

**2023 SENATE WORKFORCE DEVELOPMENT**

**SB 2115**

# 2023 SENATE STANDING COMMITTEE MINUTES

## Workforce Development Committee Fort Lincoln Room, State Capitol

SB 2115  
2/3/2023

Relating to licensing and discipline of physicians and physician assistants; to licensing and discipline of physicians and physician assistants.
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10:33 AM **Chairman Wobbema** called the hearing to order. **Senators Wobbema, Larson, Sickler, Piepkorn** are present. **Senators Axtman and Elkin** were absent.

### Discussion Topics:

- Physician assistants and residents
- Licensure
- Certification requirements
- Executive Director duties

10:33 AM **Sandra DePountis, Executive Director, North Dakota Board of Medicine** testimony in favor #18771

10:59 AM **Allyson Hicks, General Counsel, North Dakota Attorney General's Office** provided additional information verbally.

11:00 AM **Courtney Koebele, Executive Director, North Dakota Medical Association** in favor verbally.

11:01 AM **Chairman Wobbema** closed the hearing.

*Patricia Lahr, Committee Clerk*

# 2023 SENATE STANDING COMMITTEE MINUTES

## Workforce Development Committee Fort Lincoln Room, State Capitol

SB 2115  
2/17/2023

Relating to licensing and discipline of physicians and physician assistants; to licensing and discipline of physicians and physician assistants.

9:14 AM **Chairman Wobbema** called the meeting to order. **Senators Wobbema, Larson, Sickler, Piepkorn, Axtman and Elkin** were present.

### Discussion Topics:

- Physician and physician assistant
- Fees
- Reporting requirements
- Malpractice
- Disciplinary action

9:14 AM **Senator Wobbema** handed out amendment LC 23.8138.01002, #21055, 21056.

9:18 AM **Sandra DePountis, Executive Director, ND Board of Medicine** provided additional information verbally.

9:21 AM **Senator Sickler** moved to adopt amendment. LC 23.8138.01002 (#21055).

9:21 AM **Senator Axtman** seconded.

9:21 AM Roll call vote.

<b>Senators</b>	<b>Vote</b>
Senator Michael A. Wobbema	Y
Senator Michelle Axtman	Y
Senator Jay Elkin	Y
Senator Diane Larson	Y
Senator Merrill Piepkorn	Y
Senator Jonathan Sickler	Y

Motion passed. 6-0-0

9:22 PM **Senator Sickler** moved **DO PASS** as **AMENDED**.

9:22 PM **Senator Axtman** seconded.

9:22 PM Roll call vote.

<b>Senators</b>	<b>Vote</b>
Senator Michael A. Wobbema	Y
Senator Michelle Axtman	Y
Senator Jay Elkin	Y
Senator Diane Larson	Y
Senator Merrill Piepkorn	Y
Senator Jonathan Sickler	Y

Motion passed. 6-0-0

**Senator Sickler** will carry.

9:24 AM **Chairman Wobbema** closed the meeting.

*Patricia Lahr, Committee Clerk*

February 16, 2023

DR

121

2-17-23

PROPOSED AMENDMENTS TO SENATE BILL NO. 2115

Page 6, line 4, overstrike "2" and insert immediately thereafter "3"

Page 6, line 4, overstrike "4" and insert immediately thereafter "5"

Page 6, line 5, overstrike "4" and insert immediately thereafter "5"

Page 6, line 9, overstrike "2" and insert immediately thereafter "3"

Page 6, line 15, overstrike "Physician assistant -"

Page 13, line 22, remove "Late fees"

Page 14, line 18, overstrike "of"

Page 23, line 30, after "settlement" insert "made on behalf of an individual licensee"

Page 24, line 1, replace "An investigation or discipline" with "Discipline"

Page 24, line 1, after the second underscored comma insert "or"

Page 24, line 2, remove ", or health care facility"

Page 24, line 4, after "restriction" insert "of privileges due to practice concerns"

Page 24, line 4, remove "action, including any surrender or"

Page 24, line 5, replace "nonrenewal while investigation is pending" with "for reasons relating to the licensee's clinical competence which results in a limitation, restriction, suspension, revocation, relinquishment, or nonrenewal of the licensee's privileges to avoid an investigation or other disciplinary action"

Re-number accordingly

**REPORT OF STANDING COMMITTEE**

**SB 2115: Workforce Development Committee (Sen. Wobbema, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2115 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 6, line 4, overstrike "2" and insert immediately thereafter "3"

Page 6, line 4, overstrike "4" and insert immediately thereafter "5"

Page 6, line 5, overstrike "4" and insert immediately thereafter "5"

Page 6, line 9, overstrike "2" and insert immediately thereafter "3"

Page 6, line 15, overstrike "**Physician assistant -**"

Page 13, line 22, remove "**- Late fees**"

Page 14, line 18, overstrike "of"

Page 23, line 30, after "settlement" insert "made on behalf of an individual licensee"

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Renumber accordingly

**2023 HOUSE HUMAN SERVICES**

**SB 2115**

# 2023 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Pioneer Room, State Capitol

**SB 2115**  
**3/13/2023**

<b>Relating to licensing and discipline of physicians and physician assistants.</b>
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Chairman Weisz called the meeting to order at 3:00 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

### **Discussion Topics:**

- Regulate Physicians, Resident Physicians, Physician Assistants
- Occupation Licensure
- Registration Vs. Licensed
- Expansion of Telemedicine
- Foreign Medical Residents
- Uniquely Qualified License
- Two Year Licenses
- Confidential Information vs. Public
- Exchanging Information Between States
- Compact License

Sandra DePountis, Executive Director of the North Dakota Board of Medicine, supportive testimony, #23714.

Chairman Weisz adjourned the meeting at 3:15 PM.

*Phillip Jacobs, Committee Clerk, by Donna Lynn Knutson*



# 2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Pioneer Room, State Capitol

SB 2115  
3/20/2023

<b>Relating to licensing and discipline of physicians and physician assistants.</b>
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Chairman Weisz called the meeting to order at 3:44 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present. Rep. Brandon Prichard and Rep. Jayme Davis not present.

### Discussion Topics:

- Committee work

Chairman Weisz called for a discussion on SB 2115.

Representative Rohr moved a do pass on SB 2115.

Representative Dobervich seconded.

Roll Call Vote.

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	AB
Representative Karen M. Rohr	Y

Motion carries 13-0-1. Representative Dobervich will carry the bill.

Chairman Weisz adjourned the meeting at 3:46 PM.

*Phillip Jacobs, Committee Clerk, by Donna Lynn Knutson*

**REPORT OF STANDING COMMITTEE**

**SB 2115, as engrossed: Human Services Committee (Rep. Weisz, Chairman)**  
recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING).  
Engrossed SB 2115 was placed on the Fourteenth order on the calendar.

**TESTIMONY**

**SB 2115**

SENATE WORKFORCE DEVELOPMENT COMMITTEE  
FEBRUARY 3, 2023

TESTIMONY OF  
NORTH DAKOTA BOARD OF MEDICINE  
SENATE BILL NO. 2115

Chair Wobbema, members of the Committee. I'm Sandra DePountis, Executive Director of the North Dakota Board of Medicine, appearing on behalf of the Board to present Senate Bill 2115 relating to the regulation and licensure of physicians, resident physicians, and physician assistants in North Dakota.

The Board spent this last biennium reviewing its policies and procedures, rules, and now laws, to remove outdated and redundant language, unnecessary barriers to practice and licensure, and provide updated, clarifying language consistent with national standards and best practices. This is largely considered a "clean-up bill" with some substantive changes on license eligibility.

There are a few amendments accompanying my testimony. Many are corrections to legislative council's drafting when the Board submitted its agency bill draft. In addition, the Hospital Association requested some changes and clarifying language be added to section 31 which was approved by the Board and included in the amendments.

**Updates to North Dakota Century Code Chapter 43-17**

**Section 1.** Updates the definition to include "resident physicians" – currently set forth by rule and now put directly in Century Code.

**Section 2.** Under 43-17 – the Board licenses and regulates physicians, physician assistants, and physician residents. 43-17-02 provides exceptions to the

regulations of this chapter – and some language regarding physician assistants and residents were included in this section making them “exempt” to the chapter. This was confusing as other parts of the chapter specifically reference physician assistants and residents – bringing such licensees back within the chapter’s provisions and regulations. Therefore, to clarify, the sections regarding physician assistants and residents were taken out of this exemption section and put into their appropriate sections. Physician assistants under subsection (1) was removed and put directly in the next section which addresses physician assistant practices. Residents were put into their own section (see Section 6). Other updates to the chapter, and throughout this bill, now clearly delineate whether a law affects physicians, physician assistants, residents, or all “licensees.”

**Section 3.** Moves the language from 43-17-02 regarding physician assistants directly into their law. In moving this, references needed to be updated to the appropriate sections found on page 6 lines 4, 5, and 9 – which are part of the amendments.

**Section 4.** Use of certain words/initials prohibited. The law is being updated to address both physicians and physician assistants and provide clarifying language. As this section now includes both physicians and PAs, the title needs to be updated – which is part of the amendments being offered. Note that the language recognizes that if another profession utilizes a title such as “doctor” under their practice act, they can continue to do so. The proposed language also recognizes that physicians and physician assistants can utilize the initials/titles provided from their education without the need for a license, although they cannot practice without a license.

**Section 5.** As a general rule, in all jurisdictions the practice of medicine occurs in the state the patient is located. If the patient is in North Dakota, the practitioner providing medical services must have a North Dakota license, including if the patient/provider are meeting through electronic means. As you can see, there are a few exceptions currently in the law, but with the practice of telemedicine dramatically increasing, new exceptions need to be considered to address new issues and situations, while at the same time verifying that sufficient safeguards are in place for patient safety to protect against fraud and abuse. To that end, the Federation of State Medical Boards recently adopted a new Model Policy for Appropriate Use of Telemedicine Technologies in the Practice of Medicine. The new model accounts for numerous scenarios that may deserve an exception to the general licensure rule. The Board is in the process of reviewing this new model and the language being proposed in this section will allow the Board to implement such exceptions into rule.

