

CHAPTER 50-02-02

SPECIAL LICENSE

50-02-02-01. Exceptions to technical requirements on licensure. A license issued under this section is, for all purposes, the same as a regular medical license issued by the board.

1. The Board shall issue a license to an applicant who holds a current valid Letter of Qualification issued through the Interstate Medical Licensing Compact. The issuance of a license does not preclude the Board's ability to require additional information from the applicant.

2. The board may issue a medical license to an applicant who does not meet all technical eligibility requirements if the board determines the applicant is uniquely qualified through training or experience or will make a unique or special contribution to the practice of medicine not readily available to the citizens of the state. In applying this rule, the board shall make written findings supporting the issuance of a special license.

In addition to the potential benefit to the state, the board shall include in its analysis consideration of the following:

- 1a.** Board certification;
- 2b.** Nature and length of medical practice;
- 3c.** Nature and length of postgraduate training and research;
- 4d.** Licenses issued by other states;
- 5e.** The existence of disciplinary actions by other medical boards or adverse actions by medical facilities;
- 6f.** History of malpractice judgments or settlements;
- 7g.** Licensing examinations, such as USMLE or SPEX; and
- 8h.** Such other considerations that bear upon an applicant's eligibility.

~~A license issued under this section is, for all purposes, the same as a regular medical license issued by the board.~~

General Authority: 28-32-02, NDCC

Statute Implemented: 43-17, NDCC

CHAPTER 50-03-04

FLUOROSCOPY TECHNOLOGISTS

50-03-04-01. Definitions. As used in this chapter:

Repealed effective August 1, 2019

1. ~~"Approved school for radiologic technologists" means a school that provides a course of instruction in radiologic technology which:
 - a. ~~Has been found by the board of medicine to be adequate to meet the purposes of this chapter, or;~~
 - b. ~~Has been approved by an accrediting body recognized by the board of medicine for this purpose.~~~~
2. ~~"Board" means the North Dakota board of medicine.~~
1. ~~"Fluoroscopy" means a radiological examination utilizing fluorescence for the observation of the transient image.~~
2. ~~"Fluoroscopy technologist" means a radiology technologist who has been granted a radiologic technologist fluoroscopy permit by the board.~~
3. ~~"Immediately available supervision" means being physically available for consultation and supervision.~~
4. ~~"Onsite supervising physician" means a North Dakota licensed physician who provides supervision of the fluoroscopy technologist's activities outside the presence of the primary supervising physician.~~
5. ~~"Primary supervising physician" means a North Dakota licensed physician who:
 - a. ~~Is certified by the American board of radiology, the American osteopathic board of radiology, or the royal college of physicians and surgeons of Canada;~~
 - b. ~~Is approved by the board for this purpose, and;~~
 - c. ~~Is contractually bound to provide primary supervision of fluoroscopy technologists as specified in this chapter.~~~~
6. ~~"Radiologic technologist" means any person in good standing with the American registry of radiologic technologists making application of x rays to human beings for diagnostic purposes.~~

7. ~~"Supervision" means responsibility for, and control of, quality, radiation safety, and technical aspects of all x-ray examinations and procedures.~~

50-03-04-02. Permit required. Repealed effective August 1, 2019

~~A radiologic technologist fluoroscopy permit issued by the board shall be required of any radiologic technologist who independently and directly controls a fluoroscopy procedure.~~

50-03-04-03. Initial requirements for permit. Repealed effective August 1, 2019

~~To obtain a radiologic technologist fluoroscopy permit, an applicant must meet the following requirements:~~

1. ~~Graduation from a radiologic technologist school approved by the board.~~

2. ~~No less than five years experience as a radiologic technologist.~~

1. ~~A history free of any finding by the board of any act that would constitute grounds for disciplinary action under this chapter.~~

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4. ~~Successful completion of the following educational requirements:~~

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a. ~~Classroom instruction must include at least the following:~~

~~Subject~~ ~~Hours of Instruction~~

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- | | |
|--|---------------|
| 1. Fluoroscopy regulations and radiation safety | 10 |
| 2. Fluoroscopy equipment | 5 |
| 3. X-ray image intensifiers | 4 |
| 4. Television, including closed circuit equipment | 4 |
| 5. Image recording and image recording equipment | 6 |
| 6. Special fluoroscopy equipment | 5 |
| 7. Mobile image intensified units | 2 |
| 8. Anatomy and physiology of the eye | 2 |
| 9. Three dimensional and radiologic anatomy | 2 |
| 10. Radiation dosimetry | 2 |
| 11. Quality assurance and quality control | 2 |

