



APRIL 2026 NEWS BLAST

North Dakota Board of Medicine

4204 Boulder Ridge Rd Ste 260

Bismarck, ND 58503

(701) 450-4060

[2026 Meeting Schedule](#)

January 30, 2026

April 24, 2026

July 31, 2026

October 30, 2026

A MESSAGE FROM THE CHAIR

Shots Fired, Licenses Granted: A Remarkable Tale from the History of North Dakota Board of Medicine

Regulation of medical practice in North Dakota dates back to 1890, when the “State Examining Board” was established to ensure that those practicing medicine met appropriate standards of training and competence. Even then, the charge was clear: protect the public through thoughtful oversight of medical practice.

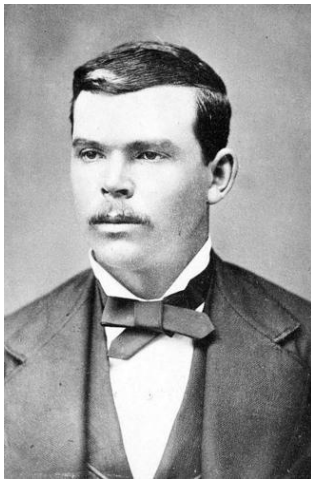
Much has changed since those early days. Medical knowledge has advanced: [it is thought to double every 73 days today, compared with every 50 years in 1950](#), and it is estimated to have doubled every 100 years in 1900. Training has also evolved, and the healthcare workforce now includes physician assistants, naturopathic doctors, genetic counselors, and many others. All of us play an important role in caring for the people of North Dakota. While the structure of care

has grown more complex, the Board’s responsibility remains grounded in that same principle of public protection.

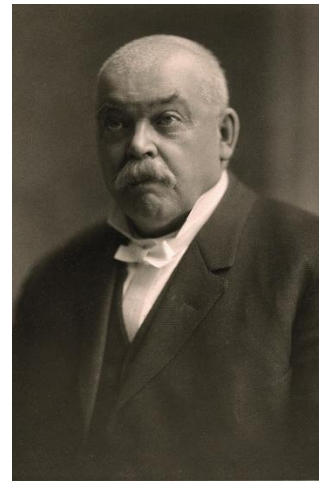
But stories from our past, however, remind us just how different those early years could be.

Dr. Henry Mason Wheeler

In 1876, Henry M. Wheeler was a medical student at the University of Michigan, home on break in Northfield, Minnesota, when history quite literally rode into town. The infamous Jesse James-Younger Gang targeted the Northfield First National Bank, setting off a confrontation that quickly drew in local citizens. Among them was Wheeler, who took up arms alongside his neighbors to resist the robbery. The failed heist would go on to become one of the most iconic episodes of the Old West.



Henry Wheeler. Photo credits:
M. L. Gardner/Find a Grave



In the aftermath, a lesser-known chapter emerged. At a time when medical schools struggled to obtain cadavers for anatomical study, the bodies of the fallen outlaws were reportedly sent to the University of Michigan, where Wheeler was training. Accounts suggest their journey was handled quietly, reflecting a time when the procurement of anatomical specimens often occurred with little oversight by today's standards. It is a story that feels distant, even improbable today, yet it is directly connected to North Dakota's own medical history.

Dr. Wheeler went on to establish a respected practice in Grand Forks and became a central figure in the state's medical community. He served for many years as secretary of the State Examining Board (now the Board of Medicine), starting in 1894, contributing to the early structure and integrity of medical regulation in North Dakota, and was also the president of the North Dakota Medical Association at one time. His career reflected a deep commitment to both his patients and the profession. Dr. Wheeler died on April 13, 1930, in Grand Forks.

For those outside the region, stories like Dr. Wheeler's can reinforce the idea that North Dakota still belongs to the "Old West." But those of us who live and practice here know otherwise. Ours is a state defined not by frontier legend, but by a thoughtful, highly trained, and dedicated healthcare community.

Today, the Board carries that same spirit forward. While none of us on the Board have been called on to stop a bank robbery, we each step in and do what we can to serve those around us.

I would like to thank Dr. Jon Allen for introducing me to Dr. Wheeler's story. For those who would like to read more about Dr. Wheeler, see the references below.

Thanks to you all for what you do every day for the citizens of North Dakota.

Jay Metzger, PA-C
Chair, North Dakota Board of Medicine

References:
[The Northfield Raid & the Strange Fate of Two Dead Outlaws](#)
[Compendium of history and biography of North Dakota](#)

APRIL MEETING HIGHLIGHTS

At the meeting on April 24, 2026, the North Dakota Board of Medicine approved 85 Physician licenses which included 1 license granted after an interview, 18 Physician Assistant licenses, 5 Genetic Counselor licenses, and 1 Naturopathic Doctor Limited Endorsement to Prescribe. There were 11 Letters of Qualification for State of Principal Licensure, and 244 Non-State of Principal licenses issued through the Interstate Medical Licensing Compact (IMLC).