**Section 6.** Brings the “resident” language from 43-17-02 into its own section.

**Section 7.** Adds an additional physician assistant member to the Board of Medicine. As of December 2022, there are 5,736 active physicians licensed by the Board and 551 physician assistants, so this structure would be more representative of the licensees. This would also allow each Investigatory Panel to have a physician assistant as a member (see Section 31).

**Section 8.** The Governor’s office appoints Board members. The Board reviews and conducts investigations into hundreds of complaints every year and so it is essential that certain specialty areas are represented on the Board. It is also beneficial to have a diverse group of individuals appointed to the Board with representatives from

rural practice and major hospitals and from various locations throughout the state. The proposed language allows the Board to communicate with the Governor's office regarding such specialty and practice areas which will be taken into consideration when filling vacancies. Also clarifies term limits for Board members as two "full" terms.

**Section 9.** Allows the Board to communicate a "vacancy" to the Governor's office to fill appointment if a Board member is consistently absent from meetings.

**Section 10.** Clarifies that the Board "employs" an executive director and role of the executive director.

**Section 11.** Removes outdated language as the Board does not implement an examination for licensure during its meetings.

**Section 12.** Allows the Board to utilize funds for promotion and education of the professions and that the Board may adopt rules to implement the chapter.

**Section 13.** Updated language provides that an applicant has a year to submit all required documentation for licensure.

**Section 14.** Clarifies that Board members receive reimbursement for mileage, expenses, and lodging consistent with state law and that the Board may employ a staff to carry out the duties of the chapter.

**Section 15.** Several updates to physician licensure:

- Removes the "good moral character clause."
- Foreign medical graduates are currently required to complete thirty months of residency before they may apply for physician licensure. Those still in a residency program can apply for a physician licensure after thirty months – which would allow them to work outside of their residency

program. However, the law allowed residents to apply for a “special license” after twenty-four months with the Board to allow such moonlighting. In reviewing licensure requirements around the nation, the majority of jurisdictions require twenty-four months of residency for international graduates before being eligible for licensure. As such, the application for the “special license” appeared to be an unnecessary, inefficient barrier to practice as this license had to be approved by the Board at a meeting. The updated language in (3)(b) puts North Dakota in line with national standards by now requiring twenty-four months of residency, removing the “special licensure” application requirement.

- Incorporates a “uniquely qualified license.” This license is detailed in rule (50-02-02-01(2)) that the Board would like specifically referenced in the law. It recognizes that there may be practicing health care workers who may not meet all technical eligibility requirements for licensure, but who are uniquely qualified through training and experience or would make a unique or special contribution to the practice of medicine that should allow them to obtain North Dakota licensure if certain standards are met.
- This takes language from 43-17-21 – repealed in Section 34 – and places directly in the physician licensure section – specifically, that an applicant may be called to interview before the Board prior to licensure and that the Board may issue provisional licenses in between Board meetings.

**Section 16.** Updates language as individuals receive a “license” and not a “registration.” Also requires licensees to maintain contact information with the Board



with potential fines and disciplinary action for failing to maintain. These are fees associated with failure to maintain contact information – not late fees which are addressed in Section 18 – so the amendments remove this language in the title.

**Section 17.** Updates language as individuals receive a “license” not a “registration.”

**Section 18.** Updates language to allow transition to a two-year license. A survey was sent out to licensees asking for input on length of licensure with an overwhelming majority requesting a two- or three-year license (versus the one-year license currently in place). With moving to a two-year license, the penalty fee for late renewal is changed to “up to” three times the licensure fee. This puts a cap on the fee but also allows some flexibility for the Board to adopt a lesser fee by rule.

**Section 19.** Adds a penalty fee for failing to comply with continuing education requirements and notice of possible disciplinary action for failure to timely respond to a CME audit.

Section 3 allows an exception to reporting CME requirements if the physician has a current national certification from a specialty board. To maintain such certification, the physician already is required to submit CMEs but may be on a different cycle than the Board audit. The Board will therefore accept the certification instead of requiring redundant CME hours be submitted.

**Section 20.** A continued question received by the Board and Association is how long licensees should maintain records. In review of HIPAA requirements and other state requirements, seven years is being suggested. There is also language for transferring medical records if a licensee is no longer practicing.

**Section 21.** Updates language on disciplinary action taken for use of alcohol or drugs. Currently the law only allows discipline for “habitual use” of alcohol or drugs. However, there are times when the Board only receives information on one use, but the one use raises serious concerns. For example, the Board recently indefinitely suspended a license from an individual who operated on a patient with alcohol in his system. No other alcohol related incidents were reported but the instance was so egregious that it should be a basis in itself for discipline action. The updated language allows the Board to take such action if the use of alcohol or drugs interferes with the practitioner’s ability to safely practice. Outdated language on fluoroscopy techs is also removed as they are no longer under the jurisdiction of the Board.

**Section 22.** Updates language to all “licensees” under the jurisdiction of the Board.

**Sections 23 and 24.** Updates language to all individuals rendering emergency treatment which will include physician assistants in addition to physicians.

**Section 25.** 43-17-41 requires various licensees to report certain wounds, injuries, or other traumas to law enforcement including injuries of knives, guns, or pistols, or trauma associated with domestic violence and sexual offenses. This language makes such records exempt from public disclosure.

**Section 26.** Clarifies all licensees are allowed to apply topical fluoride varnish.

**Section 27.** North Dakota is part of the Interstate Medical Licensure Compact. After licenses are issued through the Compact, and Board is authorized under the law to follow up with additional questions of the licensee including questions regarding

malpractice history or other reportable offenses. This added language allows a fine and possible disciplinary action for failure to answer this questionnaire.

### **Updates to North Dakota Century Code Chapter 43-17.1**

**Sections 28.** Chapter 43-17.1 outlines the process and procedures followed by the Board for discipline. The language has been updated throughout the chapter to refer to all “licensees” under the jurisdiction of the Board, providing clarification that all licensees follow the same disciplinary process.

**Section 29.** Updated language reflects adding a physician assistant to the Board, that information shared with investigators or other experts retained to provide services/opinions remain confidential in such hands, and that it is the executive director of the Board that assigns cases to each investigatory panel.

**Section 30.** Updates reference to “licensee.”

**Section 31.** Updated language clarifies what needs to be reported to the Board by the licensee and when such reports need to be made. After meeting with the Hospital Association, amendments are being proposed to clarify and update this language, with subsections now to read:

(b) A malpractice judgment or settlement entered against or made by an individual licensee.

(c) Discipline by a licensing board, agency, or professional association.

(e) A health care facility restriction of privileges due to practice concerns or discipline for reasons relating to the licensee’s clinical competence which results in a limitation, restriction, suspension, revocation, or relinquishment or nonrenewal of the licensee’s hospital privileges to avoid an investigation or other disciplinary action.

**Section 32.** Updates reference to “licensee.”

**Section 33.** Clarifies what information is confidential and what is open to the public. It is only after an Investigatory Panel seeks disciplinary action that the complaint, executed stipulation, and any order becomes public.

Section 4 allows the Board to share investigatory information with another licensing authority. Individuals may be licensed in numerous states and when the licensing boards are conducting concurrent investigations, it allows for that exchange of information as long as the receiving state can verify the information would be protected in their jurisdiction.

**Section 34.** Repeals two laws:

43-17-21: This law contains outdated language regarding reciprocity and endorsements. The Board is part of the Interstate Medical Licensure Compact and therefore does not have endorsements through reciprocal agreements with other states. Other language in this section regarding interviews and provisional license issued between board meetings was placed more appropriately in the physician licensure section 43-17-18 (Section 15).

43-17-30: This law contains outdated language for failure to pay application fees. As a license is only issued after a fee is paid, this section is unnecessary.

Thank you for your time and attention and I would be happy to answer any questions.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2115

Page 6, line 4, overstrike “2” and insert immediately thereafter “3”

Page 6, line 4, overstrike “4” and insert immediately thereafter “5”

Page 6, line 5, overstrike “4” and insert immediately thereafter “5”

Page 6, line 9, overstrike “2” and insert immediately thereafter “3”

Page 6, line 15, overstrike “Physician Assistant –“

Page 13, line 22, remove “ – Late fees”

Page 14, line 18, remove “of”

Page 23, line 30, immediately after “settlement” insert “made on behalf of an individual licensee”

Page 24, line 1, replace “An investigation or discipline” with “Discipline”

Page 24, line 1, immediately after “agency,” insert “or”

Page 24, line 2, remove “, or health care facility”

Page 24, line 4, immediately after “restriction” insert “of privileges due to practice concerns,”

Page 24, lines 4 and 5, replace “action, including any surrender or nonrenewal while investigation is pending” with “for reasons relating to the licensee’s clinical competence which results in a limitation, restriction, suspension, revocation, or relinquishment or nonrenewal of the licensee’s privileges to avoid an investigation or other disciplinary action”

Re-number accordingly

23.8138.01002  
Title.

Prepared by the Legislative Council staff for  
the Senate Workforce Development  
Committee

February 16, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2115

Page 6, line 4, overstrike "2" and insert immediately thereafter "3"

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Renumber accordingly

23.8138.01002

Sixty-eighth  
Legislative Assembly  
of North Dakota

**SENATE BILL NO. 2115**

Introduced by

Workforce Development Committee

(At the request of the North Dakota Board of Medicine)

1 A BILL for an Act to create and enact section 43-17-02.5, two new subsections to section  
2 43-17-07.1, section 43-17-27.2, and a new subsection to section 43-17-41 of the North Dakota  
3 Century Code, relating to licensing and discipline of physicians and physician assistants; to  
4 amend and reenact sections 43-17-01, 43-17-02, 43-17-02.1, 43-17-02.2, 43-17-02.3, 43-17-03,  
5 43-17-04, 43-17-05, 43-17-06, 43-17-07, 43-17-11, 43-17-14, 43-17-18, 43-17-24, 43-17-25,  
6 43-17-26.1, 43-17-27.1, 43-17-31, 43-17-32.1, 43-17-37, 43-17-38, 43-17-43, 43-17-46,  
7 43-17.1-01, 43-17.1-02, 43-17.1-05, 43-17.1-05.1, 43-17.1-06, and 43-17.1-08 of the North  
8 Dakota Century Code, relating to licensing and discipline of physicians and physician  
9 assistants; and to repeal sections 43-17-21 and 43-17-30 of the North Dakota Century Code,  
10 relating to licensing and discipline of physicians and physician assistants.