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b. ~~At least fifteen hours of laboratory in which each student shall conduct experiments on phantoms to illustrate at least the following:~~

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1. ~~Methods of reducing dose to patients during fluoroscopy procedures;~~

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2. ~~Methods of reducing exposure to self and personnel;~~

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3. ~~Image recording during the exposure of a phantom, and;~~ ← Format
4. ~~Quality control of fluoroscopy equipment.~~ ← Format
5. ~~Completion of no less than seventy five gastrointestinal fluoroscopy procedures under the direct supervision of the primary supervising physician.~~ ← Format
6. ~~Successful completion of board approved examinations in:~~ ← Format
 - a. ~~Fluoroscopy radiation protection and safety, and;~~ ← Format
 - b. ~~Use of fluoroscopy and ancillary equipment.~~ ← Format
7. ~~Current certification and registration with the American registry of radiologic technology.~~ ← Format
8. ~~Physical, mental, and professional capability to provide medical services in a safe and appropriate manner.~~ ← Format
9. ~~Payment of the initial licensure fee fixed by the board.~~ ← Format

50-03-04-04. Annual permit renewal. Repealed effective August 1, 2019

~~Each fluoroscopy technologist who practices in North Dakota must annually submit a fluoroscopy permit renewal application. That application must be submitted on forms supplied by the board and must be accompanied by:~~

1. ~~Evidence of the applicant's continued good standing with the American registry of radiologic technology;~~
2. ~~The annual permit renewal fee;~~
1. ~~Evidence of a contractual agreement with a primary supervising physician who meets the board's requirements, and;~~
2. ~~Evidence that the applicant has completed at least three hours of continuing education which has been approved by the American registry of radiologic technology and pertains specifically to fluoroscopy.~~

50-03-04-05. Fees. Repealed effective August 1, 2019

~~The fee for initial registration of a fluoroscopy technologist is fifty dollars. The annual renewal fee and the fee for approval of employment contract changes is fifty dollars.~~

50-03-04-06. Scope of practice. Repealed effective August 1, 2019

~~The provisions of this chapter notwithstanding, a fluoroscopy technologist may only perform~~

~~the following fluoroscopic procedures in North Dakota:~~

- ~~1. Gastrointestinal fluoroscopy of the esophagus;~~
- ~~2. Stomach, and;~~
- ~~3. Small and large intestine.~~

50-03-04-07. Supervising physician. Repealed effective August 1, 2019

~~A radiologic technologist may not provide fluoroscopy services except under the supervision of a primary supervising physician.~~

50-03-04-08. Supervision contract requirements. Repealed effective August 1, 2019

~~Upon undertaking the supervision of a fluoroscopy technologist as contemplated by this chapter, the primary supervising physician shall file with the board a copy of the contract establishing the supervisory relationship. That contract must be approved by the board. Upon effecting any significant change in this contract, or in the supervisory relationship, the primary supervising physician must immediately notify the board and the administrator of every facility where the fluoroscopy technologist is known to be providing services.~~

50-03-04-09. Primary supervising physician's responsibility. Repealed effective August 1, 2019

~~It is the responsibility of the primary supervising physician to direct and review the work, records, and practice of the fluoroscopy technologist on a daily, continuous basis to ensure that appropriate and safe treatment is rendered. The primary supervising physician must be available continuously for contact personally or by telephone or radio, and the supervision must include at least two hours per week of personal supervision. Such supervision may be provided onsite or by means of televideo and audio technology that permits the supervising physician to view the work being performed by the fluoroscopy technologist as it is occurring and to communicate with the technologist. A fluoroscopy technologist must be present at all times when fluoroscopic studies performed by the radiologic technologist are being interpreted by a supervising radiologist. All studies performed by a fluoroscopy technologist must be reviewed by a supervising radiologist. The primary supervising physician will remain primarily responsible for the acts of the fluoroscopy technologist even when the fluoroscopy technologist is acting under the immediate supervision of an onsite supervising physician.~~

