Agency Summary And Certification

425 -- Medicine, State Board of

AUG 28 2020

Original Submission _X__ or Rev No. ___ **FY2022 Request** Page ___1_ of __36__ Pages

In accordance with 67-3502, Idaho Code, I certify the attached forms properly state the receipts and expenditures of the department (agency, office, or institution) for the fiscal years indicated. The summary of expenditures by major program, fund source, and standard class is indicated below.

Signature of Department Director : Susan E Burton, Interim Administrator IDOPL for Anne Lawler, BOM Ex Dir Date: 8/28, 2020

Function/Activity	FY 2020 Total Appropriation	FY 2020 Total Expenditures	FY 2021 Original Appropriation	FY 2021 Estimated Expenditures	FY 2022 Total Request
Medical Licensing	2,102,500	2,091,700	2,298,200	2,976,800	0
Total	2,102,500	2,091,700	2,298,200	2,976,800	0

By Fund Source	Total Appropriation	Actual Expenditures	Original Appropriation	Estimated Expenditures	Total Request
D 0229-00 State Regulatory Fund	2,102,500	2,091,700	2,298,200	2,976,800	0
Total	2,102,500	2,091,700	2,298,200	2,976,800	0

By Object	Total Appropriation	Actual Expenditures	Original Appropriation	Estimated Expenditures	Total Request
Personnel Costs	1,293,000	1,239,600	1,413,200	1,413,200	0
Operating Expenditures	770,000	815,200	879,200	1,557,800	0
Capital Outlay	39,500	36,900	5,800	5,800	0
Trustee And Benefit Payments	0	0	0	0	0
Lump Sum	0	0	0	0	0
Total	2,102,500	2,091,700	2,298,200	2,976,800	0

FTP Total	17.00	17.00	18.00	18.00	0.00

FORM B3: DIVISION DESCRIPTIONS

Agency/Department: Board of Medicine

Division: 10-Medical Licensing

Request for Fiscal Year : 2022

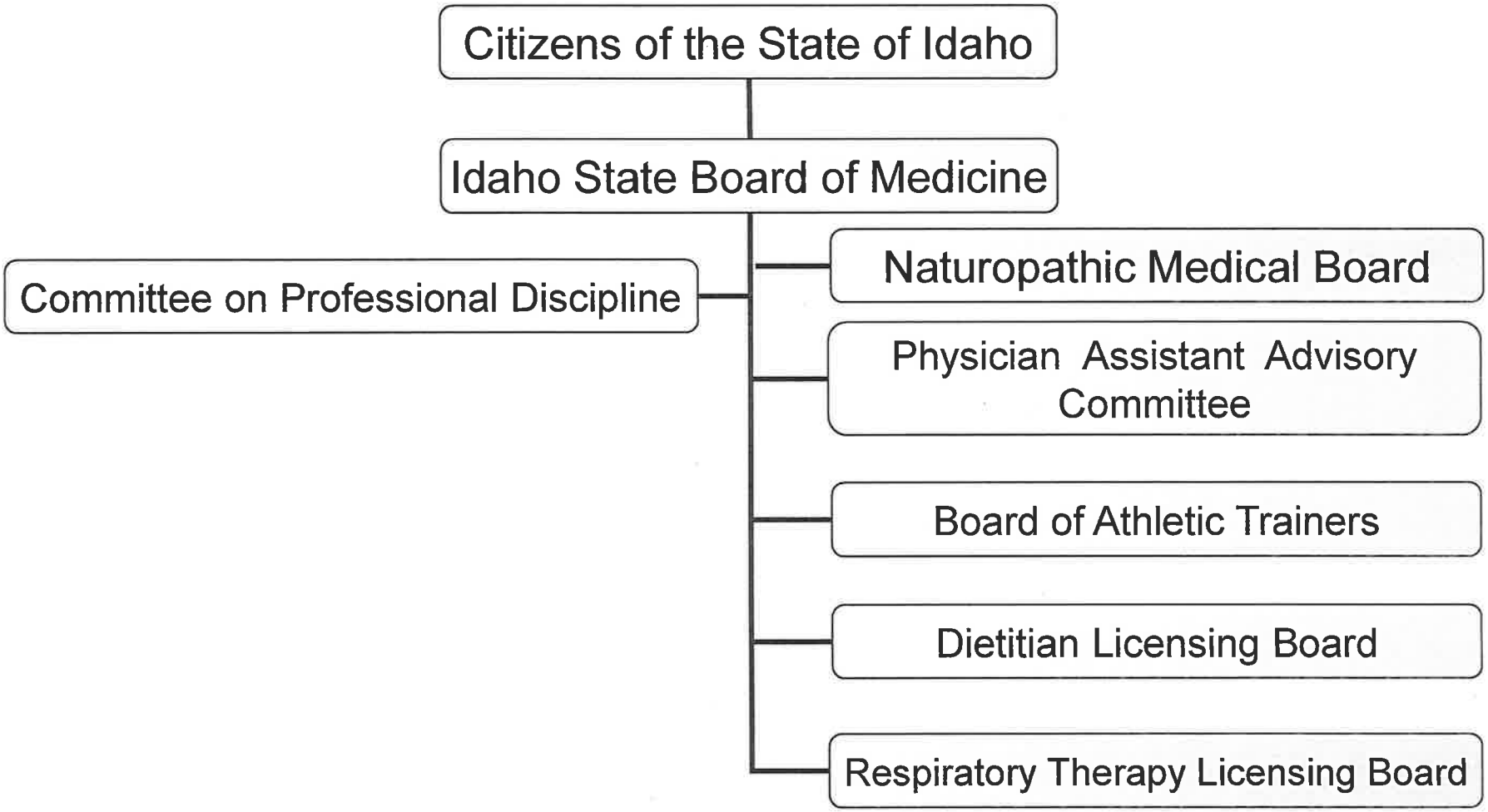
Agency Number: 425

Original Request Date:	Revision Request Date:
August 28, 2020	

No Division Changes

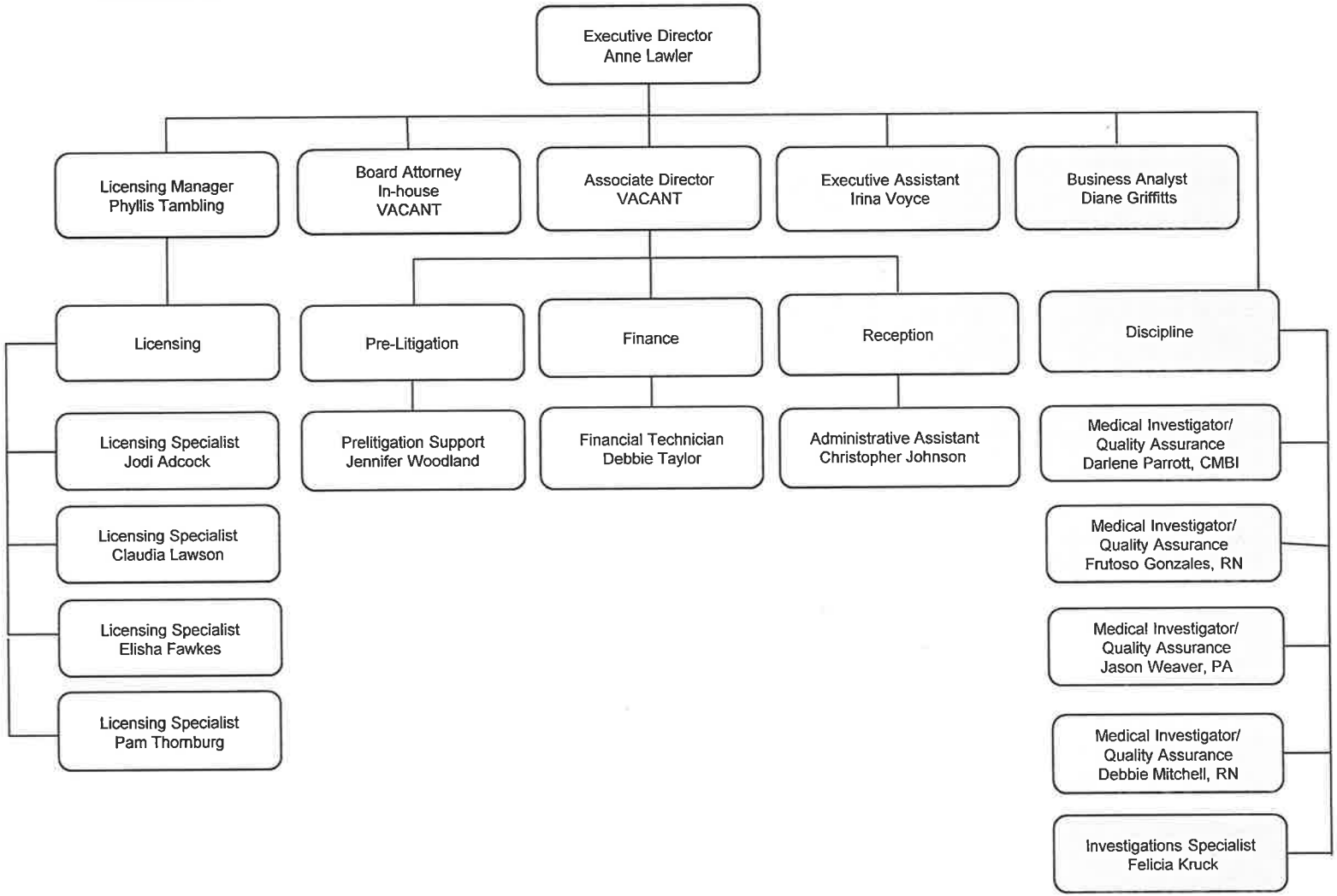
Organizational Chart

Idaho State Board of Medicine



FTP-16
Vacant-2

Board of Medicine Staff Functional Chart



Decision Unit	Priority	Agency Request FTP	General	Total
Medical Licensing				
12.01 Increase Honoraria for three Boards	0	0.00	0	2,800
12.81 Revenue Adjustments	0	-18.00	0	(2,331,100)
		-18.00	**0**	**(2,328,300)**

