



**BOARD OF
MEDICINE**

Established 1890

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SENATE JUDICIARY COMMITTEE
MARCH 17, 2025

TESTIMONY OF
NORTH DAKOTA BOARD OF MEDICINE
HOUSE BILL NO. 1511

Chair Larson, members of the Committee, I'm Sandra DePountis, Executive Director of the North Dakota Board of Medicine, appearing on behalf of the Board in opposition to H.B. 1511 and offering amendments.

The Board of Medicine is neutral on the topic of abortion and does not express an opinion regarding our state's laws or policies on this topic. The Board's concerns are in the logistics and implementation of the Bill – specifically in mandating obstetric practitioners to take a yet to be developed “instructional course” as a requirement for licensure and renewal.

The Board understands and respects the intent behind this bill. These laws vary widely from state to state. To have education available so practitioners know what laws they are subject to while practicing in North Dakota may alleviate some questions and concerns.

The question then becomes – what is the best way to provide this education?

Upon thoughtful reflection – the Board wishes to share the following perspectives.

The legislature consistently mandates that licensing boards in North Dakota remove barriers and implement efficient licensure and renewal processes – pushing for a free flow of licensure and resulting workforce from one state to another. Boards are continually scrutinized and studied in this area. Last session it was through SB 2249 that the Department of Labor did a very comprehensive study on Boards. There are two bills proposed this session to continue Board review into the next biennium (HB 1442 and SB 2308). Another current bill, SB 2395, would implement Universal Licensure in the state and mandate that licenses be issued within 10 days.

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

This bill adds an additional requirement to initial licensure and renewal not required by any other medical board in the nation, by mandating an “instructional course” be taken by physicians practicing obstetrics before the Board may approve their application or renewal. There are no parameters regarding the length of the course, and the course has not yet been developed, so it is uncertain at this time what strain this requirement will put on licensees. This is also an unsettled area of the law – with one chapter currently under appeal before the Supreme Court. A course made today may be rendered outdated by the end of the year. If the instructional course is not available for whatever reason (such as being rendered outdated due to new legal interpretation), physicians would arguably could not be licensed or renewed under the current language of the bill because they have not taken the course.

In addition, North Dakota is part of the Interstate Medical Licensure Compact (IMLC). Compact licenses are issued quickly – the same day an application is received. The requirements for licensure and renewal through the Compact are outlined in North Dakota Century Code chapter 43-17.4. This is model legislation adopted in 42 states that cannot be changed. The Board therefore cannot mandate this additional requirement for licensure through the IMLC – which currently account for over 60% of licenses issued.

As for continuing education, physicians report that one of the most tedious and burdensome requirements when it comes to maintaining licensure is tracking all the various continuing medical education (CME) requirements, due dates, and specific course requirements across numerous states in which they are licensed. Most physicians are certified in their specialty areas by the American Board of Medical Specialties (ABMS) and must submit CMEs and pass continued testing to maintain this certification. In acknowledging this burden and unnecessary redundancy, SB 2115 was passed in 2023 recognizing ABMS certification in lieu of state specific CME requirements – aligning North Dakota with best practices followed by other states. This was positively received by our licensees and was credited under SB 2249 study last biennium conducted by the Department of Labor that reviewed, in part, continuing education

requirements for Boards. This bill goes backwards and adds a requirement back into law for licensee renewal.

Physicians are personally responsible for making sure they comply with state law while practicing in North Dakota. There are state laws on controlled substances, telemedicine requirements, informed consent, commitment proceedings, off-label prescribing, etc. The Board supports having education on this topic available but not as a condition for licensure and renewal. Instead, like all other North Dakota specific laws on health care, the physicians should be responsible for making sure they are practicing accordingly.

The Board therefore requests the bill be amended to remove this requirement for licensure or renewal, while, in keeping with the spirit of the bill, have the education available to all practitioners on the Board's website.

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

PROPOSED AMENDMENTS TO

FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1511

Introduced by

Representatives Rohr, Lefor, D. Ruby, Steiner, Vigesaa

Senators Gerhardt, Hogue, Klein, Myrdal

1 A BILL for an Act to create and enact a new subsection to section 43-17-27.1 of the North
2 Dakota Century Code, relating to physician continuing education requirements; to amend and
3 reenact section 14-02.1-04 of the North Dakota Century Code, relating to limitations on the
4 performance of an abortion; to provide an appropriation; to provide an effective date; and to
5 declare an emergency.