~~It is the responsibility of the primary supervising physician to evaluate and monitor fluoroscopy patient exposure to ionizing radiation to ensure that the cumulative absorbed dose is limited to the minimum amount necessary to achieve the clinical tasks. This includes requiring the use of equipment that aids in minimizing absorbed doses, the recording of "beam on" time in patient records for every fluoroscopy procedure, and the establishment of standard operating procedures and protocols for each specific type of procedures performed. Those protocols must address all aspects of each procedure and must be available for review by the board at all times.~~

~~It is the responsibility of the primary supervising physician to ensure that the fluoroscopy technologist does not perform any fluoroscopy procedure in any facility that has not developed a comprehensive fluoroscopic quality control program. That quality control program must be approved by the board before the fluoroscopy technologist performs fluoroscopy procedures at that facility.~~

50-03-04-10. Onsite supervising physician required. Repealed effective August 1, 2019

~~In circumstances in which a fluoroscopy technologist performs fluoroscopy procedures outside the presence of the fluoroscopy technologist's primary supervising physician, the fluoroscopy technologist must be supervised by an on-site supervising physician who is immediately available to the fluoroscopy technologist for consultation and supervision at all times when the fluoroscopy technologist is performing fluoroscopy procedures.~~

50-03-04-11. Requirements to serve as an onsite supervising physician. Repealed effective August 1, 2019

~~A physician, except those who meet the postgraduate training requirements required of a primary supervising physician, may not serve as an onsite supervising physician unless:~~

- ~~1. The primary supervising physician has first certified to the board that the physician has demonstrated a satisfactory understanding of radiation safety standards, and;~~
- ~~2. The physician has certified to the board that:
 - ~~a. The physician has read and understands all written materials recommended by the primary supervising physician.~~
 - ~~b. The physician will be immediately available in the medical facility to provide advice regarding the appropriateness of specific exams and to serve in a general advisory capacity to the fluoroscopy technologist.~~
 - ~~c. The physician will be available for telephone consultation with the primary supervising physician.~~
 - ~~d. The physician will immediately report any variance or aberration in the fluoroscopy technologist's performance to the primary supervising physician.~~
 - ~~e. The physician will ensure that the fluoroscopy technologist does not perform exams on any patients who are pregnant or have had endoscopic biopsies within the past forty eight hours.~~
 - ~~f. The physician will ensure proper use of lead shielding devices by the fluoroscopy technologists.~~~~

50-03-04-12. Designation of substitute primary supervising physician. Repealed effective

August 1, 2019

1. ~~A supervising physician may not designate the fluoroscopy technologist to take over the physician's duties or cover the physician's practice. During any absence or temporary disability of a primary supervising physician, the primary supervising physician must designate a substitute primary supervising physician to assume all duties and responsibilities of the primary supervising physician. During this period, the fluoroscopy technologist will be responsible to the substitute primary supervising physician. The designation of a substitute primary supervising physician must be in writing and be signed by the primary supervising physician, the substitute primary supervising physician, and the radiologic technologist and must contain the following information:~~
 - a. ~~The name of the substitute primary supervising physician.~~
 - b. ~~The period during which the substitute primary supervising physician will assume the duties and responsibilities of the primary supervising physician.~~
 - c. ~~Any substantive change in the radiologic technologist's duties and responsibilities.~~
 - d. ~~Documentation satisfactory to the board indicating that the substitute primary supervising physician possesses the qualifications required of a primary supervising physician.~~
2. ~~The appointment of a substitute primary supervising physician does not become effective unless it is first approved by the board. A primary supervising physician may designate as many as three substitute primary supervising physicians. However, the notification filed with the board must clearly specify which individual will be responsible as primary supervising physician at any given time.~~

50-03-04-13. Number of technologists under physician's supervision limited. Repealed effective August 1, 2019

~~A physician may not act as primary supervising physician for more than two fluoroscopy technologists currently qualified under this chapter, unless compelling reasons are presented to and approved by the board.~~

50-03-04-14. Disciplinary action. Repealed effective August 1, 2019

~~The board is authorized to take disciplinary action against a fluoroscopy technologist who has been granted a fluoroscopy permit by any one or more of the following means, as it may find appropriate:~~