FORM B11: REVENUE

Agency/Department: Board of Medicine
Program (If applicable)

Request for Fiscal Year: 2022
Agency Number: 425
Budget Unit (If Applicable): SGBF
Function/Activity Number (If Applicable): 10

Original Request Date:	Revision Request Date:
############	

Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Summary Object Code	Revenue Source Description -Summary Level	FY 2018 Actual Revenue	FY 2019 Actual Revenue	FY 2020 Actual Revenue	FY 2021 Estimated Revenue	FY 2022 Estimated Revenue
0229	00	Board of Medicine	1	1001	License Permit & Fees	2,098,400	1,919,500	570,400	3,147,400	1,978,800
			0	1301	Fines, Forfeits, Escheats	13,100	7,400	25,000	6,500	15,500
			0	1501	Sales of Services	48,100	55,800	59,100	46,900	50,500
			0	1901	Sale Land Bldg Equip	0	0	0	0	0
			0	3601	Miscellaneous Revenue	3,600	2,300	(500)	1,200	1,100
0229	**00**	**Board of Medicine**		**FUND TOTAL**		**$2,163,200**	**$1,985,000**	**$654,000**	**$3,202,000**	**$2,045,900**
				FUND TOTAL		**$0**	**$0**	**$0**	**$0**	**$0**
				FUND TOTAL		**$0**	**$0**	**$0**	**$0**	**$0**
				FUND TOTAL		**$0**	**$0**	**$0**	**$0**	**$0**
				FUND TOTAL		**$0**	**$0**	**$0**	**$0**	**$0**
				FUND TOTAL		**$0**	**$0**	**$0**	**$0**	**$0**
				GRAND TOTAL		**$2,163,200**	**$1,985,000**	**$654,000**	**$3,202,000**	**$2,045,900**

Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Summary Object Code	Revenue Source Description -Summary Level	FY 2018 Actual Revenue	FY 2019 Actual Revenue	FY 2020 Actual Revenue	FY 2021 Estimated Revenue	FY 2022 Estimated Revenue

SIGNIFICANT ASSUMPTIONS

Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Provide Details for any Significant Assumptions Listed	FY 2022 Estimated Impact
1001	1001	License Permit & Fees	1	The FY2022 Estimated Revenue was based on a 5-year average. In an effort to assist licensees respond to COVID-19; the Board of Medicine postponed the License renewals from June 2020 until October 2020, which reduced FY20 Revenue and increased FY21 Revenue creating an Estimated Impact to FY2022 of $1,156,100 in reduced Revenue.	-$1,156,100
					$0
					$0
					$0
					$0
					$0

FORM B12: ANALYSIS OF FUND BALANCES

Request for Fiscal Year : 2022

Agency/Department: Board of Medicine

Agency Number: 425

Original Request Date: August 28, 2020 or Revision Request Date: _____

Sources and Uses:

FUND NAME:	FUND CODE: 0229	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
1. Beginning Free Fund Balance		**3,571,400**	**3,760,100**	**3,879,500**	**2,445,000**	**3,348,800**
2. Encumbrances as of July 1		0	0	0	0	0
2a. Reappropriation (Legislative Carryover)		0	0	0	0	0
3. Beginning Cash Balance		**3,571,400**	**3,760,100**	**3,879,500**	**2,445,000**	**3,348,800**
4. Revenues (from Form B-11)		2,163,200	1,985,000	654,000	3,202,000	2,045,900
5. Non-Revenue Receipts and Other Adjustments	Suspense, borrowing limit	14,500	52,100	4,400	0	0
6. Statutory Transfers in:	Fund or Reference:	0	0	0	0	0
7. Operating Transfers in:	Fund or Reference:	0	0	0	0	0
8. Total Available for Year		**5,749,100**	**5,797,200**	**4,537,900**	**5,647,000**	**5,394,700**
9. Statutory Transfers Out:	Fund or Reference:	0	0	0	0	0
10. Operating Transfers Out:	Fund or Reference:	0	0	0	0	0
11. Non-Expenditure Disbursements and Other Adjustments	Refunds, Clearing, P-card pymts	11,200	8,300	1,200	0	0
12. Cash Expenditures for Prior Year Encumbrances		0	0	0	0	0
13. Original Appropriation		*2,275,200*	*1,931,800*	*2,104,900*	*2,298,200*	*2,331,100*
14. Prior Year Reappropriations, Supplementals, Rescissions		*0*	*178,500*	*(2,400)*	*0*	*0*
15. Non-cogs, Receipts to Appropriation, etc		*0*	*0*	*0*	*0*	*0*
16. Reversions and Continuous Appropriations		*(297,400)*	*(200,900)*	*(10,800)*	*0*	*0*
17.Current Year Reappropriation		*0*	*0*	*0*	*0*	*0*
18. Reserve for Current Year Encumbrances		*0*	*0*	*0*	*0*	*0*
19. Current Year Cash Expenditures		**1,977,800**	**1,909,400**	**2,091,700**	**2,298,200**	**2,331,100**
19a. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)		**1,977,800**	**1,909,400**	**2,091,700**	**2,298,200**	**2,331,100**
20. Ending Cash Balance		**3,760,100**	**3,879,500**	**2,445,000**	**3,348,800**	**3,063,600**
21. Prior Year Encumbrances as of June 30		0	0	0	0	0
22. Current Year Encumbrances as of June 30		0	0	0	0	0
22a. Current Year Reappropriation		0	0	0	0	0
23. Borrowing Limit		0	0	0	0	0
24. Ending Free Fund Balance		**3,760,100**	**3,879,500**	**2,445,000**	**3,348,800**	**3,063,600**
24a. Investments Direct by Agency (GL 1203)		0	0	0	0	0
24b. Ending Free Fund Balance Including Direct Investments		**3,760,100**	**3,879,500**	**2,445,000**	**3,348,800**	**3,063,600**
26. Outstanding Loans (if this fund is part of a loan program)						

*Note:

Shaded areas in matrix are calculated. Numbers are rounded to hundreds of dollars. Font set to fit to page.

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/ Benefit	Lump Sum	Total
FY 2020 Total Appropriation								
1.00								
0229-00	Dedicated	17.00	1,293,000	770,000	39,500	0	0	2,102,500
	Total	**17.00**	**1,293,000**	**770,000**	**39,500**	**0**	**0**	**2,102,500**
1.21 Net Object Transfers								
This decision unit makes a one-time net object transfer from Personnel Costs to Operating Expenditures for the Project DPW 20-626 IBOL tenant improvements.								
OT 0229-00	Dedicated	0.00	(45,200)	45,200	0	0	0	0
	Total	**0.00**	**(45,200)**	**45,200**	**0**	**0**	**0**	**0**
1.61 Reverted Appropriation Balances								
FY 2020 Reverted Appropriation Balances								
0229-00	Dedicated	0.00	(8,200)	0	(2,600)	0	0	(10,800)
	Total	**0.00**	(8,200)	**0**	(2,600)	**0**	**0**	(10,800)
FY 2020 Actual Expenditures								
0229-00	Dedicated	17.00	1,284,800	770,000	36,900	0	0	2,091,700
OT 0229-00	Dedicated	0.00	(45,200)	45,200	0	0	0	0
	Total	**17.00**	**1,239,600**	**815,200**	**36,900**	**0**	**0**	**2,091,700**
FY 2021 Original Appropriation								
3.00								
0229-00	Dedicated	18.00	1,413,200	872,400	0	0	0	2,285,600
OT 0229-00	Dedicated	0.00	0	6,800	5,800	0	0	12,600
	Total	**18.00**	**1,413,200**	**879,200**	**5,800**	**0**	**0**	**2,298,200**
Expenditure Adjustments								
4.31 Supplemental								
This decision unit requests one-time dedicated spending authority to relocate the Board of Medicine to the Idaho Division of Occupational and Professional Licenses State of Idaho Chinden Campus. Executive Order 2020-10								
OT 0229-00	Dedicated	0.00	0	678,600	0	0	0	678,600
	Total	**0.00**	**0**	**678,600**	**0**	**0**	**0**	**678,600**
FY 2021 Total Appropriation								
0229-00	Dedicated	18.00	1,413,200	872,400	0	0	0	2,285,600
OT 0229-00	Dedicated	0.00	0	685,400	5,800	0	0	691,200
	Total	**18.00**	**1,413,200**	**1,557,800**	**5,800**	**0**	**0**	**2,976,800**

	FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/ Benefit	Lump Sum	Total
FY 2021 Estimated Expenditures							
0229-00 Dedicated	18.00	1,413,200	872,400	0	0	0	2,285,600
OT 0229-00 Dedicated	0.00	0	685,400	5,800	0	0	691,200
Total	**18.00**	**1,413,200**	**1,557,800**	**5,800**	**0**	**0**	**2,976,800**
Base Adjustments							
8.41 Removal of One-Time Expenditures							
This decision unit removes one-time appropriation for FY 2021.							
OT 0229-00 Dedicated	0.00	0	(6,800)	(5,800)	0	0	(12,600)
Total	**0.00**	**0**	(6,800)	(5,800)	**0**	**0**	(12,600)
8.42 Removal of One-Time Expenditures							
This decision unit removes one-time supplemental request for FY 2021.							
OT 0229-00 Dedicated	0.00	0	(678,600)	0	0	0	(678,600)
Total	**0.00**	**0**	(678,600)	**0**	**0**	**0**	**(678,600)**
FY 2022 Base							
0229-00 Dedicated	18.00	1,413,200	872,400	0	0	0	2,285,600
OT 0229-00 Dedicated	0.00	0	0	0	0	0	0
Total	**18.00**	**1,413,200**	**872,400**	**0**	**0**	**0**	**2,285,600**
Program Maintenance							
10.11 Change in Health Benefit Costs							
This decision unit reflects a change in benefit costs.							
0229-00 Dedicated	0.00	23,000	0	0	0	0	23,000
Total	**0.00**	**23,000**	**0**	**0**	**0**	**0**	**23,000**
10.12 Change in Variable Benefit Costs							
This decision unit reflects a change in variable benefit costs.							
0229-00 Dedicated	0.00	7,700	0	0	0	0	7,700
Total	**0.00**	**7,700**	**0**	**0**	**0**	**0**	**7,700**
10.61 Salary Multiplier - Regular Employees							
The agency requests a 1% Change in Employee Compensation.							
0229-00 Dedicated	0.00	12,000	0	0	0	0	12,000
Total	**0.00**	**12,000**	**0**	**0**	**0**	**0**	**12,000**
FY 2022 Total Maintenance							
0229-00 Dedicated	18.00	1,455,900	872,400	0	0	0	2,328,300
OT 0229-00 Dedicated	0.00	0	0	0	0	0	0
Total	**18.00**	**1,455,900**	**872,400**	**0**	**0**	**0**	**2,328,300**

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/ Benefit	Lump Sum	Total
Line Items								
12.01 Increase Honoraria for three Boards								
This decision unit requests dedicated fund spending authority to increase honoraria in Personnel Costs for the Athletic Trainers, Dietetic Licensure Board, and Respiratory Therapist 67-02909(15).								
0229-00	Dedicated	0.00	2,800	0	0	0	0	2,800
	Total	**0.00**	**2,800**	**0**	**0**	**0**	**0**	**2,800**
12.81 Revenue Adjustments								
This decision unit is a revenue adjustment for the FY 2022 budget request.								
OT 0229-00	Dedicated	-18.00	(1,458,700)	(872,400)	0	0	0	(2,331,100)
	Total	**-18.00**	**(1,458,700)**	**(872,400)**	**0**	**0**	**0**	**(2,331,100)**
FY 2022 Total								
0229-00	Dedicated	18.00	1,458,700	872,400	0	0	0	2,331,100
OT 0229-00	Dedicated	-18.00	(1,458,700)	(872,400)	0	0	0	(2,331,100)
	Total	**0.00**	**0**	**0**	**0**	**0**	**0**	**0**

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department: Board of Medicine
Function/Division: Medical Regulation
Activity/Program:

Request for Fiscal Year : 2022
Agency Number: 425
Function/Activity Number: 10
Budget Unit: SGBF

Original Request Date: August 18, 2020
Revision Request Date:

Decision Unit Number: 12.01 **Descriptive Title:** **Increase Board Members Honoraria to $100 for Respiratory Therapy, Dietetic, and Athletic Trainers set forth in Title 67/Chapter 26/Department of Self Governing Agencies 67-02909(15)**

Description	General	Dedicated	Federal	Other	Total
FULL TIME POSITIONS (FTP)					
PERSONNEL COSTS:					
1. Salaries					
2. Benefits		200			
3. Group Position Funding		2,600			
TOTAL PERSONNEL COSTS:		**$2,800**			
OPERATING EXPENDITURES **by summary object:**					
1. Ongoing Maintenance Costs					
2.					
3.					
TOTAL OPERATING EXPENDITURES:					
CAPITAL OUTLAY **by summary object:**					
1. Network Hardware					
2.					
3.					
TOTAL CAPITAL OUTLAY:					
T/B PAYMENTS:					
LUMP SUM:					
GRAND TOTAL		**$2,800**			

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? Specifically, what problem is this request trying to solve and how does this request address that problem? Per 67-02909(15), the Board of Medicine is requesting additonal funds to align all board honoraria to $100 (requiring an increase to the RT, AT, and Dietetic Board)
   a. If a supplemental request, explain how this request arises to the level of being an emergency for the agency. N/A
2. Indicate the specific source of authority, whether in statute or rule, that supports this request. Title 67/Chapter 26/Department of Self Governing Agencies 67-02909(15)
3. What is the agency staffing level, OE, or CO for this activity currently and how much funding, by source, is in the Base? $600
4. What resources are necessary to implement this request?
   a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service. N/A
   b. Note any existing agency human resources that will be redirected to this new effort, how existing operations will be impacted, and anticipated oversight the position would have over other employees. Please indicate any requested personnel on the organizational chart submitted with this budget request. N/A
   c. List any additional operating funds and capital items needed and note onetime versus ongoing costs. No operating or capital needed. This will be an ongoing cost.
   d. What is the basis for the requested resources? How were PC, OE, or CO needs projected? Was an RFI done to project estimated costs (if so, please attach a copy of the basis for your cost estimates)? Per Title 67/Chapter 26/Department of Self Governing Agencies 67-02909(15)
6. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, anticipated grant awards, or anticipated partnerships with other state agencies or other entities. Per Title 67/Chapter 26/Department of Self Governing Agencies 67-02909(15). This will be an ongoing cost
7. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted? Board members

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department:	Board of Medicine	Request for Fiscal Year :	2022
Function/Division:	Medical Regulation	Agency Number:	425
Activity/Program:		Function/Activity Number:	10
		Budget Unit:	SGBF

Original Request Date:	Revision Request Date:	Page:	13	of	36
August 18, 2020					

Decision Unit Number: 12.02 **Descriptive Title:** **Supplemental (4.31) for move to Chinden Campus**

Description	General	Dedicated	Federal	Other	Total
FULL TIME POSITIONS (FTP)					
PERSONNEL COSTS:					
1. Salaries					
2. Benefits					
3. Group Position Funding					
TOTAL PERSONNEL COSTS:					
OPERATING EXPENDITURES **by summary object:**					
1. Ongoing Maintenance Costs		678,600			
2.					
3.					
TOTAL OPERATING EXPENDITURES:		**$678,600**			
CAPITAL OUTLAY **by summary object:**					
1. Network Hardware					
2.					
3.					
TOTAL CAPITAL OUTLAY:					
T/B PAYMENTS:					
LUMP SUM:					
GRAND TOTAL		**$678,600**			

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? Specifically, what problem is this request trying to solve and how does this request address that problem? Pursuant to Executive Order 2020-10, the Board of Medicine is now part of Idaho Division of Occupational and Professional Licenses (IDOPL). As part of this Division reorganization, all licensing agencies, including BOM, will be moving to the State of Idaho Chinden campus in FY2021-22. Accordingly, BOM needs additional funds to pay for its move to the IDOPL building on the Chinden campus.
   a. If a supplemental request, explain how this request arises to the level of being an emergency for the agency.
2. Indicate the specific source of authority, whether in statute or rule, that supports this request. Idaho Code Section 54-1806(8).
3. What is the agency staffing level, OE, or CO for this activity currently and how much funding, by source, is in the Base? The agency has 18 FTE, OE-$130,900 in base.
4. What resources are necessary to implement this request?
   a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service. N/A
   b. Note any existing agency human resources that will be redirected to this new effort, how existing operations will be impacted, and anticipated oversight the position would have over other employees. Please indicate any requested personnel on the organizational chart submitted with this budget request. N/A
   c. List any additional operating funds and capital items needed and note onetime versus ongoing costs. No additional operating or capital needed other than the operating expenses necessary for the agency move. This will involve only one-time expenses.
   d. What is the basis for the requested resources? How were PC, OE, or CO needs projected? Was an RFI done to project estimated costs (if so, please attach a copy of the basis for your cost estimates)? It was not necessary for the agency to perform an RFI as this was managed at the IDOPL (Division) level.
6. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, anticipated grant awards, or anticipated partnerships with other state agencies or other entities. This is a one-time request for the agency to move from its existing leased office space to the State office building for IDOPL at the Chinden Campus.

7. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted? This move facilitates consolidation of all licensing agencies, including BOM, at the Chinden campus for increased operational and financial efficiencies across all the licensing agencies.

