October 7, 2021

Nicki Chopski, PharmD
Health Division Chief
Department of Occupational & Professional Licensure
Executive Officer
Idaho State Board of Medicine

Sent via email to:
Nicki.Chopski@bop.idaho.gov

Dear Ms. Chopski:

This letter constitutes a complaint by the Idaho Medical Association, through the undersigned, President Steven Kohtz, MD and CEO Susie Keller concerning Ryan N. Cole, MD. Dr. Cole holds Idaho Board of Medicine physician license #M-8883. As a licensee under your jurisdiction, Dr. Cole has made numerous public statements in 2020 and 2021, concerning COVID-19 that are at significant odds with commonly understood medical treatment of COVID-19 and fail to meet the community standard of care. We believe many of those statements to be profoundly wrong, unsupported by medical research and collected knowledge, and dangerous if followed by patients or members of the public. Many of those statements have advocated that people not be treated appropriately and undoubtedly have led to and will continue to lead to poor health outcomes as people are encouraged not to be vaccinated against COVID-19 or obtain appropriate treatment for it when such treatment could improve their health. Taken as a whole, Dr. Cole's statements and actions have significantly threatened the public health and, in our view, are enormously irresponsible and injurious to the public.

The basis of this complaint, however, is not the statements he has made nor the unorthodox views he has expressed, however dangerous and troubling they are. Our primary concern is that he says he has treated patients "from Florida to California" by refusing to use accepted and documented medical practices and vaccination and instead prescribing ivermectin.[1,2,3,4]

Ivermectin is not approved for the treatment of COVID-19. In fact, the significant weight of evidence is that it is not helpful and can be harmful and contraindicated for the purpose for which he says he has used it.[5] In the dosage he says he has used, ivermectin may well

ADDRESS | P.O. Box 2668
Boise, ID 83701

CONTACTS | 208-344-7888
mail@idmed.org

be harmful.[6,7] While he has criticized those who advocate vaccination against COVID-19 for violating their ethical obligation to "first do no harm," in fact he likely has violated that very ethical admonition by advising against vaccination and promoting the use of ivermectin instead. We believe his practice, as he has described it himself, is not in keeping with the Idaho community standard of care and does more harm than good. It should be stopped.

We understand that as a dermatopathologist Dr. Cole has a laboratory, but we do not believe he has a clinic in which he sees and treats patients. We are concerned that he may not have followed proper clinical procedures for the diagnosis and treatment of patients and may not have kept appropriate patient medical records.

All of the foregoing causes us to be concerned that Dr. Cole has violated: 1) Idaho Code section 54-1814(7) by providing health care that fails to meet the community standard of care; 2) Idaho Code section 54-1814(14) by promoting the sale of drugs that are not medically indicated; and 3) Idaho Code section 54-1814(21) by "engaging in…conduct that constitutes an abuse or exploitation of a patient arising out of the trust and confidence placed in the physician by the patient."

Encouraging patients and the public not to accept vaccination or appropriate therapeutic treatment for COVID-19 presents the potential of real harm to any person (patient or not) and is not in the interest of the public health. This is doubly so when the information on which the medical advice is given is flawed, as is the case with information proffered by Dr. Cole. [6,8]

We want to clarify that the substance of this complaint is based on Dr. Cole's own statements and on statements he is reported to have made to the press. We do not have individual knowledge that the statements he has made are true. If they are, however, we believe he has violated the aforementioned statutes. Appropriate action by the Board of Medicine is imperative to protect the public, including past and future patients. We ask that the Board investigate his statements and his practice to determine if in fact he has done what he says he has done and, if he has, to take appropriate action within the authority and discretion of the Board to address and curtail such practices. The IMA stands ready to discuss any of the issues we have raised and additional information that may be relevant. Thank you for your consideration of this matter.

Sincerely,

Steven Kohtz, MD
President, IMA Board of Trustees

Susie Keller
IMA CEO

ADDRESS | P.O. Box 2668
Boise, ID 83701

CONTACTS | 208-344-7888
mail@idmed.org

cc: David McClusky III, MD, Chairman, Idaho Board of Medicine
Brady Hall, General Counsel to Governor Little

---

[1] https://americasfrontlinedoctors.org/2/videos/dr-ryan-cole-stopthemandate/

[2] https://www.idahostatesman.com/news/local/community/boise/article253480594.html.