11 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

12 **SECTION 1. AMENDMENT.** Section 43-17-01 of the North Dakota Century Code is  
13 amended and reenacted as follows:

14 **43-17-01. Definitions.**

15 As used in this chapter, unless the context or subject matter otherwise requires:

- 16 1. "Board" means the North Dakota board of medicine.
- 17 2. "Licensee" means a physician, resident physician, or physician assistant licensed to  
18 practice in North Dakota.
- 19 3. "Physician" includes physician and surgeon (M.D.) and osteopathic physician and  
20 surgeon (D.O.).
- 21 4. "Physician assistant" means an individual issued a physician assistant license under  
22 this chapter.
- 23 5. "Practice of medicine" includes the practice of medicine, surgery, and obstetrics. The  
24 following persons are regarded as practicing medicine:

- 1           a. A person that holds out to the public as being engaged within this state in the  
2           diagnosis or treatment of diseases or injuries of human beings.
- 3           b. A person that suggests, recommends, or prescribes any form of treatment for the  
4           intended relief or cure of any physical or mental ailment of any individual, with the  
5           intention of receiving, directly or indirectly, any fee, gift, or compensation.
- 6           c. A person that maintains an office for the examination or treatment of individuals  
7           afflicted with disease or injury of the body or mind.
- 8           d. A person that attaches the title M.D., surgeon, doctor, D.O., osteopathic physician  
9           and surgeon, or any other similar word or words or abbreviation to the person's  
10          name, indicating that the person is engaged in the treatment or diagnosis of the  
11          diseases or injuries of human beings shall be held to be engaged in the practice  
12          of medicine.
- 13          6. "Resident physician" means an individual issued a postgraduate training license under  
14          this chapter.
- 15          7. "Telemedicine" means the practice of medicine using electronic communication,  
16          information technologies, or other means between a licensee in one location and a  
17          patient in another location, with or without an intervening health care provider.  
18          "Telemedicine" includes direct interactive patient encounters, asynchronous  
19          store-and-forward technologies, and remote monitoring.

20          **SECTION 2. AMENDMENT.** Section 43-17-02 of the North Dakota Century Code is  
21          amended and reenacted as follows:

22          **43-17-02. Persons exempt from the provisions of chapter.**

23          The provisions of this chapter do not apply to the following:

- 24          1. ~~Students of medicine or osteopathy who are continuing their training and performing~~  
25          ~~the duties of a resident in any hospital or institution maintained and operated by the~~  
26          ~~state, an agency of the federal government, or in any residency program accredited by~~  
27          ~~the accreditation council on graduate medical education, provided that the North~~  
28          ~~Dakota board of medicine may adopt rules relating to the licensure, fees,~~  
29          ~~qualifications, activities, scope of practice, and discipline of such persons.~~
- 30          2. The domestic administration of family remedies.
- 31          ~~3-2.~~ Dentists practicing their profession when properly licensed.



Sixty-eighth  
Legislative Assembly

- 1     ~~4.3.~~ Optometrists practicing their profession when properly licensed.
- 2     ~~5.4.~~ The practice of christian science or other religious tenets or religious rules or  
3         ceremonies as a form of religious worship, devotion, or healing, if the person  
4         administering, making use of, assisting in, or prescribing, such religious worship,  
5         devotion, or healing does not prescribe or administer drugs or medicines and does not  
6         perform surgical or physical operations, and if the person does not hold out to be a  
7         physician or surgeon.
- 8     ~~6.5.~~ Commissioned medical officers of the armed forces of the United States, the United  
9         States public health service, and medical officers of the veterans administration of the  
10         United States, in the discharge of their official duties, and licensed physicians from  
11         other states or territories if called in consultation with a person licensed to practice  
12         medicine in this state.
- 13    ~~7.6.~~ Doctors of chiropractic duly licensed to practice in this state pursuant to the statutes  
14         regulating such profession.
- 15    ~~8.7.~~ Podiatrists practicing their profession when properly licensed.
- 16    ~~9.~~ ~~An individual rendering services as a physician assistant. However, sections-~~  
17         ~~43-17-02.1 and 43-17-02.2 apply to physician assistants. The board shall adopt rules-~~  
18         ~~governing the conduct, licensure, fees, qualifications, and discipline of physician-~~  
19         ~~assistants. Physician assistants are not authorized to perform any services that must-~~  
20         ~~be performed by persons licensed pursuant to chapters 43-12.1, 43-13, 43-15, and-~~  
21         ~~43-28 or services otherwise regulated by licensing laws, notwithstanding medical-~~  
22         ~~doctors need not be licensed specifically to perform the services contemplated under-~~  
23         ~~such chapters or licensing laws.~~
- 24    ~~10.8.~~ A nurse practicing the nurse's profession when properly licensed by the North Dakota  
25         board of nursing.
- 26    ~~11.9.~~ A naturopath duly licensed to practice in this state pursuant to the statutes regulating  
27         such profession.
- 28    ~~12.10.~~ An individual duly licensed to practice medical imaging or radiation therapy in this  
29         state under chapter 43-62.
- 30    ~~13.11.~~ An acupuncturist duly licensed to practice in this state pursuant to the statutes  
31         regulating such profession.

1       **SECTION 3. AMENDMENT.** Section 43-17-02.1 of the North Dakota Century Code is  
2 amended and reenacted as follows:

3       **43-17-02.1. Physician assistant - Scope of practice.**

4       1. An individual providing services of a physician assistant as outlined in this chapter to a  
5 patient located in the state shall possess an active North Dakota license for physician  
6 assistant practice. The board shall adopt rules governing the conduct, licensure, fees,  
7 qualifications, and discipline of physician assistants. Physician assistants are not  
8 authorized to perform any services that must be performed by individuals licensed  
9 pursuant to chapters 43-12.1, 43-13, 43-15, and 43-28 or services otherwise regulated  
10 by licensing laws, notwithstanding medical doctors need not be licensed specifically to  
11 perform the services contemplated under such chapters or licensing laws.

12       2. A physician assistant may:

- 13       a. Provide a legal medical service for which a physician assistant is prepared by  
14 education, training, and experience and is competent to perform, including:
- 15           (1) Obtaining and performing a comprehensive health history and physical  
16 examination;
  - 17           (2) Evaluating, diagnosing, managing, and providing medical treatment;
  - 18           (3) Ordering and evaluating a diagnostic study and therapeutic procedure;
  - 19           (4) Performing a diagnostic study or therapeutic procedure not involving the use  
20 of medical imaging as defined in section 43-62-01 or radiation therapy as  
21 defined in section 43-62-01;
  - 22           (5) Performing limited sonography on a focused imaging target to assess  
23 specific and limited information about a patient's medical condition or to  
24 provide real-time visual guidance for another procedure;
  - 25           (6) Educating a patient on health promotion and disease prevention;
  - 26           (7) Providing consultation upon request; and
  - 27           (8) Writing a medical order;
- 28       b. Obtain informed consent;
- 29       c. Supervise, delegate, and assign therapeutic and diagnostic measures not  
30 involving the use of medical imaging as defined in section 43-62-01 or radiation  
31 therapy as defined in section 43-62-01 to licensed or unlicensed personnel;

- 1           d.    Certify the health or disability of a patient as required by any local, state, or
- 2                federal program;
- 3           e.    Authenticate any document with the signature, certification, stamp, verification,
- 4                affidavit, or endorsement of the physician assistant if the document may be
- 5                authenticated by the signature, certification, stamp, verification, affidavit, or
- 6                endorsement of a physician; and
- 7           f.    Pronounce death.

8    ~~2.3.~~ A physician assistant shall collaborate with, consult with, or refer to the appropriate  
9            member of the health care team as indicated by the condition of the patient, the  
10           education, experience, and competence of the physician assistant, and the standard  
11           of care. The degree of collaboration must be determined at the practice which may  
12           include decisions made by the employer, group, hospital service, and the credentialing  
13           and privileging systems of a licensed facility. A physician assistant is responsible for  
14           the care provided by that physician assistant and a written agreement relating to the  
15           items in this chapter is not required.

16   ~~3.4.~~ A physician assistant:

- 17           a.    May prescribe, dispense, administer, and procure drugs and medical devices;
- 18           b.    May plan and initiate a therapeutic regimen that includes ordering and
- 19                prescribing nonpharmacological interventions, including durable medical
- 20                equipment, nutrition, blood and blood products, and diagnostic support services,
- 21                including home health care, hospice, and physical and occupational therapy;
- 22           c.    May prescribe and dispense schedule II through V substances as designated by
- 23                the federal drug enforcement agency and all legend drugs;
- 24           d.    May not dispense a drug, unless pharmacy services are not reasonably
- 25                available, dispensing is in the best interest of the patient, or an emergency exists;
- 26           e.    May request, receive, and sign for a professional sample, and may distribute a
- 27                professional sample to a patient; and
- 28           f.    If prescribing or dispensing a controlled substance, shall register with the federal
- 29                drug enforcement administration and shall comply with appropriate state and
- 30                federal laws.