1. ~~Revocation of permit.~~

~~2. — Suspension of permit.~~

~~3. — Probation.~~

~~4. — Imposition of stipulations, limitations, or conditions relating to the practice of fluoroscopy.~~

~~5. — Reprimand.~~

~~6. — Letter of concern.~~

50-03-04-15. Grounds for disciplinary action. Repealed effective August 1, 2019

~~Disciplinary action may be imposed against a fluoroscopy technologist upon any of the following grounds:~~

~~1. — The use of any false, fraudulent, or forged statement or document, or the use of any fraudulent, deceitful, dishonest, or immoral practice, in connection with any of the requirements for obtaining a fluoroscopy permit.~~

~~2. — The conviction of any misdemeanor determined by the board to have a direct bearing upon a person's ability to serve the public as a practitioner of medicine or any felony.~~

~~3. — Habitual use of alcohol or drugs.~~

~~1. — Physical or mental disability materially affecting the ability to perform the duties of a technologist in a competent manner.~~

~~2. — The performance of any dishonorable, unethical, or unprofessional conduct likely to deceive, defraud, or harm the public.~~

~~6. — Obtaining any fee by fraud, deceit, or misrepresentation.~~

- ~~1. Aiding or abetting the practice of medicine by an unlicensed, incompetent, or impaired person.~~
- ~~2. The violation of any provision of a medical practice act or the rules of the board or any action, stipulation, condition, or agreement imposed by the board.~~
- ~~3. The representation to a patient that a manifestly incurable condition, sickness, disease, or injury can be cured.~~
- ~~4. The willful or negligent violation of the confidentiality between a medical provider and patient, except as required by law.~~
- ~~11. Gross negligence in the technologist's practice.~~
- ~~12. Sexual abuse, misconduct, or exploitation related to the technologist's practice.~~
- ~~13. A continued pattern of inappropriate care as a technologist.~~
- ~~1. The use of any false, fraudulent, or deceptive statement in any document connected with the practice of medicine.~~
- ~~2. The violation of any state or federal statute or regulation relating to controlled substances.~~
- ~~1. The failure to furnish the board or the board's investigative panels or their investigators or representatives, information legally requested by the board or the board's investigative panels.~~
- ~~2. The failure to maintain current certification and registration with the American registry of radiologic technology.~~
- ~~3. Performing any fluoroscopic procedure outside the presence of a properly trained supervising physician.~~

50-03-04-16. Communications. Repealed effective August 1, 2019

~~All communications and reports concerning rules in this chapter and applications filed under them should be addressed to or be delivered in person to:~~

~~North Dakota Board of Medicine
418 E. Broadway Ave., Suite 12
Bismarek, ND 58501
Phone: 701-328-6500~~

CHAPTER 50-03-01 PHYSICIAN ASSISTANTS

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50-03-01-03	Supervision Contract Requirements [Repealed]
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50-03-01-03.2	Practice Requirements
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50-03-01-17	Late Fees
50-03-01-18	Physician assistant - Use of certain words or initials prohibited

50-03-01-01. Description and authority of physician assistant.

Repealed effective August 1, 2019.

~~The physician assistant is a skilled person, qualified by academic and clinical training to provide patient services under the supervision and responsibility of a licensed doctor of medicine or osteopathy who is responsible for the performance of that assistant. The assistant may be involved with the patients of the physician in any medical setting for which the physician is responsible.~~

~~**History:** Amended effective July 1, 1988; November 1, 1993~~

~~**General Authority:** NDCC 43-17-13~~

~~**Law Implemented:** NDCC 43-17-02(10)~~

50-03-01-01.1 Description and scope of practice of the physician assistant.

The physician assistant is a medical professional qualified by academic and clinical training to provide patient services including but not limited to the diagnosing of illnesses, developing and managing treatment plans, prescribing medications, and often serving as a patient's principal healthcare provider in collaboration with physicians and other health care providers.

