

Physician Assistant Practice in North Dakota

Physician assistants in North Dakota must practice within the “scope of practice” outlined in North Dakota Century Code section 43-17-02.1(1) and (3) and North Dakota Administrative Code § 50-03-01-01.1 pursuant to the requirements generally set forth in N.D.C.C. §§ 43-17-02.1(2), (4)-(6).

In addition, physician assistants must practice at a facility or practice that meet at least one of the four criteria defined in North Dakota Century Code section 43-17-02.1(4).

Physician assistants must practice at one or more of the following:

- (1) Licensed health care facility,
 - a. A business license from the Secretary of State’s Office is not considered a “licensed health care facility.” Rather, the facility must have a facility license issued by the North Dakota Department of Health, or similar entity in other states.
 - i. Examples of acceptable facilities include hospitals, nursing homes, ambulatory surgery centers, and hospice providers, among others. To determine whether a facility is licensed in North Dakota please access the North Dakota Department of Health’s licensure and verification page on its website: <https://www.health.nd.gov/regulation-licensure>
 - ii. Examples of facilities that are not licensed with the DOH include salons, medispas, and aesthetic clinics.
- (2) Facility with a credentialing and privileging system,
 - a. As further outlined below, the facility must have a process in place for credentialing (or obtaining credentials from a qualified third-party) and privileging employees in order to ensure licensees are practicing within their scope of experience and training and are properly insured.
 - i. Credentialing should be accomplished by obtaining, verifying, and assessing qualifications of a physician assistant to provide care or services for a facility that documents evidence of licensure, education, training, experience, and other qualifications.
 - ii. Privileging should provide the specific scope and content of patient care services the physician assistant is authorized to provide at the facility based on an evaluation of credentials, education, experience, and performance.
- (3) Physician-owned facility or practice,
 - a. The physician must have a current North Dakota license to practice medicine and own a majority of the facility or practice.
- (4) Facility or practice approved by the Board.
 - a. If the physician assistant does not practice at a facility under (1)-(3), the physician assistant may practice independently if they first petition the Board for approval. The Board will consider applications for independent practice with preference to the following criteria:
 - i. The practice is at a physical location in a rural, medically underserved area in North Dakota with a Health Professional Shortage Area (HPSA) score of 10 or greater. Please note that this therefore does not include cosmetic or “medispa” clinics or solely telemedicine practice.

- ii. A North Dakota licensed collaborating physician who will agree to do twenty-five (25) quarterly chart reviews for the physician assistant on a template provided by the Board.
- iii. If the physician assistant has less than four thousand hours of practice, a written collaborative agreement with a North Dakota licensed physician will be required. The Petition Form is available on the Board's website: www.ndbom.org.

The Board does not have the authority to provide legal advice or issue advisory opinions so questions regarding compliance with the above, how to set up a credentialing and privileging system, and how to set up the business for independent practice to comply with law and the Corporate Practice of Medicine Doctrine, should be directed to a private attorney.

Credentialing and Privileging System

The North Dakota Board of Medicine recognizes and adopts the following guidance from the Joint Commission as qualified privileging system.

To be an approved "facility with a credentialing and privileging system," the facility shall:

1. Define the qualifications, based on scope of care, or the services provided, that the PA must possess to be privileged to practice in the facility, including.
 - a. education, training and experience,
 - b. specialty areas of practice,
 - c. board certification, etc.
2. The qualifications need to be specific to the privilege being granted for safe, competent patient care.
3. Each PA needs to formally request privileges to provide specific care or treatment. Methods to formally request include:
 - a. use of a formal application,
 - b. letter outlining request, and
 - c. engaging in communications with the medical director who documents the request.
4. Obtain required credentialing information for credentialing core criteria, including:
 - a. Current license and any action against the license, and
 - b. Primary source verification of relevant education, training, and experience.
5. Verify current competence by:
 - a. Obtaining letters/recommendations from practitioners personally acquainted with the PA's performance,
 - b. Obtaining a National Practitioner Data Bank (NPDB) report,
 - c. Transferring the information from the organization that has done the primary source verification to the facility's files
6. Verify any organization-specific requirements such as:
 - a. National certification and state licensure,
 - b. DEA (Drug Enforcement Administration) Certification with expiration date,
 - c. Current malpractice insurance and expiration.
7. Obtain a written statement from the applicant covering:

- a. That no current impairments exist that affect the applicant's ability to perform requested privileges in a safe, ethical, and competent manner;
 - b. Previous or current challenges made against the applicant's licensure or registration;
 - c. Any voluntary or involuntary relinquishment of license or registration;
 - d. Voluntary and involuntary termination of medical staff membership at another organization;
 - e. Any voluntary or involuntary limitation, reduction, or loss of clinical privileges; and
 - f. Any professional liability actions that resulted in a final judgment against the applicant.
8. Medical director assesses the information to determine if the applicant meets the required qualifications.
 - a. The medical director must be a physician (MD or DO)
9. The medical director obtains formal approval from the appropriate leaders (governing body, administrator, medical director – as determined by the organization's governance, rules, and regulations) with a recommendation to the governing body to privilege a PA in the facility.
 - a. This can be documented in the governing body meeting minutes. Documentation must include which privileges are granted, the appoint date of privileges, and privileging time period which should not exceed two years.
10. Notify the applicant in writing of the decision.
11. Document and maintain evidence of the appointment in the PA's credentials file.
12. Develop a system to review information that is subject to change – such as licensure, DEA certification, etc.