

2025 HOUSE INDUSTRY, BUSINESS AND LABOR

HB 1267

2025 HOUSE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee Room JW327C, State Capitol

HB 1267
2/3/2025

A BILL for an Act to amend and reenact sections 43-13-01, 43-13-02, 43-13-05, 43-13-07, 43-13-08, 43-13-13, 43-13-13.2, 43-13-13.3, 43-13-15, 43-13-16, 43-13-17, and 43-13-19 of the North Dakota Century Code, relating to optometrist licensure.

2:35 p.m. Vice Chairman Johnson opened the meeting.

Members Present: Chairman Warrey, Vice Chairman Ostlie, Vice Chairman Johnson, Representatives Bahl, Brown, Christy, Finley-DeVille, Grindberg, Kasper, Koppelman, D. Ruby, Schatz, Schauer, Vollmer

Discussion Topics:

- Modernization of the law
- Existing standards for telemedicine
- Underserved areas
- Guidelines for patience
- Clear and consistent amendment
- Actual physical location in ND
- Health care disparities in rural ND
- Patient safety

2:36 p.m. Representative Jonathan Warrey, District 22, Casselton, ND, introduced and testified.

2:41 p.m. Dr. Tanya M. Patzman, State Board of Optometry, testified in favor and submitted testimony #33689 and #34078.

2:58 p.m. Terry Effertz, Attorney/Lobbyist, Integrity Public Affairs, LLC., representing the ND Optometric Association (NDOA), testified in favor and submitted testimony #33634.

3:14 p.m. Leslie R. Hellebush, Optometrist, Mandan, ND testified in favor and submitted testimony #33595.

3:28 p.m. Michelle KA, Atchison, Member/Physician, ND Society of Eye Physicians and Surgeons, testified in opposition and submitted testimony #33658.

3:36 p.m. Elena R. Raducu, ND Society of Eye Physicians and Surgeons, testified as neutral and submitted testimony #33515.

3:40 p.m. Darren Hill, Ophthalmologist, Minot, ND, testified in neutral.

Additional written testimony:

Kim Hacker, ND Optometric Association, submitted testimony in favor #33443, #33444 and #33605.

Briana Bohn, Jamestown, ND submitted testimony in favor #33616

Darin L. Johnson, Sawyer, ND submitted testimony in favor #33727.

Steve Bagan, West Fargo, ND submitted testimony in opposition #33890.

Kyle Zebley, Executive Director, ATA Action, submitted testimony as neutral #33891.

Paul Selid, President, NDSEPS, submitted testimony as neutral #33947

3:47 p.m. Vice Chairman Johnson closed the meeting

Diane Lillis, Committee Clerk

Do Pass Recommendation

**HB 1267**

Seeing the future of *vision* care in North Dakota

- ✓ Modernize language in the North Dakota optometry practice act.
- ✓ Establish a statutory definition of telemedicine in optometry.
- ✓ Ensure patient protection by requiring adherence to standard of care through comprehensive eye examinations with informed consent and doctor identity verification.
- ✓ Improve access to quality eye care by expanding regulated services in rural areas.
- ✓ Implement safeguards to ensure high-quality telemedicine practices and enhance accountability in the disciplinary process.

Not all telecommunication meets standard of care. It is important that patients understand the difference between a vision or eye health screening and a true telemedicine optometric service.

The North Dakota Optometric Association Supports the use of telemedicine in optometry to access high-value high-quality eye, health and vision care in North Dakota. Telemedicine in optometry can serve to expand patient access to care, improve coordination of care, and enhance communication among all health care practitioners involved in the care of the patient.

"Information technology must play a central role in the redesign of the health care system if a substantial improvement in quality is to be achieved." - *Crossing the Quality Chasm: A New Health System for the 21st Century*

Do Pass Recommendation

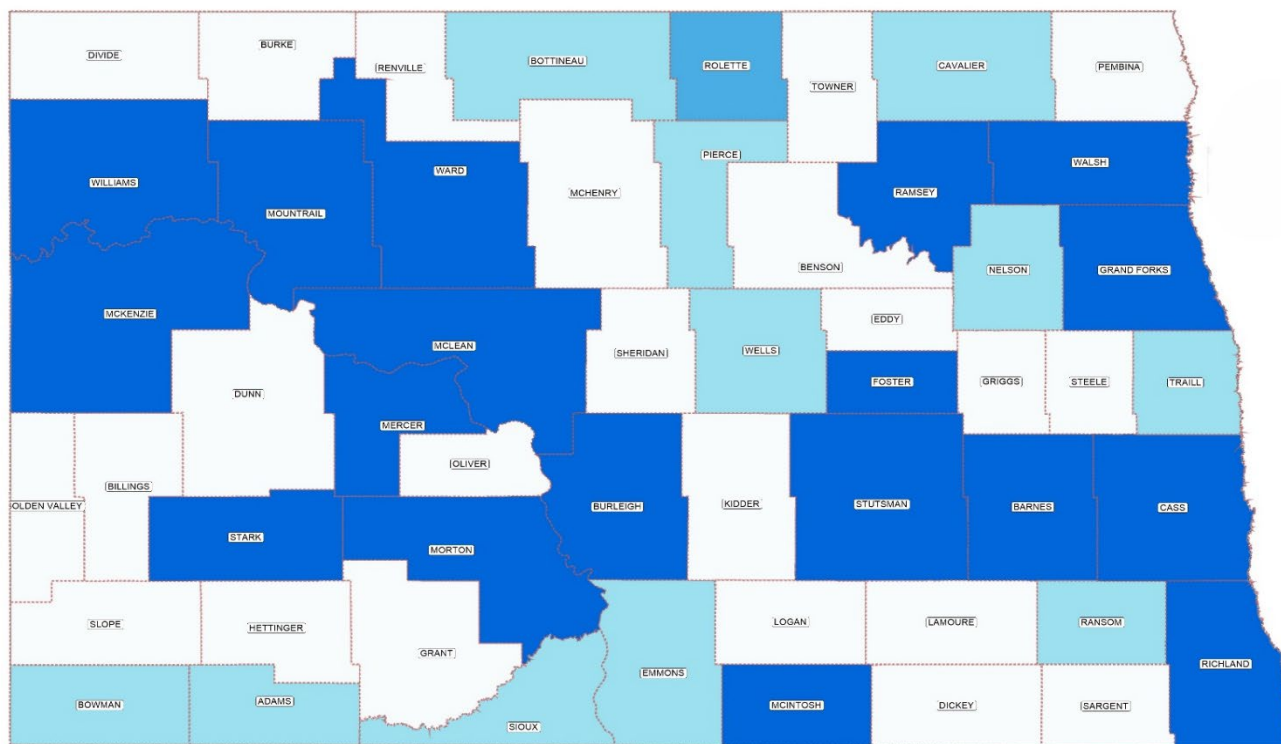


HB 1267

Seeing the future of *vision* care in North Dakota

Improving patient access by responsibly expanding optometric telemedicine services in rural areas of North Dakota

- ✓ North Dakota has 22.75 Optometrists per 100K residents, far exceeding the national average of 15.1.
- ✓ The rural areas in white have no Doctors of Optometry.
- ✓ HB 1267 will ensure that safe, high-quality optometric telemedicine care is available for North Dakota residents living in those areas.



North Dakota Access to Eye Care 2024 - Doctor of Optometry Locations/Doctor Combinations



North Dakota Society of Eye Physicians & Surgeons

February 3, 2025

House Industry Business and Labor

Re: HB 1267

Chairman Warrey and committee members.

My name is Dr. Elena Raducu. I have been practicing ophthalmology since 2012 in Bismarck, ND, I consult in ophthalmology at both hospitals in Bismarck and instruct UND medical students and family medicine residents. I am speaking on NDSEPS' behalf.

We are in favor of HB 1267 **with** the proposed amendment submitted by Dr. Atchison.

The original HB 1267 version changes the language of the current ND Century code that prevented optometrists from injecting pharmaceutical agents. The current North Dakota Century Code also prevents optometrists from performing "invasive surgery", but this term is not clearly defined. It should be clarified to ensure that the optometrists in North Dakota continue to practice within the limits of their training to ensure the safety of North Dakotans.

I will emphasize **the level of training** required of ophthalmology doctors to be able to safely perform surgeries or injections in the eye and, if needed, address consequences or complications. We pursue 4 years of college, 4 years of medical school, 4 years of ophthalmology residency, and 1-2 years of fellowship training. Not only do we get certified to perform the aforementioned surgeries after **thousands of hours** of procedures, but we also have the **medical background** to recognize comorbidities, risk of complications, and we are trained to deal with complex situations, no matter how severe.

Our work schedule includes **call hours, hospital coverage, etc.** If our patient's vision is in danger, we come to the hospital or open the surgical center at night or weekend to promptly address any situation.

The NDSEPS board and I wish to emphasize the respect for the excellent care provided by our optometry colleagues. We work with them on a daily basis. We in no way wish to restrict any of the procedures that are currently safely provided by optometrists acting within the definition of the existing North Dakota Century Code.

We urge that legislature provides the clearest language possible, to avoid unsafe situations that may result into untoward events like loss of vision, central nervous complications, etc.

Our allegiance is to the safety of our patients, to ensure their eyes' health, from preventative measures to conditions of any degree of severity.

This concludes my testimony, and I am happy to answer any questions.



