STATEMENT OF PURPOSE

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This bill updates and modernizes provisions of the Medical Practice Act related to licensure, registration, discipline, disabled physicians or physician assistants, and member composition of the Board of Medicine and Physician Assistant Advisory Committee. For licensure, this bill removes barriers to practice by simplifying the requirements for expedited licensure by endorsement and removing the requirement that medical students be registered with the Board. This bill updates the discipline section to require more timely notification to the Board of felony criminal charges against a licensee and adds a disruptive provider clause, both of which the Board believes are necessary to adequately protect the public. This bill updates and simplifies the Disabled Physician Act by adding physician assistants and streamlining the Board's evaluation process, which will benefit licensees with serious mental and physical illnesses who may otherwise face disciplinary action by the Board. This bill also adds a physician assistant member to the Board, changes the Board's quorum requirement to 6 members, and adds a physician assistant and a public member to the Physician Assistant Advisory Committee, changing the Committee's quorum requirement to 3 members. Finally, the bill provides housekeeping updates to remove obsolete language, delete duplicative language, streamline the language throughout, and modernize the requirements of the Act.

FISCAL NOTE

The Board of Medicine is a dedicated fund agency, and therefore, there will be no impact on the state general fund. It is estimated that the legislation will result in a yearly impact of $17,000 to the Board's personnel budget attributable to increasing board and committee members (Board—addition of one member, and Physician Assistant Advisory Committee—addition of 2 members), and board and committee member honoraria increase (from $50 daily to $100 daily). Additionally, there will be an annual decrease to the Board's operating budget in the amount of $1500, due to removing the medical student registration fee requirement.

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

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.

54-1803.DEFINITIONS. (1) The "practice of medicine" means:
   (a) The investigation, diagnosis, treatment, correction, or or prevention scribe of or prescription for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality that involve the ;
   (b) To application of principles or techniques of medical science; or in the prevention of any of the conditions listed in paragraph (a) of this subsection; or
   (cb) To offering, undertake, attempt to do or holding oneself out as able to do any of the acts described in paragraphs (a) and (b) of this subsection.
   (2) The word "board" means the state board of medicine.
   (3) The term "physician" means any person who holds a license to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine, provided further, that others authorized by law to practice any of the healing arts shall not be considered physicians for the purposes of this chapter.
   (4) "Alternate supervising physician" means a physician who is registered with the board as set forth in board rule and who is responsible for supervising a physician assistant or graduate physician assistant in the temporary absence of the supervising physician.
   (54) "Supervising physician" and "alternate supervising physician" means a physician who is registered with the board as set forth in board rule and who is responsible for the direction and supervision of the activities of and patient services provided by a physician assistant or graduate physician assistant.
   (65) A "license to practice medicine and surgery" 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.
   (76) A "license to practice osteopathic medicine and surgery" 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 and surgery issued by another state where a composite examining board exists and where physicians licensed to practice medicine and surgery and osteopathic physicians take the same examination and hold equal licenses, and who has fulfilled the licensing requirements of this chapter.
(8) A "license to practice osteopathic medicine" means a license issued by the state board of medicine to a person who graduated from an acceptable osteopathic school of medicine and who prior to January 1, 1963, has fulfilled the licensing requirements of this chapter.

(9) The word "person," the word "he" and the word "his" mean a natural person.

(10) An "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.

(11) The word "extern" means a bona fide student enrolled in an acceptable school of medicine who has not received his degree.

(12) The word "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 postgraduate medical training program.

(13) The term "physician assistant" means any person who is a graduate of an acceptable physician assistant training program and who is qualified by specialized education, training, experience and personal character and who has been licensed by the board to render patient services under the direction of a supervising and alternate supervising physician. Nothing in this chapter shall be construed to authorize physician assistants to perform those specific functions and duties specifically delegated by law to those persons licensed as pharmacists under chapter 17, title 54, Idaho Code, as dentists or dental hygienists under chapter 9, title 54, Idaho Code, or as optometrists under chapter 15, title 54, Idaho Code.

(14) "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.