[3] https://www.covid19treatmentguidelines.nih.gov/about-the-guidelines/whats-new/

[4] St. Luke's Ambulatory COVID-19 Care Guide, October 7, 2021 (attachment)

[5] https://www.ama-assn.org/delivering-care/public-health/why-ivermectin-should-not-be-used-prevent-or-treat-covid-19

[6] https://www.youtube.com/watch?v=C0VQxqSXZpw&t=23s

[7] https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19?fbclid=IwAR3ftVzsFFiIz6UoXL0pz1C-fnYXFoaPOmnQnmuY55e1Y4qgzmQeLH6ifkM

[8] https://www.factcheck.org/2021/04/scicheck-idaho-doctor-makes-baseless-claims-about-safety-of-covid-19-vaccines/

St Luke's

COVID-19 Coronavirus

Ambulatory COVID-19 Care Guide

Guide Chapters

I. Pre-Visit in Possible COVID-19 Patient

a. Patients may call the COVID hotline 208-381-9500.
b. CDC reported symptom list 5.13.2020
    i. CDC listed symptoms are broad and can be due to other illnesses. Use clinical judgement in determining whether or not to test.
c. Antibody Testing
    i. CDC Patient Antibody Testing Information 10.29.2020
    ii. CDC Provider Antibody Testing Education 8.20.2020
d. In-Person clinic scheduling guidelines
    i. New Symptoms scheduling
        1. Telehealth appointment is preferred if clinically appropriate.
            a. COVID self-scheduled testing without seeing a provider now has age restrictions:
                i. To ensure our patients are receiving appropriate and timely care, age restrictions were applied on Nov. 10 to the COVID Screening decision trees. The decision tree will automatically recognize the age of the patient and selected symptoms. If the patient meets the below qualifications, the patient will have the option to either schedule an appointment with their PCP or by triaged by a RN.
                    1. Patient is under 6 months and any COVID symptom is selected: Patient should be scheduled with their PCP or triaged.
                    2. Patient is 6 months to 18 years AND the symptoms of “Fever or Chills” is selected: Patient should be scheduled with their PCP or triaged.
                    3. Patient is 6 months to 18 years AND any other COVID symptoms (non-fever/chills) is selected: Continue with testing workflow.
                ii. Note: Shortness of Breath will continue to stop all scheduling, staff should continue to follow the Red Flag symptom workflow, with the patient being triaged.

iii. Connect RNs will continue to be available to triage as appropriate but, General Pediatrics can utilize their own RNs if one is available to them.

2. In-person visit can be scheduled and take place without N95 IF there are more than 10 days from onset of symptoms, improvement in symptoms, AND 24 hours after last fever (without fever reducing medication administration). If the patient needs to be seen in person and does not meet these criteria, follow the PPE guidelines.

ii. Post-COVID-19 Diagnosis scheduling

1. Telehealth appointment is preferred if clinically appropriate.
2. In-person visit can be scheduled and take place without N95 or extra precautions IF there are more than 10 days *from onset of symptoms, improvement in respiratory symptoms, AND 24 hours after last fever (without fever reducing medication administration). Discontinuation of Isolation If the patient needs to be seen in person and does not meet these criteria, follow the PPE guidelines.
    a. * 20 days from symptom onset for patients who were hospitalized or are severely immunocompromised
3. Post-COVID-19 test-based strategy is not recommended in the ambulatory setting to discontinue Isolation Status. Patients living in a high-risk group environment (ALF, long-term care, group home for the disabled) may benefit from follow-up testing strategy.
4. If they were taken off hospital isolation precautions during hospitalization they may be seen in clinic without special precautions.

e. Clinic Patient & Visitor Screening
    i. Clinic Patient & Visitor Screening Checklist (for entrances with screening requirements)

f. Drive-Up Workflow
    i. Specimen Collection Workflow
    ii. Respiratory Specimen Collection Devices

g. Telehealth (ambulatory alternative models for care)
    i. General Virtual Care & Telehealth
    ii. Ambulatory Telehealth Playbook
    iii. Video Visits Info
    iv. Telephone Visits Info
    v. Out-of-State Encounters/Phone Calls/Prescriptions: FAQs (Note: These FAQs are for internal use by SLHS employees and are not intended to be relied upon by non-SLHS employees as legal advice).
    vi. More questions, email telehealth@slhs.org or 208-381-5900.