- 1     ~~4.5.~~ A physician assistant shall practice at a licensed health care facility, facility with a  
2            credentialing and privileging system, physician-owned facility or practice, or facility or  
3            practice approved by the board.
- 4     ~~5.6.~~ Notwithstanding subsections ~~23~~ and ~~45~~, a physician assistant with less than four  
5            thousand hours of practice approved by the board under subsection ~~45~~ shall execute a  
6            written collaborative agreement that:
- 7            a. Is between a physician and a physician assistant with less than four thousand  
8            hours practice;
- 9            b. Describes how collaboration required under subsection ~~23~~ must occur; and  
10           c. Is available to the board on request.
- 11    ~~6.7.~~ A physician assistant shall comply with any privileging and credentialing systems at  
12            the facility at which the physician assistant practices.

13            **SECTION 4. AMENDMENT.** Section 43-17-02.2 of the North Dakota Century Code is  
14    amended and reenacted as follows:

15            ~~43-17-02.2. Physician assistant--Use of certain words or initials prohibited.~~

- 16            1. ~~A person that is not a physician assistant may not:~~
- 17            a. ~~Represent oneself as a physician assistant or act as a physician assistant; or~~  
18            b. ~~Use any combination or abbreviation of the term or title "physician assistant" or~~  
19            ~~"PA" to indicate or imply the person is a physician assistant~~An individual not  
20            licensed as a physician or resident physician under this chapter is prohibited from  
21            using the title of "doctor of medicine", "medical doctor", "doctor of osteopathic  
22            medicine", "osteopathic physician", "physician", "M.D.", or "D.O.".
- 23            2. ~~However, an individual who is not licensed as a physician assistant under this chapter~~  
24            ~~but who meets the qualifications for licensure as a physician assistant under this~~  
25            ~~chapter may use the title "physician assistant" or "PA" but may not act or practice as a~~  
26            ~~physician assistant unless licensed under this chapter~~An individual not licensed as a  
27            physician assistant under this chapter is prohibited from using the title of "physician  
28            assistant" or "P.A.".
- 29            3. This section may not be construed as to prohibit a licensed health care professional  
30            from using a title incorporating any of the words specified in subsection 1 or 2, or from

1           using a title or designation that is not specifically protected by subsections 1 or 2, if the  
2           title or designation used is permitted under the health care professional's practice act.  
3           4. Notwithstanding subsections 1 and 2, an individual who does not hold an active  
4           physician, resident physician, or physician assistant license may still use the title  
5           conferred by a qualified educational degree recognized under this chapter, but may  
6           not practice unless licensed under this chapter.

7           **SECTION 5. AMENDMENT.** Section 43-17-02.3 of the North Dakota Century Code is  
8 amended and reenacted as follows:

9           **43-17-02.3. Practice of medicine or osteopathy by holder of permanent, unrestricted**  
10 **license - Exceptions.**

11           The practice of medicine is deemed to occur in the state the patient is located. A practitioner  
12 providing medical care to a patient located in this state is subject to the licensing and  
13 disciplinary laws of this state and shall possess an active North Dakota license for the  
14 practitioner's profession. Notwithstanding anything in this chapter to the contrary, any physician  
15 who is the holder of a permanent, unrestricted license to practice medicine or osteopathy in any  
16 state or territory of the United States, the District of Columbia, or a province of Canada may  
17 practice medicine or osteopathy in this state without first obtaining a license from the North  
18 Dakota board of medicine under one or more of the following circumstances:

- 19           1. As a member of an organ harvest team;
- 20           2. On board an air ambulance and as a part of its treatment team;
- 21           3. To provide one-time consultation on a diagnosis for a patient to a physician licensed in  
22           the state, or teaching assistance for a period of not more than seven days; or
- 23           4. To provide consultation or teaching assistance previously approved by the board for  
24           charitable organizations; or
- 25           5. Under rules adopted by the board.

26           **SECTION 6.** Section 43-17-02.5 of the North Dakota Century Code is created and enacted  
27 as follows:

28           **43-17-02.5. Licensure for resident physicians.**

29           Resident physicians of medicine or osteopathy who are continuing their training and  
30 performing the duties of a resident in a hospital or institution maintained and operated by the  
31 state, an agency of the federal government, or a residency program accredited by the

1 accreditation council on graduate medical education will be required to possess an active North  
2 Dakota residency license. The board shall adopt rules relating to the licensure, fees,  
3 qualifications, activities, scope of practice, and discipline of such individuals.

4 **SECTION 7. AMENDMENT.** Section 43-17-03 of the North Dakota Century Code is  
5 amended and reenacted as follows:

6 **43-17-03. North Dakota board of medicine - How appointed - Qualifications.**

- 7 1. The governor shall appoint a North Dakota board of medicine consisting of  
8 ~~thirteen~~fourteen members; ~~ten physicians~~, nine of whom are doctors of medicine, one  
9 of whom is a doctor of osteopathy; ~~one~~; two of whom ~~is a~~are physician  
10 ~~assistant~~assistants; and two of whom are designated as public members. If no  
11 osteopathic physician is qualified and willing to serve, any qualified physician may be  
12 appointed in place of the osteopathic physician.
- 13 2. Each physician member must:
- 14 a. Be a practicing physician of integrity and ability.
- 15 b. Be a resident of and duly licensed to practice medicine in this state.
- 16 c. Be a graduate of a medical or osteopathic school of high educational  
17 requirements and standing.
- 18 d. Have been engaged in the active practice of the physician's profession within this  
19 state for a period of at least five years.
- 20 3. Each public member of the board must:
- 21 a. Be a resident of this state.
- 22 b. Be at least twenty-one years of age.
- 23 c. Not be affiliated with any group or profession that provides or regulates health  
24 care in any form.
- 25 4. ~~The~~Each physician assistant member of the board must:
- 26 a. Be a practicing physician assistant of integrity and ability.
- 27 b. Be a resident of and be duly licensed to practice as a physician assistant in this  
28 state.
- 29 c. Have been engaged in the active practice as a physician assistant within this  
30 state for a period of at least five years.

1       5. An individual appointed to the board shall qualify by taking the oath required of civil  
2           officers.

3       **SECTION 8. AMENDMENT.** Section 43-17-04 of the North Dakota Century Code is  
4 amended and reenacted as follows:

5       **43-17-04. Term of office.**

6       The term of office of each member of the board is four years and until a successor is  
7 appointed and qualified. The terms must be so arranged that no more than four terms expire on  
8 the thirty-first of July of each year. The governor shall fill all vacancies by appointment but in  
9 case of a vacancy before the expiration of a term, the appointment must be for the residue of  
10 the term only. The board, at least six months in advance of filling an expired term, shall  
11 communicate with the governor's office regarding specialty areas to be filled on the board. The  
12 governor's office shall take this information into consideration when filling vacancies. No  
13 member of the board may serve thereon for more than two ~~successive~~full terms.

14       **SECTION 9. AMENDMENT.** Section 43-17-05 of the North Dakota Century Code is  
15 amended and reenacted as follows:

16       **43-17-05. Removal of members of North Dakota board of medicine - Re--election.**

17       1. The governor for good cause shown and upon the recommendation of three-fourths of  
18 the members of the North Dakota board of medicine may remove any member of such  
19 board for misconduct, incapacity, or neglect of duty.

20       2. If a member of the board is consistently absent from board or committee meetings, the  
21 board may declare a vacancy. Vacancies on the board must be filled by appointment  
22 by the governor.

23       **SECTION 10. AMENDMENT.** Section 43-17-06 of the North Dakota Century Code is  
24 amended and reenacted as follows:

25       **43-17-06. Officers of the board and executive director.**

26       The board shall elect a president and vice president from its own number and employ an  
27 executive director to provide administrative services to the board. ~~The executive director need~~  
28 ~~not be a member of the board. The executive director must be the general administrative and~~  
29 ~~prosecuting officer of such board.~~

30       **SECTION 11. AMENDMENT.** Section 43-17-07 of the North Dakota Century Code is  
31 amended and reenacted as follows:

1       **43-17-07. Meetings of the board.**

2       The board shall hold at least three meetings in each calendar year for the examination of  
3 applicants for licensure, and may call such special meetings as may be necessary. The  
4 meetings must be held at such places as the board may designate.

5       **SECTION 12.** Two new subsections to section 43-17-07.1 of the North Dakota Century  
6 Code are created and enacted as follows:

7               Utilize board funds and resources for promotion, education, and outreach services for  
8               the professions and students of the professions licensed under this chapter.

9  
10              Adopt rules to implement this chapter.

11       **SECTION 13. AMENDMENT.** Section 43-17-11 of the North Dakota Century Code is  
12 amended and reenacted as follows:

13       **43-17-11. Records of board - License applications - Preservation.**

14       The board shall keep a record of all of its proceedings and applications for license.  
15 ~~Application records must be preserved for at least six years beyond the disposition thereof or~~  
16 ~~the last annual registration of the licensee, whichever is longer.~~ Failure of an applicant to submit  
17 a completed application within one year is grounds to discontinue processing the application,  
18 and records will be disposed of unless otherwise approved by the chairman and executive  
19 director for good cause.

20       **SECTION 14. AMENDMENT.** Section 43-17-14 of the North Dakota Century Code is  
21 amended and reenacted as follows:

22       **43-17-14. Compensation - Expenses of board and the members thereof.**

23       1. A member of the board shall receive for each day during which the member actually is  
24 engaged in the performance of the duties of the member's office such per diem as  
25 must be fixed by the board and such mileage as is provided in ~~section~~sections  
26 44-08-04 and 54-06-09.

27       2. The executive director of the board shall receive such salary or other compensation,  
28 and such allowance for clerical and other expenses of the board as the board shall  
29 determine.

30       3. The board may employ staff to carry out the duties under this chapter.

31       **SECTION 15. AMENDMENT.** Section 43-17-18 of the North Dakota Century Code is  
32 amended and reenacted as follows:



1       **43-17-18. License Physician license requirements.**

2       1. General. Every applicant for licensure shall file a written application, on forms provided  
3       by the board, showing to the board's satisfaction that the applicant is ~~of good moral~~  
4       ~~character~~ and satisfies all of the requirements of this chapter including:

5       a. Successful completion of a medical licensure examination satisfactory to the  
6       board;

7       b. Physical, mental, and professional capability for the practice of medicine in a  
8       manner acceptable to the board; and

9       c. A history free of any finding by the board, any other state medical licensure  
10      board, or any court of competent jurisdiction, of the commission of any act that  
11      would constitute grounds for disciplinary action under this chapter; the board may  
12      modify this restriction for cause.