54-1804. 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, so 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 state or country 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;
(de) 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;
(ed) An extern, 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;
(fe) 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;
(gf) A person engaged in good faith in the practice of the religious tenets of any church or religious beliefs;
(hg) A person administering a remedy, diagnostic procedure or advice as specifically directed by a physician;
(ih) A person rendering aid in an emergency, where no fee for the service is contemplated, charged or received. This exception shall specifically include ski patrollers who are members of the national ski patrol system, inc., and are trained in and holding a current outdoor emergency care (OEC) credential, as issued by the national ski patrol system, inc., while rendering aid in accordance with the standards of training of such credential, where no fee for the service is contemplated, charged or received, and in the course of alpine, nordic or cross-country skiing and other recreational activities conducted in whole or in part at ski areas in the state of Idaho;
(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;
(jki) A person administering a family remedy to a member of the family;
(kli) A person who administers treatment or provides advice regarding the human body and its functions that:
  (i) Does not use legend drugs or prescription drugs in such practice;
  (ii) Uses natural elements such as air, heat, water and light;
  (iii) Only 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) Only uses only vitamins, minerals, herbs, natural food products and their extracts, and nutritional supplements; and who
  (v) Does not perform surgery; and who
  (vi) Requires each person receiving services to sign a declaration of informed consent which 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.
(km) 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)(km) 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)(km) of this section. Further, nothing in subsection (1)(km) 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 not more than ten thousand dollars ($10,000), or shall be punished by both such fine and imprisonment.

(4) Except as provided in subsections (1)(a), (1)(b), (1)(c), and (1)(ed) above, 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.," or "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 not 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.

54-1805.THE STATE BOARD OF MEDICINE ESTABLISHED. (1) There is hereby established in the department of self-governing agencies a state board of medicine to be composed of ten-eleven (1011) members. The membership of the state board of medicine as it exists on the effective date of this act is hereby confirmed as members of the board for the terms to which they were originally appointed.

(2) (a) The board shall consist of ten-eleven (1011) 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, and 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 terms. The physician members shall consist of six (6) members who are licensed to practice medicine and surgery in this state and one (1) member who is licensed to practice osteopathic medicine or osteopathic medicine and surgery 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 and surgery expires or becomes vacant, the governor shall consider recommendations provided by professional organizations of physicians and physician assistants and by Idaho medical association shall recommend three (3) persons licensed to practice medicine and surgery for each such vacancy, and forward such recommendations to the governor, who shall consider them for appointment, as well as recommendations from any individual residing in this state, for appointment. Whenever a term of the member of the board who is licensed to practice osteopathic medicine or osteopathic medicine and surgery expires or becomes vacant, the Idaho osteopathic association shall recommend three (3) persons licensed to practice osteopathic medicine or osteopathic medicine and surgery for such vacancy, and shall forward their names to the governor who shall consider them for appointment, as well as recommendations from any individual residing in this state. Whenever a term of the member of the board who is licensed as a physician assistant expires or becomes vacant, the Idaho association of physician assistants shall recommend three (3) persons licensed to practice as a physician assistant for such vacancy, and shall forward their names to the governor who shall consider them for appointment, as well as recommendations from any individual residing in this state.

(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(np), Idaho Code. Five Six (56) 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.

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

(1) Hire or appoint employees, including an executive director, investigators, attorneys, consultants and independent hearing examiners.

(2) Establish pursuant to the administrative procedure act rules for administration of this chapter, including rules governing all activities of persons employed as physician's assistants by persons licensed to practice medicine in this state, including rules. The board shall adopt rules pursuant to the administrative procedure act 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.

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

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

(6) Make and enter into contracts.

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

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

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

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

(11) Provide for reasonable fees through rules for administrative costs and assess costs reasonably and necessarily incurred in the enforcement of this chapter when a licensee has been found to be in violation of the provisions of this chapter.

(12) Prepare an annual report.

(13) 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.

54-1806A.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. Initially, it shall consist of the members of the board of professional discipline as it is constituted on the effective date of this act who shall serve on the committee on professional discipline until the expiration of their current terms. Thereafter, it shall consist of: 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 character and reputation who shall not be licensed to practice medicine and surgery 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 after the effective date of this act; to serve more than two (2) terms (which shall include terms served on the board of professional discipline prior to the effective date of this act).

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, though no meeting of the committee shall be held without reasonable prior notice of at least three (3) days to all members, which notice may be given by the chairman or any three (3) members. Notice may be waived unanimously; otherwise, it shall be in writing and state the time, place and purpose of the meeting.