Back to top of document

II. During Visit

a. PPE Information
b. MSL COVID-19 Ambulatory SmartTools List
c. Aerosol Generating Procedures in the OP setting include nebulizers and trach-suctioning
d. COVID-19 Molecular Testing
    i. COVID-19 Testing Updates
    ii. COVID Order Tip Sheet
e. Point of Care (POC) Antigen Testing has a rapid turnaround time, but in general, these tests have lower sensitivity, but similar specificity, for detecting SARS-CoV-2 compared to reverse-transcriptase polymerase chain reaction (RT-PCR) tests. This is available in Urgent Cares and in some primary care clinics. It is only available for SYMPTOMATIC testing. RNA and Antigen Testing Tip Sheet
f. Clinical Treatment and Therapeutics
    i. Med-Tech Incident Command continues to review the clinical studies and recommendations nearly daily and is informing St. Luke's recommendations.
    ii. UpToDate COVID-19 Ambulatory Resource: In general, supportive care is the best treatment for outpatients. Please refer to the UpToDate COVID Ambulatory Resource Guide (linked above) for ambulatory guidance on management of COVID patients
    iii. CDC Advice to Patients at Higher Risk for Severe Illness
    iv. Post-Test Home Advice Including Self-proning at home (see page 2)
    v. St. Luke's COVID-19 Pharmaceutical Treatment Guide - The majority of medications in this document are regarding inpatient care. There are currently no recommended medication treatments used in the OP setting, other than within clinical trial.
    vi. Hydroxychloroquine is NOT recommended.
    vii. SARS-CoV-2 monoclonal antibodies can be considered for high-risk patients who meet criteria for use.
        1. Ordering monoclonal antibodies
            a. In the Treasure Valley, infusions can be given at the dedicated COVID-19 treatment center in the Idaho Physicians Building, Fruitland ED, or using our home health service line. In the Magic Valley, infusions can be given in the MVMC 1West unit or using our home health service line. Other infusion centers in the SLHS service area are taking patients as space allows. The order is available in myStLuke's (Epic) as a Therapy Plan. If you do not have privileges in Boise, Magic Valley or Fruitland, please contact the infusion services pharmacy team at 208-631-4297 or see the disaster privileges topic below.
            b. If you have questions, please contact Dr. Laura McGeorge or Mel Sater, infusion services pharmacy manager.
        2. Pharmacy will be reaching out to patients who qualify for monoclonal antibodies. If you are a SLC PCP, you may see a co-sign for the order.

This indicates that the pharmacist has already undergone and documented shared decision-making with the patient.

3. If you see a therapy plan cosign in your in basket, please respond immediately. You have 3 options:
    a. **Approve.** Sign the therapy plan.
    b. **Neutral.** comfortable with patient getting monoclonal antibodies but since you did not talk with patient, prefer to not cosign. You need to let pharmacy know immediately. In this case, they will change ordering provider to Dr. Knibbe or Dr. McGeorge. MA may call the pharmacy team immediately (phone number included in the message). Again, understand that the pharmacy is using a standard FDA-approved process and document for shared decision-making.
    c. **Disagree.** You think monoclonal antibodies are NOT recommended for this patient. In this case you need to call and inform the patient and respond to the therapy plan request or call the pharmacy team (phone number included in the message).
4. If you call a patient and make a decision regarding monoclonal antibody therapy, put in a Telephone Encounter so pharmacy is aware and will then not contact the patient
5. Currently, CDC says that history of mRNA vaccine should not affect treatment decisions (including MABs)

viii. Corticosteroids are NOT indicated in outpatients and can increase viral shedding and worsen course!