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department:	Board of Medicine	Request for Fiscal Year :	2022
Function/Division:	Medical Regulation	Agency Number:	425
Activity/Program:		Function/Activity Number:	10
		Budget Unit:	SGBF

Original Request Date:	Revision Request Date:	Page:	14	of	36
August 18, 2020					

Decision Unit Number: 8.41 **Descriptive Title:** **Removal of One-Time Expenditure (Supplemental)**

Description	General	Dedicated	Federal	Other	Total
FULL TIME POSITIONS (FTP)					
PERSONNEL COSTS:					
1. Salaries					
2. Benefits					
3. Group Position Funding					
TOTAL PERSONNEL COSTS:					
OPERATING EXPENDITURES **by summary object:**					
1. Ongoing Maintenance Costs		(678,600)			
2.					
3.					
TOTAL OPERATING EXPENDITURES:		($678,600)			
CAPITAL OUTLAY **by summary object:**					
1. Network Hardware					
2.					
3.					
TOTAL CAPITAL OUTLAY:					
T/B PAYMENTS:					
LUMP SUM:					
GRAND TOTAL		($678,600)			

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? Specifically, what problem is this request trying to solve and how does this request address that problem? Removal of one-time expenditure supplemental request.
   a. If a supplemental request, explain how this request arises to the level of being an emergency for the agency.
2. Indicate the specific source of authority, whether in statute or rule, that supports this request. Idaho Code Section 54-1806(8).
3. What is the agency staffing level, OE, or CO for this activity currently and how much funding, by source, is in the Base? N/A
4. What resources are necessary to implement this request? N/A
   a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service. N/A
   b. Note any existing agency human resources that will be redirected to this new effort, how existing operations will be impacted, and anticipated oversight the position would have over other employees. Please indicate any requested personnel on the organizational chart submitted with this budget request. N/A
   c. List any additional operating funds and capital items needed and note onetime versus ongoing costs. None
   d. What is the basis for the requested resources? How were PC, OE, or CO needs projected? Was an RFI done to project estimated costs (if so, please attach a copy of the basis for your cost estimates)? Removal of one-time supplemental request.
6. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, anticipated grant awards, or anticipated partnerships with other state agencies or other entities. Removal of one-time supplemental request.

7. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted? The removal of the one-time supplemental request will align the Board's FY2022 Budget and accomplish the move to the Chinden Campus with the requested supplemental funds. The Board, licensees, and the State of Idaho benefit by having all Agencies under the DOPL Division in one location.

FORM B8.2: PROGRAM REQUEST BY DECISION UNIT FOR TECHNOLOGY PROJECTS

Agency/Department:	Board of Medicine	**Request for Fiscal Year :**	2022
Function/Division:	Medical Regulation	Agency Number:	425
Activity/Program:		Function/Activity Number:	10
		Budget Unit:	SGBF

Original Request Date:	Revision Request Date:	Page:	15	of	36
August 28, 2020					

Decision Unit Number: 12.01 **Descriptive Title:**

IT Category:

Description	General	Dedicated	Federal	Other	Total
FULL TIME POSITIONS (FTP) PERSONNEL COSTS: 1. Salaries 2. Benefits 3. Group Position Funding					
TOTAL PERSONNEL COSTS:		**N/A**			
OPERATING EXPENDITURES **by summary object:** 1. Ongoing Maintenance Costs 2. 3.					
TOTAL OPERATING EXPENDITURES:		**N/A**			
CAPITAL OUTLAY **by summary object:** 1. Network Hardware 2. 3.					
TOTAL CAPITAL OUTLAY:		**N/A**			
T/B PAYMENTS:					
LUMP SUM:		**N/A**			
GRAND TOTAL					

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? Specifically, what problem is this request trying to solve and how does this request address that problem?
   a. If a supplemental request, explain how this request arises to the level of being an emergency for the agency.
2. Indicate the specific source of authority, whether in statute or rule, that supports this request.
3. What is the agency staffing level, OE, and/or CO for this activity currently and how much funding, by source, is in the Base?
4. What resources are necessary to implement this request?
   a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service.
   b. Note any existing agency human resources that will be redirected to this new effort, how existing operations will be impacted, and anticipated oversight the position would have over other employees. Please indicate any requested personnel on the organizational chart submitted with this budget request.
   c. List any additional operating funds and capital items needed in this year or in a future year and note onetime versus ongoing costs. Does this request require ongoing maintenance costs, when do they start, and for how long, for example?
   d. What is the basis for the requested resources (examples: RFI, Market cost, other estimate)? How were PC, OE, or CO needs projected? Attach a copy of the basis for your cost estimates, including documentation for any contingencies built into this request.
6. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, anticipated grant awards, or anticipated partnerships with other state agencies or other entities.
7. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted?
8. How does this request conform with the agency's individual IT plan? Has your IT plan been approved by the Office of Information Technology Services (ITS)? Does the request align with the state's IT plan and all other state standards? Attach any supporting documents about this request that you got from ITS or the Idaho Technology Authority.
9. What is the project timeline?

FORM B6: WAGE & SALARY RECONCILIATION

Agency/Department:	Self-Governing Agencies	Agency Number:	425
Function/Division:	Medical Boards	Function/Activity Number:	0010
Activity/Program:	Board of Medicine	Budget Unit:	SGBF
		Fiscal Year:	2022
Original Request Date:	August 28, 2020	Fund Name: State Regulatory	Fund Number: 0229-00
Revision Date:	Revision #:	Budget Submission Page # 16	of 36

PCN	CLASS CODE		DESCRIPTION	Indicator Code	FTP	FY 2021 SALARY	FY 2021 HEALTH BENEFITS	FY 2021 VAR BENEFITS	FY 2021 TOTAL	FY 2022 CHG HEALTH BENEFITS	FY 2022 CHG VAR BENEFITS	TOTAL BENEFIT CHANGES
			Totals from Wage and Salary Report (WSR):									
			Permanent Positions	1	18.00	952,598	209,700	198,976	1,361,274	23,040	7,493	30,533
			Board & Group Positions	2		18,220	0	1,395	19,615			
			Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0	0	0	0
			TOTAL FROM WSR		18.00	970,818	209,700	200,371	1,380,889	23,040	7,493	30,533
			FY 2021 ORIGINAL APPROPRIATION	1,413,200	18.00	993,534	214,607	205,059	1,413,200			
			Unadjusted Over or (Under) Funded:	Est Difference	0.00	22,716	4,907	4,688	32,311	Calculated overfunding is 2.3% of Original Appropriation		
			Adjustments to Wage & Salary: Add Funded / Subtract Unfunded - Vacant or Authorized - Positions:									
		Retire Cd	**Adjustment Description / Position Title**									
			CEC FY21-2% (17-Positions)	1	0.00	17,800	0	3,771	21,571	0	150	150
			Board Honoraria	2	0.00	3,320	0	265	3,585	0	0	0
0003 0020	01235		Component 2-2% Compensation for Select Positions (Chris-Felicia)	1	0.00	1,329	0	282	1,611	0	11	11
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
			Other Adjustments:									
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
					0.00	0	0	0	0	0	0	0
			Estimated Salary Needs:									
			Permanent Positions	1	18.00	971,727	209,700	203,028	1,384,455	23,040	7,654	30,694
			Board & Group Positions	2	0.00	21,540	0	1,660	23,200	0	0	0
			Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0	0	0	0
			Estimated Salary and Benefits		18.00	993,267	209,700	204,688	1,407,655	23,040	7,654	30,694
			Adjusted Over or (Under) Funding:	Orig. Approp	0.00	3,900	800	800	5,500	Calculated overfunding is .4% of Original Appropriation		
				Est. Expend	0.00	3,900	800	800	5,500	Calculated overfunding is .4% of Estimated Expenditures		
				Base	0.00	3,900	800	800	5,500	Calculated overfunding is .4% of the Base		
				Personnel Cost Reconciliation - Relation to Zero Variance --->								

DU			Original Appropriation	FTP	FY 21 Salary	FY 21 Health Ben	FY 21 Var Ben	FY 2021 Total	FY 22 Chg Health Bens	FY 22 Chg Var Bens	Total Benefit Change
3.00		FY 2021 ORIGINAL APPROPRIATION	1,413,200	18.00	997,180	210,526	205,494	1,413,200			
		Rounded Appropriation		18.00	997,200	210,500	205,500	1,413,200			
		Appropriation Adjustments:									
4.11		Reappropriation		0.00	0	0	0	0			
4.31		Supplemental		0.00	0	0	0	0			0
5.00		FY 2021 TOTAL APPROPRIATION		18.00	997,200	210,500	205,500	1,413,200			
		Expenditure Adjustments:									
6.31		FTP or Fund Adjustment		0.00	0	0	0	0			0
6.51		Transfer Between Programs		0.00	0	0	0	0			0
7.00		FY 2021 ESTIMATED EXPENDITURES		18.00	997,200	210,500	205,500	1,413,200			
		Base Adjustments:									
8.31		Transfer Between Programs		0.00	0	0	0	0			0
8.41		Removal of One-Time Expenditures		0.00	0	0	0	0			0
8.51		Base Reduction		0.00	0	0	0	0			0
				FTP	FY 22 Salary	FY22 Health Ben	FY 22 Var Ben	FY 2022 Total			
9.00		FY 2022 BASE		18.00	997,200	210,500	205,500	1,413,200			
10.11		Change in Health Benefit Costs				23,000		23,000			
10.12		Change in Variable Benefits Costs					7,700	7,700			
								0			
		Subtotal CEC Base:	Indicator Code	18.00	997,200	233,500	213,200	1,443,900			
10.51		Annualization			0	0	0	0			
10.61		CEC for Permanent Positions	1.00%		9,800		2,200	12,000			
10.62		CEC for Group Positions	1.00%		0		0	0			
10.63		CEC for Elected Officials & Commissioners			0		0	0			
11.00		FY 2022 PROGRAM MAINTENANCE		18.00	1,007,000	233,500	215,400	1,455,900			
		Line Items:									
12.01		Increase Board Members Honoraria to $100 for Respiratory Therapy, Dietetic, and Athletic Trainers set forth in Title 67/Chapter 26/Department of Self Governing Agencies 67-02909(15)			2,560		204	2,800			
12.02								0			
12.03								0			
13.00		FY 2022 TOTAL REQUEST		18.00	1,009,560	233,500	215,604	1,458,700			

