



JANUARY 2025 NEWS BLAST

North Dakota Board of Medicine

4204 Boulder Ridge Rd Ste 260

Bismarck, ND 58503

(701) 450-4060

[2025 Meeting Schedule](#)

January 31, 2025

May 2, 2025

July 25, 2025

October 24, 2025

A MESSAGE FROM THE CHAIR

The North Dakota Board of Medicine held its regular meeting by teleconference on January 31, 2025. Prominent on the agenda was the 69th Legislative Session which convened January 2025. The Board spent considerable time reviewing bills before the Legislature that may affect the Board, licensees, and the licensure/renewal process. The Board continues to provide testimony on several bills to give insight and share perspectives to our Legislators. There are several organizations in the state that track bills in the North Dakota Legislature and you are encouraged to learn about those that may impact your practice and to reach out to your Legislators with your support or to educate them about reasons for concern.

The Board participates in the Interstate Medical Licensing Compact (IMLC) and issues the majority of licenses through the IMLC process. As a participating board, we have representation on the Compact Commission. During the meeting, the Board elected Jay Metzger, PA-C as the new IMLC Commissioner from North Dakota.

New administrative rules took effect January 1, 2025, which address definitions of misconduct (including sexual misconduct), telemedicine practice, PA licensure, and Genetic Counselors. For more information on the rules, please visit the Board's website (ndbom.org) – [News](#). Links to the actual rules can be found under the [Public](#) tab on the Board's website.

The North Dakota Professional Health Program (NDPHP) has hired a new Executive Director, Maggie Seamands. Director Seamands provided the NDPHP's Strategic Strategies for 2025. We look forward to continuing collaboration with the NDPHP. The Board encourages anyone with concerns about substance use, mental health or other potentially impairing conditions to contact the NDPHP for information. Voluntary participation with the NDPHP is confidential and could potentially save a career and improve care to North Dakota's public.

Best Regards, Catherine Houle, MD
Chair, North Dakota Board of Medicine

NDBOM INTRODUCES NEW BOARD MEMBER

The Board is pleased to welcome Dr. Erica Hofland who was appointed by the Governor as a new Board member.



Erica Hofland, MD, FACOG is a board-certified obstetrician and gynecologist who has practiced at Sanford Health in Dickinson since 2014. Dr. Hofland completed her residency at the University of Iowa, Iowa City. After graduation she returned to her hometown of Dickinson where she provides both obstetric and gynecologic care. In her practice she also functions as an associate professor for the University of North Dakota working with ROME (Rural Opportunities in Medical Education) students. Her nonclinical duties have included engagements at the national level with the American College of Obstetrics and Gynecology as the North Dakota Section Vice-Chair and Section Chair. She currently also sits on the North Dakota Medical Association council as the Policy Forum Chair. In her free time Dr. Hofland and her husband enjoy watching and participating in their son and daughter's sports leagues.

JANUARY MEETING HIGHLIGHTS

At the meeting on January 31, 2025, the North Dakota Board of Medicine approved 127 Physician licenses which included 2 licenses granted after interviews, 22 Physician Assistant licenses, and 7 Genetic Counselor licenses. Twelve (12) Letters of Qualification for State of Principal Licensure and 269 non-principal licenses were issued through the Interstate Medical Licensing Compact.

The Board received reports from Investigative Panel A and Investigative Panel B regarding the number of complaints reviewed and acted upon. The combined reports showed that a total of 66 cases were reviewed, which included 9 summary matter cases and 23 malpractice cases. Of these cases, 8 stipulations for discipline were approved, disciplinary action was authorized in 1 case, 7 letters of concern were issued, and 3 cases were tabled to obtain additional information; all other cases were dismissed, or no further action taken.

The Board took disciplinary action against 8 physicians and 1 physician assistant during the meeting. Discipline included 4 indefinite suspensions, reprimands, and requiring additional training, proctoring, and CME. Recent disciplinary cases can be found on the Board's website under Recent Board Orders.

The Board received updates from its respective committees.

The Finance Committee presented the Board's 2023 clean audit report and the Board's 2025 budget – both of which were approved by the full Board. Included in the Budget approval was the designation of a \$3 million litigation reserve.

The IT Committee presented two IT contracts for consideration – one implementing new software to disseminate Board, Panel, and Committee materials through Pervasant's Board Papers – and the other implementing API integration of the IMLC database into the Board's database. Both contracts were unanimously approved.

