-12303	TARA-WILLOW FERREN JAMES , MD	Nam/Addr Chg	10/17/2014
M-12594	RICARDO DELGADO , MD	Lost	10/03/2014
M-12648	VERONIKA KARASEK , MD	Lost	10/06/2014
M-12667	JOYCE DENISE SCHROEDER , MD	Nam/Addr Chg	10/27/2014
M-6634	RICHARD LEE ZAHN , MD	Lost	09/08/2014
M-7598	LISA RENAE KOLTES , MD	Nam/Addr Chg	10/02/2014
M-7773	D ANDREW GARRITY , MD	Lost	10/17/2014
O-0358	REBECCA MAE KIRSCH , DO	Lost	09/18/2014
O-0679	NATHAN Christopher MCKELLAR , DO	Nam/Addr Chg	08/28/2014
O-0815	BRADLEY YAMASHITA BEAUFORT , DO	Lost	08/27/2014

The death(s) of the following physician(s) are reported to the Board:

M-10955	JAMES THEODORE KING , MD	Obituary	10/15/2014
---------	--------------------------	----------	------------

On the date(s) indicated the following license(s) to practice medicine and surgery were activated:

MI-11568	STEVEN MARK KERN , MD		09/26/2014
----------	-----------------------	--	------------

On the date indicated the following licenses to practice medicine and surgery were reinstated to active status:

M-10107	SEAN YUTAKA TAKEUCHI , MD		09/26/2014
M-11295	DONALD EUGENE BAUERMEISTER , MD		09/26/2014

M-11943	VICTORIA Greene ANDERSON , MD	08/28/2014
M-12067	SALVATORE Joseph BUONAIUTO , MD	09/05/2014
M-4355	PAUL P MONAHAN , MD	09/26/2014
O-0732	NII-DAAKO P DARKO , DO	11/12/2014

The following medical residents were registered for the time period indicated:

MRM-1440	MICHAEL JEFFERY CLARK	08/20/2014-06/30/2015
MRM-1441	BRIAN JOSEPH BECHTOLD	09/15/2014-06/30/2015
MRM-1442	TERENCE LEE AHERN	09/18/2014-06/30/2015
MRM-1443	MICHAEL AVESAR	10/06/2014-06/30/2014
MRM-1444	LYDIA KATHERINE WRIGHT	10/23/2014-06/30/2015
MRM-1445	THOMAS WILLIAM POWERS	10/27/2014-06/30/2015
MRM-1446	ALEXANDRA NICOLE MEIER	11/03/2014-06/30/2015

The following medical students registered with the Board (no certificates were issued):

BOMAS-796	JOEY ALAN HANSON	08/27/2014
BOMAS-797	ASHLEY CAMILLE CURTIS	09/02/2014
BOMAS-798	KYLE WALTER RATTRAY	09/05/2014
BOMAS-799	ANALIESSE MARIE ISHERWOOD	09/05/2014
BOMAS-800	MEGHANN ELISE SPRAGUE	09/05/2014
BOMAS-801	HELEN CALL ADAMS	09/05/2014
BOMAS-802	MARK EVAN LUPTON	09/05/2014
BOMAS-803	ALICE CAROL BREMNER	09/05/2014
BOMAS-804	XIAOHUA FENG	09/05/2014
MSM-0463	KYLE WALTER RATTRAY	09/05/2014
MSM-0464	ANALIESSE MARIE ISHERWOOD	09/05/2014
MSM-0465	MEGHANN ELISE SPRAGUE	09/05/2014
MSM-0466	HELEN CALL ADAMS	09/05/2014
MSM-0467	ALICE CAROL BREMNER	09/05/2014
MSM-0468	XIAOHUA FENG	09/05/2014
MSO-0111	MARK EVAN LUPTON	09/05/2014
BOMAS-805	MEGAN STURDY	09/15/2014
BOMAS-806	RYAN ALAN MORTON	09/15/2014
MSM-0469	RYAN ALAN MORTON	09/15/2014
MSM-0470	JOEY ALAN HANSON	09/15/2014
MSO-0112	MEGAN STURDY	09/15/2014
MSO-0113	ASHLEY CAMILLE CURTIS	09/15/2014
BOMAS-807	STEVEN CURTIS AYERS	09/22/2014
BOMAS-808	JOSEPH WILLIAM ROOT	10/06/2014
MSM-0471	JOSEPH WILLIAM ROOT	10/06/2014
MSO-0114	STEVEN CURTIS AYERS	10/06/2014
BOMAS-809	GREGORY PETER DESIMONE	10/15/2014
BOMAS-810	SARAH ELIZABETH BODES	10/20/2014
BOMAS-811	MARCUS LOU VRANES	10/20/2014
BOMAS-812	NICHOLAS T GAMBOA	10/20/2014
BOMAS-813	ALEX JAY WRIGHT	10/20/2014
BOMAS-814	NOAH MEYER ARCHIBALD-SEIFFER	10/20/2014
BOMAS-815	WYLIE TUCKER FOSS	10/20/2014
BOMAS-816	ELYNN ELIZABETH SMITH	10/20/2014
BOMAS-817	CAREY JOSEPHINE DOWNEY	10/20/2014
BOMAS-818	RONALD DREW DURTSCHI	10/23/2014
BOMAS-819	SAMUEL PATRICK DOUGLASS	10/24/2014
MSM-0472	CAREY JOSEPHINE DOWNEY	10/27/2014

MSM-0473	ELYNN ELIZABETH SMITH	10/27/2014
MSM-0474	WYLIE TUCKER FOSS	10/27/2014
MSM-0475	NOAH MEYER ARCHIBALD-SEIFFER	10/27/2014
MSM-0476	ALEX JAY WRIGHT	10/27/2014
MSM-0477	NICHOLAS T GAMBOA	10/27/2014
MSM-0478	MARCUS LOU VRANES	10/27/2014
MSM-0479	SARAH ELIZABETH BODES	10/27/2014
MSM-0480	ALEXANDRA NICOLE MEIER	10/27/2014
MSM-0481	RONALD DREW DURTSCHI	10/27/2014
MSO-0115	SAMUEL PATRICK DOUGLASS	10/27/2014
MSO-0116	GREGORY PETER DESIMONE	10/27/2014
BOMAS-820	WILLIAM DENNIS LOOME	10/28/2014
BOMAS-821	MOLLY M MCCORMICK	10/28/2014
BOMAS-822	COLBY JAY HOLMES	11/17/2014

On the dates indicated the following primary supervising physicians were registered:

SPHY-12567	MATTHEW BLAKE , MD	08/22/2014
SPHY-10239	JOHN CALVIN FREEMAN , MD	08/27/2014
SPHY-11984	THADEUS BRANDON KOONTZ , MD	08/27/2014
SPHY-6441	PATRICK EDWARD FARRELL , MD	09/02/2014
SPHY-10968	RYAN JOHN WILLIAMS , MD	09/03/2014
SPHY-11819	BRIAN KEITH CROWNOVER , MD	09/03/2014
SPHY-11631	BRIAN Thomas REYNOLDS , MD	09/08/2014
SPHY-0580	MATTHEW JUDD , DO	09/10/2014
SPHY-10641	DEBORAH GRAHAM ROBERTSON , MD	09/15/2014
SPHY-10728	MARCUS JEWELL TORGENSEN , MD	09/15/2014
SPHY-5609	DAVID ARTHUR KENT , MD	09/24/2014
SPHY-7679	ROBERT LOUIS CORAY , MD	09/24/2014
SPHY-9557	TYLER RUSSELL WAYMENT , MD	09/24/2014
SPHY-7462	SCOTT DAVID THOMAS , MD	09/29/2014
SPHY-12432	MICHAEL Douglas HOLDEN , MD	09/30/2014
SPHY-0297	STEWART RYAN CURTIS , DO	10/03/2014
SPHY-11763	JOSHUA JACOB MORRIS , MD	10/06/2014
SPHY-7494	LOUIS TAD COWLEY , MD	10/06/2014
SPHY-6075	BRIAN DAWSON AFFLECK , MD	10/10/2014
SPHY-11642	ANTHONY REHIL-CREST , MD	10/14/2014
SPHY-0666	SAMUEL Joseph PULLEN , DO	10/23/2014
SPHY-4116	RONALD E CARROLL , MD	10/29/2014
SPHY-12305	HAROLD Guy MOORE , MD	10/30/2014
SPHY-12511	MAGNI HAMSO , MD	10/30/2014
SPHY-12635	VANESSA CORTES DE JORGE , MD	10/30/2014
SPHY-11496	ANDREA CLARK ESPLIN , MD	11/03/2014
SPHY-5385	STEVEN JOE MALEK , MD	11/03/2014
SPHY-0675	CHELSIE Ann MORRISON , DO	11/10/2014
SPHY-0827	CHRISTINA REILLY-TORRES , DO	11/10/2014
SPHY-11851	BYRON MARK VANCE , MD	11/10/2014
SPHY-6527	JANICE MARIE BOUGHTON , MD	11/10/2014
SPHY-9476	KAMA SIBBELL WHITE , MD	11/10/2014
SPHY-5880	ANNE PATRICE BURGESS , MD	11/17/2014
SPHY-5712	GREGORY SCOTT LEWER , MD	11/18/2014

On the dates indicated the following supervising physician registrations were reinstated to active status:

SPHY-0136	D TY SMITH , DO	10/14/2014
-----------	-----------------	------------

SPHY-0450	BRANDON CRAIG MICKELSEN , DO	11/14/2014
SPHY-11056	KEVIN TAEWOO KIM , MD	10/01/2014
SPHY-5635	STEPHEN CRAIG MONTAMAT , MD	10/30/2014
SPHY-6008	JON LINSEY HLAVINKA , MD	09/22/2014
SPHY-6029	MARVIN RENELL KYM , MD	11/17/2014
SPHY-7135	LOUIS ALAN ROSER , MD	11/17/2014
SPHY-8914	LYNN DOUGLAS WAGGONER Jr, MD	10/30/2014
SPHY-8949	STEPHEN JOSEPH NISCO , MD	09/25/2014

On the dates indicated the following physicians were registered to supervise medical personnel providing medical/cosmetic treatments

SPHYC-0054	SILAS ANGIER WILLS , MD	08/25/2014
SPHYC-0055	ERIC WEBB NELSON , MD	09/29/2014

On the dates indicated the following physician assistants were approved for licensure and prescription authority

PA-1187	DILLON JARED SMITH , PA	08/29/2014
PA-1188	DANIELLE FLINT HAMILL , PA	08/29/2014
PA-1189	MISTY DAWN NEISEN , PA	09/02/2014
PA-1190	KLYNDA DAWN SNARR , PA	09/04/2014
PA-1191	KATHLEEN MARIE PYATEK , PA	09/08/2014
PA-1192	DANIEL KEVIN DELLWO , PA	09/19/2014
PA-1193	JACOB RAMON MURGOITIO , PA	09/22/2014
PA-1194	KENNETH CHANDLER MCKENZIE , PA	09/24/2014
PA-1195	ANGELA GALLAFENT HATCH , PA	09/25/2014
PA-1196	JESSICA VIEHWEG , PA	09/26/2014
PA-1197	LAURYN ALISA PYKE , PA	09/30/2014
PA-1198	TARA POWELL , PA	10/06/2014
PA-1199	DANIEL CHRISTIAN BARRY , PA	10/10/2014
PA-1200	EMILY ROSE MOORE , PA	10/16/2014
PA-1201	JEFFREY THOMAS MITCHELL , PA	10/16/2014
PA-1202	JESSICA ANNE BISHOP , PA	10/16/2014
PA-1203	ROCHELLE MARIE LYNAM , PA	10/16/2014
PA-1204	JOHN OWEN MCCLUSKY , PA	10/21/2014
PA-1205	ROXANNE LEIGH PETERS , PA	10/24/2014
PA-1206	DAVID MICHAEL CAIN , PA	10/24/2014
PA-1207	BRADLEY JOSEPH MORRIS , PA	10/28/2014
PA-1209	NATALIE MARIE MILLER , PA	10/31/2014
PA-1208	KELLY SUE BEACH , PA	11/03/2014

Temporary licensure was issued to the following physician assistant(s) pending receipt of a negative criminal background check:

TLP-036	ROXANNE LEIGH PETERS , PA	10/06/2014
TLP-037	DANIEL CHRISTIAN BARRY , PA	10/07/2014
TLP-038	JOHN OWEN MCCLUSKY , PA	10/14/2014
TLP-039	DAVID MICHAEL CAIN , PA	10/16/2014
TLP-040	NATALIE MARIE MILLER , PA	10/30/2014

The following physician assistant trainees were registered for the time periods indicated:

PAT-1183	CHRISTOPHER ALLEN STONE	08/25/2014-10/03/2014
PAT-1184	PADDY DANIELLE DOWNEY	09/03/2014-01/30/2015
PAT-1185	CARRIE ELAINE MCALLISTER	09/08/2014-11/14/2014