Elena R. Raducu, MD

Senior Partner Dakota Eye Institute - Bismarck, ND

Clin. Instructor UND – Dept of Ophthalmology

Leslie Hellebush, OD
Optometrist and Co-Owner

Schindler & Deis Optometry
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House Industry, Business, and Labor

HB 1267

January 15, 2025

IN Support

Chairman Warrey and members of the committee:

For the record, my name is Dr. Leslie Hellebush and I am testifying in support of HB1267. I am an optometrist, small business owner, and a Past President of the North Dakota Optometric Association. I have been licensed and in practice in North Dakota since 2013. After starting my career in Rugby, I now primarily practice in Bismarck, have a satellite office in Garrison, and provide eyecare at Elm Crest Manor in New Salem.

The bill changes The Optometric Practice Code by modernizing the language to current standards, removing redundancies, and providing safe guardrails for optometric telemedicine.

Optometric telemedicine is an evolving tool in patient care. The NDOA supports the appropriate use of optometric telemedicine to allow access to high quality health and vision care. Telemedicine can serve to expand patient access to care, improve coordination of care, and enhance communication among all healthcare practitioners involved in the care of a patient. With optometric clinics in Rugby, Rolla, Langdon, and Cavalier closing, optometric telemedicine will limit health disparities faced by rural North Dakotans, including advanced eye disease from infrequent preventative care. In my office, we complement our in-person exams with retinal photography. Ultrawide field imaging, special filters, and increased resolution can detect eye disease, including diabetic retinopathy, assisting in the diagnosis of sight threatening conditions before they lead to permanent vision loss. It was through an in-person exam, complemented with retinal imaging, that I diagnosed Crystal, a devoted wife and young mother of three, with a sight threatening neurological condition. After coordinating care with her primary care doctor and getting her established with neurology, her vision improved, and she is back to living a normal life.

In the last three years, we've seen an influx of optometric telemedicine providers in North Dakota, with clinics in Fargo, Grand Forks, and Minot providing services without an on-site provider. This legislation will set the expectation that eye, health, and vision services delivered via optometric telemedicine will adhere to the in-person standard of care. Unfortunately, there are some bad actors that

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operate via telemedicine platforms that provide a prescription for glasses or contact lenses without including all the elements of a comprehensive eye exam. Any optometrist who offers a prescription under such circumstances violates their ethical obligation to keep the patients' eye, vision, and general health paramount and does not meet the current standard of care.

There are limitations to optometric telemedicine. Blurry photographs due to cataracts and corneal scarring can lead to misdiagnosis of eye conditions while peripheral retinal tears and detachments can be missed with ultrawide field imaging. These limitations can be mediated by having access to a physical location. An in-person examination can diagnosis conditions that can't be seen with current technology. My patient, Crystal, had such mild optic nerve swelling that couldn't be seen on the retinal photograph – I was only able to see it with my biomicroscope.

All individuals should have the opportunity to receive the standard of eye health and vision care regardless of location, socio-economic status, or any other social determinants of health. Early intervention allows patients to continue to live independently, with decreased economic burden of medical, nursing home, and support services. According to the Centers for Disease Control, the economic burden of vision loss in North Dakotans was \$344,000,000 in 2017. This number was calculated using medical costs, nursing home costs, other supporting costs, and lost productivity costs. This amounts to \$21,000 per North Dakotan with vision loss.

North Dakota has 22.75 optometrists per 100,000 residents, far exceeding the national average of 15.1, but still faces challenges in rural areas due to lack of providers. This bill will help bridge this provider gap by ensuring safe access to eyecare. An optometric telemedicine exam is better than no exam, and licensed optometrists are legally and ethically bound to always protect and improve the health and vision of their patients. The use of optometric telemedicine along with the option of in person care if needed, will improve eye and vision health in North Dakota.

I am asking you to vote 'yes' on the proposed changes to Chapter 43-13. Optometric telemedicine can address these challenges, allowing for early intervention and treatment of blinding eye disease, and lowering the economic burden of vision loss. I want to responsibly expand optometric telemedicine services and ensure that safe, high-quality care is available to all North Dakotans.



Testimony in Support – HB 1267
House Industry, Business, and Labor Committee

Chairman Warrey and members of the House IBL Committee. My name is Kim Hacker, and I am the Executive Director of the North Dakota Optometric Association.

We support HB 1267, as this bill enhances care in underserved areas of North Dakota by expanding telemedicine in a responsible manner.

Currently, the national average of optometrists is 15.1 per 100,000 residents. In contrast, North Dakota has 22.75 optometrists per 100,000 residents. Yet, despite this abundance, these professionals are not uniformly available across our cities and counties, leaving gaps in crucial optometric care.

By passing this bill and expanding optometric telemedicine, North Dakota's licensed optometrists will be able to serve these rural communities effectively.

Additionally, this legislation safeguards the promise of quality, ensuring that all telemedicine services in North Dakota meet the highest standards of care.

I urge the committee to give this bill a DO Pass Recommendation. Thank you.

Chairman Warrey and members of the committee,

Thank you for the opportunity to testify on House Bill No. 1267. My name is Briana Bohn, and I am an optometrist practicing in Jamestown, ND. I am testifying in favor of this bill, because with advancements in technology, comes the responsibility to protect our patients by defining what telemedicine in optometry means and providing guidance to ensure that access to telemedicine services in rural areas is high-quality and safe. No matter the setting, whether through telemedicine in optometry or in-person care, our patients' eye and vision health remains our greatest priority. As primary eye care providers, we can and should use telemedicine responsibly and when appropriate. House Bill 1267 establishes some important guidelines with regard to patient consent, compliance with laws and regulations, and ultimately with the duty of doctors of optometry to make sure that the care they deliver meets the existing standard of care.

Mr. Chairman and committee members, I ask for your support for HB 1267 and I thank you for your time and consideration.

Testimony in Support of HB 1267

Terry Effertz, Integrity Public Affairs

On Behalf of the North Dakota Optometric Association

House Industry, Business, and Labor Committee

Chairman Warrey and members of the committee, my name is Terry Effertz, and I am an attorney with Integrity Public Affairs. I am here today on behalf of the North Dakota Optometric Association to testify in strong support of HB 1267, a bill that modernizes North Dakota's optometry practice act while maintaining the highest standards of patient care and regulatory oversight.

This legislation is the product of two years of collaboration between the North Dakota Board of Optometry, the North Dakota Optometric Association, and the Attorney General's Office. Throughout this process, we have engaged with key stakeholders, including the Insurance Commissioner, Sanford Hospital, the North Dakota Medical Association, and others, to ensure a thorough and balanced approach. These stakeholders support this bill, recognizing its value in clarifying telemedicine standards and reinforcing patient protections.

Importantly, HB 1267 does not change the scope of practice for optometrists in North Dakota. Rather, it updates statutory language to reflect modern standards of care and establishes necessary guardrails for telemedicine services. Patients deserve safe, regulated access to optometric care, and this bill ensures that providers delivering remote services follow the same high standards as in-person care.

At the crux of the bill, and to address the ongoing issues with national providers executing online only vision exams with poor results, Section 7 states the following: "The initial patient relationship must be established through an eye examination conducted by a licensed optometrist with a physical location in this state." Importantly, this language does NOT require the initial relationship to be established in person, but it does require the optometric services being offered in this state to have a connection to a brick and mortar location within our boundaries. This language was drafted in the most broad manner possible to serve both the one-room practitioners and the largest discount club optometrists while still maintaining protections for patients.

Additionally, a clean-up amendment is being offered with this bill. Amendment 25.0935.01001 does several things:

1. In the definition section, the word "interpretative" is added in the definition of "diagnoses and treatment." This term was previously used in the definition of "practice of optometry," and therefore moved when the terms were edited to remove duplicate language.
2. The term "practice of optometry" had the most edits in this amendment, for two reasons.

- a. The phrase “except by injection” should not have been included in the original bill. This language is not currently in code and we are not asking for any change in scope language.
 - b. The term had several duplicate words that were already found in the definition of “diagnosis and treatment,” so the definition was made shorter to match the intent of the bill and give every word meaning.
3. On page 6, line 7 the newly defined term “distant site provider” was added to make it clear licensed providers can act as a distant site provider when they follow the letter of the law.
4. On page 7 the words “dispense” and “fit” were removed to clear up the actions that only optometrists and physicians can do. A reference to “secretary” was also replaced with “executive director.” This change was made across the chapter, but was initially missed when the first draft of the bill was created.

These changes ultimately correct the intent and language and remove duplicative terms in the definition sections, ensuring clarity and consistency throughout the statute. It removes any words that are associated with a change of scope and concentrates on the mission at hand - integrating telemedicine into optometry in a smart and calculated manner.

We appreciate the committee’s time and consideration, and we respectfully ask for a Do-Pass recommendation on the 25.0935.01001 version of HB 1267. I am happy to answer any questions the committee may have.

North Dakota Society of Eye Physicians & Surgeons

House Industry Business and Labor

HB 1267

February 3, 2025

Chairman Warrey and committee members.

Thank you for the opportunity to speak with you today. My name is Dr. Michelle Atchison, MD. I grew up in Litchville, North Dakota and have been practicing ophthalmology in Fargo, North Dakota for 14 years, ever since I completed medical school and surgical residency training. I am here today to represent the North Dakota Society of Eye Physicians and Surgeons (NDSEPS). The NDSEPS supports the North Dakota Optometric Association regarding their concern with unlicensed out-of-state optometrists performing virtual eye exams. We support the amendment to the North Dakota Century Code to ensure that any optometrist providing eye care services to citizens within the state of North Dakota, whether in person or as a distant site provider, be actively licensed to practice optometry in this state.

We are in favor of HB 1267 with the proposed amendment listed below. It should be clarified to ensure optometrists in North Dakota continue to practice within the limits of their training to ensure the safety of North Dakotans. This bill redacts the language that previously prevented optometrists from injecting pharmaceutical agents. In addition, the current North Dakota Century Code prevents optometrists from performing “invasive surgery”, but this term is not defined.