ix. NSAIDS:
    1. Adults: There are no specific recommendations re: COVID-19 and NSAIDs
    2. Recommendations regarding the use of NSAIDs and corticosteroids in pediatric patients with COVID-19

x. RAAS antagonists statement by ACC/AHA

xi. Additional Resources:
    1. Link to ASHP COVID-19 drug evidence resource
    2. IDSA guidelines on how to manage patients with COVID-19
    3. COVID-19: An ACP Physician's Guide + Resources
    4. Johns Hopkins Guide
    5. University of Washington Resources
    6. NIH COVID-19 Treatment Guidelines

g. COVID – MSL Available Ambulatory Tools List (includes patient smart text, letters, and instructions)

h. Patient Requests for Work Accommodation Letters Related to COVID-19 FAQs (Note: These FAQs are for internal use by SLHS employees and are not intended to be relied upon by non-SLHS employees as legal advice).

i. Special Considerations

i. Pediatrics and Newborn Management
    1. MIS-C (Multisystem Inflammatory Syndrome) in Children
        a. MIS-C Information for Parents
        b. MIS-C Associated with Coronavirus Disease 2019 (COVID-19)
    2. Use of Monoclonal Antibody Preparations for Treatment of COVID in Pediatrics:
        a. Currently Bamlanivimab or Casirivimab/Imdevimab (REGN-COV2) monoclonal antibody therapies for COVID are not generally recommended for pediatric patients, regardless of their risk categorization
        b. This is based upon very limited or no pediatric available data on their use, lack of significant data showing efficacy, and concerns for potential infusion related adverse events
        c. There may be certain pediatric patients who could be considered for pre-emptive monoclonal antibody therapy who are deemed high risk. In those cases we recommend that the individual patients be discussed with Peds ID for consideration of use of one of these monoclonal antibody products.
        d. A recent consensus statement has been published by the Pediatric Infectious Diseases Society, which can be found here (current as of 01/03/2021): https://pubmed.ncbi.nlm.nih.gov/33388760/
        e. This is an evolving area so recommendations may change significantly over time.
    3. CDC Information for Pediatric Healthcare Providers
    4. Pediatric Infectious Disease Society – COVID-19 Resources
    5. COVID-19 AAP Return to Sports Recommendations
        a. COVID-19 Interim Guidance: Return to Sports
    6. Interim Guidance on Supporting the Emotional and Behavioral Health Needs of Children, Adolescents, and Families During the COVID-19 Pandemic (American Academy of Pediatrics)
    7. Guidance Related to Childcare During COVID-19 (American Academy of Pediatrics)
    8. Ask the Pediatrician: Is it safe to send my child to child care during COVID-19? [healthychildren.org]

ii. St. Luke's newborn guidelines COVID Newborn guidelines
    1. Newborn Testing and Isolation Guidance
    2. Newborn Discharge Information for COVID+ Mothers or Caregivers
    3. Provider and Staff Instructions for Discharging Newborns to COVID-19 positive Caregivers

Back to top of document

iii. Obstetrics Management
    1. St Luke's outpatient prenatal obstetrics guidelines
    2. St. Luke's perinatology recommendation regarding pregnant HCWs
        a. We are now testing all laboring mothers for COVID-19 before admission for scheduled inductions or c-sections. Spontaneous labor requires COVID-19 testing upon admission to L+D. To support this testing, please review the documents below.
    3. OB Testing Workflow
    4. Pre-procedure COVID Testing
    5. Patient Instruction Letter
        a. It is important to note that there are no guidelines or confirmed evidence that suggest pregnant patients are at an elevated risk of contracting COVID, nor is there evidence showing COVID infection results in worse outcomes for pregnant patients.