4. Compensation. Members of the committee shall be compensated as provided by section 59-509, 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. Additional Powers of the Committee on Professional Discipline. In addition to its other powers, the committee shall be empowered and authorized:

(a) To recommend to the board that it be authorized by the board to initiate or commence proceedings, studies or investigations, 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 to the board that it be authorized by the board to appoint hearing officers or hearing committees to take evidence, conduct hearings and make recommended findings and conclusions to the committee in any matter or proceeding assigned to the committee, which hearing committees shall be of such number and size as the board directs, composed of licensed physicians resident and licensed to practice medicine and surgery in Idaho, who shall serve without pay and for such term as the board may specify, not to exceed one (1) year or during the pendency of any matters referred to it, whichever
is longer. All investigations and proceedings of the committee and any hearing officers or hearing committees shall be conducted as provided by rules adopted by the board of medicine pursuant to the administrative procedure act, chapter 52, title 67, Idaho Code.

(e) To recommend findings respecting matters coming before it or before any hearing committee or authorized hearing officer acting on its behalf, and to recommend conclusions and orders for the consideration of the board dispositive of such proceedings. The committee may make recommendations for the consideration of the board and the board is authorized to enter appropriate orders and take appropriate action including, without limitation, disciplinary orders as provided by Idaho Code respecting misconduct or other grounds for discipline respecting any licensed physician and surgeon licensed to practice medicine and surgery in the state of Idaho, which authority shall, for good cause shown, include the power to suspend, restrict, condition, limit or revoke the license or present or future right or privilege to practice medicine of any physician, surgeon or other person licensed or purporting to be qualified or authorized to practice medicine and surgery in the state of Idaho.

(d) To recommend that the board reprimand by informal admonition any licensed physician and surgeon respecting any matter it finds is minor misconduct. Such reprimand shall be subject to disclosure according to chapter 1, title 74, Idaho Code.

(e) To recommend that the board accept the resignation and surrender of license of any physician and surgeon under investigation or prosecution who tenders the same, and to impose terms and conditions in connection therewith as it may deem appropriate in the best interest of the public and of justice.

(bf) To recommend that the board initiate order, for good cause, proceedings under the disabled physicians act nondisciplinary suspension or for transfer to inactive status of any licensed physician or physician assistant and surgeon incapacitated by illness, senility, disability, or addiction to drugs, intoxicants or other chemical or like substances, and to provide terms and conditions therefor, including provisions and conditions controlling reinstatement and any request therefor, provided, this subparagraph shall not be construed to amend or repeal specific legislation expressly dealing with disabled physicians whether heretofore or hereafter enacted by the legislature of the state of Idaho but rather shall be construed as complementary thereto.

(cg) To recommend that the board provide by order for reciprocal discipline in cases involving the discipline of a licensed physician or physician assistant and surgeon 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.

(h) To recommend that the board adopt rules to provide for and permit the committee to conduct informal proceedings to encourage fair and expeditious disposition of business, complaints and matters properly coming before it.

(7) Openness. All formal hearings conducted by the board or by the committee 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 or
the committee 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 proceedings 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, in the medical practice 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 or physician assistant's license to practice medicine;
(b) Suspending or restricting the respondent physician 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—and requiring rehabilitation planning, commitment and conditions upon such respondent physician's licensure;
(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
(e) 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. If grounds for any of the foregoing are not found to exist, the board shall enter its order so stating and dismissing the proceedings and shall provide the respondent and, if there be one, the complainant or petitioner in the proceedings a true copy thereof.

(10) Temporary Suspension or Restriction Pending Final Order. The board may temporarily suspend or restrict the license of any physician or physician assistant, or enter an appropriate order of temporary probation, ex parte, 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, but only if it first finds, on the basis of a responsible showing—which satisfactorily demonstrates—that the physician or physician assistant in his capacity as such—and—for reasons set forth by petition, affidavit, or other verified showing, or determined by it 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. In such cases, the board may summarily, and ex parte, order temporary conditions of probation, suspension or restriction of said physician and his or her license and authority to practice medicine in the state of Idaho, pending further or final order in
the proceedings. 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 the board or a designated hearing officer or special committee appointed by the board for that purpose, which officer or committee shall forthwith hear said matter and report to the board his report and recommendations. The board, consistent with due process and the rules adopted by the board pursuant to 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. Neither the record of the proceeding nor any order entered therein may be used against the respondent physician in any other legal proceeding except upon judicial review as provided elsewhere herein.