PAT-1186	DANIEL BRENT LOWDER	09/10/2014-11/07/2014
PAT-1187	BRIDGET ELIZABETH BARNHART	09/15/2014-10/31/2014
PAT-1188	SONIA SUN SETTERGREN	09/15/2014-10/31/2015
PAT-1189	NATALIE MARIE HAGUE	09/17/2014-05/08/2015
PAT-1190	GAREN MARLOW BLANCHARD	09/25/2014-10/31/2014
PAT-1191	MATTHEW DANIEL PHILLIPS	09/25/2014-08/05/2016
PAT-1192	LORI MARIE PIRNIE	09/25/2014-08/05/2016
PAT-1193	NICHOLAS JAMES PORTALSKI	09/25/2014-08/05/2016
PAT-1194	KEITH COULSON RICH	09/25/2014-08/05/2016
PAT-1195	NATHAN JAMES RICHARD	09/25/2014-08/05/2016
PAT-1196	TARAH LYNN ROBERTS	09/25/2014-08/05/2016
PAT-1197	JENNIFER ANNE SAWMILLER	09/25/2014-08/05/2016
PAT-1198	BENJAMIN CLARK SAXEY	09/25/2014-08/05/2016
PAT-1199	CODY JOE SCRIVNER	09/25/2014-08/05/2016
PAT-1200	TYLER JAY SHAW	09/25/2014-08/05/2016
PAT-1201	HEIDI LIANNE SKJOLD	09/25/2014-08/05/2016
PAT-1202	TIFFANY ROSE SMITH	09/25/2014-08/05/2016
PAT-1203	ABBIE LANE STEINBRUECK	09/25/2014-08/05/2016
PAT-1204	MEADOW ROMNEY SUMMERS	09/25/2014-08/05/2016
PAT-1205	JENNELLE ASHLEY THOMPSON	09/25/2014-08/05/2016
PAT-1206	SETH RUSSELL TURNER	09/25/2014-08/05/2016
PAT-1207	CRAIG JOSEPH URWIN	09/25/2014-08/05/2016
PAT-1208	KATINA ANN VELLOTH	09/25/2014-08/05/2016
PAT-1209	JACOB SAMUEL WALKER	09/25/2014-08/05/2016
PAT-1210	MICHAEL WATROBKA	09/25/2014-08/05/2016
PAT-1211	BENJAMIN ROSS WATSON	09/25/2014-08/05/2016
PAT-1212	ALEXANDRA LEE WICHER	09/25/2014-08/05/2016
PAT-1213	JESSE YARRINGTON	09/25/2014-08/05/2016
PAT-1214	HIU TUNG YIP	09/25/2014-08/05/2016
PAT-1215	RACHEL NABAT YOMTOB	09/25/2014-08/05/2016
PAT-1216	JESSICA CHRISTINE MANOS	09/25/2014-08/05/2016
PAT-1217	SEAN PATRICK MCHUGH	09/25/2014-08/05/2016
PAT-1218	TIM MICHAEL MCHUGH	09/25/2014-08/05/2016
PAT-1219	ALYSSA LAREE MELANDER	09/25/2014-08/05/2016
PAT-1220	KATRINA MARIE MERRELL	09/25/2014-08/05/2016
PAT-1221	GABE ALAN MONROE	09/25/2014-08/05/2016
PAT-1222	ANNA MARIE MUST	09/25/2014-08/05/2016
PAT-1223	BENJAMIN JAMES NICHOLS	09/25/2014-08/05/2016
PAT-1224	TIFFANY LAYNE NICKERSON	09/25/2014-08/05/2016
PAT-1225	ELIZABETH ANNE OSTERMAN	09/25/2014-08/05/2016
PAT-1226	RACHEL LILLIAN OURIEFF	09/25/2014-08/05/2016
PAT-1227	DANIEL MARLIN PALMER	09/25/2014-08/05/2016
PAT-1228	MICHAEL RYAN PARTIN	09/25/2014-08/05/2016
PAT-1229	SAMANTHA ANN PATERSON	09/25/2014-08/05/2016
PAT-1230	MIRANDA MARIE DINGLE	09/25/2014-08/05/2016
PAT-1231	WILLIAM RAYMOND EIFORD	09/25/2014-08/05/2016
PAT-1232	DENNIS EL ROY FALEN	09/25/2014-08/05/2016
PAT-1233	SHANE MICHAEL FARR	09/25/2014-08/05/2016
PAT-1234	FALLON ELISE FEHRINGER	09/25/2014-08/05/2016
PAT-1235	JACOB ROSS FOSTER	09/25/2014-08/05/2016
PAT-1236	BRATON PAUL FREDLINE	09/25/2014-08/05/2016
PAT-1237	DANYELLE MARIE HARBAUER	09/25/2014-08/05/2016
PAT-1238	OWEN MICHAEL HARRIS	09/25/2014-08/05/2016
PAT-1239	SARAH ELIZABETH HAYDEN	09/25/2014-08/05/2016
PAT-1240	STEPHANIE RENEE HAYES	09/25/2014-08/05/2016

PAT-1241	NICHOLAS VERN HENSLEY	09/25/2014-08/05/2016
PAT-1242	JENNA NICOLE BARTHOLOMEW	09/25/2014-08/05/2016
PAT-1243	SOPHIA PALAMARTA IE	09/25/2014-08/05/2016
PAT-1244	THOMAS CHRISTIAN JENKINS	09/25/2014-08/05/2016
PAT-1245	SAMANTHA RAE LANGE	09/25/2014-08/05/2016
PAT-1246	BOYD RHYS LAYTON	09/25/2014-08/05/2016
PAT-1247	LISA JEAN LEEDHAM	09/25/2014-08/05/2016
PAT-1248	KRISTEN MICHELE LEENHOUTS	09/25/2014-08/05/2016
PAT-1249	JENNIFER RAUN LUCAS	09/25/2014-08/05/2016
PAT-1250	CHRISTOPE THOMAS ANSLINGER	09/25/2014-08/05/2016
PAT-1251	BARRY JOSEPH BENZING	09/25/2014-08/05/2016
PAT-1252	DAVID WILLIAM BORG	09/25/2014-08/05/2016
PAT-1253	DEVEN DWAYNE BRADEN	09/25/2014-08/05/2016
PAT-1254	PRISCILLA ANNE BRYANT	09/25/2014-08/05/2016
PAT-1255	ALAN EUGENE CRANDALL	09/25/2014-08/05/2016
PAT-1256	COLETTE MICHELLE CREMEANS	09/25/2014-08/05/2016
PAT-1257	AMANDA KAY CRISLER	09/25/2014-08/05/2016
PAT-1258	MATTHEW CARPENTER CROOTOF	09/25/2014-08/05/2016
PAT-1259	CARRIE LEIGH CUBBERLY	09/25/2014-08/05/2016
PAT-1260	JEFFREY ALLEN CUMMINGS	09/25/2014-08/05/2016
PAT-1261	JOHN ROBERT SCULLY	09/29/2014-08/05/2016
PAT-1262	ALEXANDER JACKSON HALL	10/02/2014-03/13/2015
PAT-1263	JOSEPH MICHAEL MASHINCHI	10/22/2014-12/19/2014
PAT-1264	ALYSSA MAE JOHNSON	11/17/2014-03/24/2015

## Appendix 2

### **Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine** *Report of the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup*

#### **Introduction**

The Federation of State Medical Boards (FSMB) Chair, Jon V. Thomas, MD, MBA, appointed the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup to review the "Model Guidelines for the Appropriate Use of the Internet in Medical Practice" (HOD 2002)<sup>1</sup> and other existing FSMB policies on telemedicine and to offer recommendations to state medical and osteopathic boards (hereinafter referred to as "medical boards" and/or "boards") based on a thorough review of recent advances in technology and the appropriate balance between enabling access to care while ensuring patient safety. The Workgroup was charged with guiding the development of model guidelines for use by state medical boards in evaluating the appropriateness of care as related to the use of telemedicine, or the practice of medicine using electronic communication, information technology or other means, between a physician in one location and a patient in another location with or without an intervening health care provider.

This new policy document provides guidance to state medical boards for regulating the use of telemedicine technologies in the practice of medicine and educates licensees as to the appropriate standards of care in the delivery of medical services directly to patients<sup>2</sup> via telemedicine technologies. It is the intent of the SMART Workgroup to offer a model policy for use by state medical boards in order to remove regulatory barriers to widespread appropriate adoption of telemedicine technologies for delivering care while ensuring the public health and safety.

In developing the guidelines that follow, the Workgroup conducted a comprehensive review of telemedicine technologies currently in use and proposed/recommended standards of care, as well as identified and considered existing standards of care applicable to telemedicine developed and implemented by several state medical boards.

#### **Model Guidelines for State Medical Boards' Appropriate Regulation of Telemedicine**

##### **Section One. Preamble**

The advancements and continued development of medical and communications technology have had a profound impact on the practice of medicine and offer opportunities for improving the delivery and accessibility of health care, particularly in the area of telemedicine, which is the practice of medicine using electronic communication, information technology or other means of interaction between a licensee in one location and a patient in another location with or without an intervening healthcare provider.<sup>3</sup> However, state medical boards, in fulfilling their duty to protect the public, face complex regulatory challenges and patient safety concerns in adapting regulations and standards historically intended for the in-person provision of medical care to new delivery models involving telemedicine technologies, including but not limited to: 1) determining when a physician-patient relationship is established; 2) assuring privacy of patient data; 3) guaranteeing proper evaluation and treatment of the patient; and 4) limiting the prescribing and dispensing of certain medications.

The [Name of Board] recognizes that using telemedicine technologies in the delivery of medical services offers potential benefits in the provision of medical care. The appropriate application of these technologies can enhance medical care by facilitating communication with physicians and their patients or other health care

---

<sup>1</sup> The policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine supersedes the Model Guidelines for the Appropriate Use of the Internet in Medical Practice (HOD 2002).