NDSEPS supports the addition of a definition of “invasive surgery” to section 43-13-01. A suggested definition is included below. Please note that this definition has carefully considered previous definitions adopted by the American Medical Association, American College of Surgeons, and many state legislatures.

Surgery defined: For purposes of this section, “invasive surgery” means any surgery performed for the purpose of altering human or biological tissue using any technique or instrument to ablate, aspirate, burn, cauterize, coagulate, cross-link, cut, diathermize, excise, freeze, incise, infuse, inject, ionize, irradiate, lance, penetrate, photoablate, photo-disrupt, puncture, scrape, sonicate, suture or vaporize tissues of or near the eye, eyelid or orbit. Invasive surgery does not include the following: (1) orthokeratology; (2) epilation of eyelashes; (3) warming and massaging of eyelids to optimize meibomian gland function, meibomian gland expression and probing of meibomian gland orifices; (4) refractive adjustments of nonbiological light adjustable

intraocular lenses (LALs) using a dedicated light source; (5) insertion, repositioning or removal of punctal plugs, also known as punctum plugs, lacrimal plugs, or punctal occluders, into the puncta or canaliculi of the upper or lower eyelids or into both; (6) application of superficial dermal light therapies; (7) swabbing or superficial debridement of the eyelid or ocular surface for therapy, culture or other diagnostic testing; (8) removal of superficial conjunctival or corneal foreign bodies or associated “rust rings” that do not perforate the eye wall, including the cornea and sclera; and (9) application of human amniotic membrane or equivalent without sutures for the purpose of treating ocular surface disease.

The NDSEPS board wishes to emphasize that we respect and appreciate the excellent care provided by our optometry colleagues. We in no way wish to restrict any of the procedures that are currently safely provided by optometrists acting within the definition of the existing North Dakota Century Code.

As such, we have taken care not to include any currently performed optometric procedures within the above definition of invasive surgery. We feel a clear and concise definition of invasive ocular surgery would ensure future patient safety and maintain the high quality of surgical care performed by trained surgeons in our state.

This concludes my testimony, and I am happy to answer any questions.

House Bill 1267

Industry, Business and Labor Committee

February 3, 2025

Good afternoon, Mr. Chairman and members of the committee. My name is Dr. Taya Patzman, and I am the Executive Director of the State Board of Optometry. I am speaking to you today on behalf of the Board.

I appear before you today, in support of House Bill 1267. The intent of this bill is to update the language in our practice act, which is antiquated and hasn't been done for over 20 years. The profession of optometry has changed dramatically in this time, and changes need to be made. Updating the language in our practice act will help with licensing, disciplinary actions, and ensure patient safety.

This bill updates definitions for optometry and most importantly defines new ones. "Optometric Services" defines the practice of optometry, replacing the former "optometry" definition. The definition of "Practice of Optometry" further defines the scope of optometry in more detail. "Distant Site Provider" is a new term defining an optometrist's practice modality for optometric telemedicine.

You will see throughout this bill, the term "secretary" has been replaced with "Executive Director." In the past, our board elected a President, Vice President, and Secretary/Treasurer. It was brought to our attention several years ago, that our law only defines the elected positions of President and Secretary. The duties of the secretary in the century code are those of the Executive Director, which is a paid position. Replacing "Secretary" with "Executive Director" updates the century code to align with the current positions.

Under section 43-13-13 Duties of board, section 4 was added to establish fees. Currently, we have only one fee and that is \$200 for new applications and renewals. Adding a fee schedule is in line with most other states. The details of the fee schedule will be brought before the legislature for approval.

One of the main intents of this bill is to introduce and define optometric telemedicine and provide guidelines for the protection of the public. It states that, "The initial patient relationship must be established through an eye examination conducted by a licensed optometrist with a physical location in this state." This is important and is not eliminating any current optometry practice in our state. This statement clarifies that to do an examination by telemedicine, the over-seeing doctor has to have a physical office location in the state of North Dakota. We have several distant site providers conducting eye exams in Fargo and Grand Forks, but they have the patients report to a local office for the exam. This local office ensures that the patients have a place to go if there are any complications to treatment, have a visual concern, and gives the State Board a physical location to investigate if a complaint is brought forward.

The State Board of Optometry's primary intent is to protect the public. House Bill 1267 provides protection to our citizens with new optometric telemedicine language, and updates the antiquated, redundant language in our current statute. I urge you to vote Do Pass on HB 1267.

Thank you, Mr. Chairman. I would be happy to answer any questions you may have.

Testimony in Support – HB 1267
House Industry, Business, and Labor Committee

Chairman Warrey and members of the House IBL Committee. My name is Darin Johnson and I own Johnson Eyecare and Eyewear in Minot, ND. I also serve as Chair of the North Dakota Optometric Association Legislative Committee. I support HB 1267 and would like to inform the committee on the possible risks of online prescription renewals for companies that are not acting in good faith within North Dakota.

Renewing prescriptions for contact lenses and eyeglasses via telemedicine has become increasingly accessible yet dangerous. I see patients on a regular basis who come in for emergency visits and have not had a comprehensive eye exam for 3 plus years. The standard of care for low-risk adults is a maximum of two years or one year for contact lens wearers. Contact lens wearers present with eye discomfort and blurred vision. All of these patients have corneal damage and they are then at risk for a decrease in visual acuities or even worse. All of them have the same history of ordering their contact lenses online with no current valid prescription. In the United States, the FDA classifies contact lenses as medical devices because they are used to correct vision and come into direct contact with the eye. This classification ensures that contact lenses meet specific safety and effectiveness standards before they can be marketed and sold.

I have tested a few websites offering online prescription renewals and I was appalled at the lack of verification and accountability in allowing patients to receive a refractive prescription. I shared my concern with colleagues from both optometry and ophthalmology about safety and standards of care that we are held accountable for by our regulatory boards. It seems that online retailers have no such standards and blatantly abuse these rules.

As a licensed Optometrist, I see patients on a daily basis that present with vast systemic medical conditions and that don't have a primary care physician. It is commonly known that the eye is the window into many health conditions. I consistently have conversations with patients about diabetes, high blood pressure, thyroid, arthritis, neurological issues and the list could go on. Often times, I am only doctor they have seen in numerous years, and it is my responsibility as an eye physician to take proper steps to insure my patient's ocular and systemic health. There are also many eye diseases that can be asymptomatic in the early stages. Early detection is key! Glaucoma, for example, is referred to as the silent thief of sight. This is why full comprehensive eye examinations are vital. Patients who skip this step and continue to solely address their refractive error online, can delay diagnosis and treatment, potentially leading to irreversible damage. The use of technology has its place but needs to be regulated and follow regulated standards of care.

This bill would ensure our citizens are receiving medical care that is in line with regulated standards and as an added benefit keep our rural and smaller community optometrists open for business. I understand the options that need to be available for consumers and online retail groups. I do not think they should be unable to compete in the marketplace entirely however, I do think they should be held to the same standards and rule of law for selling an FDA classified medical device. I urge the committee to give this bill a DO PASS recommendation. Thank you.

February 3rd, 2025

Re: changing Optometry status

Dear Committee Members:

This is Steve Bagan, M.D. of Fargo/West Fargo. I have been a practicing eye surgeon here for 44 years. I have seen the gradual assumption of Optometrists, who are not M.D.s, taking on more 'treatment' roles over the years.

Regarding this latest bill, I have no objection to Optometry clarifying rules for telehealth. But 'at the last minute', last evening I think, an amendment was added to this bill, under 'Definitions', number 7, striking the words "except by injection" from the bill. This is very suspicious that this would be inserted after this was initially approved by M.D. surgeons in our great State, hoping to get it through without scrutiny.

Most Optometrists are very capable, but I cannot see how this improves care for patients, to have them, by legislative fiat rather than attendance at medical school, do invasive treatments.

Injections? Of what drugs? Where? Obviously, complications can and do occur, and I am certain that is in the best interest of patients to have invasive medical/surgical treatments done by medical doctors or their appropriately trained and supervised proxies. We have enough eye surgeons in this State to provide in timely fashion for the needs of our citizens.

You might note also, that Optometrists care is supervised by the Board of Optometry, so there would be no medical oversight.

Please do not pass this as written.

Thank you

Steve Bagan, M.D.



February 3, 2025

The Honorable Jonathan Warrey
Chairman, House Industry, Business and Labor Committee
North Dakota Legislative Branch
1321 Morningside Drive
Casselton, ND 58012-3716

RE: ATA ACTION COMMENTS ON HB 1267

Dear Chairman Warrey and members of the House Industry, Business and Labor Committee:

On behalf of ATA Action, I am writing to you to submit comments for your consideration regarding the telemedicine provisions of HB 1267. Our organization encourages the Committee to amend this legislation before advancing the bill.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

ATA Action is grateful to the North Dakota House of Representatives for considering legislation which will clarify the appropriate use of telemedicine in the delivery of optometric care. However, we have major concerns with section 43-13-12.2.3. of HB 1267 which would require the initial patient relationship to be established through an eye examination conducted by a licensed optometrist with a physical location in the state. Passing HB 1267 in its current form is anti-competitive and will significantly limit patient access to care on behalf of North Dakotan licensed optometrists.