(11) Judicial Review. All final decisions by the board shall be subject to judicial review pursuant to the procedures of 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 without malice 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 without malice and in the reasonable belief that such information is accurate.

54-1807. STATE BOARD OF MEDICINE -- REGISTRATION. Externs, 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 extern, 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 and shall require registration by the supervising physician. A registration fee shall be fixed by the board and registration must be renewed annually or biannually.

54-1807A. PHYSICIAN ASSISTANTS -- SUPERVISING PHYSICIANS -- 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 determine and limit the scope of activities of each physician assistant on the basis of completed courses of study or programs of instruction.
received. Upon licensure, the board shall authorize each physician assistant to assist a physician or group of physicians who are qualified and approved by the board to supervise physician assistants to engage in activities as limited by the board. The board shall fix a license fee. All physician assistants shall renew their licenses annually or biannually.

(2) After a supervising physician or alternate supervising physician receives board approval to supervise a physician assistant, the physician may delegate medical services to the physician assistant as set forth in the delegation of services agreement on forms approved by and filed with the board. The physician assistant may perform delegated medical services in any setting authorized by the supervising physician or alternate supervising physician and the board, including clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other health care institutions.

(3) The supervising physician and alternate supervising physician are responsible for all aspects of the performance of a physician assistant whether or not the supervising physician or alternate supervising physician actually pays the physician assistant a salary. The supervising physician and alternate supervising physician are responsible for supervising the physician assistant and ensuring that the medical services performed by the physician assistant are within the physician assistant's scope of training and experience and have been properly delegated by the supervising physician or alternate supervising physician.

(4) Supervision by a supervising physician or alternate supervising physician shall be continuous but shall not be construed as necessarily requiring the constant physical presence of the supervising physician or alternate supervising physician at the time and place where medical services are performed by the physician assistant.

(5) A supervising physician or alternate supervising physician shall not delegate to a physician assistant the performance of any medical services for which the supervising physician or alternate supervising physician does not have training or experience and does not perform.

(6) A physician assistant or a group of physician assistants may independently own a medical practice in this state provided that the supervising physician, alternate supervising physician and each physician assistant comply with all requirements of this section and board rules. 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.

(7) 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 shall send notice to such professional organizations requesting recommendations. If recommendations from such professional organizations are not received by the board within sixty (60) days of notification, the board may appoint any qualified individual without consideration of any such recommendations. In the event of a vacancy in any unexpired term, the professional organizations may recommend, as soon as practical, at least two (2) and not more than three (3) persons to fill that vacancy. As soon as practical, the board shall appoint one (1) person to complete the unexpired term. If such
professional organizations do not provide recommendations, the board shall appoint a person to complete the unexpired term without consideration of any such recommendations. 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) Each member of the physician assistant advisory committee shall be currently licensed as a physician assistant in Idaho and shall have actively practiced as a physician assistant in Idaho for three (3) years immediately preceding appointment. 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, 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.

54-1808.BOARD TO ISSUE LICENSES. (1) The board shall issue licenses to practice medicine and surgery, and osteopathic medicine and surgery, 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 not less than one (1) year nor up to but not more than five (5) years, the exact period to be fixed by the board. Licenses to practice medicine and surgery, osteopathic medicine and surgery, 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 not less than one (1) year nor nono 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 and surgery, or osteopathic medicine and surgery 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.

54-1809. STATE BOARD OF MEDICINE FUND -- CREATION OF. All fees of any kind collected under the provisions of this act shall be deposited in the state treasury to the credit of a separate fund to be known as the state board of medicine fund to be used and all such moneys as are now in or may hereafter come into such fund are hereby appropriated to the board for carrying out the purposes and objects of this act, and to pay all costs and expenses incurred in connection therewith. All moneys in the state board of medicine fund on the effective date of this act are hereby transferred and appropriated to the state board of medicine fund hereby created. Moneys shall be paid out of the fund upon warrants drawn by the state controller upon presentation of proper vouchers approved by the board.