1. A physician assistant may

- a. Provide a legal medical service for which a physician assistant is prepared by education, training, and experience and is competent to perform, including:
 - (1) Obtaining and performing a comprehensive health history and physical examination;
 - (2) Evaluating, diagnosing, managing, and providing medical treatment;
 - (3) Ordering and evaluating a diagnostic study and therapeutic procedure;
 - (4) Performing a diagnostic study or therapeutic procedure not involving the use of medical imaging as defined in section 43-62-01 or radiation therapy as defined in section 43-62-01;
 - (5) Performing limited sonography on a focused imaging target to assess specific and limited information about a patient's medical condition or to provide real-time visual guidance for another procedure;
 - (6) Educating a patient on health promotion and disease prevention;
 - (7) Providing consultation upon request; and
 - (8) Writing a medical order;
 - b. Obtain informed consent;
 - c. Supervise, delegate, and assign therapeutic and diagnostic measures not involving the use of medical imaging as defined in section 43-62-01 or radiation therapy as defined in section 43-62-01 to licensed or unlicensed personnel;
 - d. Certify the health or disability of a patient as required by any local, state, or federal program;
 - e. Authenticate any document with the signature, certification, stamp, verification, affidavit, or endorsement of the physician assistant if the document may be authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician; and
 - f. Pronounce death.
2. A physician assistant:
- a. May prescribe, dispense, administer, and procure drugs and medical devices;
 - b. May plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including durable medical equipment, nutrition, blood and blood products, and diagnostic support services, including home health care, hospice, and physical and occupational therapy;
 - c. May prescribe and dispense schedule II through V substances as designated by the federal drug enforcement agency and all legend drugs;
 - d. May not dispense a drug, unless pharmacy services are not reasonably available, dispensing is in the best interest of the patient, or an emergency exists;
 - e. May request, receive, and sign for a professional sample, and may distribute a professional sample to a patient; and
 - f. If prescribing or dispensing a controlled substance, shall register with the federal drug enforcement administration and shall comply with appropriate state and federal laws.

History: Effective August 1, 2019

General Authority: NDCC 43-17-02.1

Law Implemented: NDCC 43-17-02.1

50-03-01-02. Examination requirements.

No individual may be licensed as a physician assistant ~~may be employed in the state until the assistant has passed~~ without passing the certifying examination of the national commission on certification of physician assistants or other certifying examinations approved by the North Dakota board of medicine.

History: Amended effective July 1, 1988; November 1, 1993; August 1, 2019

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02.1

50-03-01-03. Supervision contract requirements.

Repealed effective August 1, 2019.

~~Upon undertaking the supervision of a physician assistant as contemplated by this chapter, the physician shall file with the board a copy of the contract establishing that relationship. That contract must be approved by the North Dakota board of medicine.~~

~~The contract must be confirmed annually by completing and filing with the board such forms as are requested and provided by the board. The board must be notified within seventy-two hours of any contract termination or modification.~~

~~Every physician who supervises a physician assistant under this chapter must practice medicine in North Dakota. No physician may act as a supervising physician for any physician assistant who is a member of the physician's immediate family unless specific authorization for such supervision has been approved by the North Dakota board of medicine. For purposes of this section, "immediate family" means a spouse, parent, child, or sibling of the supervising physician.~~

~~**History:** Amended effective July 1, 1988; July 1, 1994; April 1, 1996; August 1, 2002.~~

~~**General Authority:** NDCC 28-32-02~~

~~**Law Implemented:** NDCC 43-17-02(10)~~

50-03-01-03.1 Collaboration with physicians and other health care providers

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

History: Effective August 1, 2019

General Authority: NDCC 43-17-02.1

Law Implemented: NDCC 43-17-02.1

50-03-01-03.2 Practice requirements

A physician assistant shall practice at a:

1. licensed health care facility,
2. facility with a credentialing and privileging system,
3. physician-owned facility or practice.

4. or facility or practice approved by the board.
 - a. If a physician assistant has less than four thousand hours of practice experience and seeks to practice at a facility or practice that is not a licensed health care facility, a facility with a credentialing and privileging system, or a physician-owned facility or practice, the physician assistant must execute a written collaborative agreement with a physician that describes how collaboration with that physician will occur and provide it to the board upon request.

A physician assistant shall comply with any privileging and credentialing systems at the facility at which the physician assistant practices.

History: Effective August 1, 2019

General Authority: NDCC 43-17-02.01

Law Implemented: NDCC 43-17-02.01

50-03-01-04. Supervising physician's responsibility.

Repealed effective August 1, 2019.