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

7 **SECTION 1. AMENDMENT.** Section 14-02.1-04 of the North Dakota Century Code is
8 amended and reenacted as follows:

9 **14-02.1-04. Limitations on the performance of abortions - Penalty.**

- 10 1. An abortion may not be performed by any ~~person~~individual other than a physician,
11 engaged in the practice of obstetrics, who is using applicable medical standards and
12 who is licensed to practice in this state. All physicians performing abortion procedures
13 must have admitting privileges at a hospital located within thirty miles [42.28
14 kilometers] of the abortion facility and staff privileges to replace hospital on-staff
15 physicians at that hospital. These privileges must include the abortion procedures the
16 physician will be performing at abortion facilities. An abortion facility must have a staff
17 member trained in cardiopulmonary resuscitation present at all times when the
18 abortion facility is open and abortions are scheduled to be performed.
- 19 2. After the first twelve weeks of pregnancy but before the time at which the unborn child
20 may reasonably be expected to have reached viability, an abortion may not be
21 performed in any facility other than a licensed hospital.

- 1 3. An abortion facility may not perform an abortion on a woman without first offering the
2 woman an opportunity to receive and view at the abortion facility or another facility an
3 active ultrasound of her unborn child. The offer and opportunity to receive and view an
4 ultrasound must occur at least twenty-four hours before the abortion is scheduled to
5 be performed. The active ultrasound image must be of a quality consistent with
6 standard medical practice in the community, contain the dimensions of the unborn
7 child, and accurately portray the presence of external members and internal organs,
8 including the heartbeat, if present or viewable, of the unborn child. The auscultation of
9 the fetal heart tone must be of a quality consistent with standard medical practice in
10 the community. The abortion facility shall document the woman's response to the offer,
11 including the date and time of the offer and the woman's signature attesting to her
12 informed decision.
- 13 4. A physician may not perform an abortion unless the physician has reviewed the
14 educational information created under section 43-17-27.1 within one year before the
15 performance of an abortion. This subsection does not apply in the case of a medical
16 emergency.
- 17 5. Any physician who performs an abortion without complying with the provisions of this
18 section is guilty of a class A misdemeanor.
- 19 5.6. It is a class B felony for any ~~person~~individual, other than a physician licensed under
20 chapter 43-17, to perform an abortion in this state.

21 **SECTION 2.** A new subsection to section 43-17-27.1 of the North Dakota Century Code is
22 created and enacted as follows:

23 ~~As part of licensure or renewal requirements under this section, the~~The board shall
24 ~~require a physician engaging in the practice of obstetrics to complete~~ provide access to
25 an instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters
26 related to the practice of medicine on its website. The instructional course must be
27 developed by contract through the office of management and budget, in consultation
28 with and with final approval from the attorney general. This section does not create a
29 right of action against the board by a physician acting upon reliance of the instructional
30 course. The course shall be removed from the website if it no longer accurately reflects
31 North Dakota law.

32 **SECTION 3. APPROPRIATION - OFFICE OF MANAGEMENT AND BUDGET -**

1 **INSTRUCTIONAL COURSE DEVELOPMENT.** There is appropriated out of any moneys in the
2 general fund in the state treasury, not otherwise appropriated, the sum of \$50,000, or so much
3 of the sum as may be necessary, to the office of management and budget for the purpose of
4 developing an instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters
5 relate to the practice of medicine, for the biennium beginning July 1, 2025, and ending June 30,
6 2027. The contract must be awarded to an individual who is or an organization that includes a
7 physician with a minimum of twenty-five years of experience in the practice of obstetrics in the
8 state, and must be developed with and granted final approval from the attorney general.

9 **SECTION 4. EFFECTIVE DATE.** Sections 1 and 2 of this Act become effective on
9 January 1, 2026.

10 **SECTION 5. EMERGENCY.** Section 3 of this Act is declared to be an emergency measure.