First, HB 1267's requirement for a physical location in North Dakota in order to establish an initial patient relationship via telemedicine contradicts current state code. North Dakota Century Code Section 43-17-44 clearly outlines that patient relationships can be established via telemedicine with no requirement for a physical location in the state. Rather, current statute requires that the examination or evaluation be "equivalent to and in-person examination." ATA Action believes that so long as the provider obtains the patient's consent for the use of telehealth services, verifies the patient's identity, and discloses his or her own identity and credentials—as already required by North Dakota law—he or she should be able to use any appropriate

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telehealth modality that is sufficient to evaluate and treat the patient for the condition presented, including the establishment of a patient relationship. Prohibiting patients and providers from establishing professional relationships using telemedicine modalities without an in state physical location will greatly restrict patient choice and make it far more difficult for North Dakota patients to access high-quality care from their preferred providers. If faced with the decision of establishing a physical location in North Dakota or not providing care to North Dakota patients, telemedicine optometric care providers are more likely to opt for the latter, creating arbitrary, geographic barriers to care.

Instead, HB 1267 should be amended to remove the requirement for a physical location in the state to establish an initial patient relationship and conform to the provisions in North Dakota Century Code 43-17-44. Removal of this provision will better conform this section to the rest of the bill by allowing the standard of care to guide provider and patient relationships, not a protectionist physical location requirement. The standard of care dictates that if a telemedicine provider determines at any point, be that when establishing a relationship or later, that in-person care is required to treat the condition presented by the patient, that the provider must take steps to see the patient in person or direct the patient to receive in-person care. If a patient is comfortable establishing a relationship with a provider with no physical location in North Dakota, knowing that they may need to seek in-person care from a different provider based on their condition, the Legislature should not interfere and set arbitrary barriers to patient care. Furthermore, a physical location in the state does not guarantee convenient or easy access to in-person care should the need arise. For example, if an optometrist based in Fargo is treating a patient in Minot and the standard of care dictates a need for in-person care, the patient will face a choice of the long, and potentially costly, trip to Fargo or seeking care from another provider.

Finally, ATA Action encourages consideration of the policy principles enumerated in the Federation of State Medical Board's ("FSMB") most recent update *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practices of Medicine*,¹ which was ratified by the organization in April 2022. Founded in 1912, The FSMB comprises over 70 state medical boards across the country and develops policy recommendations for the practice of medicine stemming from the expertise of its membership. In its "Standard of Care" section of the previously mentioned report, the FSMB articulates that "a physician patient relationship may be established via either synchronous or asynchronous telemedicine technologies without any requirement of a prior in-person meeting, so long as the standard of care is met." Professional healthcare boards across the country have endorsed this view, with no mention of in-state physical location requirements, and HB 1267's proposal to restrict patient relationships using telemedicine would set care back in North Dakota.

Thank you for this opportunity to comment. We encourage you and your colleagues not to move HB 1267 forward until changes have been made to address the concerns we raised above. Please

¹ Federation of State Medical Boards, *The Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, April 2022, <https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf>.



Telehealth Policy to Transform Healthcare

let us know if there is anything that we can do to assist you in your efforts to adopt practical telehealth policy in North Dakota. If you have any questions or would like to engage in additional discussion regarding the telehealth industry's perspective, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley".

Kyle Zebley
Executive Director
ATA Action

ATA ACTION

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Info@ataaction.org

House Industry Business and Labor

HB 1267

February 3, 2025

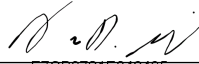
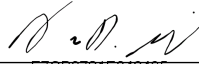
Chairman Warrey and Committee members:



The North Dakota Society of Eye Physicians and Surgeons (NDSEPS) largely supports HB 1267 "Telemedicine Bill". We support the need to eliminate virtual eye exams by requiring prescribing doctors to have a North Dakota Optometric license. This will provide the standard of care that our North Dakota residents deserve.

The HB 1267 amendment introduces terminology changes such as removing language that prohibits optometrists injecting pharmaceutical agents and introduces "invasive surgery" as a descriptor. Collectively, the NDSEPS and the American Academy of Ophthalmology (AAO) oppose these language changes as they increase the scope of optometry care to include injections within the eye or around the eye. Further, invasive surgery is a term that needs further definitions.

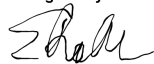
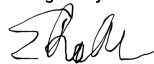
To address these issues, NDSEPS introduced a definition of surgery to clarify what constitutes surgery. To be clear, the NDSEPS amendment is not attempting to remove any current procedures performed by North Dakota Optometrists. The NDSEPS greatly respects and appreciates the excellent care provided by our optometry colleagues. We feel a clear and concise definition of invasive ocular surgery ensures patient safety and maintains high quality of surgical care.



Sincerely,



Signed by:

X 
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Paul Selid, MD



Signed by:

X 
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Aaron Fortney, MD



X
Michelle Atchison, MD



Signed by:

X 
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Elena Raducu, MD

Signed by:

X 
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Reid Mollman, MD

Signed by:

X 
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Andrew Rodenburg, MD

Signed by:

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Chad Wolsky, MD

Signed by:

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Anne Keating, MD

Signed by:

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Steven Thom, MD


X
Matthew Winkles, MD

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Tom Striden, MD

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Michael Greenwood, MD

Signed by:
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Mark Szczepanski, MD

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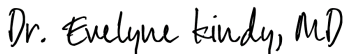
Steven Anderson, MD

X


Lance Bergstrom, MD

X

Darren Hill, MD

Signed by:
X 

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Evelyne Kindy, MD

Signed by:
X 

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Monte Leidenix, MD

X

Mark Raymond, MD

2/3/25

Dr. Tanya Patzman

25.0935.01001
Title.Prepared by the Legislative Council
Representative Warrey
January 31, 2025Sixty-ninth
Legislative Assembly
of North Dakota**PROPOSED AMENDMENTS TO****HOUSE BILL NO. 1267**

Introduced by

Representatives Warrey, Louser, M. Ruby, Vollmer

Senators Barta, Roers

- 1 A BILL for an Act to amend and reenact sections 43-13-01, 43-13-02, 43-13-05, 43-13-07,
2 43-13-08, 43-13-13, 43-13-13.2, 43-13-13.3, 43-13-15, 43-13-16, 43-13-17, and 43-13-19 of the
3 North Dakota Century Code, relating to optometrist licensure.

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

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

7 **43-13-01. Definitions.**

8 In this chapter, unless the context or subject matter otherwise requires:

- 9 1. "Board" means the North Dakota state board of optometry.
10 2. "Diagnosis and treatment" means the determination, interpretation, and treatment of
11 any visual, muscular, neurological, interpretative, or anatomical anomaly of the eye
12 which may be aided, relieved, or corrected through visual training procedures or
13 through the use of lenses, prisms, filters, ophthalmic instruments, pharmaceutical
14 agents, or combinations thereof, held either in contact with the eye, or in frames or
15 mountings, as further authorized by this chapter. Laser therapy and the use of invasive
16 surgery are not permitted under this chapter, except superficial foreign bodies may be
17 removed and primary care procedures may be performed.
18 3. ~~"Optometry" means a primary health care profession whose practitioners are engaged~~
19 ~~in the evaluation of disorders of the human eye and the examination, diagnosis, and~~
20 ~~treatment thereof, together with its appendages~~ Distant site provider" means a provider

of optometric services through telemedicine from a site other than the patient's origination site. A distant site provider must hold an active license to practice optometry in this state.

4. "Optometric services" means any evaluation, examination, diagnosis, or treatment provided for a patient within the scope of practice of optometry. The term includes the prescription of pharmaceutical agents by a provider to a patient.

5. "Pharmaceutical agent" means diagnostic pharmaceutical agents or therapeutic pharmaceutical agents. The term includes nonscheduled pharmaceutical agents, except for acetaminophen with thirty milligrams of codeine, that have documented use in the treatment of ocular-related disorders or diseases. As used in this subsection:

a. "Diagnostic pharmaceutical agents" means pharmaceutical agents administered for the evaluation and diagnosis of disorders of the human eye including anesthetics, mydriatics, myotics, cycloplegics, diagnostic dyes, diagnostic stains, and pharmaceutical agents to evaluate abnormal pupil responses.

b. "Therapeutic pharmaceutical agents" includes topically administered and prescribed pharmaceutical agents for treatment of ocular-related disorders or disease, locally administered pharmaceutical agents for primary eye care procedures, oral anti-infective agents, oral antihistaminic agents, and oral analgesics for the treatment of ocular-related disorders or diseases.

5. "Practicing optometry" means:

a. ~~Displaying a sign or in any way advertising as an optometrist.~~

b. ~~Employing any means for the measurement of the powers of vision or the adaptation of lenses for the aid thereof.~~

c. ~~Engaging in any manner in the practice of optometry~~

6. "Practice of optometry" means the examination of the human eye and its appendages, and the ~~employment~~ use of any means for the measurement of the powers of vision or any visual, muscular, neurological, interpretative, or anatomical detection of anomalies of the visual processes, and the. The term includes the prescribing or ~~employment of~~ employing of lenses, prism, frames, mountings, or visual training procedure, the and prescribing or administration, except by injection of administering pharmaceutical agents. Optometrists may perform procedures related to

~~the diagnosis and treatment of the human eye and its appendages, and any other means or method for correction, remedy, or relief of any insufficiencies or abnormal conditions of the visual processes of the human eye and its appendages~~ as defined by this chapter, including removal of superficial foreign bodies from the eye, except surgery. The term does not include invasive surgery.

SECTION 2. AMENDMENT. Section 43-13-02 of the North Dakota Century Code is amended and reenacted as follows:

43-13-02. Persons exempt from provisions of chapter.

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

1. Persons who sell spectacles, eyeglasses, or other articles of merchandise without attempting to practice optometry.
2. Student interns who are currently enrolled in an optometry school or college accredited by the accreditation council on optometric education of the American optometric association, or its successor agency, or who have graduated no more than ~~threesix~~ months prior, and are under the immediate and direct supervision of a licensed optometrist.
3. Physicians and surgeons licensed under chapter 43-17.