13      2. Graduates of United States and Canadian schools.

14      a. An applicant who is a graduate of an approved medical or osteopathic school  
15      located in the United States, its possessions, territories, or Canada, shall present  
16      evidence, satisfactory to the board, that the applicant has been awarded a  
17      degree of doctor of medicine or doctor of osteopathy from a medical school  
18      located in the United States, its possessions, territories, or Canada, approved by  
19      the board or by an accrediting body approved by the board at the time the degree  
20      was conferred.

21      b. An applicant who is a graduate of an approved medical or osteopathic school  
22      located in the United States, its possessions, territories, or Canada, must present  
23      evidence, satisfactory to the board, that the applicant has successfully completed  
24      one year of postgraduate training in the United States or Canada in a program  
25      approved by the board or by an accrediting body approved by the board.

26      3. Graduates of international schools.

27      a. An applicant who is a graduate of a medical school not located in the United  
28      States, its possessions, territories, or Canada, shall present evidence,  
29      satisfactory to the board, that the applicant possesses the degree of doctor of  
30      medicine or a board-approved equivalent based on satisfactory completion of

1 educational programs acceptable to the board. Graduates of osteopathic schools  
2 located outside the United States are not eligible for licensure.

- 3 b. An applicant who has graduated from a medical school not located in the United  
4 States, its possessions, territories, or Canada, must present evidence,  
5 satisfactory to the board, that the applicant has successfully completed  
6 ~~thirty~~twenty-four months of postgraduate training in a program located in the  
7 United States, its possessions, territories, or Canada, and accredited by a  
8 national accrediting organization approved by the board or other graduate  
9 training approved in advance by the board as meeting standards similar to those  
10 of a national accrediting organization. However, if such an applicant has not  
11 completed thirty months of postgraduate training in a program approved by the  
12 board or by an accrediting body approved by the board, but has met all other  
13 licensing requirements and has successfully completed one year of postgraduate  
14 training in the United States or Canada in a program approved by the board, and  
15 if the board finds that the applicant has other professional experience and  
16 training that is substantially equivalent to the last eighteen months of  
17 postgraduate training, then the applicant may be deemed eligible for licensure.  
18 The board is granted broad discretion in determining whether to apply this  
19 exception to the normal licensing requirements. An applicant seeking licensure  
20 under this exception must present evidence satisfactory to the board that:
- 21 (1) The applicant is certified by a specialty board recognized by the American  
22 board of medical specialties or by a specialty board recognized by the royal  
23 college of physicians and surgeons of Canada; or
  - 24 (2) The applicant has passed the special purpose examination developed by  
25 the federation of state medical boards of the United States.
- 26 c. The applicant shall present evidence satisfactory to the board that the applicant  
27 has been awarded a certificate by the educational council for foreign medical  
28 graduates. The board may adopt rules establishing specific exceptions to this  
29 requirement.

1           d. The applicant has a working ability in the English language sufficient to  
2           communicate with patients and physicians and to engage in the practice of  
3           medicine.

4           4. ~~Special license. The board may grant a temporary special license to an applicant who~~  
5           ~~is a graduate of a medical school that is not located in the United States or Canada if~~  
6           ~~that applicant has met all requirements for licensure except those pertaining to~~  
7           ~~postgraduate training; has successfully completed two years of approved~~  
8           ~~postgraduate training in the United States or Canada; and is enrolled in an approved~~  
9           ~~postgraduate training program in this state. This special license is valid only while the~~  
10          ~~licensee continues to be enrolled in an approved postgraduate training program in this~~  
11          ~~state.~~Uniquely qualified license. The board may issue a medical license to an applicant  
12          who does not meet all the technical eligibility requirements if the board determines the  
13          applicant is uniquely qualified through training or experience or will make a unique or  
14          special contribution to the practice of medicine not readily available to the citizens of  
15          the state. The board shall adopt rules for qualifications and factors to be considered  
16          under this subsection.

17          5. An applicant may require an interview before the board for such examination into the  
18          applicant's qualifications. The board may adopt rules to issue provisional and  
19          temporary licenses to be in effect in the interval between board meetings.

20          **SECTION 16. AMENDMENT.** Section 43-17-24 of the North Dakota Century Code is  
21          amended and reenacted as follows:

22          **43-17-24. Physicians register licensure with the board --Late fees.**

23          ~~On or before the due date established by the board, every person legally licensed to~~  
24          ~~practice medicine within this state~~

25          1. An applicant shall file with the executive director of the board a registration statement  
26          ~~upon blanks prepared and provided by the board~~completed application and shall pay  
27          to the executive director the registrationapplication fee. No person may engage in the  
28          practice of medicine in this state without a current registrationcertificatelicense issued  
29          by the board.

30          2. Each licensee shall maintain a permanent email or mailing address with the board to  
31          which all communications from the board to the licensee will be sent. A licensee who

1           changes the individual's electronic mail or mailing address shall notify the board in  
2           writing of the new contact information within sixty days.

3           3. If a licensee fails to notify the board in writing of the changes as required by this  
4           section after sixty days, the board may impose upon the licensee a fee not to exceed  
5           one hundred dollars and may initiate disciplinary action against the licensee.

6           **SECTION 17. AMENDMENT.** Section 43-17-25 of the North Dakota Century Code is  
7 amended and reenacted as follows:

8           **43-17-25. RegistrationApplication fee.**

9           The registration fee for any ~~person licensed to practice medicine~~individual seeking licensure  
10 or renewal in the state must be fixed by regulation of the board. All fees must be paid to and  
11 held by the executive director of the board and are subject to disbursement by the board in  
12 performing its duties.

13           **SECTION 18. AMENDMENT.** Section 43-17-26.1 of the North Dakota Century Code is  
14 amended and reenacted as follows:

15           **43-17-26.1. LicensePhysician license renewals - Late fees.**

16           A physician seeking to renew ~~the annual registration~~the physician's license who has failed  
17 to complete the ~~annual registration process~~renewal application within the time specified by the  
18 ~~North Dakota board of medicine~~ must be assessed a fee equalup to three times the normal  
19 ~~annual registration~~licensure fee, in addition to such other penalties as are authorized by law, if  
20 that physician is found to have been practicing medicine in this state after the physician's  
21 license expired. A physician who is not found to have been practicing medicine in this state may  
22 renew a license upon payment of the arrearage and meeting the other requirements of the  
23 board. However, a physician whose license lapsed more than three years before that physician  
24 petitioned the board for reinstatement must submit a new application for licensure, whether or  
25 not that physician has practiced medicine in this state since the physician's license was last  
26 current.

27           **SECTION 19. AMENDMENT.** Section 43-17-27.1 of the North Dakota Century Code is  
28 amended and reenacted as follows:

29           **43-17-27.1. ContinuingPhysician continuing education requirements.**

30           1. The board shall promote a high degree of competence in the practice of medicine by  
31           establishing rules requiring every physician licensed in the state to fulfill continuing

- 1 education requirements. Compliance with these rules must be documented at such  
2 times and in such manner as is required by the board. Physicians failing to comply  
3 with continuing education requirements in the time and manner specified by rule of the  
4 board will be assessed a fee up to three times the licensure fee, in addition to such  
5 other penalties as are authorized by law.
- 6 2. Before a license may be renewed, the licensee physician shall submit evidence to the  
7 board establishing that all continuing education requirements prescribed by the rules  
8 adopted by the board have been met.
- 9 3. The board may accept current certification, maintenance of certification, or  
10 recertification by a member of the American board of medical specialties, the American  
11 osteopathic association, or the royal college of physician and surgeons of Canada in  
12 lieu of compliance with continuing education requirements.
- 13 4. The board may exempt a physician from the requirements of this section in  
14 accordance with rules adopted by the board.
- 15 5. Notwithstanding subsection 1, if an individual fails to file a timely response, the board  
16 may determine whether the individual's failure to file a timely response to an audit  
17 constitutes an admission of noncompliance with this section and whether the  
18 individual's license should be subject to action by the board. If the board determines  
19 that the individual's failure to file a timely response is an admission of noncompliance  
20 and that the individual's license should be subject to action by the board, the board  
21 shall hold a hearing in accordance with chapter 28-32 to take any appropriate action.

22 **SECTION 20.** Section 43-17-27.2 of the North Dakota Century Code is created and enacted  
23 as follows:

24 **43-17-27.2. Record retention requirements.**

- 25 1. A licensee shall retain all medical records, unless otherwise appropriately transferred  
26 to another licensee or entity, for at least seven years from the last date of service for  
27 each patient, except as otherwise required by law.
- 28 2. The board may adopt rules to implement record retention and requirements for  
29 transfer of medical records for situations in which the licensee sells the licensee's  
30 medical practice, departs from the medical practice, or upon licensee death,  
31 incapacity, or retirement.

1       **SECTION 21. AMENDMENT.** Section 43-17-31 of the North Dakota Century Code is  
2 amended and reenacted as follows:

3       **43-17-31. Grounds for disciplinary action.**

4       1. Disciplinary action may be imposed against a physician upon any of the following  
5 grounds:

- 6       a. The use of any false, fraudulent, or forged statement or document, or the use of  
7 any fraudulent, deceitful, dishonest, or immoral practice, in connection with any of  
8 the licensing requirements.
- 9       b. The making of false or misleading statements about the physician's skill or the  
10 efficacy of any medicine, treatment, or remedy.
- 11       c. The conviction of any misdemeanor determined by the board to have a direct  
12 bearing upon a person's ability to serve the public as a practitioner of medicine or  
13 any felony. A license may not be withheld contrary to the provisions of  
14 chapter 12.1-33.
- 15       d. ~~Habitual use~~Use of alcohol or drugs to such a degree as to interfere with the  
16 licensee's ability to safely practice medicine.
- 17       e. Physical or mental disability materially affecting the ability to perform the duties of  
18 a physician in a competent manner.
- 19       f. The performance of any dishonorable, unethical, or unprofessional conduct likely  
20 to deceive, defraud, or harm the public.
- 21       g. Obtaining any fee by fraud, deceit, or misrepresentation.
- 22       h. Aiding or abetting the practice of medicine by an unlicensed, incompetent, or  
23 impaired person.
- 24       i. The violation of any provision of a medical practice act or the rules and  
25 regulations of the board, or any action, stipulation, condition, or agreement  
26 imposed by the board or its investigative panels.
- 27       j. The practice of medicine under a false or assumed name.
- 28       k. The advertising for the practice of medicine in an untrue or deceptive manner.
- 29       l. The representation to a patient that a manifestly incurable condition, sickness,  
30 disease, or injury can be cured.