54-1810. PHYSICIAN LICENSURE BY WRITTEN EXAMINATION. Any person seeking to be licensed to practice medicine and surgery or osteopathic medicine as a physician or osteopathic medicine and surgery 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 make a showing to the board that he has successfully engaged in a course of study for the purpose of improving his ability to engage in the practice of medicine or osteopathic medicine and surgery in this state. Applicants who fail two (2) separate examinations in another state, territory, or district of the United States or Canada, must make the same showing of successful completion of a course of study prior to examination for licensure.

(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.

54-1810A. PHYSICIAN ASSISTANT LICENSURE BY WRITTEN EXAMINATION. 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 (ARC-PA).

(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.

(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.

54-1811. 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 of graduation from a medical school acceptable to the board and successful completion of a postgraduate training program acceptable to the board and which contains proof that the applicant has any one (1) of the following qualifications:

(a) The applicant is a diplomate of the national board of medical examiners or the national board of examiners for osteopathic physicians and surgeons [national board of osteopathic medical examiners];

(b) The applicant holds a valid, unrevoked, unsuspended license to practice medicine and surgery, or osteopathic medicine and surgery 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.

(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.

54-1812. 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.

54-1813. 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 and surgery or osteopathic medicine and surgery 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 examiners for osteopathic physicians and surgeons 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 to the next regular meeting of the board 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 externs, interns, and residents. The board shall fix and collect a fee for the temporary registration and it shall specify the time period of the temporary registration.

54-1814. GROUNDS FOR MEDICAL DISCIPLINE. Every person licensed to practice medicine, licensed to practice as a physician assistant or registered as an extern, 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, or a crime involving moral turpitude, or the entering of a guilty plea to a felony, or the finding of guilt by a jury or court of commission of a felony or a crime involving moral turpitude.

(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 the provision of 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 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) Abandonment of 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 externs, 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 or commission of any act constituting a crime involving moral turpitude.

(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; provided that 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, Board or Committee on Professional Discipline member, Board staff, hearing officer or witness in an attempt to influence the outcome of a disciplinary proceeding, investigation or other legal action.

(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 perform them; 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.

54-1815.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.

54-1817.POST MORTEM EXAMINATIONS. Consent for a person licensed to practice medicine and surgery in the state of Idaho, to conduct a post mortem examination of the body of the deceased person shall be deemed sufficient when given by whichever one of the following assumes custody of the body for the purposes of burial: father, mother, husband, wife, child, guardian, next of kin, or in the absence of any of the foregoing, a friend, or a person charged by law with the responsibility for burial. If two (2) or more such persons assume custody of the body, the consent of one (1) of them shall be deemed sufficient.

54-1818.REPORTING OF VIOLATIONS BY PHYSICIANS. A licensed physician or physician assistant and surgeon, possessing knowledge of a violation of section 54-1814, Idaho Code, by
any other physician, or physician assistant and surgeon, 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 surgeon shall be required to report, nor shall any physician or physician assistant or surgeon 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 39-1392, Idaho Code. This provision shall not relieve a health care organization of its notification obligations as set forth in section 39-1393, Idaho Code.

54-1819.DEFINITION AND PROCEDURE FOR DETERMINATION OF DEATH. (1) An individual who has sustained either (a) irreversible cessation of circulatory and respiratory functions, or (b) irreversible cessation of all functions of the entire brain, including the brain stem, is dead.

(2) A determination of death must be made in accordance with accepted medical standards which mean the usual and customary procedures of the community in which the determination of death is made.

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.

54-1821.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.
54-1831.SHORT TITLE. This act shall be known as the "Disabled Physician and Physician Assistant Act."

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 or more of the following:

(a) mental illness;
(b) physical illness, including but not limited to, deterioration through the aging process, or loss of motor skill; or
(c) excessive use or abuse of drugs, including alcohol.

54-1833.DUTIES OF BOARD OF MEDICINE. (a) If the board of medicine 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, such 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. cause an examination of such physician to be made and shall, following such examination, take appropriate action within the provisions of this act.

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

(i) submitting at the physician's own expense to an immediate mental or physical examination when directed in writing by the board to do so; and
(ii) 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.

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

(i) the physician or physician assistant is unable to practice medicine with reasonable skill and safety because of a condition described in section 54-1832; and
(ii) immediate action by the board is necessary to prevent harm to patients or the general public.