The Laws, Rules, and Legislative (LRL) Committee provided an overview of numerous bills reviewed for the 2025 Legislative Session, including:

- The NDBOM submitted four bills, three of those bills ([HB 1039](#) – PHP Bill to allow for “former licensees” to be eligible for the program, [SB 2040](#) – allowing Genetic Counselors to order their own testing, [SB 2042](#) – authorizing background checks for naturopaths and genetic counselors) have passed their first house and will move to the

second house after crossover. The final bill, SB 2041 on alternative pathways for naturopaths to obtain independent endorsement failed the Senate on 1/17/2025. Thoughtful discussion was had by the Senate Workforce Development Committee when it deliberated on the bill that was relayed to the Board.

- SB 2108 – PA Compact. The LRL Committee discussed how the compact is not yet operational and has several “unknowns” at this time that include cost, legal implications, and how to address verification of PA practice locations. Information was provided to the Senate Workforce Development Committee in a neutral capacity on some of these issues. The bill was ultimately defeated by the Senate on 1/15/2025. The Board’s office will continue to monitor the PA Compact as the Commission meets on implementing further rules to see if some of the “unknowns” are answered and if it should be considered at the next legislative session.
- HB 1511 – requiring the Board of Medicine, upon approval of the Attorney General, to issue an instructional course on the State’s Abortion laws. The Committee recognized how these laws vary from state to state and thus understands the intent of the bill to offer education for practitioners so they know what laws they must practice under in North Dakota. The discussion then turned on (1) what is the best way to provide this education in an unsettled area of law and (2) who is in the best position to create the “instructional course.” The concern is, while the law is being litigated, and new laws considered during this session that have not been implemented or interpreted, it would appear premature to create such a course, which could be rendered outdated at any time. Furthermore, the way the bill is written, calls into question whether obstetric practitioners can be licensed or have their license renewed without review of the instruction course – and what happens if the course needs to be redone. Finally, the Committee discussed that it cannot provide legal advice, opinions, and interpretations. In addition, the Board discussed how it is not in the position to provide the education required for licensure – but is here to license and renew. No other specialty under its jurisdiction is mandated to provide such additional education for licensure or renewal. The Board is under constant scrutiny by the legislature and has participated in numerous legislative studies over the years – consistently answering questions on how quickly and efficiently it processes licensure and renewals – and whether the Board is an outlier in requiring something other states do not. The Board wishes to remain neutral on this subject and issue and as such will request amendments to have a different, more appropriate entity provide the education and although a link to the education can be posted on the Board’s website, to not require the Board to be the enforcer of the mandate for the education. Additional concerns were discussed including the emergency clause and that Boards do not receive appropriations. The Board voted to oppose the bill.
- SB 2270 – alternative pathway for licensure of international physicians – which removes the requirement for international graduates/physicians to attend an accredited U.S. residency program. The Board discussed its previous involvement in discussing and finding solutions on this issue. As previously recognized by the full Board, at this time there is no entity that verifies, or credentials, international training and the Board would not have the resources and capabilities to determine such “substantial equivalency.” There are national/international entities working on this – and discussions on the topic and workable solutions continue – but at this time, to implement would be premature as there is nothing in place to vet or verify competency, putting the citizens of North Dakota at risk. If the bill were to move forward, the Board discussed needing the facility to provide a proctor/supervisor and a competency evaluation be obtained prior to licensure – though noted these amendments did not alleviate all their concerns. The Board voted to oppose the bill.
- HB 1270 – requires certain statistical information be reported to the Governor’s office. The bill also provides a process for an individual to submit a complaint to the Governor on any “adverse decision” of the board or a board member relating to licensure. The Board discussed the appropriate avenue for an appeal for a licensure

denial through N.D.C.C. chap. 28-32, and how someone making a complaint for a “no” vote of a Board member would disincentivize members from exercising their appointed duty to review licensure. The Board voted to oppose the bill.

- **SB 2285** – taking away judicial deference of the Board (a bill that was defeated last session). Administrative Law Judges who provide recommended findings of fact, conclusions of law, and orders are not licensed medical practitioners and therefore may lack the ability to issue opinions on certain nuanced areas of standards of care. It is therefore necessary for the Board to retain such ability to issue final determinations. The Board voted to oppose the bill.
- **HB 1442** creating a Legislative Committee on Government Efficiencies and **SB 2308** creating a Board Review Task Force. The Board will monitor these bills but not take any position at this time.
- **HB 1220** – would require the Board of Medicine to “accredit” an accelerated degree program of medical education or physician assistant studies, versus the appropriate nationally recognized accrediting agency, in which such a degree could not be used for licensure. Neutral testimony was provided outlining information on the pathway to licensure in North Dakota and in order to qualify for the necessary examinations, residency programs, and national accreditation, the individual must graduate from a program accredited by the appropriate national entities. As such, such an accelerated degree, unless accredited by the appropriate national entities, could not be used for licensure, even if the Board accepted the education. Neutral testimony will be provided on the bill.
- A new bill was presented that came out after the LRL Committee met – **SB 2395** which creates a “uniform law” and other directions for Board operations. The “uniform law” actually had more stringent requirements than what the Board was requiring from its professions for licensure and the Board operations were already being implemented. The Board therefore did not take a position on this bill.