- 1 m. The willful or negligent violation of the confidentiality between physician and  
2 patient, except as required by law.
- 3 n. The failure of a doctor of osteopathy to designate that person's school of practice  
4 in the professional use of that person's name by such terms as "osteopathic  
5 physician and surgeon", "doctor of osteopathy", "D.O.", or similar terms.
- 6 o. Gross negligence in the practice of medicine.
- 7 p. Sexual abuse, misconduct, or exploitation related to the licensee's practice of  
8 medicine.
- 9 q. The prescription, sale, administration, distribution, or gift of any drug legally  
10 classified as a controlled substance or as an addictive or dangerous drug for  
11 other than medically accepted therapeutic purposes.
- 12 r. The payment or receipt, directly or indirectly, of any fee, commission, rebate, or  
13 other compensation for medical services not actually or personally rendered, or  
14 for patient referrals; this prohibition does not affect the lawful distributions of  
15 professional partnerships, corporations, limited liability companies, or  
16 associations.
- 17 s. The failure to comply with the reporting requirements of section 43-17.1-05.1.
- 18 t. The failure to transfer medical records to another physician or to supply copies of  
19 those records to the patient or to the patient's representative when requested to  
20 do so by the patient or the patient's designated representative, except if the  
21 disclosure is otherwise limited or prohibited by law. A reasonable charge for  
22 record copies may be assessed.
- 23 u. A continued pattern of inappropriate care as a physician, including unnecessary  
24 surgery.
- 25 v. The use of any false, fraudulent, or deceptive statement in any document  
26 connected with the practice of medicine.
- 27 w. The prescribing, selling, administering, distributing, or giving to oneself or to one's  
28 spouse or child any drug legally classified as a controlled substance or  
29 recognized as an addictive or dangerous drug.
- 30 x. The violation of any state or federal statute or regulation relating to controlled  
31 substances.

- 1           y. The imposition by another state or jurisdiction of disciplinary action against a  
2           license or other authorization to practice medicine based upon acts or conduct by  
3           the physician that would constitute grounds for disciplinary action as set forth in  
4           this section. A certified copy of the record of the action taken by the other state or  
5           jurisdiction is conclusive evidence of that action.
- 6           z. The lack of appropriate documentation in medical records for diagnosis, testing,  
7           and treatment of patients.
- 8           ~~aa. The failure to properly monitor a fluoroscopy technologist or an emergency-~~  
9           ~~medical technician.~~
- 10          ~~bb.~~ The failure to furnish the board or the investigative panel, their investigators, or  
11          representatives information legally requested by the board or the investigative  
12          panel.
- 13          ~~cc.~~bb. The performance of an abortion on a pregnant woman prior to determining if the  
14          unborn child the pregnant woman is carrying has a detectable heartbeat, as  
15          provided in subsection 1 of section 14-02.1-05.1.
- 16          ~~dd.~~cc. Noncompliance with the physician health program established under chapter  
17          43-17.3.
- 18          2. The board shall keep a record of all of its proceedings in the matter of suspending,  
19          revoking, or refusing licenses together with the evidence offered.

20          **SECTION 22. AMENDMENT.** Section 43-17-32.1 of the North Dakota Century Code is  
21          amended and reenacted as follows:

22          **43-17-32.1. Temporary suspension - Appeal.**

- 23          1. When, based on verified evidence, the board determines by a clear and convincing  
24          standard that the evidence presented to the board indicates that the continued  
25          practice by the ~~physician~~licensee would create a significant risk of serious and  
26          ongoing harm to the public while a disciplinary proceeding is pending, and that  
27          immediate suspension of the ~~physician's~~ license is required to reasonably protect the  
28          public from that risk of harm, the board may order a temporary suspension ex parte.  
29          For purposes of this section, "verified evidence" means testimony taken under oath  
30          and based on personal knowledge. The board shall give prompt written notice of the  
31          suspension to the ~~physician~~licensee, which must include a copy of the order and



- 1 complaint, the date set for a full hearing, and a specific description of the nature of the  
2 evidence, including a list of all known witnesses and a description of any documents  
3 relied upon by the board in ordering the temporary suspension which, upon request,  
4 must be made available to the ~~physician~~licensee.
- 5 2. An ex parte temporary suspension remains in effect until a final order is issued after a  
6 full hearing or appeal under this section or until the suspension is otherwise terminated  
7 by the board.
- 8 3. The board shall conduct a hearing on the merits of the allegations to determine what  
9 disciplinary action, if any, shall be taken against the ~~physician~~licensee who is the  
10 subject of the ex parte suspension. That hearing must be held not later than thirty days  
11 from the issuance of the ex parte temporary suspension order. The ~~physician~~licensee  
12 is entitled to a continuance of the thirty-day period upon request for a period  
13 determined by the hearing officer.
- 14 4. The ~~physician~~licensee may appeal the ex parte temporary suspension order prior to  
15 the full hearing. For purposes of appeal, the district court shall decide whether the  
16 board acted reasonably or arbitrarily. The court shall give priority to the appeal for  
17 prompt disposition thereof.
- 18 5. Any medical record of a patient, or other document containing personal information  
19 about a patient, which is obtained by the board is ~~an exempt~~a confidential record as  
20 defined in section 44-04-17.1.

21 **SECTION 23. AMENDMENT.** Section 43-17-37 of the North Dakota Century Code is  
22 amended and reenacted as follows:

23 **43-17-37. Emergency treatment by resident ~~physician~~licensee.**

24 Any ~~physician or surgeon~~individual licensed under the provisions of this chapter who in  
25 good faith renders in this state emergency care at the scene of the emergency is expected to  
26 render only such emergency care as in the ~~person's~~individual's judgment is at the time  
27 indicated.

28 **SECTION 24. AMENDMENT.** Section 43-17-38 of the North Dakota Century Code is  
29 amended and reenacted as follows:

1       **43-17-38. Emergency treatment by nonresident physician**~~licensee~~.

2       Any ~~physician or surgeon~~individual duly licensed to practice as a ~~physician or surgeon~~ in  
3 another state of the United States who renders in this state emergency care at the scene of the  
4 emergency may only be held to the degree of care as specified in section 43-17-37, and may  
5 not be deemed to be practicing medicine within this state as contemplated by this chapter.

6       **SECTION 25.** A new subsection to section 43-17-41 of the North Dakota Century Code is  
7 created and enacted as follows:

8             Reports made under this section are exempt records as defined by section  
9             44-04-17.1.

10       **SECTION 26. AMENDMENT.** Section 43-17-43 of the North Dakota Century Code is  
11 amended and reenacted as follows:

12       **43-17-43. Topical fluoride varnish.**

13       A ~~licensed physician or physician assistant~~licensee may apply topical fluoride varnish to an  
14 individual in accordance with rules adopted by the board.

15       **SECTION 27. AMENDMENT.** Section 43-17-46 of the North Dakota Century Code is  
16 amended and reenacted as follows:

17       **43-17-46. Payment of fees under the interstate medical licensure compact.**

- 18       1. Fees levied under subsection 1 of article XIII of the interstate medical licensure  
19       compact by the interstate medical licensure compact commission to the state of North  
20       Dakota must be paid by the board through the board's funding mechanism, and the  
21       board may not request funds deposited in the general fund for the fee. A physician  
22       granted licensure through the interstate medical licensure compact who fails to  
23       complete the addendum questions within the time specified by rule of the board must  
24       be assessed a fee up to three times the normal licensure fee, in addition to such other  
25       penalties as authorized by law.
- 26       2. Notwithstanding subsection 1, if an individual fails to timely submit the addendum  
27       questionnaire required by rule of the board, the board may determine whether the  
28       individual's failure to file a timely response constitutes an admission of noncompliance  
29       with this section and whether the license should be subject to action by the board. If  
30       the board determines the individual's failure to file a timely response is an admission  
31       of noncompliance and the individual's license should be subject to action by the board,

1           the board shall hold a hearing in accordance with chapter 28-32 to take any  
2           appropriate action.

3           **SECTION 28. AMENDMENT.** Section 43-17.1-01 of the North Dakota Century Code is  
4 amended and reenacted as follows:

5           **43-17.1-01. Definitions.**

6           As used in this chapter, unless the context or subject matter otherwise requires:

- 7           1. "Board" means the North Dakota board of medicine.  
8           2. "Licensee" means an individual who is under the jurisdiction of the board of medicine.  
9           3. "Physician" means a person engaged in the practice of medicine in this state pursuant  
10           to the provisions of chapter 43-17.

11           **SECTION 29. AMENDMENT.** Section 43-17.1-02 of the North Dakota Century Code is  
12 amended and reenacted as follows:

13           **43-17.1-02. Investigative panels of the board.**

- 14           1. For the purpose of investigating complaints or other information that might give rise to  
15           a disciplinary proceeding against a ~~physician or physician assistant~~licensee, the  
16           ~~president~~executive director of the board shall designate two investigative panels, each  
17           composed of six members of the board. Five members of each panel must be  
18           physician members of the board. One member of each panel must be a public  
19           member of the board. One member of each panel must be a physician assistant.  
20           2. Each investigative panel shall select a chairman and a vice chairman from its own  
21           members ~~and a secretary who may or may not be a member of the panel and who~~  
22           ~~shall keep minutes of all meetings thereof.~~  
23           3. Each investigative panel may engage and share information with investigators,  
24           medical experts, and such other experts as the panel in its discretion determines to be  
25           necessary to accomplish its purposes. ~~The attorney general shall provide counsel to~~  
26           ~~the investigative panels, but an investigative panel may employ special counsel in any~~  
27           ~~proceeding wherein it decides it is advisable~~Information shared to such entities or  
28           individuals remains confidential in the possession of the entities.  
29           4. Cases for investigation must be assigned to each investigative panel by the  
30           ~~president~~executive director of the board.