SECTION 3. AMENDMENT. Section 43-13-05 of the North Dakota Century Code is amended and reenacted as follows:

43-13-05. ~~Secretary~~Executive director of board - Duties - Record - Custodian of fees - Report.

The ~~secretary~~executive director of the board, or the ~~secretary's~~executive director's designee, has the following duties:

1. Keep a full record of the proceedings of the board.
2. Be custodian of all fees coming into the possession of the board.
3. At such times as may be required by the board, furnish a complete statement of receipts and disbursements under oath, together with vouchers, receipts, and such other evidence of the receipts and disbursements as may be required by the board.

SECTION 4. AMENDMENT. Section 43-13-07 of the North Dakota Century Code is amended and reenacted as follows:

43-13-07. Compensation and expenses of board members.

A member of the board shall receive as compensation for each day the member actually is engaged in performing the duties of office a per diem as established by the board, mileage and travel expenses as are provided for in section 54-06-09, ~~and additional allowance for other necessary expenses incurred in attending said meeting not to exceed five dollars per day. All funds collected or received by the board must be deposited and disbursed in accordance with section 54-44-12.~~

SECTION 5. AMENDMENT. Section 43-13-08 of the North Dakota Century Code is amended and reenacted as follows:

43-13-08. ~~Secretary~~Executive director of board - Compensation.

The ~~secretary~~executive director of the board shall receive for clerical expenses and other expenses of the board an allowance, and a salary or other compensation, as the board shall determine.

SECTION 6. AMENDMENT. Section 43-13-13 of the North Dakota Century Code is amended and reenacted as follows:

43-13-13. Duties of board.

The board has the following duties:

1. To enforce the provisions and carry out the purposes of this chapter.
2. To make and enforce such rules and regulations consistent with law as may be necessary for the proper performance of its duties; the effective enforcement of this chapter; the reasonable regulation of the profession of optometry and the practice thereof by persons licensed under this chapter; and to protect the health, welfare, and safety of the citizens of this state.
3. To proceed in the courts of this state by injunction when considered necessary to restrain any violation of this chapter.
4. To establish the following by rule:
 - a. Application fees;
 - b. License fees;
 - c. Renewal fees;
 - d. Late fees;
 - e. Endorsement fees;

- 1 f. Licensure verification fee;
- 2 g. Decorative wall certificate fee; and
- 3 h. Continuing education fees.

4 **SECTION 7. AMENDMENT.** Section 43-13-13.2 of the North Dakota Century Code is
5 amended and reenacted as follows:

6 **43-13-13.2. Practice of optometry - ~~Certification requirements~~ --**
7 **Notification Requirements to practice optometry - Informed consent.**

- 8 1. Any person engaged in visual training procedures or who employs or prescribes
9 lenses, prisms, filters, ophthalmic instruments, or combinations thereof, held either in
10 contact with the eye, or in frames or mounting, to aid, relieve, or correct any visual or
11 ocular anomaly, or holds out as being able to do so, is deemed to be engaged in the
12 practice of optometry.
- 13 2. ~~Before any optometrist may prescribe and administer pharmaceutical agents in the~~
14 ~~treatment and management of ocular diseases, the optometrist must first be certified~~
15 ~~or qualify for certification in the use of diagnostic pharmaceutical agents. For additional~~
16 ~~certification to prescribe and administer pharmaceutical agents in the treatment and~~
17 ~~management of ocular disease, the board shall require at least seventy-six hours of~~
18 ~~didactic instruction and twenty-four hours of clinical application of pharmaceutical~~
19 ~~agents for the treatment and management of ocular diseases. The course for~~
20 ~~therapeutic certification must be provided by an institution accredited by a regional or~~
21 ~~professional accrediting organization that is recognized and approved by the United~~
22 ~~States department of education or the council on postsecondary accreditation.~~
- 23 3. An optometrist may not dispense therapeutic pharmaceutical agents, except an
24 optometrist may:
 - 25 a. Provide a patient a drug sample at no cost to the patient; or
 - 26 b. Sell contact lenses or ophthalmic devices that are classified by the federal food
27 and drug administration as a drug.
- 28 4.3. ~~The board shall provide the board of pharmacy upon request a list of licensed~~
29 ~~optometrists certified in the use of pharmaceutical agents.~~ An optometric telemedicine
30 provider-patient relationship is established when a patient seeks optometric services
31 from a provider, and the provider agrees to provide optometric services to the patient.

except in an emergency. The provider-patient relationship may be expressly created or created through implication; however, the provider-patient relationship is not created through receipt of patient health information by the provider unless a prior provider-patient relationship exists. The initial patient relationship must be established through an eye examination conducted by a licensed optometrist with a physical location in this state.

4. A licensed optometrist may act as a distant site provider and use telemedicine to provide care in accordance with standards of practice established by the board by rule. Telemedicine services may include consultation, diagnosis, and treatment for ocular diseases, provided that the optometrist complies with the regulations under this section. Before providing any optometric services to a patient via telemedicine, the provider first shall provide appropriate verification of the provider's identification, licensure, and current contact information.

5. Informed consent regarding the optometric services to be provided via telemedicine must include, at a minimum, information regarding the provider's technology used to provide optometric services via telemedicine and how to mitigate or resolve any technological disconnection or issue.

SECTION 8. AMENDMENT. Section 43-13-13.3 of the North Dakota Century Code is amended and reenacted as follows:

43-13-13.3. Standard of care –~~When consultation with physician required.~~

~~4-~~ An optometrist certified by the board in the use of pharmaceutical agents as provided in this chapter must be held to the same standard of care in the use of such agents as are physicians licensed by the North Dakota board of medicine.

~~2-~~ Any optometrist authorized by the board to use pharmaceutical agents shall consult with a physician duly licensed to practice medicine when any diseased or pathological conditions of the eye do not respond to treatment. The consultation must be documented in the patient's record.

SECTION 9. AMENDMENT. Section 43-13-15 of the North Dakota Century Code is amended and reenacted as follows:

43-13-15. Unlawful to practice without license - Sale of glasses - Regulations.

No

1 1. A person may not practice optometry in this state unless the person first obtains a
2 license and complies with the requirements of this chapter. ~~Eyeglasses, spectacles,~~
3 ~~and lenses may be vended as merchandise only:~~

4 ~~1. To dealers:~~

5 2. ~~From permanently located and established places of business in this state:~~

6 ~~Any licensed optometrist, however, may fit and vend eyeglasses, spectacles, and lenses at any~~
7 ~~place in this state.~~ Notwithstanding any other provision of law, it is unlawful for any
8 person, or any entity other than a licensed optometrist or a licensed physician to
9 ~~dispense, fit, or~~ prescribe to the public contact lenses, or any medical appliance
10 having direct contact with the cornea of the eye.

11 **SECTION 10. AMENDMENT.** Section 43-13-16 of the North Dakota Century Code is
12 amended and reenacted as follows:

13 **43-13-16. Examination required - When given.**

14 Before any person is granted a license to practice optometry in this state, the person must
15 pass an examination required by the board by rule. ~~The examination may be conducted at such~~
16 ~~times and places as are prescribed by the board.~~

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

19 **43-13-17. Application for licensure - Contents - Educational requirements - Fee.**

20 1. Any person desiring to take the examination for or to secure a license to practice
21 optometry in this state shall file with the ~~secretary~~executive director of the board a
22 ~~written~~an application in the form prescribed by the board. ~~An application for admission~~
23 ~~by examination must be filed at least fifteen days before the date of the examination.~~

24 The applicant also shall furnish satisfactory proof that the applicant:

25 1. a. Is at least eighteen years of age;

26 2. b. Is a person of good moral character; and

27 3. c. Is a graduate of an optometry school or college accredited by the council on
28 optometric education.

29 2. The applicant shall pay to the ~~secretary~~executive director of the board a ~~registration~~an
30 application fee of a reasonable sum fixed by the board by rule.

1 **SECTION 12. AMENDMENT.** Section 43-13-19 of the North Dakota Century Code is
2 amended and reenacted as follows:

3 **43-13-19. License - When issued - Fee.**

4 Every applicant for a license to practice optometry in this state who meets the standards
5 required for licensure, including successfully passing the required examination, must be
6 licensed upon payment to the ~~secretary~~executive director of the board of a reasonable sum
7 fixed by the board.

2025 HOUSE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee Room JW327C, State Capitol

HB 1267
2/11/2025

A BILL for an Act to amend and reenact sections 43-13-01, 43-13-02, 43-13-05, 43-13-07, 43-13-08, 43-13-13, 43-13-13.2, 43-13-13.3, 43-13-15, 43-13-16, 43-13-17, and 43-13-19 of the North Dakota Century Code, relating to optometrist licensure.

11:21 a.m. Chairman Warrey opened the meeting.

Members Present: Chairman Warrey, Vice Chairman Ostlie, Vice Chairman Johnson, Representatives Bahl, Brown, Finley-DeVile, Grindberg, Kasper, Koppelman, D. Ruby, Schatz, Schauer, Vollmer

Member Absent: Representative Christy

Discussion Topics:

- Conflicts with optometry
- Scope of practice

11:24 a.m. Representative D. Ruby moved to adopt LC #25.0935.01001 (2/3/2025 Dr. Tanya Patzman #34078) and to further amending regarding the scope of work regarding optometry by removing the overstrike on page 20 through 24 Striking lines 25 though 31 and 1 through 5 on page 3.

11:25 a.m. Representative Schauer seconded the motion.

Voice vote.

Motion passed.