The Board also reviewed several of its current policies and procedures, including its current policies on CME audits after physician licensure moved from a one- to two-year license. The Board voted to randomly audit 1-2% of licensees each year for compliance.

PHYSICIAN ASSISTANT CORNER

Dear North Dakota Physician Assistants,

The North Dakota Board of Medicine decided not to pursue legislation for a Physician Assistant (PA) Licensure Compact at this time, citing concerns about unknown implications and potential conflicts with state law.

The PA Licensure Compact, a newly proposed initiative, requires at least 7 states to enact legislation before it can be implemented. At this time 13 states have enacted legislation with 11 other states having filed legislation. Given the time needed for legislative approval and adjustments, it could take 2 years before the compact is operational.

While North Dakota will not be an early adopter, the Board acknowledges the potential advantages the compact may offer down the road, particularly in addressing workforce mobility and access to care. They will continue monitoring its development and will reconsider participation in the future once the Compact’s Commission can convene and provide further information, clarification, and rules on the Compact’s implementation.

For now, PAs in North Dakota will continue to operate under existing licensure requirements. Updates on the Compact's progress and potential future implications for North Dakota will be shared as more information becomes available.

Grant Lannoye, PA
ND Board of Medicine

NATUROPATHIC DOCTOR CORNER

Dear Naturopathic Doctors –

As many of you know – the Board proposed Senate Bill 2041 this session which would have added two additional paths to obtain independent endorsement to prescribe through an accredited residency program or through work experience in another jurisdiction. The bill ultimately failed in the Senate. The Committee discussed how providing prescriptive authority is still new for naturopathic doctors and therefore wanted to wait before any changes were made on the law. We appreciate the thoughtful discussion and information. The hope is that with time, the legislature becomes more comfortable with naturopaths having this authority. The Board will continue to be open to further education and discussion on naturopathic practice in North Dakota.

The Board was also contacted last month by the DEA to confirm the prescribing authority of naturopathic doctors in North Dakota. This will hopefully be the last hurdle so naturopaths are able to obtain DEA certification.

Sincerely,

Lezlie Scott, ND

Naturopathic Doctor representative on the North Dakota Board of Medicine

GENETIC COUNSELOR CORNER

Dear Genetic Counselors –

On January 8, 2025, Genetic Counselor Linda Wolf, along with Director DePountis, presented S.B. 2040 to the Senate's Human Services Committee. As a reminder, the bill, if passed, would allow G.C. to order their own testing, and updates the exam limit timeline requirement for licensure. G.C. Wolf did a wonderful job representing the profession! The Senators were very curious about the roles GC play in our healthcare system and asked a lot of questions, eager to learn more. The Bill ultimately passed unanimously out of the Senate on January 14, 2025. It will now go before the House of Representatives after crossover.

In addition, the rules relating to Genetic Counselors – [North Dakota Administrative Rules Article 50-07](#) – went into effect on January 1, 2025. The Rules do not make any changes to the profession but instead codify what has been in place for over ten years – including the \$50 fee for licensure, allowing the Board to issue provisional licenses in-between Board meetings, and that the disciplinary process follows the same procedure as all professions under the jurisdiction of the Board of Medicine. The Rules are readily available online and the Board's website.

A LETTER FROM THE NDPHP

The North Dakota Professional Health Program (NDPHP) may be most widely known for its work with providers who have substance use disorders by providing confidential coordination, monitoring, and expertise in the care of impaired physicians, physician assistants, medical students, residents, and PA students. However, the NDPHP can help with more than just substance use disorders. Our program is multi-faceted and aimed at enhancing the overall well-being of providers resulting in healthy communities. We have also assisted providers in addressing mental health issues, providing resources and support for those dealing with stress, anxiety, depression, burnout, boundary issues, and other mental health conditions. We have even worked with health care systems' proactive approaches such as providing education on burnout to their providers, partnering with provider wellness committees, as well as collaborating on internal referral processes.

If you are concerned about a provider on your team, have a need for collaborating to develop education or training, or want to learn more about our program and ways we may be able to help, reach out to us at info@ndphp.org or ndphp.org.

