

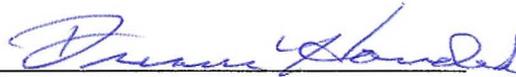
## REGULATORY AND SMALL ENTITY ANALYSIS

### North Dakota State Board of Medical Examiners

**Relating to the repeal of Chapter 50-02-07 NDAC, License Fees, and the enactment of Chapter 50-02-07.1, License Fees; the enactment of section 50-02-14-01, Renewal of Licenses; the repeal of 50-03-01-09, NDAC, Number of assistants under physician's supervision limited, and the enactment of 50-03-01-09.1, NDAC, Physician assistants under physician's supervision; and the repeal of 50-03-01-07, NDAC, Drug Therapy, and the enactment of 50-03-01-07.1, NDAC, Medication dispensation.**

I have examined each of these rules and have determined that they are not expected to have an impact on the regulatory community in excess of \$50,000.00.

The North Dakota State Board of Medical Examiners, as a professional licensing agency, is exempt from the small entity analysis under 28-32-08.1, NDCC.



Duane Houdek

Executive Secretary

ND State Board of Medical Examiners

**Chapter 50-02-07**

**LICENSE FEES**

Chapter 50-02-07 is hereby repealed.

## Chapter 50-02-07.1

### LICENSE FEES

50-02-07.1-01. License Fees. The fee for licensure in North Dakota whether it be by qualification, reciprocity, or endorsement, or special license is two hundred dollars. The fee for a locum tenens license is two hundred dollars, and the annual registration fee for all licensed physicians is one hundred fifty dollars.

50-02-07.1-02. Late Fees. A physician seeking to renew the annual registration who has failed to complete the annual registration process within the time specified by the state board of medical examiners must be assessed a fee equal to three times the normal annual registration fee, in addition to such other penalties as are authorized by law, if that physician is found to have been practicing medicine in this state after the physician's license expired.

General authority: Section 43-17-25, NDCC  
Law implemented: Section 43-17-26.1, NDCC

50-02-07.1-03. Administrative Sanctions. An administrative sanction shall be imposed in the amount of three times the normal annual registration fee for any applicant or licensed physician who provides false or deceptive information with regard to any material fact concerning eligibility for initial licensure or renewal after verifying or certifying that the information provided is true. This includes all material information provided in an initial license application, an annual registration renewal or a report of compliance with mandatory continuing education requirements.

The imposition of an administrative sanction under this section is not a disciplinary action of the board; however, it does not preclude the board from also imposing disciplinary action, or other penalties provided by law, for the same conduct in appropriate cases.

An applicant or licensed physician may challenge the imposition of an administrative sanction under this section in a hearing under chapter 28-32, NDCC, before an administrative law judge.

General authority: Section 43-17-07.1(3), NDCC  
Law implemented: Section 43-17-25, NDCC

## Chapter 50-02-14

### RENEWAL OF LICENSES

**50-02-14-01. Renewal of Licenses.** Provided that all renewal requirements are deemed by the board to be met, a physician who applies for renewal of his or her medical license within 31 days of the expiration date of that license shall be granted a license with an effective date of the first day following expiration of his or her license. Nothing in this rule shall be construed to affect the Board's ability to impose statutory fines or other disciplinary action against physicians for failing to renew their medical license prior to its expiration date, or for practicing medicine with an expired license.

General Authority: Section 43-17-07.1, NDCC

Law Implemented: Section 43-17-24, NDCC

## Chapter 50-03-01

### PHYSICIAN ASSISTANTS

Section **50-03-01-09. Number of assistants under physician's supervision limited** is repealed.

A new section **50-03-01-09.1** is enacted, as follows:

**“50-03-01-09.1. Physician assistants under physician's supervision. 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.”**

General authority: Section 43-17-07.1, NDCC  
Law implemented: Section 43-17-02(9), NDCC

## Chapter 50-03-01

### PHYSICIAN ASSISTANTS

Section **50-03-01-07. Drug Therapy** is repealed.

A new Section **50-03-01-07.1. Medication dispensation** is enacted, as follows:

“50-03-01-07.1. Medication dispensation. 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.”

General authority: Section 43-17-07.1. NDCC.

Law implemented: Section 43-17-02(9), NDCC

## Chapter 50-03-04

### FLUOROSCOPY TECHNOLOGISTS

Section 50-03-04-09. Primary supervising physician's responsibility is amended, as follows:

**“50-03-04-09. Primary supervising physician's responsibility.** 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 onsite, 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 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 procedure performed. Those protocols must address all aspects of each procedure and must be available for review by the board at all times.”

General authority: 43-17-07.1, NDCC

Law implemented: 43-17-02(11), NDCC