<sup>2</sup> The policy does not apply to the use of telemedicine when solely providing consulting services to another physician who maintains the physician-patient relationship with the patient, the subject of the consultation.

<sup>3</sup> See Center for Telehealth and eHealth Law (Ctel), <http://ctel.org/> (last visited Dec. 17, 2013).

providers, including prescribing medication, obtaining laboratory results, scheduling appointments, monitoring chronic conditions, providing health care information, and clarifying medical advice.<sup>4</sup>

These guidelines should not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law. In fact, these guidelines support a consistent standard of care and scope of practice notwithstanding the delivery tool or business method in enabling Physician-to-Patient communications. For clarity, a physician using telemedicine technologies in the provision of medical services to a patient (whether existing or new) must take appropriate steps to establish the physician-patient relationship and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of telemedicine technologies as a component of, or in lieu of, in-person provision of medical care, while others are not.<sup>5</sup>

The Board has developed these guidelines to educate licensees as to the appropriate use of telemedicine technologies in the practice of medicine. The [Name of Board] is committed to assuring patient access to the convenience and benefits afforded by telemedicine technologies, while promoting the responsible practice of medicine by physicians.

It is the expectation of the Board that physicians who provide medical care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of patients first;
- Maintain acceptable and appropriate standards of practice;
- Adhere to recognized ethical codes governing the medical profession;
- Properly supervise non-physician clinicians; and
- Protect patient confidentiality.

## **Section Two. Establishing the Physician-Patient Relationship**

The health and well-being of patients depends upon a collaborative effort between the physician and patient.<sup>6</sup> The relationship between the physician and patient is complex and is based on the mutual understanding of the shared responsibility for the patient's health care. Although the Board recognizes that it may be difficult in some circumstances to precisely define the beginning of the physician-patient relationship, particularly when the physician and patient are in separate locations, it tends to begin when an individual with a health-related matter seeks assistance from a physician who may provide assistance. However, the relationship is clearly established when the physician agrees to undertake diagnosis and treatment of the patient, and the patient agrees to be treated, whether or not there has been an encounter in person between the physician (or other appropriately supervised health care practitioner) and patient.

The physician-patient relationship is fundamental to the provision of acceptable medical care. It is the expectation of the Board that physicians recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a physician-patient relationship. A physician is discouraged from rendering medical advice and/or care using telemedicine technologies without (1) fully verifying and authenticating the location and, to the extent possible, identifying the requesting patient; (2) disclosing and validating the provider's identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine technologies. An appropriate physician-patient

---

<sup>4</sup> *Id.*

<sup>5</sup> See Cal. Bus. & Prof. Code § 2290.5(d).

<sup>6</sup> American Medical Association, Council on Ethical and Judicial Affairs, *Fundamental Elements of the Patient-Physician Relationship* (1990), available at <http://www.ama-assn.org/resources/doc/code-medical-ethics/1001a.pdf>.

relationship has not been established when the identity of the physician may be unknown to the patient. Where appropriate, a patient must be able to select an identified physician for telemedicine services and not be assigned to a physician at random.

### **Section Three. Definitions**

For the purpose of these guidelines, the following definitions apply:

“Telemedicine” means the practice of medicine using electronic communications, information technology or other means between a licensee in one location, and a patient in another location with or without an intervening healthcare provider. Generally, telemedicine is not an audio-only, telephone conversation, e-mail/instant messaging conversation, or fax. It typically involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional, encounter in person between a provider and a patient.<sup>7</sup>

“Telemedicine Technologies” means technologies and devices enabling secure electronic communications and information exchange between a licensee in one location and a patient in another location with or without an intervening healthcare provider.

### **Section Four. Guidelines for the Appropriate Use of Telemedicine Technologies in Medical Practice**

The [Name of Board] has adopted the following guidelines for physicians utilizing telemedicine technologies in the delivery of patient care, regardless of an existing physician-patient relationship prior to an encounter:

#### Licensure:

A physician must be licensed, or under the jurisdiction, of the medical board of the state where the patient is located. The practice of medicine occurs where the patient is located at the time telemedicine technologies are used. Physicians who treat or prescribe through online services sites are practicing medicine and must possess appropriate licensure in all jurisdictions where patients receive care.<sup>8</sup>

#### Establishment of a Physician-Patient Relationship:

Where an existing physician-patient relationship is not present, a physician must take appropriate steps to establish a physician-patient relationship consistent with the guidelines identified in Section Two, and, while each circumstance is unique, such physician-patient relationships may be established using telemedicine technologies provided the standard of care is met.

#### Evaluation and Treatment of the Patient:

A documented medical evaluation and collection of relevant clinical history commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional (encounter in person) settings. Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care.

#### Informed Consent:

Evidence documenting appropriate patient informed consent for the use of telemedicine technologies must be obtained and maintained. Appropriate informed consent should, as a baseline, include the following terms:

- Identification of the patient, the physician and the physician’s credentials;
- Types of transmissions permitted using telemedicine technologies (e.g. prescription refills, appointment scheduling, patient education, etc.);

---

<sup>7</sup> See Ctel.

<sup>8</sup> Federation of State Medical Boards, *A Model Act to Regulate the Practice of Medicine Across State Lines* (April 1996), available at [http://www.fsmb.org/pdf/1996\\_grpol\\_telemedicine.pdf](http://www.fsmb.org/pdf/1996_grpol_telemedicine.pdf).

- The patient agrees that the physician determines whether or not the condition being diagnosed and/or treated is appropriate for a telemedicine encounter;
- Details on security measures taken with the use of telemedicine technologies, such as encrypting data, password protected screen savers and data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures;
- Hold harmless clause for information lost due to technical failures; and
- Requirement for express patient consent to forward patient-identifiable information to a third party.

#### Continuity of Care:

Patients should be able to seek, with relative ease, follow-up care or information from the physician [or physician's designee] who conducts an encounter using telemedicine technologies. Physicians solely providing services using telemedicine technologies with no existing physician-patient relationship prior to the encounter must make documentation of the encounter using telemedicine technologies easily available to the patient, and subject to the patient's consent, any identified care provider of the patient immediately after the encounter.

#### Referrals for Emergency Services:

An emergency plan is required and must be provided by the physician to the patient when the care provided using telemedicine technologies indicates that a referral to an acute care facility or ER for treatment is necessary for the safety of the patient. The emergency plan should include a formal, written protocol appropriate to the services being rendered via telemedicine technologies.

#### Medical Records:

The medical record should include, if applicable, copies of all patient-related electronic communications, including patient-physician communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of telemedicine technologies. Informed consents obtained in connection with an encounter involving telemedicine technologies should also be filed in the medical record. The patient record established during the use of telemedicine technologies must be accessible and documented for both the physician and the patient, consistent with all established laws and regulations governing patient healthcare records.

#### Privacy and Security of Patient Records & Exchange of Information:

Physicians should meet or exceed applicable federal and state legal requirements of medical/health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality, security, and medical retention rules. Physicians are referred to "Standards for Privacy of Individually Identifiable Health Information," issued by the Department of Health and Human Services (HHS).<sup>9</sup> Guidance documents are available on the HHS Office for Civil Rights Web site at:

[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).

Written policies and procedures should be maintained at the same standard as traditional face-to-face encounters for documentation, maintenance, and transmission of the records of the encounter using telemedicine technologies. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the physician addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required patient information to be included in the communication, such as patient name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

---

<sup>9</sup> 45 C.F.R. § 160, 164 (2000).

Sufficient privacy and security measures must be in place and documented to assure confidentiality and integrity of patient-identifiable information. Transmissions, including patient e-mail, prescriptions, and laboratory results must be secure within existing technology (i.e. password protected, encrypted electronic prescriptions, or other reliable authentication techniques). All patient-physician e-mail, as well as other patient-related electronic communications, should be stored and filed in the patient's medical record, consistent with traditional record-keeping policies and procedures.