11:25 a.m. Representative D. Ruby moved a Do Pass as amended.

11:26 a.m. Representative Bahl seconded the motion.

Representatives	Vote
Representative Jonathan Warrey	Y
Representative Mitch Ostlie	Y
Representative Landon Bahl	Y
Representative Collette Brown	Y
Representative Josh Christy	AB
Representative Lisa Finley-DeVile	Y
Representative Karen Grindberg	Y
Representative Jorin Johnson	Y
Representative Jim Kasper	Y
Representative Ben Koppelman	AB

Representative Dan Ruby	Y
Representative Mike Schatz	Y
Representative Austin Schauer	Y
Representative Daniel R. Vollmer	Y

Motion passed 12-0-2.

11:28 a.m. Representative Brown will carry the bill.

11:28 a.m. Chairman Warry closed the meeting

Diane Lillis, Committee Clerk

February 11, 2025

2-11-25

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

JB 1088

HOUSE BILL NO. 1267

Introduced by

Representatives Warrey, Louser, M. Ruby, Vollmer

Senators Barta, Roers

- 1 A BILL for an Act to amend and reenact sections 43-13-01, 43-13-02, 43-13-05, 43-13-07,
2 43-13-08, 43-13-13, 43-13-13.2, 43-13-13.3, 43-13-15, 43-13-16, 43-13-17, and 43-13-19 of the
3 North Dakota Century Code, relating to optometrist licensure.

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

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

7 **43-13-01. Definitions.**

8 In this chapter, unless the context or subject matter otherwise requires:

- 9 1. "Board" means the North Dakota state board of optometry.
10 2. "Diagnosis and treatment" means the determination, interpretation, and treatment of
11 any visual, muscular, neurological, interpretative, or anatomical anomaly of the eye
12 which may be aided, relieved, or corrected through visual training procedures or
13 through the use of lenses, prisms, filters, ophthalmic instruments, pharmaceutical
14 agents, or combinations thereof, held either in contact with the eye, or in frames or
15 mountings, as further authorized by this chapter. Laser therapy and the use of invasive
16 surgery are not permitted under this chapter, except superficial foreign bodies may be
17 removed and primary care procedures may be performed.
18 3. ~~"Optometry" means a primary health care profession whose practitioners are engaged~~
19 ~~in the evaluation of disorders of the human eye and the examination, diagnosis, and~~
20 ~~treatment thereof, together with its appendages~~ Distant site provider" means a provider

JB 208 B

1 of optometric services through telemedicine from a site other than the patient's
2 origination site. A distant site provider must hold an active license to practice
3 optometry in this state.

4 4. "Optometric services" means any evaluation, examination, diagnosis, or treatment
5 provided for a patient within the scope of practice of optometry. The term includes the
6 prescription of pharmaceutical agents by a provider to a patient.

7 5. "Pharmaceutical agent" means diagnostic pharmaceutical agents or therapeutic
8 pharmaceutical agents. The term includes nonscheduled pharmaceutical agents,
9 except for acetaminophen with thirty milligrams of codeine, that have documented use
10 in the treatment of ocular-related disorders or diseases. As used in this subsection:

11 a. "Diagnostic pharmaceutical agents" means pharmaceutical agents administered
12 for the evaluation and diagnosis of disorders of the human eye including
13 anesthetics, mydriatics, myotics, cycloplegics, diagnostic dyes, diagnostic stains,
14 and pharmaceutical agents to evaluate abnormal pupil responses.

15 b. "Therapeutic pharmaceutical agents" includes topically administered and
16 prescribed pharmaceutical agents for treatment of ocular-related disorders or
17 disease, locally administered pharmaceutical agents for primary eye care
18 procedures, oral anti-infective agents, oral antihistaminic agents, and oral
19 analgesics for the treatment of ocular-related disorders or diseases.

20 ~~5-6.~~ "Practicing optometry" means:

- 21 a. Displaying a sign or in any way advertising as an optometrist.
22 b. Employing any means for the measurement of the powers of vision or the
23 adaptation of lenses for the aid thereof.
24 c. Engaging in any manner in the practice of optometry

25 ~~6. "Practice of optometry" means the examination of the human eye and its appendages,~~
26 ~~and the employment of any means for the measurement of the powers of visions or~~
27 ~~any visual, muscular, neurological, interpretative, or anatomical anomalies of the visual~~
28 ~~processes, and the prescribing or employment of lenses, prism, frames, mountings,~~
29 ~~visual training procedure, the prescribing or administration, except by injection of~~
30 ~~pharmaceutical agents related to the diagnosis and treatment of the human eye and~~
31 ~~its appendages, and any other means or method for correction, remedy, or relief of~~

~~any insufficiencies or abnormal conditions of the visual processes of the human eye
and its appendages, including removal of superficial foreign bodies from the eye,
except surgery.~~

SECTION 2. AMENDMENT. Section 43-13-02 of the North Dakota Century Code is amended and reenacted as follows:

43-13-02. Persons exempt from provisions of chapter.

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

1. Persons who sell spectacles, eyeglasses, or other articles of merchandise without attempting to practice optometry.
2. Student interns who are currently enrolled in an optometry school or college accredited by the accreditation council on optometric education of the American optometric association, or its successor agency, or who have graduated no more than ~~three~~six months prior, and are under the immediate and direct supervision of a licensed optometrist.
3. Physicians and surgeons licensed under chapter 43-17.

SECTION 3. AMENDMENT. Section 43-13-05 of the North Dakota Century Code is amended and reenacted as follows:

43-13-05. ~~Secretary~~Executive director of board - Duties - Record - Custodian of fees - Report.

The ~~secretary~~executive director of the board, or the ~~secretary's~~executive director's designee, has the following duties:

1. Keep a full record of the proceedings of the board.
2. Be custodian of all fees coming into the possession of the board.
3. At such times as may be required by the board, furnish a complete statement of receipts and disbursements under oath, together with vouchers, receipts, and such other evidence of the receipts and disbursements as may be required by the board.

SECTION 4. AMENDMENT. Section 43-13-07 of the North Dakota Century Code is amended and reenacted as follows:

43-13-07. Compensation and expenses of board members.

A member of the board shall receive as compensation for each day the member actually is engaged in performing the duties of office a per diem as established by the board, mileage and

JB 4/2/8

1 travel expenses as are provided for in section 54-06-09, ~~and additional allowance for other~~
2 ~~necessary expenses incurred in attending said meeting not to exceed five dollars per day. All~~
3 ~~funds collected or received by the board must be deposited and disbursed in accordance with~~
4 ~~section 54-44-12.~~

5 **SECTION 5. AMENDMENT.** Section 43-13-08 of the North Dakota Century Code is
6 amended and reenacted as follows:

7 **43-13-08. SecretaryExecutive director of board - Compensation.**

8 The ~~secretary~~executive director of the board shall receive for clerical expenses and other
9 expenses of the board an allowance, and a salary or other compensation, as the board shall
10 determine.

11 **SECTION 6. AMENDMENT.** Section 43-13-13 of the North Dakota Century Code is
12 amended and reenacted as follows:

13 **43-13-13. Duties of board.**

14 The board has the following duties:

- 15 1. To enforce the provisions and carry out the purposes of this chapter.
- 16 2. To make and enforce such rules and regulations consistent with law as may be
17 necessary for the proper performance of its duties; the effective enforcement of this
18 chapter; the reasonable regulation of the profession of optometry and the practice
19 thereof by persons licensed under this chapter; and to protect the health, welfare, and
20 safety of the citizens of this state.
- 21 3. To proceed in the courts of this state by injunction when considered necessary to
22 restrain any violation of this chapter.
- 23 4. To establish the following by rule:
 - 24 a. Application fees;
 - 25 b. License fees;
 - 26 c. Renewal fees;
 - 27 d. Late fees;
 - 28 e. Endorsement fees;
 - 29 f. Licensure verification fee;
 - 30 g. Decorative wall certificate fee; and
 - 31 h. Continuing education fees.

JB 5088

SECTION 7. AMENDMENT. Section 43-13-13.2 of the North Dakota Century Code is amended and reenacted as follows:

**43-13-13.2. Practice of optometry - ~~Certification requirements~~ -
~~Notification~~Requirements to practice optometry - Informed consent.**

1. Any person engaged in visual training procedures or who employs or prescribes lenses, prisms, filters, ophthalmic instruments, or combinations thereof, held either in contact with the eye, or in frames or mounting, to aid, relieve, or correct any visual or ocular anomaly, or holds out as being able to do so, is deemed to be engaged in the practice of optometry.
2. ~~Before any optometrist may prescribe and administer pharmaceutical agents in the treatment and management of ocular diseases, the optometrist must first be certified or qualify for certification in the use of diagnostic pharmaceutical agents. For additional certification to prescribe and administer pharmaceutical agents in the treatment and management of ocular disease, the board shall require at least seventy-six hours of didactic instruction and twenty-four hours of clinical application of pharmaceutical agents for the treatment and management of ocular diseases. The course for therapeutic certification must be provided by an institution accredited by a regional or professional accrediting organization that is recognized and approved by the United States department of education or the council on postsecondary accreditation.~~
3. An optometrist may not dispense therapeutic pharmaceutical agents, except an optometrist may:
 - a. Provide a patient a drug sample at no cost to the patient; or
 - b. Sell contact lenses or ophthalmic devices that are classified by the federal food and drug administration as a drug.
- 4.3. ~~The board shall provide the board of pharmacy upon request a list of licensed optometrists certified in the use of pharmaceutical agents.~~An optometric telemedicine provider-patient relationship is established when a patient seeks optometric services from a provider, and the provider agrees to provide optometric services to the patient, except in an emergency. The provider-patient relationship may be expressly created or created through implication; however, the provider-patient relationship is not created through receipt of patient health information by the provider unless a prior provider-

JB 6086

1 patient relationship exists. The initial patient relationship must be established through
2 an eye examination conducted by a licensed optometrist with a physical location in this
3 state.