iv. Advanced Care Planning
    1. Proactive COVID-specific Advance Care Planning Discussions
    2. COVID-ready communication skills: A playbook of VitalTalk Tips

v. Osteoporosis Management
    1. A lapse in osteoporosis treatment may result in an abrupt rise in fracture risk, particularly with denosumab/ Prolia–a clinic (or infusion center) administered injection every 6 months. If the patient's injection is delayed by more than 30 days, their fracture risk begins to rise exponentially. In order to address concerns related to lapses in Osteoporosis care, the American Society of Bone Mineral Research has put forth guidelines for managing these patients during the COVID-19 crisis (Reference: Bone Health – Osteoporosis Management in the COVID-19 Pandemic)

vi. Oncology Guideline
    1. PPE Group 1 Hazardous Drug PPE
        a. Last updated 4/3/2020
    2. ASCO https://www.asco.org/asco-coronavirus-information/care-individuals-cancer-during-covid-19
    3. ONS Interim Guidelines during the COVID-19 Pandemic
    4. IDSA (Recommendations 11 and 12 only) https://www.idsociety.org/practice-guideline/covid-19-guideline-diagnostics/
    5. Pre-Screening (Clinic Patient & Visitor Screening Checklist for SLCI)
        a. Last updated 10/23/20 - Lynsey

vii. De-Escalation
    1. De-Escalation Tips: Refusal to Wear a Mask

Back to top of document

III. After Visit

a. Telehealth
b. Post-COVID ambulatory management
    i. Placeholder for COVID-19 diagnosis treatment follow-up workflow.
    ii. Utilize telehealth visits where possible.
    iii. Resolving R/O COVID or COVID-19 Infection Status
        1. R/O COVID Infection Status indicates that a patient presented with symptoms and had a NEGATIVE PCR test. Because of the risk of a false-negative, the patient still needs to be screened for symptoms using the algorithm prior to being seen.
        2. COVID-19 Infection Status indicates that a patient has/had COVID-19. Here is the algorithm and tip sheet for discontinuing that status.
        3. If a patient is in the Outpatient setting and more than 30 days have passed, their positive COVID infection status will auto-resolve.
        4. If a patient is in the outpatient setting and more than 10 days have passed, their rule-out COVID infection status will auto-resolve.
    iv. Return to work
        1. Guidance for above adapted from CDC return to work guidelines for healthcare workers: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
        2. Patient EPIC return to work letters
    v. Guidance for COVID patients and families
        1. CDC Taking care of yourself or others who are sick
c. Guidelines for Conveying COVID Results to Patients (MyChart and Phone call notes for negative and positive results)
    i. AMB mSL Available Ambulatory Tools List
    ii. mSL tip sheet for how to convey and document negative COVID results. This form can also be used to convey positive COVID results, by utilizing positive COVID smartset instead of negative COVID smartset

IV. In-Clinic CPR

a. During COVID-19 clinic CPR
    i. American Heart Association (AHA) has identified Cardiopulmonary Resuscitation (CPR) as an aerosolizing procedure. SLHS recognized and adopted the recommendations endorsed by the AHA. The AHA updated their guidelines and St. Luke's endorsed the following changes to Code Blue responses. Please complete the following activities related to your area of practice. At Elbow Support Checklist
    ii. BLS:
        1. Process Algorithm
        2. Educational Activity
    iii. Cardiopulmonary/SLICA:
        1. Quick Communication: Draping
        2. Process Algorithm
        3. Educational Activity

V. COVID-19 Vaccines

a. COVID-19 vaccine FAQs and information for staff and providers
b. Immune suppressants and the vaccine: patient should contact the prescribing provider if they have questions on timing. General principles are:
    i. Continue DMARDs
    ii. Lower dose prednisone is ideal. Higher dose (this dose varies, but > or = 10 mg is good estimate) may blunt vaccine response
    iii. No need to hold methotrexate before or after
    iv. Ideally, schedule COVID vax at least 6 months after **rituximab** dose. Rituximab targets b-cells and these are necessary for us to mount an antibody response to a vaccine.

VI. General Guidelines and Resources

a. Long Term Care Facility Pre-Admission Test
    i. Provider Workflow
    ii. Test Scheduling Workflow
b. COVID-19 Pandemic Trackers
    i. Harvard Global Health Pandemic Tracker
    ii. Idaho Dept of Health COVID Tracker

Back to top of document