1       **SECTION 30. AMENDMENT.** Section 43-17.1-05 of the North Dakota Century Code is  
2 amended and reenacted as follows:

3       **43-17.1-05. Complaints.**

- 4       1. Any person may make or refer written complaints to the investigative panels with  
5 reference to the acts, activities, or qualifications of any ~~physician or physician assistant~~  
6 ~~licensed to practice in this state~~licensee, or to request that an investigative panel  
7 review the qualifications of any ~~physician or physician assistant~~licensee to continue to  
8 practice in this state. Any person that, in good faith, makes a report to the investigative  
9 panels under this section is not subject to civil liability for making the report. For  
10 purposes of any civil proceeding, the good faith of any person that makes a report  
11 pursuant to this section is presumed. Upon receipt of any complaint or request, the  
12 investigative panel shall conduct the investigation as the panel deems necessary to  
13 determine whether any ~~physician or physician assistant~~licensee has committed any of  
14 the grounds for disciplinary action provided for by law. Upon completion of the  
15 investigation of the investigative panel, the investigative panel shall make a finding  
16 that the investigation discloses that:
- 17       a. There is insufficient evidence to warrant further action;
  - 18       b. The conduct of the ~~physician or physician assistant~~licensee does not warrant  
19 further proceedings but the investigative panel determines possible errant  
20 conduct occurred that could lead to significant consequences if not corrected. In  
21 such a case, a confidential letter of concern may be sent to the ~~physician or~~  
22 ~~physician assistant~~licensee; or
  - 23       c. The conduct of the ~~physician or physician assistant~~licensee indicates the  
24 ~~physician or physician assistant~~licensee may have committed any of the grounds  
25 for disciplinary action provided for by law and which warrants further  
26 proceedings.
- 27       2. If the investigative panel determines a formal hearing should be held to determine  
28 whether any ~~licensed physician or physician assistant~~licensee has committed any of  
29 the grounds for disciplinary action provided for by law, the panel shall inform the  
30 respondent ~~physician or physician assistant~~licensee involved of the specific charges to  
31 be considered by serving upon that individual a copy of a formal complaint filed with

1 the board for disposition pursuant to the provisions of chapter 28-32. The board  
2 members who have served on the investigative panel may not participate in any  
3 proceeding before the board relating to the complaint. The complaint must be  
4 prosecuted before the board by the attorney general or one of the attorney general's  
5 assistants.

6 3. If an investigative panel finds there are insufficient facts to warrant further investigation  
7 or action, the complaint must be dismissed and the matter is closed. The investigative  
8 panel shall provide written notice to the person filing the original complaint and the  
9 individual who is the subject of the complaint of the investigative panel's final action or  
10 recommendations, if any, concerning the complaint.

11 **SECTION 31. AMENDMENT.** Section 43-17.1-05.1 of the North Dakota Century Code is  
12 amended and reenacted as follows:

13 **43-17.1-05.1. Reporting requirements - Penalty.**

14 1. A ~~physician, a physician assistant~~ licensee, a health care institution in the state, a state  
15 agency, or a law enforcement agency in the state having actual knowledge that a  
16 ~~licensed physician or physician assistant~~ licensee may have committed any of the  
17 grounds for disciplinary action provided by law or by rules adopted by the board  
18 ~~promptly~~ shall report that information in writing to the investigative panel of the board  
19 within thirty days from the date of occurrence or action. A medical licensee or any  
20 institution from which the medical licensee voluntarily resigns or voluntarily limits the  
21 licensee's staff privileges shall report that licensee's action to the investigative panel of  
22 the board if that action occurs while the licensee is under formal or informal  
23 investigation by the institution or a committee of the institution for any reason related  
24 to possible medical incompetence, unprofessional conduct, or mental or physical  
25 impairment within thirty days.

26 2. In addition to the reporting requirements in subsection 1, a licensee shall report the  
27 following to the board within thirty days:

28 a. A citation, charge, arrest, or conviction of any violation of law, other than minor  
29 traffic citations.

30 b. A malpractice judgment or settlement **made on behalf of an individual licensee.**

- 1           c. ~~An investigation or discipline~~Discipline by a licensing board, agency, or  
2           professional association, ~~or health care facility.~~
- 3           d. An action affecting or limiting privileges or credentials.
- 4           e. A health care facility restriction of privileges due to practice concerns or discipline  
5           action, including any surrender or nonrenewal while investigation is pending for  
6           reasons relating to the licensee's clinical competence which results in a limitation,  
7           restriction, suspension, revocation, relinquishment, or nonrenewal of the  
8           licensee's privileges to avoid an investigation or other disciplinary action.
- 9           f. A condition that impairs the licensee's ability to practice the profession in a  
10           competent, ethical, or professional manner. If the licensee is under treatment and  
11           able to practice in a competent, ethical, and professional manner, the condition  
12           does not need to be reported. A licensee also does not need to report under this  
13           section if the licensee has a current contract with the North Dakota professional  
14           health program and is in compliance with program requirements.

15        3. Upon receiving a report concerning a licensee an investigative panel shall, or on its  
16        own motion an investigative panel may, investigate any evidence that appears to show  
17        a licensee is or may have committed any of the grounds for disciplinary action  
18        provided by law or by rules adopted by the board.

19        3.4. A person required to report under this section that makes a report in good faith is not  
20        subject to criminal prosecution or civil liability for making the report. For purposes of  
21        any civil proceeding, the good faith of any person that makes a report pursuant to this  
22        section is presumed. A physician who obtains information in the course of a  
23        physician-patient relationship in which the patient is another physician is not required  
24        to report if the treating physician successfully counsels the other physician to limit or  
25        withdraw from practice to the extent required by the impairment. A physician who  
26        obtains information in the course of a professional peer review pursuant to chapter  
27        23-34 is not required to report pursuant to this section. A physician who does not  
28        report information obtained in a professional peer review is not subject to criminal  
29        prosecution or civil liability for not making a report. For purposes of this section, a  
30        person has actual knowledge if that person acquired the information by personal

1 observation or under circumstances that cause that person to believe there exists a  
2 substantial likelihood that the information is correct.

3 ~~4.5.~~ An agency or health care institution that violates this section is guilty of a class B  
4 misdemeanor. A ~~physician or physician assistant~~licensee who violates this section is  
5 subject to ~~administrative~~disciplinary action by the board as specified by law or by  
6 administrative rule.

7 **SECTION 32. AMENDMENT.** Section 43-17.1-06 of the North Dakota Century Code is  
8 amended and reenacted as follows:

9 **43-17.1-06. Powers of the board's investigative panels.**

10 The board's investigative panels may:

- 11 1. Subpoena witnesses and ~~physician and hospital~~medical or other records relating to  
12 the practice of any ~~physician or physician assistant~~licensee under investigation. The  
13 confidentiality of the records by any other statute or law does not affect the validity of  
14 an investigative panel's subpoena nor the admissibility of the records in board  
15 proceedings; however, the proceedings and records of a committee which are exempt  
16 from subpoena, discovery, or introduction into evidence under chapter 23-34 are not  
17 subject to this subsection.
- 18 2. Hold preliminary hearings.
- 19 3. Upon probable cause, require any ~~physician or physician assistant~~licensee under  
20 investigation to submit to a physical, psychiatric, or competency examination or an  
21 addiction evaluation.
- 22 4. Appoint special masters to conduct preliminary hearings.
- 23 5. Employ independent investigators if necessary.
- 24 6. Hold confidential conferences with any complainant or any ~~physician or physician-~~  
25 ~~assistant~~licensee with respect to any complaint.
- 26 7. File a formal complaint against any ~~licensed physician or physician assistant~~licensee  
27 with the board.

28 **SECTION 33. AMENDMENT.** Section 43-17.1-08 of the North Dakota Century Code is  
29 amended and reenacted as follows:

1       **43-17.1-08. Communication to investigative panel privileged.**

2       1. Communications to the investigative panels and their agents are privileged and  
3       confidential, and no member of the investigative panels nor any of their agents may be  
4       compelled to testify with respect thereto in any proceedings except in formal  
5       proceedings conducted before the board.

6       2. All records of the investigative panels, except their financial records, are confidential.  
7       Only the formal disciplinary documents issued pursuant to chapter 28-32 are  
8       considered open records, including the formal complaint, finding of facts, conclusions  
9       of law, and order. If a disciplinary action is resolved by settlement agreement, the fully  
10       executed agreement is a public record.

11       3. Notwithstanding the provisions of this section, if an investigative panel determines that  
12       the records of the investigative panel disclose a possible violation of state or federal  
13       criminal law, the investigative panel may provide the records to the appropriate law  
14       enforcement agency.

15       4. Investigative information in the possession of the board and investigatory panels which  
16       relates to licensee discipline may be disclosed to the appropriate licensing authorities  
17       within this state, the appropriate licensing authority in another state, or as permitted  
18       under chapter 43-17.4, if the receiving entity has statutory protections in place to  
19       protect the records from disclosure.

20       **SECTION 34. REPEAL.** Sections 43-17-21 and 43-17-30 of the North Dakota Century  
21       Code are repealed.



HOUSE HUMAN SERVICES COMMITTEE  
MARCH 13, 2023

TESTIMONY OF  
NORTH DAKOTA BOARD OF MEDICINE  
SENATE BILL NO. 2115

Chair Weisz, members of the Committee, I'm Sandra DePountis, Executive Director of the North Dakota Board of Medicine, appearing on behalf of the Board to present Senate Bill 2115 relating to the regulation and licensure of physicians, resident physicians, and physician assistants in North Dakota.