(c) 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.

Examination of a physician under this section shall be conducted by an examining committee which the board shall designate and which shall be composed of three (3) licensed, practicing physicians including at least one (1) psychiatrist if a question of mental illness is involved in the particular examination of the particular physician in any given case.
54-1834. EXAMINATION BY COMMITTEE. (a) The examining committee assigned to examine a physician pursuant to referral by the board under section 54-1833[Idaho Code] shall conduct an examination of such physician for the purpose of determining the physician's fitness to practice medicine with reasonable skill and safety to patients, either on a restricted or unrestricted basis, and shall report its findings and recommendations to the board. The committee shall order the physician to appear before the committee for hearing and give him ten (10) days' notice of time and place of the hearing, together with a statement of the cause for such examination. Such notice shall be served upon the physician either personally or by registered or certified mail with return receipt requested.

(b) If the examining committee, in its discretion, should deem a mental or physical examination of the physician necessary to its determination of the fitness of the physician to practice, the committee shall order the physician to submit to such examination. Any person licensed to practice medicine in this state shall, by so practicing or by making or filing of annual registration to practice medicine in this state, be deemed to have given his consent to submit to mental or physical examination when so directed by the examining committee and, further, to have waived all objections to the admissibility of the examining committee's report to the board on the grounds of privileged communication. Any physician ordered to a hearing before the committee under subsection (a) of this section shall be entitled to a mental or physical examination by that committee if he makes request therefor.

(c) Any physician who submits to a diagnostic mental or physical examination as ordered by the examining committee shall have a right to designate another physician to be present at the examination and make an independent report to the board.

(d) Failure of a physician to comply with a committee order under subsection (b) of this section to appear before it for hearing or to submit to mental or physical examination under this section shall be reported by the committee to the board, and, unless due to circumstances beyond the control of the physician, shall be grounds for suspension by the board of the physician's license to practice medicine in this state until such time as such physician has complied with the order of the committee.

54-1835. VOLUNTARY RESTRICTION OF LICENSURE. A physician may request in writing to the board a restriction of his license to practice medicine. The board may grant such request for restriction and shall have authority, if it deems appropriate, to attach conditions to the licensure of the physician to practice medicine within specified limitations, and waive the commencement of any proceeding under section 54-1837. Removal of a voluntary restriction on licensure to practice medicine shall be subject to the procedure for reinstatement of license in section 54-1838.

54-1836. REPORT TO THE BOARD—ACTION. (a) The examining committee shall report to the board its findings on the examination of the physician under section 54-1834, the determination of the committee as to the fitness of the physician to engage in the practice of medicine with reasonable skill and safety to patients, either on a restricted or unrestricted basis, and any management that the committee may recommend. Such recommendation by the committee shall be advisory only and shall not be binding on the board.

(b) The board may accept or reject the recommendation of the examining committee to permit a physician to continue to practice with or without any restriction on his license to
practice medicine, or may refer the matter back to the examining committee for further examination and report thereon.

(e) In the absence of a voluntary agreement by a physician under section 54-1835 for restriction of the licensure of such physician to practice medicine, any physician shall be entitled to a hearing in formal proceedings before the board and a determination on the evidence as to whether or not restriction, suspension, or revocation of licensure shall be imposed.

54-1837. PROCEDINGS. (a) 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, together with copies of the examining committee's report and diagnosis. Such notice and reports shall be served upon the physician licensee either personally or by registered or certified mail with return receipt requested.

(b) At said hearing the physician 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.

(c) The results of any examination ordered by the board pursuant to 54-1833(c), 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;

(ed) 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 or more of the following:

(1) Make a recommendation that the physician licensee submit to the care, counseling, or treatment by physicians acceptable to the board; or
(2) Suspend or restriction of the licensee's license to practice medicine for the duration of his impairment; or
(3) Revoke the licensee's license to practice medicine; and
(4) 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.

(d) The board may temporarily suspend or restrict the license of any physician or enter an appropriate order of temporary probation, ex parte, on its own motion or on petition of the examining committee, pending further or final order without prior hearing, simultaneously with or at any time after the institution of proceedings for a hearing under this section, but only if it first finds, on the basis of a responsible showing which satisfactorily demonstrates that the physician, in his capacity as such and for reasons set forth by petition, affidavit, or other verified showing, is causing great harm to the public, or to any patient or group of patients, or is likely to cause such harm and therefore should be immediately suspended, restricted or specially controlled in or from the practice of medicine.