Agency Benefit Information

	Current Year 2021	Budgeted Year 2022	DIFFERENCE 2022 - 2021	MAX 2021	MAX 2022
FICA SSDI Rate	0.06200	0.06200	0.00000	$132,900	$137,700
FICA SSHI Rate	0.01450	0.01450	0.00000	0.07650	0.0765
Unemployment Rate	0.00000	0.00490	0.00490		
Workers Comp Rate	0.00320	0.00310	(0.00010)	0.00320	0.0031
Life Insurance Rate	0.00721	0.00721	0.00000		
Unused sick leave rate	0.00000	0.00360	0.00360		
DHR rate	0.005540	0.005540	0.00000		
Total Permanent	0.09245	0.10085	0.00840		0.22025
Total Group	0.07970	0.08450	0.00480	0.07970	0.0796
Elected Officials	0.08691	0.08681	(0.00010)		
Full Time Health Costs	$11,650	$12,930	$1,280		
Part Time Health Costs	$9,320	$10,344	$1,024		

RETIREMENT RATES	2021	2022	DIFFERENCE 2022 - 2021
R1 Regular Retirement	0.11940	0.11940	0.00000
R2 Police/Fire Retirement	0.12280	0.12280	0.00000
R4 Former Public Safety (1985)	0.11940	0.11940	0.00000
R6 Judges Retirement	0.62530	0.62530	0.00000
R7 Optional Retirement	0.10840	0.10840	0.00000
R8 Optional Retirement	0.10840	0.10840	0.00000

FTP = POSITION FTE = (PAY PERIOD HOURS/80) * FTE PCT OF YEAR * POSITION DISTRIBUTION %

FTI = EMPLOYEE FTE = (PAY PERIOD HOURS/80) * FTE PCT OF YEAR * POSITION DISTRIBUTION %

** MESSAGE CODES:

1 = POSITION WITH MULTIPLE DISTRIBUTIONS

2 = DELETED POSITION WITH ACTUAL DOLLARS

3 = INCUMBENT IS AN UNDERFILL

5 = SHIFT DIFFERENTIAL

6 = MULTIPLE FILL CALCULATION

Board of Medicine, State Regulatory SGBF-0229-00

DESCRIPTION	Indicator Code	FTP	FY 2021 SALARY	FY 2021 HEALTH BENEFITS	FY 2021 VAR BENEFITS	FY 2021 TOTAL	FY 2022 CHG HEALTH BENEFITS	FY 2022 CHG VAR BENEFITS	TOTAL BENEFIT CHANGES
Totals from Wage and Salary Report (WSR):									
Permanent Positions	1	18.00	952,598	209,700	198,976	1,361,274	23,040	7,493	30,533
Board & Group Positions	2		18,220	0	1,395	19,615			
Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0	0	0	0
TOTAL FROM WSR		18.00	970,818	209,700	200,371	1,380,889	23,040	7,493	30,533
FY 2021 ORIGINAL APPROPRIATION	1,413,200	18.00	993,534	214,607	205,059	1,413,200			
Unadjusted Over or (Under) Funded:	Est Difference	0.00	22,716	4,907	4,688	32,311	Calculated overfunding is 2.3% of Original Appropriation		

Totals by Fund

	FTI	Actual FY 2020		Est. FY21	Estimate FY 2021		Proj. FY22	Projection FY 2022	
		Salary	Total Benefits	Salary	Health Benefits	Variable Benefits	Salary	Health Benefits	Variable Benefits
Filled Permanent/Elected									
0229-00	18.00	850,384.00	369,634.50	952,598.40	209,700.00	198,975.68	952,598.40	232,740.00	206,468.83
Fund-0229	18.00	850,384.00	369,634.50	952,598.40	209,700.00	198,975.68	952,598.40	232,740.00	206,468.83
	-	-	-	-	-	-	-	-	-
Permanent Total	18.00	850,384.00	369,634.50	952,598.40	209,700.00	198,975.68	952,598.40	232,740.00	206,468.83
	-	-	-	-	-	-	-	-	-
Group	-	-	-	-	-	-	-	-	-
0229-00	-	18,220.00	1,395.09	18,220.00	-	1,395.09	18,220.00	-	1,395.09
Fund-0229	-	18,220.00	1,395.09	18,220.00	-	1,395.09	18,220.00	-	1,395.09
	-	-	-	-	-	-	-	-	-
Group Total	-	18,220.00	1,395.09	18,220.00	-	1,395.09	18,220.00	-	1,395.09
	-	-	-	-	-	-	-	-	-
Agency Fund Total	**18.00**	**$868,604.00**	**$371,029.59**	**$970,818.40**	**$209,700.00**	**$200,370.77**	**$970,818.40**	**$232,740.00**	**$207,863.92**

FORM B7: ONE-TIME OPERATING EXPENDITURES & ONE-TIME CAPITAL OUTLAY SUMMARY

Agency/Department: Board of Medicine
Program (If applicable)

Original Request Date: August 28, 2020

Revision Request Date:

Request for Fiscal Year: 2022
Agency Number: 425
Function/Activity Number: 10

Page: 21 of 36

Governor's Recommendation

This section to be completed by DFM only.

Priority Order	Program	DU	Fund	Sub-object Code	Item/Description	Mileage	Date Acquired	Quantity In Stock	Request Quantity Desired	Request Unit Cost	Request Total Cost	Gov's Rec Fund	Gov's Rec Quantity	Gov's Unit Cost	Governor's Recommendation
					N/A						0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
											0	0000	0	0	0
									Subtotal of filtered items		$0				$0
Grand Total by Program											$0				$0
	01										0				0
	02										0				0
	03										0				0
	04										0				0
Grand Total by Decision Unit											$0				$0
											0				0
											0				0
											0				0
											0				0
Grand Total by Fund Source											$0				$0
											0				0
											0				0
											0				0
											0				0
Grand Total by Category								0	0		$0				$0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0
								0	0		0				0

1. How does this request conform with the agency's individual IT plan? Has your IT plan been approved by the Office of Information Technology Services (ITS)? Does the request align with the state's IT plan and all other state standards? Attach any supporting documents about this request that you got from ITS or the Idaho Technology Authority.

FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

AGENCY NAME:	Idaho State Board of Medicine	Division/Bureau:	
Prepared By:	Deborah Taylor	E-mail Address:	deborah.taylor@bom.idaho.gov
Telephone Number:	208-327-7000	Fax Number:	208-327-7005
DFM Analyst:	Misty Lawrence	LSO/BPA Analyst:	Christine Otto
Date Prepared:	August 18, 2020	For Fiscal Year:	2021

FACILITY INFORMATION (please list each facility separately by city and street address)

Facility Name:	Logger Creek Plaza				
City:	Boise		County:	Ada	
Street Address:	345 Bobwhite Court			Zip Code:	83702
Facility Ownership (could be private or state-owned)	Private Lease:	☑	State Owned:	☐	Lease Expires: 9/30/2023

FUNCTION/USE OF FACILITY

Primary office for all administrative functions of the Board of Medicine, Allied Health Boards/Committee meetings, pre-litigation hearings in Boise area, discipline hearings for all six Boards and one Committee of the agency, administrative hearings, and related legal proceedings, along with record and equipment storage. Includes 25 parking spaces for agency functions.

COMMENTS

Please note BOM has included current lease information/calculation, realizing private lease will no longer be in effect for FY2022. Waiting guidance on lease costs and square footage for the Chinden Campus.

WORK AREAS

FISCAL YR:	ACTUAL 2020	ESTIMATE 2021	REQUEST 2022	REQUEST 2023	REQUEST 2024	REQUEST 2025
Total Number of Work Areas:	18	19	19	19	19	19
Full-Time Equivalent Positions:	17	18	18	18	18	18
Temp. Employees, Contractors, Auditors, etc.:	1	1	1	1	1	1

SQUARE FEET

FISCAL YR:	ACTUAL 2020	ESTIMATE 2021	REQUEST 2022	REQUEST 2023	REQUEST 2024	REQUEST 2025
Square Feet:	7,520	7,520	7,520	TBD	TBD	TBD

FACILITY COST

(Do NOT use your old rate per sq ft; it may not be a realistic figure)

FISCAL YR:	ACTUAL 2020	ESTIMATE 2021	REQUEST 2022	REQUEST 2023	REQUEST 2024	REQUEST 2025
Total Facility Cost/Yr:	$126,146.00	$130,923.00	$134,834.00	TBD	TBD	TBD

SURPLUS PROPERTY

FISCAL YR:	ACTUAL 2020	ESTIMATE 2021	REQUEST 2022	REQUEST 2023	REQUEST 2024	REQUEST 2025
	☐	☐	☐	☐	☐	☐

IMPORTANT NOTES:

1. Upon completion, please send to Leasing Assistant at the Division of Public Works via email to Melissa.Broome@adm.idaho.gov. Please e-mail or call 208-332-1933 with any questions.