Disclosures and Functionality on Online Services Making Available Telemedicine Technologies:

Online services used by physicians providing medical services using telemedicine technologies should clearly disclose:

- Specific services provided;
- Contact information for physician;
- Licensure and qualifications of physician(s) and associated physicians;
- Fees for services and how payment is to be made;
- Financial interests, other than fees charged, in any information, products, or services provided by a physician;
- Appropriate uses and limitations of the site, including emergency health situations;
- Uses and response times for e-mails, electronic messages and other communications transmitted via telemedicine technologies;
- To whom patient health information may be disclosed and for what purpose;
- Rights of patients with respect to patient health information; and
- Information collected and any passive tracking mechanisms utilized.

Online services used by physicians providing medical services using telemedicine technologies should provide patients a clear mechanism to:

- Access, supplement and amend patient-provided personal health information;
- Provide feedback regarding the site and the quality of information and services; and
- Register complaints, including information regarding filing a complaint with the applicable state medical and osteopathic board(s).

Online services must have accurate and transparent information about the website owner/operator, location, and contact information, including a domain name that accurately reflects the identity.

Advertising or promotion of goods or products from which the physician receives direct remuneration, benefits, or incentives (other than the fees for the medical care services) is prohibited. Notwithstanding, online services may provide links to general health information sites to enhance patient education; however, the physician should not benefit financially from providing such links or from the services or products marketed by such links. When providing links to other sites, physicians should be aware of the implied endorsement of the information, services or products offered from such sites. The maintenance of preferred relationships with any pharmacy is prohibited. Physicians shall not transmit prescriptions to a specific pharmacy, or recommend a pharmacy, in exchange for any type of consideration or benefit from that pharmacy.

Prescribing:

Telemedicine technologies, where prescribing may be contemplated, must implement measures to uphold patient safety in the absence of traditional physical examination. Such measures should guarantee that the identity of the patient and provider is clearly established and that detailed documentation for the clinical evaluation and resulting prescription is both enforced and independently kept. Measures to assure informed, accurate, and error prevention prescribing practices (e.g. integration with e-Prescription systems) are encouraged. To further assure patient safety in the absence of physical examination, telemedicine technologies should limit medication formularies to ones that are deemed safe by [Name of Board].

Prescribing medications, in-person or via telemedicine, is at the professional discretion of the physician. The indication, appropriateness, and safety considerations for each telemedicine visit prescription must be evaluated by the physician in accordance with current standards of practice and consequently carry the same professional accountability as prescriptions delivered during an encounter in person. However, where such measures are upheld, and the appropriate clinical consideration is carried out and documented, physicians may exercise their judgment and prescribe medications as part of telemedicine encounters.

#### **Section Five. Parity of Professional and Ethical Standards**

Physicians are encouraged to comply with nationally recognized health online service standards and codes of ethics, such as those promulgated by the American Medical Association, American Osteopathic Association, Health Ethics Initiative 2000, Health on the Net and the American Accreditation HealthCare Commission (URAC).

There should be parity of ethical and professional standards applied to all aspects of a physician's practice. A physician's professional discretion as to the diagnoses, scope of care, or treatment should not be limited or influenced by non-clinical considerations of telemedicine technologies, and physician remuneration or treatment recommendations should not be materially based on the delivery of patient-desired outcomes (i.e. a prescription or referral) or the utilization of telemedicine technologies.  
[END].

### **Appendix 3**

## **INTERSTATE MEDICAL LICENSURE COMPACT**

*The ideas and conclusions set forth in this document, including the proposed statutory language and any comments or notes, have not been formally endorsed by the Federation of State Medical Boards or its Board of Directors. This*

*document has been prepared as part of a study of the feasibility of an interstate compact, and it does not necessarily reflect the views of the Federation of State Medical Boards, the Board of Directors of the Federation of State Medical Boards, or any state medical board or its members.*

## **1 INTERSTATE MEDICAL LICENSURE COMPACT**

### **2 SECTION 1. PURPOSE**

3 In order to strengthen access to health care, and in recognition of the advances in the delivery of  
4 health care, the member states of the Interstate Medical Licensure Compact have allied in  
5 common purpose to develop a comprehensive process that complements the existing licensing  
6 and regulatory authority of state medical boards, provides a streamlined process that allows  
7 physicians to become licensed in multiple states, thereby enhancing the portability of a medical  
8 license and ensuring the safety of patients. The Compact creates another pathway for licensure  
9 and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts  
10 the prevailing standard for licensure and affirms that the practice of medicine occurs where the  
11 patient is located at the time of the physician-patient encounter, and therefore, requires the  
12 physician to be under the jurisdiction of the state medical board where the patient is located.  
13 State medical boards that participate in the Compact retain the jurisdiction to impose an adverse  
14 action against a license to practice medicine in that state issued to a physician through the  
15 procedures in the Compact.

16

### **17 SECTION 2. DEFINITIONS**

18 In this compact:

19 (a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to  
20 Section 11 for its governance, or for directing and controlling its actions and conduct.

21 (b) "Commissioner" means the voting representative appointed by each member board  
22 pursuant to Section 11.

23 (c) "Conviction" means a finding by a court that an individual is guilty of a criminal  
24 offense through adjudication, or entry of a plea of guilt or no contest to the charge by the

1

1 offender. Evidence of an entry of a conviction of a criminal offense by the court shall be  
2 considered final for purposes of disciplinary action by a member board.

3 (d) "Expedited License" means a full and unrestricted medical license granted by a  
4 member state to an eligible physician through the process set forth in the Compact.

5 (e) "Interstate Commission" means the interstate commission created pursuant to Section  
6 11.

7 (f) "License" means authorization by a state for a physician to engage in the practice of  
8 medicine, which would be unlawful without the authorization.

9 (g) "Medical Practice Act" means laws and regulations governing the practice of  
10 allopathic and osteopathic medicine within a member state.

11 (h) "Member Board" means a state agency in a member state that acts in the sovereign  
12 interests of the state by protecting the public through licensure, regulation, and education of  
13 physicians as directed by the state government.

14 (i) "Member State" means a state that has enacted the Compact.

15 (j) "Practice of Medicine" means the clinical prevention, diagnosis, or treatment of  
16 human disease, injury, or condition requiring a physician to obtain and maintain a license in  
17 compliance with the Medical Practice Act of a member state.

18 (k) "Physician" means any person who:

19 (1) Is a graduate of a medical school accredited by the Liaison Committee on  
20 Medical Education, the Commission on Osteopathic College Accreditation, or a medical school  
21 listed in the International Medical Education Directory or its equivalent;

22 (2) Passed each component of the United States Medical Licensing Examination  
23 (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA)  
2

1 within three attempts, or any of its predecessor examinations accepted by a state medical board  
2 as an equivalent examination for licensure purposes;

3 (3) Successfully completed graduate medical education approved by the  
4 Accreditation Council for Graduate Medical Education or the American Osteopathic  
5 Association;

6 (4) Holds specialty certification or a time-unlimited specialty certificate recognized  
7 by the American Board of Medical Specialties or the American Osteopathic Association's  
8 Bureau of Osteopathic Specialists;

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

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

14 (7) Has never held a license authorizing the practice of medicine subjected to  
15 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action  
16 related to non-payment of fees related to a license;

17 (8) Has never had a controlled substance license or permit suspended or revoked by  
18 a state or the United States Drug Enforcement Administration; and

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

21 (l) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.