Sincerely,

Maggie Seamands, RN, MSN CMGT-BC, CNML
NDPHP Executive Director

NDPHP SEEKS NEW MEMBERS TO SERVE ON ITS BOARD OF DIRECTORS

The NDPHP is looking for a new Board member to serve on the NDPHP's Board of Directors. These are 3-year terms with meetings currently 4-6 times a year. There is more information listed on the ndphp.org website home page under "Join Our Team" or you can email your resume and cover letter outlining your interest to info@ndphp.org.

NEWS

NDBOM Joins IAMRA

The North Dakota Board of Medicine is pleased to have joined the International Association of Medical Regulatory Authorities (IAMRA). IAMRA purpose is to promote effective medical regulation worldwide by supporting best practice, innovation, collaboration, and knowledge sharing in the interest of public safety and in support of the medical profession. In the rapidly changing environment in which the world of physicians is getting smaller – in that we are now working on a global level to verify credentials and recruit qualified physicians all over the world – it is organizations like IAMRA who facilitate conversations on these important topics and provide relevant data to make sound decisions. For more information, please visit their [website](#) or [eNews Blasts](#).



JOIN PROVIDER BRIDGE TO SUPPORT EMERGENCY RESPONSE

The incidence of emergencies and disasters has increased steadily in the U.S. since the 1980's. In 2023, the United States experienced 25 disasters, including a deadly wildfire in Maui and Hurricane Idalia in Florida. By registering for Provider

Bridge, you will join thousands of qualified medical providers who are ready to provide care and contribute to the effective emergency management of these disasters.

Provider Bridge Supports States' Emergency Preparedness and Response

Provider Bridge is a free-to-use technology platform that maintains a comprehensive registry of health professionals that can be accessed expeditiously to prepare for and respond to local, regional, or national emergencies or public health crises.

Joining the Provider Bridge platform allows you to create and own a time-stamped, digital report ("passport") that includes your name, provider type, professional school and graduation date, NPI, state license number(s), specialty or area of practice, and DEA registration(s), as well as any disciplinary history. Each license is verified via data sharing with the Federation of State Medical Boards (FSMB), the National Commission on Certification of Physician Assistants (NCCPA), the National Council of State Boards of Nursing (NCSBN), and the American Board of Medical Specialties (ABMS).

Provider Bridge also allows entities, including state medical and nursing boards, hospitals, health care institutions, public health offices, and emergency management entities to search for verified medical professionals who are willing to assist in an emergency or deploy to a disaster site or provide telehealth services. Additionally, entities can verify the credentials of state-based registrants as well as those professionals in other states.

Currently, Provider Bridge includes physicians, PAs, and nurses and is positioned to expand to include other medical professionals, such as mental health providers (psychologists, counselors, social workers), respiratory therapists, EMS providers, and others.

Register Now!

Provider Bridge supports expeditious emergency response most effectively by having a large number of medical professionals registered on the platform. Registration is free and takes only a few minutes at the following link:

<https://provider.providerbridge.org/>.

What to Expect After Registering for Provider Bridge

Once you have registered for Provider Bridge, there are no additional steps you need to take. You can generate a certified pdf of your passport to present at an emergency site. Health care entities can add registrants to their provider list, pull Provider Bridge passports, and contact providers (unless a licensee chooses to opt out of allowing entities to find their profile). In the event of a national or state emergency, an entity can reach out to providers to determine if they are available and willing to provide health care services.

For more information, go to <https://www.providerbridge.org/> or contact:

Anne K. Lawler, JD, RN
Provider Bridge Program Officer
(208) 331-2341
alawler@fsmb.org

AMA – Code of Ethics

The American Medical Association recently launched a new website – making it easier to find guidance on medical ethics. To view the website, visit <https://code-medical-ethics.ama-assn.org/>. Note that each profession's Code of Ethics is posted on the Board's website under Links and Resources.

Scam Calls Targeting Licensees

The Board is aware of numerous scam calls to licensees posing as law enforcement officers, agents of the Federal Bureau of Investigation (FBI) and U.S. Drug Enforcement Administration (DEA), or Board staff. The scammers attempt a myriad of tactics in an attempt to extort money from licensees. For example, scammers, posing as law enforcement will attempt to say there is a warrant for your arrest. Scammers posing as DEA agents or Board staff attempt to say that your license or authority to prescribe controlled substances is suspended. The scammers then provide an "Agreement" that if a bond of \$25,000.00 is paid, the license would be reinstated.

The scammers' phone number may show up as the Board's number (701) 450-4060, or, if posing as law enforcement, they may impersonate actual law enforcement officers using their real names.