~~For purposes of this section, "supervision" means overseeing the activities of, and accepting the responsibility for, the medical services rendered by a physician assistant. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place that the services are rendered. It is the responsibility of the supervising physician to direct and review the work, records, and practice of the physician assistant on a continuous basis to ensure that appropriate and safe treatment is rendered. The supervising physician must be available continuously for contact personally or by telephone or other electronic means. It is the obligation of each team of physicians and physician assistants to ensure that the physician assistant's scope of practice is identified; that delegation of medical tasks is appropriate to the physician assistant's level of competence; that the relationship of, and access to, the supervising physician is defined; and that a process for evaluation of the physician assistant's performance is established.~~

~~History: Amended effective July 1, 1988; November 1, 1993; May 1, 2002.~~

~~General Authority: NDCC 43-17-13~~

~~Law Implemented: NDCC 43-17-02(10)~~

50-03-01-05. Designation of substitute supervising physician.

Repealed effective August 1, 2019.

~~Under no circumstances shall the supervising physician designate the physician assistant to take over the physician's duties or cover the physician's practice. During any absence or temporary disability of a supervising physician, it is mandatory that the supervising physician designate a substitute supervising physician to assume all duties and responsibilities of the supervising physician. The physician assistant, during this period, will be responsible to the substitute physician. The designation of a substitute supervising physician must be in writing; signed by the supervising physician, the substitute supervising physician, and the physician assistant; and contain the following information:~~

- ~~1. The name of the substitute supervising physician.~~
- ~~2. The period during which the substitute supervising physician will assume the duties and responsibilities of the supervising physician.~~
- ~~3. Any substantive change in the physician assistant's duties or responsibilities. The appointment of a substitute supervising physician does not become effective unless it is first approved by the~~

~~North Dakota board of medicine.~~

~~History: Amended effective July 1, 1988; November 1, 1993; July 1, 1994.~~

~~General Authority: NDCC 43-17-13~~

~~Law Implemented: NDCC 43-17-02(10)~~

50-03-01-06. Assistant's functions limited.

Repealed effective August 1, 2019.

~~Physician assistants may perform only those duties and responsibilities that are delegated by their supervising physicians. No supervising physician may delegate to a physician assistant any duty or responsibility for which the physician assistant has not been adequately trained. Physician assistants are the agents of their supervising physicians in the performance of all practice-related activities. A physician assistant may provide patient care only in those areas of medical practice where the supervising physician provides patient care.~~

~~History: Amended effective July 1, 1988; November 1, 1993; July 1, 1994; April 1, 1996.~~

~~General Authority: NDCC 43-17-13~~

~~Law Implemented: NDCC 43-17-02(10)~~

50-03-01-07. Drug therapy.

Repealed effective January 1, 2010.

50-03-01-07.1. Medication dispensation.

Repealed effective August 1, 2019.

~~A physician assistant may dispense medications which the physician assistant is authorized to prescribe in the following circumstances:~~

- ~~1. The dispensation is in compliance with all applicable federal and state regulations;~~
- ~~2. Pharmacy services are not reasonably available, or an emergency requires the immediate dispensation of medication for the appropriate medical care of a patient; and~~
- ~~3. Dispensation of medications by the physician assistant is within the guidelines of the supervising physician.~~

~~History: Effective January 1, 2010.~~

~~General Authority: NDCC 43-17-07.1~~

~~Law Implemented: NDCC 43-17-02(9)~~

50-03-01-08. Assignment of tasks by supervising physician.

Repealed effective July 1, 1988.

50-03-01-09. Number of assistants under physician's supervision limited.

Repealed effective January 1, 2010.

50-03-01-09.1. Physician assistant for more than one physician.

Repealed effective August 1, 2019.

~~A physician assistant may provide services for more than one physician in the following circumstances if each of the physicians for whom the physician assistant provides services has filed a proper contract under section 50-03-01-03:~~

- ~~1. In a group practice setting where one physician is designated as the primary supervising physician, the primary supervising physician will remain primarily responsible for the acts of the physician assistant even when the physician assistant is acting under the immediate supervision of another physician in the group; or~~
- ~~2. If two or more physicians who are not associated in practice require assistance on a part-time basis, each may contract with the physician assistant as a supervising physician provided that a physician assistant has one primary supervising physician who is affiliated with each of the unassociated practice arrangements.~~

~~**History:** Effective July 1, 1994; amended effective March 1, 2003.~~

~~**General Authority:** NDCC 43-17-13~~

~~**Law Implemented:** NDCC 43-17-02(10)~~

50-03-01-09.2. Physician assistants under physician's supervision.