22 (m) "Rule" means a written statement by the Interstate Commission promulgated  
23 pursuant to Section 12 of the Compact that is of general applicability, implements, interprets, or  
3

1 prescribes a policy or provision of the Compact, or an organizational, procedural, or practice  
2 requirement of the Interstate Commission, and has the force and effect of statutory law in a  
3 member state, and includes the amendment, repeal, or suspension of an existing rule.

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

5 (o) "State of Principal License" means a member state where a physician holds a license  
6 to practice medicine and which has been designated as such by the physician for purposes of  
7 registration and participation in the Compact.

8

### 9 **SECTION 3. ELIGIBILITY**

10 (a) A physician must meet the eligibility requirements as defined in Section 2(k) to  
11 receive an expedited license under the terms and provisions of the Compact.

12 (b) A physician who does not meet the requirements of Section 2(k) may obtain a license  
13 to practice medicine in a member state if the individual complies with all laws and requirements,  
14 other than the Compact, relating to the issuance of a license to practice medicine in that state.

15

### 16 **SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE**

17 (a) A physician shall designate a member state as the state of principal license for  
18 purposes of registration for expedited licensure through the Compact if the physician possesses a  
19 full and unrestricted license to practice medicine in that state, and the state is:

20 (1) the state of primary residence for the physician, or

21 (2) the state where at least 25% of the practice of medicine occurs, or

22 (3) the location of the physician's employer, or

23 (4) if no state qualifies under subsection (1), subsection (2), or subsection (3), the

4

1 state designated as state of residence for purpose of federal income tax.

2 (b) A physician may redesignate a member state as state of principal license at any time,

3 as long as the state meets the requirements in subsection (a).

4 (c) The Interstate Commission is authorized to develop rules to facilitate redesignation of

5 another member state as the state of principal license.

6

## 7 **SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE**

8 (a) A physician seeking licensure through the Compact shall file an application for an

9 expedited license with the member board of the state selected by the physician as the state of

10 principal license.

11 (b) Upon receipt of an application for an expedited license, the member board within the

12 state selected as the state of principal license shall evaluate whether the physician is eligible for

13 expedited licensure and issue a letter of qualification, verifying or denying the physician's

14 eligibility, to the Interstate Commission.

15 (i) Static qualifications, which include verification of medical education, graduate

16 medical education, results of any medical or licensing examination, and other qualifications as

17 determined by the Interstate Commission through rule, shall not be subject to additional primary

18 source verification where already primary source verified by the state of principal license.

19 (ii) The member board within the state selected as the state of principal license

20 shall, in the course of verifying eligibility, perform a criminal background check of an applicant,

21 including the use of the results of fingerprint or other biometric data checks compliant with the

22 requirements of the Federal Bureau of Investigation, with the exception of federal employees who

23 have suitability determination in accordance with U.S. C.F.R. §731.202.

24 (iii) Appeal on the determination of eligibility shall be made to the member state

5

1 where the application was filed and shall be subject to the law of that state.

2 (c) Upon verification in subsection (b), physicians eligible for an expedited license shall

3 complete the registration process established by the Interstate Commission to receive a license in

4 a member state selected pursuant to subsection (a), including the payment of any applicable

5 fees.

6 (d) After receiving verification of eligibility under subsection (b) and any fees under

7 subsection (c), a member board shall issue an expedited license to the physician. This license

8 shall authorize the physician to practice medicine in the issuing state consistent with the Medical

9 Practice Act and all applicable laws and regulations of the issuing member board and member

10 state.

11 (e) An expedited license shall be valid for a period consistent with the licensure period in

12 the member state and in the same manner as required for other physicians holding a full and

13 unrestricted license within the member state.

14 (f) An expedited license obtained through the Compact shall be terminated if a physician  
15 fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without  
16 redesignation of a new state of principal licensure.

17 (g) The Interstate Commission is authorized to develop rules regarding the application  
18 process, including payment of any applicable fees, and the issuance of an expedited license.  
19

### 20 **SECTION 6. FEES FOR EXPEDITED LICENSURE**

21 (a) A member state issuing an expedited license authorizing the practice of medicine in  
22 that state may impose a fee for a license issued or renewed through the Compact.

23 (b) The Interstate Commission is authorized to develop rules regarding fees for expedited  
6  
1 licenses.

2

### 3 **SECTION 7. RENEWAL AND CONTINUED PARTICIPATION**

4 (a) A physician seeking to renew an expedited license granted in a member state shall  
5 complete a renewal process with the Interstate Commission if the physician:

6 (1) Maintains a full and unrestricted license in a state of principal license;

7 (2) Has not been convicted, received adjudication, deferred adjudication,  
8 community supervision, or deferred disposition for any offense by a court of appropriate  
9 jurisdiction;

10 (3) Has not had a license authorizing the practice of medicine subject to discipline  
11 by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to  
12 non-payment of fees related to a license; and

13 (4) Has not had a controlled substance license or permit suspended or revoked by  
14 a state or the United States Drug Enforcement Administration.

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

17 (c) The Interstate Commission shall collect any renewal fees charged for the renewal of  
18 a license and distribute the fees to the applicable member board.

19 (d) Upon receipt of any renewal fees collected in subsection (c), a member board shall  
20 renew the physician's license.

21 (e) Physician information collected by the Interstate Commission during the renewal  
22 process will be distributed to all member boards.

23 (f) The Interstate Commission is authorized to develop rules to address renewal of  
7

1 licenses obtained through the Compact.

2

### 3 **SECTION 8. COORDINATED INFORMATION SYSTEM**

4

5 (a) The Interstate Commission shall establish a database of all physicians licensed, or  
6 who have applied for licensure, under Section 5.

7 (b) Notwithstanding any other provision of law, member boards shall report to the  
8 Interstate Commission any public action or complaints against a licensed physician who has  
9 applied or received an expedited license through the Compact.

10 (c) Member boards shall report disciplinary or investigatory information determined as  
11 necessary and proper by rule of the Interstate Commission.

12 (d) Member boards may report any non-public complaint, disciplinary, or investigatory  
13 information not required by subsection (c) to the Interstate Commission.

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

16 (f) All information provided to the Interstate Commission or distributed by member  
17 boards shall be confidential, filed under seal, and used only for investigatory or disciplinary  
18 matters.

19 (g) The Interstate Commission is authorized to develop rules for mandated or  
20 discretionary sharing of information by member boards.

21

## 22 **SECTION 9. JOINT INVESTIGATIONS**

23 (a) Licensure and disciplinary records of physicians are deemed investigative.

24 (b) In addition to the authority granted to a member board by its respective Medical  
25 Practice Act or other applicable state law, a member board may participate with other member

8

1 boards in joint investigations of physicians licensed by the member boards.

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

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

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

8

## 9 **SECTION 10. DISCIPLINARY ACTIONS**

10 (a) Any disciplinary action taken by any member board against a physician licensed  
11 through the Compact shall be deemed unprofessional conduct which may be subject to discipline  
12 by other member boards, in addition to any violation of the Medical Practice Act or regulations  
13 in that state.

14 (b) If a license granted to a physician by the member board in the state of principal  
15 license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all  
16 licenses issued to the physician by member boards shall automatically be placed, without further  
17 action necessary by any member board, on the same status. If the member board in the state of  
18 principal license subsequently reinstates the physician's license, a license issued to the  
19 physician by any other member board shall remain encumbered until that respective member  
20 board takes action to reinstate the license in a manner consistent with the Medical Practice Act of  
21 that state.

22 (c) If disciplinary action is taken against a physician by a member board not in the state  
23 of principal license, any other member board may deem the action conclusive as to matter of law

9

1 and fact decided, and:

2 (i) impose the same or lesser sanction(s) against the physician so long as such  
3 sanctions are consistent with the Medical Practice Act of that state;

4 (ii) or pursue separate disciplinary action against the physician under its  
5 respective Medical Practice Act, regardless of the action taken in other member states.