Please note, law enforcement officers, DEA agents, and Board staff will never contact licensees by telephone to demand money or any other form of payment. If you receive one of these calls, refuse the demand for payment, and hang up. If the caller insists that they speak with you, tell them you will call them back directly. Do not call back a different number provided by the scammers, instead, call the Board office directly at (701) 450-4060.

If the caller is stating they are from the DEA, consider reporting the threat using the [DEA's Extortion Scam Online Reporting form](#).

If the phone number of the caller appears to be the Board's number, you may submit an online complaint with the Federal Communications Commission (FCC) using the [FCC's Consumer Complaint form](#).

FSMB SCAM: The FSMB wishes to alert practitioners that there is a new scam targeting licensees around the country by individuals posing as FSMB staff alleging issues with physician licenses and/or discipline and requiring a call back to resolve the issues. The scammer asks personal questions of the physicians to obtain additional information. For more information and to view the alert – visit the [FSMB.org](#) homepage. Note that the FSMB will never contact physicians directly pertaining to issues regarding their license or any disciplinary actions.

Refer a Child to with Make-A-Wish® North Dakota

At Make-A-Wish North Dakota, we create life changing wishes for children ages 2 ½ to 18 years old who have a critical illness that puts their life in jeopardy. Medical professionals are one of our main referral sources to connect children with their wish come true. If you know a child with a critical illness, we invite you to refer them today by visiting [md.wish.org](#). In addition to our referral form, you will also find our medical guidance sheets regarding eligibility within sub-specialty departments. Thank you!

DEA Removes Waiver Requirement to Prescribe Buprenorphine

The Consolidated Appropriations Act of 2023 was signed by Congress on December 29, 2022, removing the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, such as buprenorphine, for the treatment of opioid use disorder (OUD). Instead, all prescriptions for buprenorphine only require

a standard DEA registration number. The Act also introduced new training requirements for all prescribers which will go into effect June 21, 2023. Additional information on these requirements will soon be available from the DEA. For more information, please visit [SAMHSA - Substance Abuse and Mental Health Services Administration](#).

CDC: Updated Guidelines for Prescribing Opioids for Pain

The Centers for Disease Control and Prevention (CDC) recently released updated and expanded recommendations for clinicians providing pain care for adult outpatients with short and long-term pain – replacing the guidelines released in 2016. The recommendations are intended to help clinicians work with their patients to ensure the safest and most effective pain care is provided by improving communication and empowering patients to make informed decisions. The Guidelines address determining whether to initiate opioids for pain, selecting opioids and determining opioid dosages, deciding duration of initial opioid prescription and conducting follow-ups, and assessing risk and addressing potential harms of opioid use. The updated guidelines are found on the CDC website: [CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#).

Medicaid requires PDMP Checks

A new federal law went into effect on October 1, 2021, which requires all health care providers to check the PDMP for a Medicaid enrollee's prescription drug history before prescribing controlled substances to the enrollee. If you have any questions regarding the new requirements or regulations, please contact Brendan Joyce at the North Dakota Department of Human Services (bjoyce@nd.gov).

NDBOM Collaboration with ACCME

Physicians can now have CME providers report CME credit for North Dakota licensees directly to the ACCME Program and Activity Reporting System (PARS). All that is required of physicians is to request your CME provider to report your attendance. A report is then submitted to the Board certifying attendance. This will streamline CME audits, allowing physicians to utilize the ACCME database instead of self-reporting individual CME during an audit. Physicians may also create their own account at the ACCME's CME Passport: <https://www.cmepassport.org> which will allow you to find available CME, track what CME credits have been reported by providers, and generate a transcript of your credit that can be sent directly to the Board. To learn more, please access the ACCME website at <https://www.accme.org/state-medical-licensing-boards-collaboration>. For more information on the CME Passport, please access: <https://accme.org/about-cmepassport>.

INFORMATIONAL LINKS:

CDC's Clinical Practice Guidelines for Prescribing Opioids 2022:

<https://www.cdc.gov/media/releases/2022/p1103-Prescribing-Opioids.html>

Interstate Medical Licensing Compact:

<https://www.imlcc.org>

FBI Information on Wire Fraud Scheme against Health Care providers:

<https://files.constantcontact.com/4487d704801/038c165a-5863-4b69-8630-b461754c7cc7.pdf>



North Dakota is the proud recipient of the WellBeing First Champion for the second year in a row by ALL IN; WellBeing First- verifying that the Board of Medicine’s applications are free from intrusive and stigmatizing language around mental health care and treatment so practitioners can seek needed care without fear of losing their license.