4 4. A licensed optometrist may act as a distant site provider and use telemedicine to
5 provide care in accordance with standards of practice established by the board by
6 rule. Telemedicine services may include consultation, diagnosis, and treatment for
7 ocular diseases, provided that the optometrist complies with the regulations under this
8 section. Before providing any optometric services to a patient via telemedicine, the
9 provider first shall provide appropriate verification of the provider's identification,
10 licensure, and current contact information.

11 5. Informed consent regarding the optometric services to be provided via telemedicine
12 must include, at a minimum, information regarding the provider's technology used to
13 provide optometric services via telemedicine and how to mitigate or resolve any
14 technological disconnection or issue.

15 **SECTION 8. AMENDMENT.** Section 43-13-13.3 of the North Dakota Century Code is
16 amended and reenacted as follows:

17 **43-13-13.3. Standard of care – ~~When consultation with physician required.~~**

18 ~~4. An optometrist certified by the board in the use of pharmaceutical agents as provided in~~
19 ~~this chapter must be held to the same standard of care in the use of such agents as are~~
20 ~~physicians licensed by the North Dakota board of medicine.~~

21 ~~2. Any optometrist authorized by the board to use pharmaceutical agents shall consult~~
22 ~~with a physician duly licensed to practice medicine when any diseased or pathological~~
23 ~~conditions of the eye do not respond to treatment. The consultation must be~~
24 ~~documented in the patient's record.~~

25 **SECTION 9. AMENDMENT.** Section 43-13-15 of the North Dakota Century Code is
26 amended and reenacted as follows:

27 **43-13-15. Unlawful to practice without license - Sale of glasses - Regulations.**

28 ~~No~~

29 1. A person may not practice optometry in this state unless the person first obtains a
30 license and complies with the requirements of this chapter. Eyeglasses, spectacles,
31 and lenses may be vended as merchandise only:

JB 7099

1 1. ~~To dealers.~~

2 2. ~~From permanently located and established places of business in this state.~~

3 ~~Any licensed optometrist, however, may fit and vend eyeglasses, spectacles, and lenses at any~~
4 ~~place in this state. Notwithstanding any other provision of law, it is unlawful for any~~
5 ~~person, or any entity other than a licensed optometrist or a licensed physician to~~
6 ~~dispense, fit, or~~ prescribe to the public contact lenses, or any medical appliance
7 having direct contact with the cornea of the eye.

8 **SECTION 10. AMENDMENT.** Section 43-13-16 of the North Dakota Century Code is
9 amended and reenacted as follows:

10 **43-13-16. Examination required - When given.**

11 Before any person is granted a license to practice optometry in this state, the person must
12 pass an examination required by the board by rule. ~~The examination may be conducted at such~~
13 ~~times and places as are prescribed by the board.~~

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

16 **43-13-17. Application for licensure - Contents - Educational requirements - Fee.**

17 1. Any person desiring to take the examination for or to secure a license to practice
18 optometry in this state shall file with the ~~secretary~~executive director of the board a
19 ~~written~~an application in the form prescribed by the board. ~~An application for admission~~
20 ~~by examination must be filed at least fifteen days before the date of the examination.~~

21 The applicant also shall furnish satisfactory proof that the applicant:

22 1. a. Is at least eighteen years of age;

23 2. b. Is a person of good moral character; and

24 3. c. Is a graduate of an optometry school or college accredited by the council on
25 optometric education.

26 2. The applicant shall pay to the ~~secretary~~executive director of the board a ~~registration~~an
27 application fee of a reasonable sum fixed by the board by rule.

28 **SECTION 12. AMENDMENT.** Section 43-13-19 of the North Dakota Century Code is
29 amended and reenacted as follows:

JB Boff

1 **43-13-19. License - When issued - Fee.**

2 Every applicant for a license to practice optometry in this state who meets the standards
3 required for licensure, including successfully passing the required examination, must be
4 licensed upon payment to the ~~secretary~~executive director of the board of a reasonable sum
5 fixed by the board.

**REPORT OF STANDING COMMITTEE
HB 1267**

Industry, Business and Labor Committee (Rep. Warrey, Chairman) recommends **AMENDMENTS** ([25.0935.01002](#)) and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HB 1267 was placed on the Sixth order on the calendar.

2025 SENATE WORKFORCE DEVELOPMENT

HB 1267

2025 SENATE STANDING COMMITTEE MINUTES

Workforce Development Committee Fort Lincoln Room, State Capitol

HB 1267
3/6/2025

Relating to optometrist licensure.

1:00 p.m. Chairman Wobbema opened the hearing.

Members Present: Chairman Wobbema, Vice-Chairman Axtman, Senator Boschee, Senator Larson, Senator Powers.

Discussion Topics:

- Telehealth capabilities
- Eye Exam process

1:02 p.m. Terry Effertz, Lobbyist with NDOA, testified in favor and submitted testimony #39117.

1:04 a.m. Taya M. Patzman, Executive Director of State Board of Optometry, testified in favor and submitted testimony #38689.

1:08 p.m. Leslie R. Hellebush testified in favor and submitted testimony #38980.

Additional written testimony:

Hunter Young, Manager and State Government Affairs for ATA Action, submitted testimony in favor #39270.

1:16 p.m. Chairman Wobbema closed the hearing.

Andrew Ficek, Committee Clerk

House Bill 1267

Industry, Business and Labor Committee

February 3, 2025

Good afternoon, Mr. Chairman and members of the committee. My name is Dr. Taya Patzman, and I am the Executive Director of the State Board of Optometry. I am speaking to you today on behalf of the Board.

I appear before you today, in support of House Bill 1267. The intent of this bill is to update the language in our practice act, which is antiquated and hasn't been done for over 20 years. The profession of optometry has changed dramatically in this time, and changes need to be made. Updating the language in our practice act will help with licensing, disciplinary actions, and ensure patient safety.

This bill updates definitions for optometry and most importantly defines new ones. "Optometric Services" defines the practice of optometry, replacing the former "optometry" definition. The definition of "Practice of Optometry" further defines the scope of optometry in more detail. "Distant Site Provider" is a new term defining an optometrist's practice modality for optometric telemedicine.

You will see throughout this bill, the term "secretary" has been replaced with "Executive Director." In the past, our board elected a President, Vice President, and Secretary/Treasurer. It was brought to our attention several years ago, that our law only defines the elected positions of President and Secretary. The duties of the secretary in the century code are those of the Executive Director, which is a paid position. Replacing "Secretary" with "Executive Director" updates the century code to align with the current positions.

Under section 43-13-13 Duties of board, section 4 was added to establish fees. Currently, we have only one fee and that is \$200 for new applications and renewals. Adding a fee schedule is in line with most other states. The details of the fee schedule will be brought before the legislature for approval.

One of the main intents of this bill is to introduce and define optometric telemedicine and provide guidelines for the protection of the public. It states that, "The initial patient relationship must be established through an eye examination conducted by a licensed optometrist with a physical location in this state." This is important and is not eliminating any current optometry practice in our state. This statement clarifies that to do an examination by telemedicine, the over-seeing doctor has to have a physical office location in the state of North Dakota. We have several distant site providers conducting eye exams in Fargo and Grand Forks, but they have the patients report to a local office for the exam. This local office ensures that the patients have a place to go if there are any complications to treatment, have a visual concern, and gives the State Board a physical location to investigate if a complaint is brought forward.

The State Board of Optometry's primary intent is to protect the public. House Bill 1267 provides protection to our citizens with new optometric telemedicine language, and updates the antiquated, redundant language in our current statute. I urge you to vote Do Pass on HB 1267.

Thank you, Mr. Chairman. I would be happy to answer any questions you may have.

Leslie Hellebush, OD
Optometrist and Co-Owner

Schindler & Deis Optometry
204 West Century Avenue
Bismarck, ND 58503

Phone: 701-368-9286

Senate Workforce Development

HB 1267

March 5, 2025

IN Support

Chairman Wobbema and members of the committee:

My name is Dr. Leslie Hellebush and I am testifying in support of HB1267. I am an optometrist, small business owner, and a Past President of the North Dakota Optometric Association. I have been licensed and practicing in North Dakota since 2013. After starting my career in Rugby, I now primarily practice in Bismarck, have a satellite office in Garrison, and provide eyecare at Elm Crest Manor in New Salem.

The bill changes The Optometric Practice Code by modernizing the language to current standards, removing redundancies, and providing safe guardrails for optometric telemedicine.

Optometric telemedicine is an evolving tool in patient care. The NDOA supports the appropriate use of optometric telemedicine to allow access to high quality health and vision care. Telemedicine can serve to expand patient access to care, improve coordination of care, and enhance communication among all healthcare practitioners involved in the care of a patient. With optometric clinics in Rugby, Rolla, Langdon, and Cavalier closing, optometric telemedicine will limit health disparities faced by rural North Dakotans, including advanced eye disease from infrequent preventative care. In my office, we complement our in-person exams with retinal photography. Ultrawide field imaging, special filters, and increased resolution can detect eye disease, including diabetic retinopathy, assisting in the diagnosis of sight threatening conditions before they lead to permanent vision loss. It was through an in-person exam, complemented with retinal imaging, that I diagnosed Crystal, a devoted wife and young mother of three, with a sight threatening neurological condition. After coordinating care with her primary care doctor and getting her established with neurology, her vision improved, and she is back to living a normal life.