The Board spent this last biennium reviewing its policies and procedures, rules, and now laws, to remove outdated and redundant language, unnecessary barriers to practice and licensure, and provide updated, clarifying language consistent with national standards and best practices. This is largely considered a "clean-up bill" with some substantive changes on license eligibility.

There were a few amendments to the Bill incorporated on the Senate side – mostly to correct Legislative Council drafting errors. In addition, the Board worked with the Hospital Association on amendments to clarify the reporting requirements in Section 31.

**Updates to North Dakota Century Code Chapter 43-17**

**Section 1.** Updates the definition to include "resident physicians" – currently set forth by rule and now put directly in Century Code.

**Section 2.** Under 43-17 – the Board licenses and regulates physicians, physician assistants, and physician residents. 43-17-02 provides exceptions to the regulations of this chapter – and some language regarding physician assistants and

residents were included in this section making them “exempt” to the chapter. This was confusing as other parts of the chapter specifically reference physician assistants and residents – bringing such licensees back within the chapter’s provisions and regulations. Therefore, to clarify, the sections regarding physician assistants and residents were taken out of this exemption section and put into their appropriate sections. Physician assistants under subsection (1) was removed and put directly in the next section which addresses physician assistant practices. Residents were put into their own section (see Section 6). Other updates to the chapter, and throughout this bill, now clearly delineate whether a law affects physicians, physician assistants, residents, or all “licensees.”

**Section 3.** Moves the language from 43-17-02 regarding physician assistants directly into their law.

**Section 4.** Use of certain words/initials prohibited. The law is being updated to address both physicians and physician assistants and provide clarifying language. The language recognizes that if another profession utilizes a title such as “doctor” under their practice act, they can continue to do so. The proposed language also recognizes that physicians and physician assistants can utilize the initials/titles provided from their education without the need for a license, although they cannot practice without a license.

**Section 5.** As a general rule, in all jurisdictions the practice of medicine occurs in the state the patient is located. If the patient is in North Dakota, the practitioner providing medical services must have a North Dakota license, including if the patient/provider are meeting through electronic means. As you can see, there are a few exceptions currently in the law, but with the practice of telemedicine dramatically

increasing, new exceptions need to be considered to address new issues and situations, while at the same time verifying that sufficient safeguards are in place for patient safety to protect against fraud and abuse. To that end, the Federation of State Medical Boards recently adopted a new Model Policy for Appropriate Use of Telemedicine Technologies in the Practice of Medicine. The new model accounts for numerous scenarios that may deserve an exception to the general licensure rule. The Board is in the process of reviewing this new model and the language being proposed in this section will allow the Board to implement such exceptions into rule.

**Section 6.** Brings the “resident” language from 43-17-02 into its own section.

**Section 7.** Adds an additional physician assistant member to the Board of Medicine. As of December 2022, there are 5,736 active physicians licensed by the Board and 551 physician assistants, so this structure would be more representative of the licensees. This would also allow each Investigatory Panel to have a physician assistant as a member (see Section 31).

**Section 8.** The Governor’s office appoints Board members. The Board reviews and conducts investigations into hundreds of complaints every year and so it is essential that certain specialty areas are represented on the Board. It is also beneficial to have a diverse group of individuals appointed to the Board with representatives from rural practice and major hospitals and from various locations throughout the state. The proposed language allows the Board to communicate with the Governor’s office regarding such specialty and practice areas which will be taken into consideration when filling vacancies. Also clarifies term limits for Board members as two “full” terms.

**Section 9.** Allows the Board to communicate a “vacancy” to the Governor’s office to fill appointment if a Board member is consistently absent from meetings.

**Section 10.** Clarifies that the Board “employs” an executive director and role of the executive director.

**Section 11.** Removes outdated language as the Board does not implement an examination for licensure during its meetings.

**Section 12.** Allows the Board to utilize funds for promotion and education of the professions and that the Board may adopt rules to implement the chapter.

**Section 13.** Updated language provides that an applicant has a year to submit all required documentation for licensure.

**Section 14.** Clarifies that Board members receive reimbursement for mileage, expenses, and lodging consistent with state law and that the Board may employ a staff to carry out the duties of the chapter.

**Section 15.** Several updates to physician licensure:

- Removes the “good moral character clause.”
- Foreign medical graduates are currently required to complete thirty months of residency before they may apply for physician licensure. Those still in a residency program can apply for a physician licensure after thirty months – which would allow them to work outside of their residency program. However, the law allowed residents to apply for a “special license” after twenty-four months with the Board to allow such moonlighting. In reviewing licensure requirements around the nation, the majority of jurisdictions require twenty-four months of residency for

international graduates before being eligible for licensure. As such, the application for the “special license” appeared to be an unnecessary, inefficient barrier to practice as this license had to be approved by the Board at a meeting. The updated language in (3)(b) puts North Dakota in line with national standards by now requiring twenty-four months of residency, removing the “special licensure” application requirement.

- Incorporates a “uniquely qualified license.” This license is detailed in rule (50-02-02-01(2)) that the Board would like specifically referenced in the law. It recognizes that there may be practicing health care workers who may not meet all technical eligibility requirements for licensure, but who are uniquely qualified through training and experience or would make a unique or special contribution to the practice of medicine that should allow them to obtain North Dakota licensure if certain standards are met.
- This takes language from 43-17-21 – repealed in Section 34 – and places directly in the physician licensure section – specifically, that an applicant may be called to interview before the Board prior to licensure and that the Board may issue provisional licenses in between Board meetings.

**Section 16.** Updates language as individuals receive a “license” and not a “registration.” Also requires licensees to maintain contact information with the Board with potential fines and disciplinary action for failing to maintain.

**Section 17.** Updates language as individuals receive a “license” not a “registration.”

**Section 18.** Updates language to allow transition to a two-year license. A survey was sent out to licensees asking for input on length of licensure with an overwhelming majority requesting a two- or three-year license (versus the one-year license currently in place). With moving to a two-year license, the penalty fee for late renewal is changed to “up to” three times the licensure fee. This puts a cap on the fee but also allows some flexibility for the Board to adopt a lesser fee by rule.

**Section 19.** Adds a penalty fee for failing to comply with continuing education requirements and notice of possible disciplinary action for failure to timely respond to a CME audit.

Section 3 allows an exception to reporting CME requirements if the physician has a current national certification from a specialty board. To maintain such certification, the physician already is required to submit CMEs but may be on a different cycle than the Board audit. The Board will therefore accept the certification instead of requiring redundant CME hours be submitted.

**Section 20.** A continued question received by the Board and Association is how long licensees should maintain records. In review of HIPAA requirements and other state requirements, seven years is being suggested. There is also language for transferring medical records if a licensee is no longer practicing.

**Section 21.** Updates language on disciplinary action taken for use of alcohol or drugs. Currently the law only allows discipline for “habitual use” of alcohol or drugs. However, there are times when the Board only receives information on one use, but the one use raises serious concerns. For example, the Board recently indefinitely suspended a license from an individual who operated on a patient with alcohol in his

system. No other alcohol related incidents were reported but the instance was so egregious that it should be a basis in itself for discipline action. The updated language allows the Board to take such action if the use of alcohol or drugs interferes with the practitioner's ability to safely practice. Outdated language on fluoroscopy techs is also removed as they are no longer under the jurisdiction of the Board.

**Section 22.** Updates language to all "licensees" under the jurisdiction of the Board.

**Sections 23 and 24.** Updates language to all individuals rendering emergency treatment which will include physician assistants in addition to physicians.

**Section 25.** 43-17-41 requires various licensees to report certain wounds, injuries, or other traumas to law enforcement including injuries of knives, guns, or pistols, or trauma associated with domestic violence and sexual offenses. This language makes such records exempt from public disclosure.

**Section 26.** Clarifies all licensees are allowed to apply topical fluoride varnish.

**Section 27.** North Dakota is part of the Interstate Medical Licensure Compact. After licenses are issued through the Compact, and Board is authorized under the law to follow up with additional questions of the licensee including questions regarding malpractice history or other reportable offenses. This added language allows a fine and possible disciplinary action for failure to answer this questionnaire.

#### **Updates to North Dakota Century Code Chapter 43-17.1**

**Sections 28.** Chapter 43-17.1 outlines the process and procedures followed by the Board for discipline. The language has been updated throughout the chapter to

refer to all “licensees” under the jurisdiction of the Board, providing clarification that all licensees follow the same disciplinary process.

**Section 29.** Updated language reflects adding a physician assistant to the Board, that information shared with investigators or other experts retained to provide services/opinions remain confidential in such hands, and that it is the executive director of the Board that assigns cases to each investigatory panel.

**Section 30.** Updates reference to “licensee.”

**Section 31.** Updated language clarifies what needs to be reported to the Board by the licensee and when such reports need to be made.

**Section 32.** Updates reference to “licensee.”

**Section 33.** Clarifies what information is confidential and what is open to the public. It is only after an Investigatory Panel seeks disciplinary action that the complaint, executed stipulation, and any order becomes public.

Section 4 allows the Board to share investigatory information with another licensing authority. Individuals may be licensed in numerous states and when the licensing boards are conducting concurrent investigations, it allows for that exchange of information as long as the receiving state can verify the information would be protected in their jurisdiction.

**Section 34.** Repeals two laws:

43-17-21: This law contains outdated language regarding reciprocity and endorsements. The Board is part of the Interstate Medical Licensure Compact and therefore does not have endorsements through reciprocal agreements with other states. Other language in this section regarding interviews and provisional license issued



between board meetings was placed more appropriately in the physician licensure section 43-17-18 (Section 15).

43-17-30: This law contains outdated language for failure to pay application fees. As a license is only issued after a fee is paid, this section is unnecessary.

Thank you for your time and attention and I would be happy to answer any questions.