2. If you have five or more locations, please summarize the information on the Facility Information Summary Sheet and include this summary sheet with your submittal.

3. Attach a hardcopy of this submittal, as well as the Facility Information Summary Sheet, if applicable, with your budget request. DPW LEASING DOES NOT NEED A COPY OF YOUR BUDGET REQUEST, JUST THIS FORM.

AGENCY NOTES:

Federal Funds Inventory Form
As Required by Idaho Code 67-1917

Reporting Agency/Department: Board of Medicine
Contact Person/Title: Angela Wickham/Associate Director

STARS Agency Code: 425
Contact Phone Number: 208-327-7000

Fiscal Year: 2022
Contact Email: angela.wickham@bom.idaho.gov

1

CFDA#/Cooperative Agreement # /Identifing #	Grant Type	Federal Granting Agency	Grant title	Description	Date of Expiration - If Known	Total Grant Amount	Pass Through Federal Money From Other State Agency	FY 2020 Available Funds	FY 2020 Actual Expenditures	FY 2021 Estimated Available Funds	FY 2022 Estimated Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE or MOU (67-1917(1)(d)requirements? [Y] Yes or [N] No If Yes answer question 2.	Known Reductions; Plan for 10% or More Reduction	Will this Grant be reduced by 50% or more from the previous years funding? [Y] Yes or [N] No If yes then answer question 3.
N/A															
Total								$0.00	$0.00	$0.00	$0.00				

Total FY 2020 All Funds Appropriation (DU 1.00)	$0
Federal Funds as Percentage of Funds	#DIV/0!

*** Report must be submitted to the Division of Financial Management and Legislative Services Office as part of your budget request.

2. Identify below for each grant any obligatons, agreements, joint exercise of powers agreements, maintenance of efforts agreements, memoranda of understanding that may be impacted by federal or state decisions regarding federal receipts, include any state matching requirements.

CFDA#/Cooperative Agreement # /Identifing #	Agreement Type	Explanation of agreement including dollar amounts.

3. Provide a plan for each grant if notice of a reduction in federal funding of 50% of more from the previous year's funding to either reduce or eliminate the services provided through the grant or to continue the services without a shift to state resources.

CFDA#/Cooperative Agreement # /Identifing #	Plan for reduction or elimination of services.

Part I – Agency Profile

Agency Overview

Established in 1892 and operated under the Department of Law Enforcement until 1949, the Board of Medicine functions as a self-governing agency supported solely by dedicated funds from licensees of the agency. The Board has primary responsibility for licensure and discipline of physicians, doctors of osteopathy, physician assistants, dietitians, respiratory therapists, athletic trainers, and naturopathic medical doctors. The Board provides for limited permits for polysomnographers as it applies to the practice of respiratory therapy. The Board registers medical interns and resident trainees in approved training programs. The Board registers Supervising Physicians who supervise physician assistants, residents, interns, and cosmetic procedure providers, along with Directing Physicians who supervise athletic trainers. The Board has primary responsibility for the coordination of malpractice pre-litigation hearings for physicians and licensed acute care hospitals operating in Idaho.

The Board staff includes an Executive Director, Associate Director, Board Attorney, four Quality Assurance Specialists/Investigators (including one physician assistant and two registered nurses), Licensing Manager, two Physician Licensing Specialists, two Allied Health Licensing Specialists, Prelitigation Specialist, Financial Specialist, Investigations Specialist, Management Assistant, and an Administrative Assistant.

The Board functions with five licensing boards, along with the Committee for Professional Discipline and the Physician Assistant Advisory Committee. The allied health boards and committees advise and make recommendations to the Board in matters of licensure and discipline of their respective professions. The Committee on Professional Discipline makes recommendations to the Board of Medicine regarding physician discipline.

Board of Medicine members are appointed by the Governor. The Committee on Professional Discipline members and allied health board members are appointed by the Board of Medicine.

The office of the Board of Medicine is currently on 345 W. Bobwhite Court, Suite 150, Boise, Idaho, 83706. Information about the Board is available at http://bom.idaho.gov.

Core Functions/Idaho Code

The core functions of the Board include licensing, discipline, and pre-litigation. Statutory authority is as follows for each of the professions regulated:

Title 54

Physicians and Physician Assistants Chapter 18, 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.

Dietitians Chapter 35, 54-3501. PURPOSE. The legislature finds and declares that the provision of medical and therapeutic nutritional services affects the public health, safety, and welfare. The legislature further finds that it is in the public interest to aid in the provision of medical and therapeutic nutritional services of high quality to the people of Idaho. To aid in fulfilling these purposes, this chapter provides for the licensure and regulation of dietitians within the state of Idaho.

Athletic Trainers Chapter 39, 54-3901. LEGISLATIVE INTENT. In order to promote the public health, safety, and welfare, to promote the highest degree of professional conduct on the part of athletic trainers, and to assure the availability of athletic trainer services of high quality to persons in need of such services, it is the purpose of this chapter to provide for the registration of persons offering athletic trainers services to the public.

Respiratory Therapist and Polysomnography Permits Chapter 43, 54-4302. LEGISLATIVE INTENT. In order to promote the public health, safety, and welfare; to promote the highest degree of professional conduct on the part of persons providing respiratory care to the public; and to assure the availability of respiratory care services of high

quality to persons in need of such services, it is the purpose of the provisions of this chapter to provide for the licensure and regulation of persons offering respiratory care services to the public.

Naturopathic Medical Doctors, Chapter 51, 51-5101. DEFINITIONS. Naturopathic Medicine means a distinct and comprehensive system of primary health care practiced by a naturopathic medical doctor, which is a person authorized a licensed to practice naturopathic medicine under this chapter and oversee by a Naturopathic Medical Board that makes recommendations and consults with the Board of Medicine to perform all duties authorized by the Act.

Medical Malpractice Idaho Code 6-1001. The Idaho State Board of Medicine, in alleged malpractice cases involving claims for damages against physicians and surgeons practicing in the state of Idaho or against licensed acute care general hospitals operating in the state of Idaho, is directed to cooperate in providing a hearing panel in the nature of a special civil grand jury and procedure for pre-litigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care in the state of Idaho, which proceedings shall be informal and nonbinding, but nonetheless compulsory as a condition precedent to litigation. Proceedings conducted or maintained under the authority of this act shall at all times be subject to disclosure according to chapter 1, title 74, Idaho Code. Formal rules of evidence shall not apply and all such proceedings shall be expeditious and informal.

Title IV of Public Law 99-660. The Health Care Quality Improvement Act of 1986 requires state licensing boards, hospitals and other entities to report certain licensing and discipline actions to a national database.

Public Law 104-191. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the reporting and disclosing of certain actions to combat fraud and abuse in health insurance and health care delivery.

Revenue and Expenditures

Revenue	FY 2017	FY 2018	FY 2019	FY 2020
State Regulatory Fund	$2,228,900	$2,163,200	$1,985,000	$654,000
Total	**$2,228,900**	**$2,163,200**	**$1,985,000**	**$654,000**
Expenditures	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personnel Costs	$1,049,800	$1,049,400	$1,136,800	$1,239,700
Operating Expenditures	$744,500	$921,600	$765,700	$815,100
Capital Outlay	$18,200	$6,800	$6,900	$36,900
Trustee/Benefit Payments	$0	$0	$0	$0
Total	**$1,812,500**	**$1,977,800**	**$1,909,400**	**$2,091,700**

Profile of Cases Managed and/or Key Services Provided

Complaints Received/Investigations	(260/191)	(249/159)	(264/170)	304/201
Licensing of health professions	10,699	11,868	12,184	12,373
Pre-litigation screening panels	100	109	110	103
Online Public Information/Licensee service	88%	89%	91%	92%

The Board receives complaints regarding all health care professions, health care and prison facilities. For those complaints that are outside of the statutory authority of the Board of Medicine, the Board reviews the complaint, corresponds with complainant and forwards the information to the appropriate regulatory agency for review.

Licensing Freedom Act

Agencies who participate in licensure must report on the number of applicants denied licensure or license renewal and the number of disciplinary actions taken against license holders.