6 (d) If a license granted to a physician by a member board is revoked, surrendered or  
7 relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any

8 other member board(s) shall be suspended, automatically and immediately without further action  
9 necessary by the other member board(s), for ninety (90) days upon entry of the order by the  
10 disciplining board, to permit the member board(s) to investigate the basis for the action under the  
11 Medical Practice Act of that state. A member board may terminate the automatic suspension of  
12 the license it issued prior to the completion of the ninety (90) day suspension period in a manner  
13 consistent with the Medical Practice Act of that state.

14

## 15 **SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT**

### 16 **COMMISSION**

17 (a) The member states hereby create the "Interstate Medical Licensure Compact  
18 Commission".

19 (b) The purpose of the Interstate Commission is the administration of the Interstate  
20 Medical Licensure Compact, which is a discretionary state function.

21 (c) The Interstate Commission shall be a body corporate and joint agency of the member  
22 states and shall have all the responsibilities, powers, and duties set forth in the Compact, and  
23 such additional powers as may be conferred upon it by a subsequent concurrent action of the

10

1 respective legislatures of the member states in accordance with the terms of the Compact.

2 (d) The Interstate Commission shall consist of two voting representatives appointed by  
3 each member state who shall serve as Commissioners. In states where allopathic and osteopathic  
4 physicians are regulated by separate member boards, or if the licensing and disciplinary authority  
5 is split between multiple member boards within a member state, the member state shall appoint  
6 one representative from each member board. A Commissioner shall be a(n):

7 (1) Allopathic or osteopathic physician appointed to a member board;

8 (2) Executive director, executive secretary, or similar executive of a member  
9 board; or

10 (3) Member of the public appointed to a member board.

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

15 (f) The bylaws may provide for meetings of the Interstate Commission to be conducted  
16 by telecommunication or electronic communication.

17 (g) Each Commissioner participating at a meeting of the Interstate Commission is entitled  
18 to one vote. A majority of Commissioners shall constitute a quorum for the transaction of  
19 business, unless a larger quorum is required by the bylaws of the Interstate Commission. A  
20 Commissioner shall not delegate a vote to another Commissioner. In the absence of its  
21 Commissioner, a member state may delegate voting authority for a specified meeting to another  
22 person from that state who shall meet the requirements of subsection (d).

23 (h) The Interstate Commission shall provide public notice of all meetings and all

11

1 meetings shall be open to the public. The Interstate Commission may close a meeting, in full or  
2 in portion, where it determines by a two-thirds vote of the Commissioners present that an open  
3 meeting would be likely to:

4 (1) Relate solely to the internal personnel practices and procedures of the

5 Interstate Commission;

- 6 (2) Discuss matters specifically exempted from disclosure by federal statute;  
7 (3) Discuss trade secrets, commercial, or financial information that is privileged  
8 or confidential;  
9 (4) Involve accusing a person of a crime, or formally censuring a person;  
10 (5) Discuss information of a personal nature where disclosure would constitute a  
11 clearly unwarranted invasion of personal privacy;  
12 (6) Discuss investigative records compiled for law enforcement purposes; or  
13 (7) Specifically relate to the participation in a civil action or other legal  
14 proceeding.  
15 (i) The Interstate Commission shall keep minutes which shall fully describe all matters  
16 discussed in a meeting and shall provide a full and accurate summary of actions taken, including  
17 record of any roll call votes.  
18 (j) The Interstate Commission shall make its information and official records, to the  
19 extent not otherwise designated in the Compact or by its rules, available to the public for  
20 inspection.  
21 (k) The Interstate Commission shall establish an executive committee, which shall  
22 include officers, members, and others as determined by the bylaws. The executive committee  
23 shall have the power to act on behalf of the Interstate Commission, with the exception of  
12  
1 rulemaking, during periods when the Interstate Commission is not in session. When acting on  
2 behalf of the Interstate Commission, the executive committee shall oversee the administration of  
3 the Compact including enforcement and compliance with the provisions of the Compact, its  
4 bylaws and rules, and other such duties as necessary.  
5 (l) The Interstate Commission may establish other committees for governance and  
6 administration of the Compact.  
7

## 8 **SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION**

- 9 The Interstate Commission shall have the duty and power to:  
10 (a) Oversee and maintain the administration of the Compact;  
11 (b) Promulgate rules which shall be binding to the extent and in the manner provided for  
12 in the Compact;  
13 (c) Issue, upon the request of a member state or member board, advisory opinions  
14 concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;  
15 (d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate  
16 Commission, and the bylaws, using all necessary and proper means, including but not limited to  
17 the use of judicial process;  
18 (e) Establish and appoint committees including, but not limited to, an executive  
19 committee as required by Section 11, which shall have the power to act on behalf of the  
20 Interstate Commission in carrying out its powers and duties;  
21 (f) Pay, or provide for the payment of the expenses related to the establishment,  
22 organization, and ongoing activities of the Interstate Commission;  
23 (g) Establish and maintain one or more offices;  
24 (h) Borrow, accept, hire, or contract for services of personnel;  
13  
1 (i) Purchase and maintain insurance and bonds;  
2 (j) Employ an executive director who shall have such powers to employ, select or appoint

- 3 employees, agents, or consultants, and to determine their qualifications, define their duties, and  
4 fix their compensation;
- 5 (k) Establish personnel policies and programs relating to conflicts of interest, rates of  
6 compensation, and qualifications of personnel;
- 7 (l) Accept donations and grants of money, equipment, supplies, materials and services,  
8 and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest  
9 policies established by the Interstate Commission;
- 10 (m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold,  
11 improve or use, any property, real, personal, or mixed;
- 12 (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any  
13 property, real, personal, or mixed;
- 14 (o) Establish a budget and make expenditures;
- 15 (p) Adopt a seal and bylaws governing the management and operation of the Interstate  
16 Commission;
- 17 (q) Report annually to the legislatures and governors of the member states concerning the  
18 activities of the Interstate Commission during the preceding year. Such reports shall also include  
19 reports of financial audits and any recommendations that may have been adopted by the  
20 Interstate Commission;
- 21 (r) Coordinate education, training, and public awareness regarding the Compact, its  
22 implementation, and its operation;
- 23 (s) Maintain records in accordance with the bylaws;
- 14
- 1 (t) Seek and obtain trademarks, copyrights, and patents; and
- 2 (u) Perform such functions as may be necessary or appropriate to achieve the purposes of  
3 the Compact.

4

### 5 **SECTION 13. FINANCE POWERS**

- 6 (a) The Interstate Commission may levy on and collect an annual assessment from each  
7 member state to cover the cost of the operations and activities of the Interstate Commission and  
8 its staff. The total assessment must be sufficient to cover the annual budget approved each year  
9 for which revenue is not provided by other sources. The aggregate annual assessment amount  
10 shall be allocated upon a formula to be determined by the Interstate Commission, which shall  
11 promulgate a rule binding upon all member states.
- 12 (b) The Interstate Commission shall not incur obligations of any kind prior to securing  
13 the funds adequate to meet the same.
- 14 (c) The Interstate Commission shall not pledge the credit of any of the member states,  
15 except by, and with the authority of, the member state.
- 16 (d) The Interstate Commission shall be subject to a yearly financial audit conducted by a  
17 certified or licensed public accountant and the report of the audit shall be included in the annual  
18 report of the Interstate Commission.

19

### 20 **SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE** 21 **COMMISSION**

- 22 (a) The Interstate Commission shall, by a majority of Commissioners present and voting,  
23 adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes

15

1 of the Compact within twelve (12) months of the first Interstate Commission meeting.