(1) In such cases, the board may summarily, and ex parte, order temporary conditions of probation, suspension or restriction of said physician and his or her license and authority to practice medicine in the state of Idaho, pending further or final order in the proceedings.
(2) In cases of extreme emergency the board may enter said temporary order under this section without prior referral to or recommendation from the examining committee.
(3) In cases in which the examining committee first determines that such temporary suspension, restriction or probation of such physician is necessary and in the public interest
pending the final conclusion of proceedings or further order, it shall so recommend to the board, and the board, if it finds that the evidence in support of such determination and recommendation is clear and convincing and that the physician's continuation in the practice would constitute an imminent danger to public health and safety or pose a threat or menace of the kind hereinabove specified, may, in its discretion, enter an order in keeping with the recommendation of the examining committee or provide such modifications, conditions or orders as it deems appropriate.

(4) The physician 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 the board or, if necessary and on request of the physician in the interest of early consideration, before a hearing officer or special committee designated by the board for that purpose, which officer or committee shall forthwith hear said matter and report to the board its report and recommendation. The board, consistent with due process, shall rule with the least amount of delay reasonably possible.

(e) Neither the record of the proceeding nor any order entered against a physician may be used against him in any other legal proceeding except upon judicial review as provided herein, it being the intent and purpose of this act that all evidence, testimony, showings and proceedings are subject to disclosure according to chapter 1, title 74, Idaho Code, but not to be used in criminal or civil proceedings concerning the subject physician.

54-1838 1835 RIGHT TO APPEAL AND REINSTATEMENT OF LICENSE. (a) A physician or physician assistant whose license has been restricted, is suspended or revoked under 54-1833(d) this act, voluntarily or by action of the board, shall have the right, at reasonable intervals, to petition for reinstatement of his license and to demonstrate that he can resume the competent practice of medicine with reasonable skill and safety to patients. Such petition shall be made in writing and on a form prescribed by the board. Action of the board on such petition shall be initiated by referral to and examination by the examining committee pursuant to the provisions of sections 54-1834 and 54-1835[, Idaho Code]. The board may, upon written recommendation of the examining committee, restore the licensure of the physician on a general or limited basis or institute a proceeding pursuant to this section for the determination of the fitness of the physician to resume his practice. to a hearing to appeal the suspension within 10 days after the license is suspended.

(b) The hearing held under this subsection shall be conducted in accordance with Section 54-1834 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.

6) A physician or physician assistant whose license is revoked, suspended, or in any way restricted under Section 54-1833 or Section 54-1834 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:

(a) 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.

54-1839 1836 JUDICIAL REVIEW. All final decisions by the board of medicine shall be subject
to judicial review pursuant to the procedures of the administrative procedures act, chapter 52, title 67, Idaho Code.

54-1840. PROTECTED ACTION AND COMMUNICATION. There shall be no liability on the part of and no action for damages against:

(a) Any member of the examining committee or the board for any action undertaken or performed by such member within the scope of the functions of such committee or the board under this act when acting without malice and in the reasonable belief that the action taken by him is warranted; or

(b) Any person providing information to the committee or to the board without malice in the reasonable belief that such information is accurate.

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 and surgery or osteopathic medicine and surgery 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 and surgery, osteopathic medicine and surgery 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 and surgery or osteopathic medicine and surgery.

(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 and surgery or osteopathic medicine and surgery 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 and 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.

54-1842.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.

54-1843.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.

54-1844.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 felony, gross misdemeanor or crime of moral turpitude.

(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 international medical education directory 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.

54-1845.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.

54-1846.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.

54-1847.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.

54-1848.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.

54-1849.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.

54-1850.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.

54-1851.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.

54-1852.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 matters 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.

54-1853.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 part, 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.

54-1854.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.

54-1855.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.
54-1856. 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.
54-1857. 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.

54-1858. 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.

54-1859. 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.
54-1860. 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.

54-1861. 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.

54-1862. 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 nonvoting 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.

54-1863.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.

54-1864.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.

54-1865.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.

54-1866.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.