	FY 2017	FY 2018	FY 2019	FY 2020
PHYSICIAN				
Total Number of Licenses	6377	6620	6894	7656
Number of New Applicants Denied Licensure	0	0	2	3
Number of Applicants Refused Renewal of a License	0	0	0	0
Number of Complaints Against Licensees	166	133	153	161
Number of Final Disciplinary Actions Against Licensees	29	20	9	14
PHYSICIAN ASSISTANT				
Total Number of Licenses	1026	1116	1220	1321
Number of New Applicants Denied Licensure	0	0	0	0
Number of Applicants Refused Renewal of a License	0	0	0	0
Number of Complaints Against Licensees	16	15	15	23
Number of Final Disciplinary Actions Against Licensees	2	2	2	1
EXTERN, INTERN, RESIDENT				
Total Number of Licenses	295	295	373	392
Number of New Applicants Denied Licensure	0	0	0	0
Number of Applicants Refused Renewal of a License	0	0	0	0
Number of Complaints Against Licensees	1	0	1	0
Number of Final Disciplinary Actions Against Licensees	0	0	0	0
SUPERVISING PHYSICIAN				
Total Number of Licenses	868	932	988	1145
Number of New Applicants Denied Licensure	0	0	0	0
Number of Applicants Refused Renewal of a License	0	0	0	0
Number of Complaints Against Licensees	0	0	0	0
Number of Final Disciplinary Actions Against Licensees	0	0	0	0
DIRECTING PHYSICIAN				
Total Number of Licenses	64	66	62	67
Number of New Applicants Denied Licensure	0	0	0	0
Number of Applicants Refused Renewal of a License	0	0	0	0
Number of Complaints Against Licensees	0	0	0	0
Number of Final Disciplinary Actions Against Licensees	0	0	0	0
BOARD OF ATHLETIC TRAINERS				
Total Number of Licenses	248	274	302	304
Number of New Applicants Denied Licensure	0	0	0	0
Number of Applicants Refused Renewal of a License	0	0	0	0
Number of Complaints Against Licensees	0	1	0	2
Number of Final Disciplinary Actions Against Licensees	0	1	0	0

	FY 2017	FY 2018	FY 2019	FY 2020
DIETETIC LICENSURE BOARD				
Total Number of Licenses	*608*	*651*	*693*	*690*
Number of New Applicants Denied Licensure	*0*	*0*	*0*	*0*
Number of Applicants Refused Renewal of a License	*0*	*0*	*0*	*0*
Number of Complaints Against Licensees	*0*	*1*	*0*	*3*
Number of Final Disciplinary Actions Against Licensees	*0*	*1*	*0*	*0*
RESPIRATORY THERAPY LICENSURE BOARD				
Total Number of Licenses	*1058*	*1081*	*1130*	*1166*
Number of New Applicants Denied Licensure	*0*	*0*	*0*	*1*
Number of Applicants Refused Renewal of a License	*0*	*0*	*0*	*0*
Number of Complaints Against Licensees	*5*	*5*	*1*	*8*
Number of Final Disciplinary Actions Against Licensees	*3*	*0*	*0*	*1*

Red Tape Reduction Act

Each agency shall incorporate into its strategic plan a summary of how it will implement the Red Tape Reduction Act, including any associated goals, objectives, tasks, or performance targets. This information may be included as an addendum.

	As of July 1, 2019	As of July 1, 2020
Number of Chapters	6	7
Number of Words	36,720	13,054
Number of Restrictions	865	222

FY 2020 Performance Highlights

The Board continued fulfilling its mission of protecting the public through effective licensure, discipline, and malpractice pre-litigation hearings. To optimize its licensure processes, in response to Executive Order #2017-06 (Idaho Licensing Freedom Act), and in response to Executive Order #2019-02 (The Red Tape Reduction Act), the Board continued to review its licensure statute and rules, ensuring that the licensure processes matched the applicable regulations. During the 2019 Legislative session, the Board reworked its rules chapters to reduce 10 chapters into 6 chapters and reduce word count by 22% and it reworked the Medical Practice Act to reduce the statute by 18% by word count. The Legislature unanimously approved all the Board's proposed changes.

During FY 2020, the Board reworked its Rules during the reauthorization process. As a result of these continued efforts, the Board achieved a reduction in rules pages by 60%, a reduction in word count by 69%, and an 85% reduction of words or requirements that represented unnecessary restrictions on practice.

The Board's Information Technology vendors continue to work on upgrading the custom IBOM database from an outdated Access platform to a web-based platform that will add necessary functionality to maintain increased needs, accessibility, and quality. This upgrade project is projected to be complete during the 2021 fiscal year.

Part II – Performance Measures

Performance Measure		FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
GOAL #1: Maintain and refine Idaho Medical Practice Acts (Physicians – MD, DO; Naturopathic Medical Physicians; Physician Assistants, Athletic Trainers; Dietitians; Respiratory Therapists and Polysomnographers) to ensure they facilitate innovation and eliminate unnecessary regulation while protecting public safety.						
1. Attend FSMB and AIM Meetings annually.	actual	100% *Attended 2x FSMB, 2x AIM meetings.*	100% *Attended 3x FSMB, 2x AIM meetings.*	100% *Attended 4x FSMB, 2x AIM meetings.*	100% *Attended 2x FSMB, 2x AIM, 1x FARB meetings*	----------
	target	*100%*	*100%*	*100%*	*100%*	*100%*
2. During Negotiated Rulemaking, ensure regulations do not impose unnecessary restrictions or barriers to entry.	actual	----------	----------	-22% word growth *During 2019 session, removed 22% of words and restrictions from 6 of 10 chapters of rules.*	-47% word growth *During 2020 session, removed 47% more words and restrictions on top of FY 2019 reductions*	----------
	target	*New Goal for FY2019. No data available for this time frame.*	*New Goal for FY2019. No data available for this time frame.*	*Word growth less than 5% of baseline*	*Word growth less than 5% of baseline*	*Word growth less than 5% of baseline*
GOAL #2: Provide Outreach and Education to Licensees, Partners, Stakeholders, and Public to increase awareness of the Board, its mission, activities, and services						
3. Develop and send quarterly newsletters to all licensees and Board.	actual	*Sent 3 of 4 quarterly newsletters.*	*Sent 2 of 4 quarterly newsletters.*	*Sent 4 of 4 quarterly newsletters.*	*Sent 3 of 4 quarterly newsletters.*	----------
	target	*4 newsletters*	*4 newsletters*	*4 newsletters*	*4 newsletters*	*4 newsletters*
GOAL #5: Support a Culture of Excellence by Identifying and Addressing the Education and Training Needs of the Staff and Board Members						
4. Deliver annual agency wide (staff and board) training that includes safety, wellness, policies, confidentiality, information technology, changes to rules, statutes, and procedures and other training to meet evolving needs.	actual	Completed *Trained staff on FOIA requests, workplace safety, OGI, and HR updates and provided new member orientation to the Board.*	Completed *Trained staff on PERSI and customer service and performed annual training to Board Members.*	Completed *Trained staff on learning styles and provided quarterly legal in-service training to the Board.*	Completed *Trained staff on effective writing skills and provided quarterly legal in-service training to the Board.*	----------
	target	*Annual Training*	*Annual Training*	*Annual Training*	*Annual Training*	*Annual Training*

For More Information Contact

Anne K. Lawler, JD, RN
Idaho Board of Medicine
345 W. Bobwhite Court, Suite 150
PO Box 83720
Boise, ID 83720-0058
Phone: (208) 327-7000
E-mail: Anne.Lawler@bom.idaho.gov

Director Attestation for Performance Report

In accordance with *Idaho Code* 67-1904, I certify the data provided in the Performance Report has been internally assessed for accuracy, and, to the best of my knowledge, is deemed to be accurate.

Department: Idaho State Board of Medicine

Director's Signature

18 August 2020
Date

Please return to:

Division of Financial Management
304 N. 8th Street, 3rd Floor
Boise, Idaho 83720-0032

FAX: 334-2438
E-mail: info@dfm.idaho.gov

IDAHO STATE BOARD OF MEDICINE

STRATEGIC PLAN

Fiscal Years 2021 - 2024

Mission

To protect and enhance the public's health, safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Idaho through licensure, discipline, and education.

The Idaho State Board of Medicine ("Board"), established in 1892, is a self-governing agency operated with dedicated funds from licensees of the agency. It operates with five boards, two advisory committees and 39 board/committee members. The Board has primary responsibility for licensure and regulation of medical doctors, doctors of osteopathy, naturopathic medical doctors, physician assistants, dietitians, respiratory therapists, and athletic trainers.

Outcome Based Vision

The Board is dedicated to promoting excellence, transparency and efficiency in licensing and regulation. This is accomplished through effective, cost efficient licensing processes that ensure public protection while minimizing redundant requirements for the licensee, providing transparent access to information on licensees of the Board to all customers/constituents and insuring professionalism in all aspects of operation.

Operating Philosophy

The Board is committed to protection of the public. This is accomplished through licensure of medical professionals who are appropriately educated and trained to deliver healthcare services to the public within an appropriate scope of practice, along with responsible and balanced regulation of the Board's licensees. The Board is dedicated to continuous quality improvement with training and education, effective management, and a commitment to providing the highest quality, most cost-effective services. The main services provided by the Board include:

- Licensing of qualified applicants;
- Enforcing the Medical Practice Act and Rules through the investigation of complaints against license holders, with the subsequent discipline of those found to be in violation of the Medical Practice Act or Rules;
- Promoting the rehabilitation of impaired health care providers regulated by the Board; and
- Providing information to interested consumers.

Key External Factors

Shifting economic, political, social and professional climates that are beyond the Board's control may impact the accomplishment of long-range goals and objectives. These include:

- Economic conditions within the state are dynamic and constantly evolving and have the potential to influence the recruitment and retention of health care professionals in Idaho;
- Federal and state initiatives, insurance carriers, and technological advances could impact the health care delivery system and professional regulation, specifically with regards to the practice of medicine across state lines, health care reform, access to health care information, and telemedicine;
- State legislation can alter or significantly impact the functions of the Board;
- Emergencies necessitate a mobile, competent healthcare workforce;
- The delivery of healthcare via a remote delivery system can provide for additional challenges with skill sets and technology; and
- Public health events/emergencies such as COVID-19 response and as seen in the current opioid epidemic greatly impact the healthcare workforce.