2 (b) The Interstate Commission shall elect or appoint annually from among its  
3 Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such  
4 authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's  
5 absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate  
6 Commission.

7 (c) Officers selected in subsection (b) shall serve without remuneration from the  
8 Interstate Commission.

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

17 (1) The liability of the executive director and employees of the Interstate  
18 Commission or representatives of the Interstate Commission, acting within the scope of such  
19 person's employment or duties for acts, errors, or omissions occurring within such person's state,  
20 may not exceed the limits of liability set forth under the constitution and laws of that state for  
21 state officials, employees, and agents. The Interstate Commission is considered to be an  
22 instrumentality of the states for the purposes of any such action. Nothing in this subsection shall  
23 be construed to protect such person from suit or liability for damage, loss, injury, or liability  
16

1 caused by the intentional or willful and wanton misconduct of such person.

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

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

19

## 20 **SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE** 21 **COMMISSION**

22 (a) The Interstate Commission shall promulgate reasonable rules in order to effectively

23 and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event  
17

1 the Interstate Commission exercises its rulemaking authority in a manner that is beyond the  
2 scope of the purposes of the Compact, or the powers granted hereunder, then such an action by  
3 the Interstate Commission shall be invalid and have no force or effect.

4 (b) Rules deemed appropriate for the operations of the Interstate Commission shall be  
5 made pursuant to a rulemaking process that substantially conforms to the “Model State  
6 Administrative Procedure Act” of 2010, and subsequent amendments thereto.

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

15

#### 16 **SECTION 16. OVERSIGHT OF INTERSTATE COMPACT**

17 (a) The executive, legislative, and judicial branches of state government in each member  
18 state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate  
19 the Compact’s purposes and intent. The provisions of the Compact and the rules promulgated  
20 hereunder shall have standing as statutory law but shall not override existing state authority to  
21 regulate the practice of medicine.

22 (b) All courts shall take judicial notice of the Compact and the rules in any judicial or  
23 administrative proceeding in a member state pertaining to the subject matter of the Compact  
24 which may affect the powers, responsibilities or actions of the Interstate Commission.

18

1 (c) The Interstate Commission shall be entitled to receive all service of process in any  
2 such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure  
3 to provide service of process to the Interstate Commission shall render a judgment or order void  
4 as to the Interstate Commission, the Compact, or promulgated rules.

5

#### 6 **SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT**

7 (a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce  
8 the provisions and rules of the Compact.

9 (b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal  
10 action in the United States District Court for the District of Columbia, or, at the discretion of the  
11 Interstate Commission, in the federal district where the Interstate Commission has its principal  
12 offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and  
13 bylaws, against a member state in default. The relief sought may include both injunctive relief  
14 and damages. In the event judicial enforcement is necessary, the prevailing party shall be  
15 awarded all costs of such litigation including reasonable attorney’s fees.

16 (c) The remedies herein shall not be the exclusive remedies of the Interstate Commission.  
17 The Interstate Commission may avail itself of any other remedies available under state law or the  
18 regulation of a profession.

19

20 **SECTION 18. DEFAULT PROCEDURES**

21 (a) The grounds for default include, but are not limited to, failure of a member state to  
22 perform such obligations or responsibilities imposed upon it by the Compact, or the rules and  
23 bylaws of the Interstate Commission promulgated under the Compact.

19

1 (b) If the Interstate Commission determines that a member state has defaulted in the  
2 performance of its obligations or responsibilities under the Compact, or the bylaws or  
3 promulgated rules, the Interstate Commission shall:

4 (1) Provide written notice to the defaulting state and other member states, of the  
5 nature of the default, the means of curing the default, and any action taken by the Interstate  
6 Commission. The Interstate Commission shall specify the conditions by which the defaulting  
7 state must cure its default; and

8 (2) Provide remedial training and specific technical assistance regarding the  
9 default.

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

15 (d) Termination of membership in the Compact shall be imposed only after all other  
16 means of securing compliance have been exhausted. Notice of intent to terminate shall be given  
17 by the Interstate Commission to the governor, the majority and minority leaders of the defaulting  
18 state's legislature, and each of the member states.

19 (e) The Interstate Commission shall establish rules and procedures to address licenses and  
20 physicians that are materially impacted by the termination of a member state, or the withdrawal  
21 of a member state.

22 (f) The member state which has been terminated is responsible for all dues, obligations,  
23 and liabilities incurred through the effective date of termination including obligations, the  
20

1 performance of which extends beyond the effective date of termination.

2 (g) The Interstate Commission shall not bear any costs relating to any state that has been  
3 found to be in default or which has been terminated from the Compact, unless otherwise  
4 mutually agreed upon in writing between the Interstate Commission and the defaulting state.

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

9

10 **SECTION 19. DISPUTE RESOLUTION**

11 (a) The Interstate Commission shall attempt, upon the request of a member state, to  
12 resolve disputes which are subject to the Compact and which may arise among member states or  
13 member boards.

14 (b) The Interstate Commission shall promulgate rules providing for both mediation and  
15 binding dispute resolution as appropriate.

16

17 **SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT**

18 (a) Any state is eligible to become a member state of the Compact.

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

22 (c) The governors of non-member states, or their designees, shall be invited to participate  
23 in the activities of the Interstate Commission on a non-voting basis prior to adoption of the  
21

1 Compact by all states.

2 (d) The Interstate Commission may propose amendments to the Compact for enactment  
3 by the member states. No amendment shall become effective and binding upon the Interstate  
4 Commission and the member states unless and until it is enacted into law by unanimous consent  
5 of the member states.

6

## 7 **SECTION 21. WITHDRAWAL**

8 (a) Once effective, the Compact shall continue in force and remain binding upon each  
9 and every member state; provided that a member state may withdraw from the Compact by  
10 specifically repealing the statute which enacted the Compact into law.

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

15 (c) The withdrawing state shall immediately notify the chairperson of the Interstate  
16 Commission in writing upon the introduction of legislation repealing the Compact in the  
17 withdrawing state.

18 (d) The Interstate Commission shall notify the other member states of the withdrawing  
19 state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection  
20 (c).

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

22

1 (f) Reinstatement following withdrawal of a member state shall occur upon the  
2 withdrawing state reenacting the Compact or upon such later date as determined by the Interstate  
3 Commission.

4 (g) The Interstate Commission is authorized to develop rules to address the impact of the  
5 withdrawal of a member state on licenses granted in other member states to physicians who  
6 designated the withdrawing member state as the state of principal license.

7

## 8 **SECTION 22. DISSOLUTION**

9 (a) The Compact shall dissolve effective upon the date of the withdrawal or default of the  
10 member state which reduces the membership in the Compact to one (1) member state.

11 (b) Upon the dissolution of the Compact, the Compact becomes null and void and shall  
12 be of no further force or effect, and the business and affairs of the Interstate Commission shall be  
13 concluded and surplus funds shall be distributed in accordance with the bylaws.

14

## 15 **SECTION 23. SEVERABILITY AND CONSTRUCTION**

16 (a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence,  
17 or provision is deemed unenforceable, the remaining provisions of the Compact shall be  
18 enforceable.

19 (b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

20 (c) Nothing in the Compact shall be construed to prohibit the applicability of other  
21 interstate compacts to which the states are members.

22

## 23 **SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS**

23

1 (a) Nothing herein prevents the enforcement of any other law of a member state that is  
2 not inconsistent with the Compact.

3 (b) All laws in a member state in conflict with the Compact are superseded to the extent of  
4 the conflict.

5 (c) All lawful actions of the Interstate Commission, including all rules and bylaws  
6 promulgated by the Commission, are binding upon the member states.

7 (d) All agreements between the Interstate Commission and the member states are binding  
8 in accordance with their terms.

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