Repealed effective August 1, 2019.

~~Subject to approval by the board, a physician may act as primary supervising physician for such number of physician assistants as is consistent with good medical practice, considering the type and circumstance of the physician's practice and the authority delegated to the physician assistants and which permits the physician to fulfill all supervisory duties required by law.~~

~~**History:** Effective January 1, 2010.~~

~~**General Authority:** NDCC 43-17-07.1~~

~~**Law Implemented:** NDCC 43-17-02(9)~~

50-03-01-10. Assistant's services limited.

Repealed effective July 1, 1988.

50-03-01-10.1. Disciplinary action.

The board is authorized to take disciplinary action against a licensed physician assistant by any one or more of the following means, as it may find appropriate:

1. Revocation of license.
2. Suspension of license.
3. Probation.
4. Imposition of stipulations, limitations, or conditions relating to the duties of a physician assistant.

5. Letter of censure.
6. Require the licensee to provide free public or charitable service for a defined period.
7. Impose fines, not to exceed five thousand dollars for any single disciplinary action. Any fines collected by the North Dakota board of medicine must be deposited in the state general fund.

History: Effective August 1, 2002; amended effective October 17, 2002.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 43-17-02(10)

50-03-01-10.2. Disciplinary proceedings.

In any order or decision issued by the board in resolution of a disciplinary proceeding in which disciplinary action is imposed against a physician assistant, the board may direct any physician assistant to pay the board a sum not to exceed the reasonable and actual costs, including reasonable attorney's fees, incurred by the board and its investigative panels of the board in the investigation and prosecution of the case. If applicable, the physician's or physician assistant's license may be suspended until the costs are paid to the board. A physician assistant may challenge the reasonableness of any cost item in a hearing under North Dakota Century Code chapter 28-32 before an administrative law judge. The administrative law judge may approve, deny, or modify any cost item, and the determination of the judge is final. The hearing must occur before the physician assistant's license may be suspended for nonpayment.

History: Effective August 1, 2019

General Authority: NDCC 28-32-02

Law Implemented: NDCC 43-17-31.1

50-03-01-11. Grounds for disciplinary action.

The board may deny an application for licensure or may take disciplinary action against a physician assistant upon any of the following grounds:

1. Failing to demonstrate the qualifications for licensure under this act or the regulations of the board.
2. Soliciting or receiving any form of compensation from any person other than the physician assistant's registered employer or third-party payer for services performed as a physician assistant.
3. The use of any false, fraudulent, or forged statement or document or the use of any fraudulent, deceitful, dishonest, or immoral practice in connection with any of the licensing requirements.
4. The making of false or misleading statements about the physician assistant's skill or the efficacy of any medicine, treatment, or remedy.
5. The conviction of any misdemeanor, determined by the board to have a direct bearing upon a person's ability to serve the public as a physician assistant, or any felony. A license may not be withheld contrary to the provisions of North Dakota Century Code chapter 12.1-33.
6. The habitual or excessive use of intoxicants or drugs.
7. Physical or mental disability materially affecting the ability to perform the duties of a physician assistant in a competent manner.
8. Aiding or abetting the practice of medicine by a person not licensed by the board or by an incompetent or impaired person.
9. Gross negligence in the performance of the person's duties as a physician assistant.