Goal #1: Provide outreach and education to licensees, partners, stakeholders, and the public to increase awareness of the Board as an impactful resource.

OBJECTIVES:

1. Develop and implement the Board's outreach and communication plan addressing all key stakeholder groups.
2. Improve outreach to medical and allied health schools and programs, associations, licensees, and the public.
3. Leverage technology to ensure board access to educational information regarding the agency
4. Identify opportunities for improvement.

Performance Measure	Benchmark
Conduct a stakeholder survey in most effective platform to evaluate and improve current outreach methods and technological opportunities in order to increase outreach to licensees and the public.	Survey licensees, facilities, associations, and the public annually to determine methods of communication that will reach a wider audience.[1]
Measure web analytics on the Board of Medicine website.	Review web analytics data to enhance usability of the Board of Medicine website by 7/1/2021[2]
Present at germane conferences, schools, associations, training events (e.g.: *Idaho College of Osteopathic Medicine, Idaho State University, Idaho Association of Athletic Trainers, Idaho Hospital Association, Idaho Medical Association, Idaho Association of Physician Assistants, Idaho Academy of Nutrition and Dietetics, Idaho Association of Medical Staff Services, Idaho Society for Respiratory Care, etc.)*	Annually and as requested[3]
Develop and send timely newsletters to all licenses and Board	Distribute quarterly (4) newsletters each year and e-bulletins monthly or as needed to licensees with time-sensitive information[4]

1. Indicates statewide access for communities to learn more about BOM.
2. Internal target for Board staff.
3. Based on goal to provide timely information for licensees and registrants.
4. Indicates majority notification coverage of the state.

Goal #2: Increase efficiency in licensing processes.

OBJECTIVES:

1. Maintain an efficient, accurate, and responsive licensing system to ensure the minimum requirements are met for all health professionals under the purview of the Board.
2. Improve processing time for initial licensure and re-licensure through increased accessibility/technology and sharing of primary source documents.
3. Allow applicant online access to check the status of application.
4. Leverage technology to ensure efficient agency operations.
5. Identify opportunities for process improvement (analysis, redesign, implement) by gathering feedback from stakeholders.

Performance Measure	Benchmark
Convert all features of initial or renewal applications of physicians to electronic/online, including payment of fees	100% by 07/2022[1]
Supervising Physician Delegation of Service Forms completed online	100% by 7/2022[2]
Convert all features of initial or renewal applications of physician assistants to electronic/online, including payment of fees	100% by 7/2022[3]
Online application processes in place for all other Allied Health Professionals	70% of all other Allied Health licensing functions online by 7/2022[4]
Key stakeholders and employers are able to access online information for credentialing or hiring of licensees	Fully accessible online availability by 7/2022[5]
Customer satisfaction survey of licensing process	Develop and conduct biannual customer satisfaction surveys of medical doctors, doctors of osteopathy, naturopathic medical doctors, physician assistants, dietitians, respiratory therapists, and athletic trainers - Complete by 7/2022[6]

Based on goal to provide timely licensure to physicians
Based on goal to provide timely SPHY registration to physicians and PAs.
Based on goal to provide timely licensure to PAs
Based on goal to provide timely licensure to all other allied health licensees under Board.
Based on goal to solicit input from licensees.
Based on goal to solicit input from licensees.

Goal #3: Fairly and transparently adjudicate complaints, ensuring due process for licensees while protecting the public.

OBJECTIVES:

1. Improve communication with the public in order to increase awareness regarding the Board's jurisdiction over complaints against licensees.
2. Streamline investigative processes and improve processing time of cases under investigation to assure timely actions and public protection.
3. Assure all actions are promptly and appropriately reported to the National Practitioner Data Bank (NPDB) and the Federation of State Medical Boards (FSMB) as required.
4. Identify opportunities for process improvement (analysis, redesign, implement) by gathering feedback from stakeholders.

Performance Measure	Benchmark
Conduct competent, fair, and timely investigations with clear communication to the complainant and respondent.	• Correspond in writing to the complainant within 10 days, when possible, and provide written information regarding the complaint process including regular case status updates as allowed by statute and rule[1] • Correspond in writing to the provider within 10 days, when possible, explaining the nature of the complaint and provide written information regarding the complaint process including regular case status updates as allowed by statute and rule[2]
Continue to monitor timeliness and thoroughness of investigations.	• Monitor the case to insure the provider has replied and/or is complaint with Board disciplinary orders; correspond in writing to the complainant and the provider advising of the case's status at least every 45 – 60 days (until online access is implemented by 7/2022) • 80% of disciplinary cases resolved within 12 months[3]
Inform licensees and applicants under investigation about the process.	Provide online access to general status of investigation by 7/2022[4]
Conduct a survey on the complaint process.	• Generate and send survey on complaint process to key stakeholders by 7/2021. • Analyze survey results from key stakeholders to determine opportunities for improvement and licensees on their perceptions and attitudes related to the process. • Compare results to national standards. • Report survey results to Board by 10/31/2021[5]

1. Internal target that reflects timely response to complainant.
2. Internal target that reflects timely input from the licensee.
3. Internal target for Board staff.
4. Based on goal to reduce restrictions and barriers.
5. Based on goal to solicit input from licensees.

Goal #4: Enhance services to licensees and the public through the effective use of innovative technology, with a focus on improving the user experience.

OBJECTIVES:

1. Implement Board technology improvement effort.
2. Improve the user interface/experience on the Board's website to better serve constituents and the public.

Performance Measure	Benchmark
Evaluate licensing processes and timeframes to determine where slowdowns occur.	Measure current processing time for initial licensure in each profession and provide data to Board by 07/2021[1]
Gather and analyze information on best practices and innovations in technology for faster licensing processing and other Board services and prioritize which practices to pursue.	Research other agencies' and other state boards' licensing processes and provide report to Board by 07/2021[2]
Review website analytics data and research other state board/agency websites (functionality, layout, etc.) to incorporate into BOM website upgrade.	Enhance website content with enhanced layout, improved functionality, robust FAQ, updated links, and appealing graphics by 7/1/2021[3]
1. Internal target for Board staff. 2. Internal target for Board staff. 3. Based on goal to improve user experience on Board website for licensees and registrants.	

Goal #5: Expand the peer assistance program funded by the Board, emphasizing compassion and confidentiality in responding to licensee support, rehabilitation, and treatment needs.

OBJECTIVES:

1. Develop the Board's peer assistance program implementation plan.
2. Research best practices and outcomes and apply to the peer assistance program design.
3. Identify program improvements based on stakeholder survey feedback and implement changes into peer assistance program.

Performance Measure	Benchmark
Conduct a stakeholder survey to gather data about program satisfaction.	• Analyze survey results on provider perceptions of the current peer assistance program (pre/post), program satisfaction (post), and the program's impact on providers (short/long term) and provide report of results to Board by 07/1/2021[1]
Work with company administering peer assistance program to ensure that changes based on stakeholder feedback are incorporated into the program.	• Board to provide peer assistance company requested program changes by 12/31/2021 and to request that peer assistance company incorporate program changes by 07/1/2022[2]
Communicate details of updated peer assistance program to stakeholders to increase awareness and perceptions of the program and increase voluntary participation in the program by licensees.	• Board to market the updated program directly to licensees and other stakeholders, addressing concerns/barriers to use and emphasizing confidentiality and professionalism by 7/1/2021 • Include information about the peer assistance program in a 2021 edition of the Board's newsletter highlighting provider mental health and physician burnout[3]
1. Based on goal to improve peer assistance experience and access for licensees and registrants. 2. Internal target for Board staff. 3. Based on goal to improve peer assistance experience and access for licensees and registrants.	

Addendum 1:
Adoption of the NIST Cybersecurity Framework and Implementation of CIS Critical Security Controls 1 – 5.

As a technology customer of the Office of Information Technology Services (ITS) in the Governor's Office, we are using the cybersecurity systems and technical expertise in ITS to fulfill requirements related to Executive Order 2017-02. Staff from ITS briefed the NIST Core Framework, CIS Controls 1-5, and their plan for adoption of the NIST Cybersecurity Framework. We participate in DHR and ITS administered cybersecurity training, as awareness is a critical component of an effective cybersecurity program. As briefed by ITS staff, implementation of the CIS Controls 1-5 will be their responsibility for the systems they operate and, as technological tools applied to the computer systems, largely invisible to us as a customer. ITS, working through the multi-agency Incident Response Task Force, has developed an Incident Response Program in support of our agency.

Addendum 2:
Red Tape Reduction Act

The Idaho Board of Medicine's efforts to reduce regulatory burden and streamline rules started before Executive Order 2019-02 was issued. Those efforts can be summarized by stating that the Board's rules presented to and approved by the 2019 legislature reduced regulation by 22% (by word count). In accordance with the Red Tape Reduction Act, the Board of Medicine deleted another 47% of its rules by word count (for a total reduction over 2 years of 69%) and reduced regulation in the total amount of 80%, which significantly streamlined the Board's rules for the 2020 legislative session. In response to Executive Order 2020-10 related to rules suspended for COVID-19, the Board is in the process of further streamlining its rules by removing additional restrictions and deleting redundant or outdated language.