In the last three years, we've seen an influx of optometric telemedicine providers in North Dakota, with clinics in Fargo, Grand Forks, and Minot providing services without an on-site provider. This legislation will set the expectation that eye, health, and vision services delivered via optometric telemedicine will adhere to the in-person standard of care. Unfortunately, there are some bad actors that

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operate via telemedicine platforms that provide a prescription for glasses or contact lenses without including all the elements of a comprehensive eye exam. Any optometrist who offers a prescription under such circumstances violates their ethical obligation to keep the patients' eye, vision, and general health paramount and does not meet the current standard of care.

There are limitations to optometric telemedicine. Blurry photographs due to cataracts and corneal scarring can lead to misdiagnosis of eye conditions while peripheral retinal tears and detachments can be missed with ultrawide field imaging. These limitations can be mediated by having access to a physical location. An in-person examination can diagnose conditions that can't be seen with current technology. My patient, Crystal, had such mild optic nerve swelling that couldn't be seen on the retinal photograph – I was only able to see it with my biomicroscope.

All individuals should have the opportunity to receive the standard of eye health and vision care regardless of location, socio-economic status, or any other social determinants of health. Early intervention allows patients to continue to live independently, with decreased economic burden of medical, nursing home, and support services. According to the Centers for Disease Control, the economic burden of vision loss in North Dakotans was \$344,000,000 in 2017. This number was calculated using medical costs, nursing home costs, other supporting costs, and lost productivity costs. This amounts to \$21,000 per North Dakotan with vision loss.

North Dakota has 22.75 optometrists per 100,000 residents, far exceeding the national average of 15.1, but still faces challenges in rural areas due to lack of providers. This bill will help bridge this provider gap by ensuring safe access to eyecare. An optometric telemedicine exam is better than no exam, and licensed optometrists are legally and ethically bound to always protect and improve the health and vision of their patients. The use of optometric telemedicine along with the option of in person care if needed, will improve eye and vision health in North Dakota.

I am asking you to vote 'yes' on the proposed changes to Chapter 43-13. Optometric telemedicine can address these challenges, allowing for early intervention and treatment of blinding eye disease, and lowering the economic burden of vision loss. I want to responsibly expand optometric telemedicine services and ensure that safe, high-quality care is available to all North Dakotans.

Testimony in Support of HB 1267

Terry Effertz, Integrity Public Affairs

On Behalf of the North Dakota Optometric Association

Senate Workforce Committee

Chairman Wobbema and members of the committee, my name is Terry Effertz, with Integrity Public Affairs. I am here today on behalf of the North Dakota Optometric Association to testify in strong support of HB 1267, a bill that modernizes North Dakota's optometry practice act while maintaining the highest standards of patient care and regulatory oversight.

This legislation is the result of two years of collaboration between the North Dakota Board of Optometry, the North Dakota Optometric Association, and the Attorney General's Office. Throughout this process, we have worked closely with key stakeholders, including the Insurance Commissioner, Sanford Hospital, and others, to ensure a comprehensive and balanced approach. These stakeholders support the bill, recognizing its importance in clarifying telemedicine standards and reinforcing patient protections.

One key area of discussion during the first half of the session involved the North Dakota Medical Association's concerns regarding a perceived scope of practice issue. Our intent was never to expand optometrists' scope of practice in North Dakota. To address these concerns, we worked collaboratively to reach a compromise that preserves the bill's purpose while alleviating their objections.

HB 1267 makes several critical updates to the optometry practice act:

- It modernizes statutory language to reflect current standards of care.
- It removes outdated references to the "secretary."
- Most importantly, it establishes clear guardrails for telemedicine services to ensure patient safety.

At the heart of the bill is Section 7, which directly addresses concerns about national providers offering online-only vision exams with poor results. The bill states: "The initial patient relationship must be established through an eye examination conducted by a licensed optometrist with a physical location in this state."

Importantly, this provision does not require the initial exam to be conducted in person. However, it does ensure that any optometric services offered in North Dakota are tied to a brick-and-mortar location within the state. This approach strikes a balance—supporting both small independent practitioners and large corporate optometry providers—while maintaining strong patient protections.

We appreciate the committee's time and consideration of this important legislation. We respectfully ask for a Do-Pass recommendation on HB 1267. I am happy to answer any questions the committee may have.



March 6, 2025

The Honorable Mike Wobbema
Chairman, Senate Workforce Development Committee
North Dakota Legislative Branch
11829 31st Street SE
Valley City, ND 58072-9709

RE: ATA ACTION OPPOSITION TO HB 1267

Dear Chairman Wobbema and members of the Senate Workforce Development Committee:

On behalf of ATA Action, I am writing to you to submit comments for your consideration regarding the telemedicine provisions of HB 1267. Our organization encourages the Committee to amend this legislation before advancing the bill.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

ATA Action is grateful to the North Dakota House of Representatives for considering legislation which will clarify the appropriate use of telemedicine in the delivery of optometric care. However, we have major concerns with section 43-13-12.2.3. of HB 1267 which would require the initial patient relationship to be established through an eye examination conducted by a licensed optometrist with a physical location in the state. Passing HB 1267 in its current form is anti-competitive and will significantly limit patient access to care on behalf of North Dakotan licensed optometrists.

First, HB 1267's requirement for a physical location in North Dakota in order to establish an initial patient relationship via telemedicine contradicts current state code. North Dakota Century Code Section 43-17-44 clearly outlines that patient relationships can be established via telemedicine with no requirement for a physical location in the state. Rather, current statute requires that the examination or evaluation be "equivalent to and in-person examination." ATA Action believes that so long as the provider obtains the patient's consent for the use of telehealth services, verifies the patient's identity, and discloses his or her own identity and credentials—as already required by North Dakota law—he or she should be able to use any appropriate

ATA ACTION

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telehealth modality that is sufficient to evaluate and treat the patient for the condition presented, including the establishment of a patient relationship. Prohibiting patients and providers from establishing professional relationships using telemedicine modalities without an in state physical location will greatly restrict patient choice and make it far more difficult for North Dakota patients to access high-quality care from their preferred providers. If faced with the decision of establishing a physical location in North Dakota or not providing care to North Dakota patients, telemedicine optometric care providers are more likely to opt for the latter, creating arbitrary, geographic barriers to care.

Instead, HB 1267 should be amended to remove the requirement for a physical location in the state to establish an initial patient relationship and conform to the provisions in North Dakota Century Code 43-17-44. Removal of this provision will better conform this section to the rest of the bill by allowing the standard of care to guide provider and patient relationships, not a protectionist physical location requirement. The standard of care dictates that if a telemedicine provider determines at any point, be that when establishing a relationship or later, that in-person care is required to treat the condition presented by the patient, that the provider must take steps to see the patient in person or direct the patient to receive in-person care. If a patient is comfortable establishing a relationship with a provider with no physical location in North Dakota, knowing that they may need to seek in-person care from a different provider based on their condition, the Legislature should not interfere and set arbitrary barriers to patient care. Furthermore, a physical location in the state does not guarantee convenient or easy access to in-person care should the need arise. For example, if an optometrist based in Fargo is treating a patient in Minot and the standard of care dictates a need for in-person care, the patient will face a choice of the long, and potentially costly, trip to Fargo or seeking care from another provider.

Finally, ATA Action encourages consideration of the policy principles enumerated in the Federation of State Medical Board's ("FSMB") most recent update *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practices of Medicine*,¹ which was ratified by the organization in April 2022. Founded in 1912, The FSMB comprises over 70 state medical boards across the country and develops policy recommendations for the practice of medicine stemming from the expertise of its membership. In its "Standard of Care" section of the previously mentioned report, the FSMB articulates that "a physician patient relationship may be established via either synchronous or asynchronous telemedicine technologies without any requirement of a prior in-person meeting, so long as the standard of care is met." Professional healthcare boards across the country have endorsed this view, with no mention of in-state physical location requirements, and HB 1267's proposal to restrict patient relationships using telemedicine would set care back in North Dakota.

Thank you for this opportunity to comment. We encourage you and your colleagues not to move HB 1267 forward until changes have been made to address the concerns we raised above. Please

¹ Federation of State Medical Boards, *The Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, April 2022, <https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf>.



Telehealth Policy to Transform Healthcare

let us know if there is anything that we can do to assist you in your efforts to adopt practical telehealth policy in North Dakota. If you have any questions or would like to engage in additional discussion regarding the telehealth industry's perspective, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley".

Kyle Zebley
Executive Director
ATA Action

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2025 SENATE STANDING COMMITTEE MINUTES

Workforce Development Committee Fort Lincoln Room, State Capitol

HB 1267
3/7/2025

Relating to optometrist licensure.

9:30 a.m. Chairman Wobbema called the meeting to order.

Members Present: Chairman Wobbema, Vice-Chairman Axtman, Senator Boschee, Senator Larson, Senator Powers.

Discussion Topics:

- Telehealth capabilities
- Committee Action

9:35 a.m. Senator Powers moved Do Pass.

9:35 a.m. Senator Boschee seconded the motion.

Senators	Vote
Senator Mike Wobbema	Y
Senator Michelle Axtman	Y
Senator Josh Boschee	Y
Senator Diane Larson	Y
Senator Michelle Powers	Y

Motion passed 5-0-0.

Senator Axtman will carry the bill.

9:36 a.m. Chairman Wobbema closed the hearing.

Andrew Ficek, Committee Clerk

**REPORT OF STANDING COMMITTEE
ENGROSSED HB 1267 ([25.0935.02000](#))**

Workforce Development Committee (Sen. Wobbema, Chairman) recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1267 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.