10. Manifest incapacity or incompetence to perform as a physician assistant.
11. The willful or negligent violation of the confidentiality between physician assistant and patient, except as required by law.
12. The performance of any dishonorable, unethical, or unprofessional conduct.
13. Obtaining any fee by fraud, deceit, or misrepresentation.
- ~~14. Repeated or willful violation of the contract of employment on file with the board.~~
14. The violation of any provision of a physician assistant practice act or the rules and regulations of the board, or any action, stipulation, condition, or agreement imposed by the board or its investigative panels.
15. Representing himself or herself to be a physician.
16. The advertising of the person's services as a physician assistant in an untrue or deceptive manner.
17. Sexual abuse, misconduct, or exploitation related to the licensee's performance of the licensee's duties as a physician assistant.
18. The prescription, sale, administration, distribution, or gift of any drug legally classified as a controlled substance or as an addictive or dangerous drug for other than medically accepted therapeutic purposes.
19. The failure to comply with the reporting requirements of North Dakota Century Code section 43-17.1-05.1.
20. A continued pattern of inappropriate care as a physician assistant.
21. The use of any false, fraudulent, or deceptive statement in any document connected with the performance of the person's duties as a physician assistant.
22. The prescribing, selling, administering, distributing, or giving to oneself or to one's spouse or child any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug.
23. The violation of any state or federal statute or regulation relating to controlled substances.
24. The imposition by another state or jurisdiction of disciplinary action against a license or other authorization to perform duties as a physician assistant based upon acts or conduct by the physician assistant that would constitute grounds for disciplinary action as set forth in this section. A certified copy of the record of the action taken by the other state or jurisdiction is conclusive evidence of that action.
25. The lack of appropriate documentation in medical records for diagnosis, testing, and treatment of patients.
26. The failure to furnish the board or the investigative panel, their investigators or representatives, information legally requested by the board or the investigative panel.
27. Noncompliance with the physician health program established under chapter 43-17.3.

History: Amended effective July 1, 1988; November 1, 1993; April 1, 1996; October 1, 1999; August 1, 2002; August 1, 2019

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-12. Physician's delegation to qualified person not restricted.

Repealed effective April 1, 1999.

50-03-01-13. Fees.

The fee for initial licensure of a physician assistant is fifty dollars. The annual renewal fee is fifty dollars. The fee for a change in practice location ~~approval of employment contract changes~~ is twenty-five dollars.

History: Effective July 1, 1988; amended effective November 1, 1993; December 1, 1996; October 1, 1999; August 1, 2019

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-14. License renewal requirements.

Every second year after the initial licensure certification of a physician assistant, the physician assistant's license renewal application must be accompanied with evidence of the successful completion of one hundred hours of continued education for physician assistants. ~~The applicant must~~ as verified by current certification by the national commission on certification of physician assistants or other certifying entity approved by the board.

History: Effective August 1, 1989; amended effective November 1, 1993; October 1, 1999; July 1, 2013; August 1, 2019

General Authority: NDCC 28-32-02

Law Implemented: NDCC 43-17-02(9)

50-03-01-15. Forms of licensure.

The North Dakota board of medicine may recognize the following forms of licensure for a physician assistant and may issue licenses accordingly:

1. Permanent licensure - which will continue in effect so long as the physician assistant meets all requirements of the board.
2. Locum tenens permit - which may be issued for a period not to exceed three months.

History: Effective July 1, 1994; October 1, 1999; August 1, 2019

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-16. Renewal of licenses.

Provided that all renewal requirements are deemed by the board to be met, a physician assistant who applies for renewal of a physician assistant license within thirty-one days of the expiration date of that license shall be granted a license with an effective date of the first day following expiration of the physician assistant's license. Nothing in this rule shall be construed to affect the board's ability to impose statutory fines or other disciplinary action against a physician assistant for failing to renew a license prior to its expiration date or for practicing with an expired license.

History: Effective October 1, 2011.

General Authority: NDCC 43-17-07.1

Law Implemented: NDCC 43-17-02(9)

50-03-01-17. Late fees.

A physician assistant seeking to renew the annual license who has failed to complete the annual registration process within the time specified by the North Dakota board of medicine must be assessed a fee equal to three times the normal annual license registration fee, in addition to such other penalties as are authorized by law, if that physician assistant is found to have been practicing in this state after the physician assistant's license expired.

History: Effective October 1, 2011.

General Authority: NDCC 43-17-07.1

Law Implemented: NDCC 43-17-02(9)

50-03-01-18. Physician assistant - Use of certain words or initials prohibited.

A person that is not a physician assistant may not represent oneself as a physician assistant or act as a physician assistant or use any combination or abbreviation of the term or title "physician assistant" or "PA" to indicate or imply the person is a physician assistant. However, an individual who is not licensed as a physician assistant under this chapter but who meets the qualifications for licensure as a physician assistant under this chapter may use the title "physician assistant" or "PA" but may not act or practice as a physician assistant unless licensed under this chapter.

History: Effective August 1, 2019

General Authority: NDCC 43-17-02.2

Law Implemented: NDCC 43-17-02.2