The Board received reports from Investigative Panel A and Investigative Panel B. A total of 66 cases were reviewed, which included 13 summary matters and 23 malpractice cases. Of these cases, 10 letters of concern were issued, and 3 cases were tabled for further review, and disciplinary action was initiated in 4 cases; all other cases were dismissed, or no further action taken.

Updates were given from the following Committees:

- The RFP Committee provided an update on bids received for the Investigatory AI Project. Due to the rapidly evolving nature of AI, the Committee recommended not awarding a bid to the project and continue its research into potential solutions.
- The Working Group on Alternative Pathways to Licensure met twice since the last meeting. Input was received from current IMG/IMPs living in North Dakota, the Department of Commerce, and numerous medical facilities including representatives from Altru, Essentia, Trinity, Sanford, and CHI St. Alexius. The IMG/IMP provided valued information on potential opportunities in North Dakota – including the need to increase residency spots and observership opportunities. The facilities outlined the need for additional resources and staff in order to properly implement such a pathway. They also noted concerns outside their control, including Board Certification, immigration issues, federal reimbursement, etc. Although not opposed to the pathway, until additional resources and guidance are available, and the fact that only 3 licenses from the 18 different states have actually been issued under the pathway, the facilities questioned whether this would drive any actual solutions present in North Dakota. The Working Group's next meeting will be held May 20, 2026, at which time representatives from UND, NDMA, and DHHS will be asked to provide insights. The agenda and link to join the meeting are all available on the Board's website under [Meeting Schedules and Agendas](#).

2026 AIM and FSMB Annual Meeting

Representatives from the Board of Medicine attended AIM and FSMB Annual Meeting held in Baltimore, MD, April 29-May 2, 2026. It was a wonderful opportunity to network with our fellow Boards from around the nation, while receiving valuable information and engaged discussions on hot topics affecting us all. Seminars were held on AI, medical ethics in the evolving world of what is the standard of medical care, state and national legislative updates, strengthening Medical Board and Practitioner Health Program collaboration, oversight of medical spas, etc. Director DePountis presented with fellow Executive Directors from around the nation on the Board's disciplinary guidelines. Finally, Francis Collins, MD, former Director of the National Institutes of Health from 2009-2021, presented on his role in leading the Human Genome Project, successfully mapping the entire human genetic code and revolutionizing genetic medicine, diagnostics, and targeted therapies. We look forward to utilizing this new knowledge and information into the administration and practice of the North Dakota Board of Medicine.



Behind the Black Box: Transparent Disciplinary Decision-Making. Panelists: Justin Bohall, MPA, Executive Director, AZ Board of Osteopathic Examiners; Sandra DePountis, JD, Executive Director, ND Board of Medicine; Nicole Krishnaswami, JD, Executive Director, OR Medical Board; Stephanie Loucka, JD, Executive Director, State Medical Board of OH; and moderator Andrea Ciccone, JD, Chief of Staff/Chief Engagement Officer, FSMB.

Sequencing a Life of Science: A conversation with Francis Collins, MD. Along with AZ ED Justin Bohall; NDBOM Medical Director Zena Homan, MD; NDBOM ED Sandra DePountis; NDBOM Board Member Lezlie Scott, ND.



We are also pleased to announce that Deputy Director Lynette McDonald received AIM’s prestigious Distinguished Service Award, acknowledging her over 25 years of service to the North Dakota Board of Medicine. Director Sandra DePountis received FSMB’s Leadership Award for her role in driving innovative policies and procedures and keeping the North Dakota Board of Medicine in line with national standards and best practices. We are so proud of the work we do for our Board, licensees, and citizens of North Dakota.



Lynette McDonald receiving AIM’s Distinguished Service Award



Sandra DePountis receiving FSMB’s Leadership Award

PHYSICIAN ASSISTANT CORNER

After being appointed to serve as North Dakota’s representative on the Physician Assistant Licensure Compact, I would like to provide an update on the status of the compact and its implementation. I attended my first meeting with the Compact Commission on April 6, 2026. During this meeting, two rules were discussed. [Draft Rule 3](#) outlines generally how a compact privilege can be issued by member states. It will start with an online application provided by the PA Compact Commission and outlines 13 requirements for maintaining a compact privilege, which includes maintaining NCCPA certification, has an unencumbered, active license, and complies with the laws and rules of the state in which the PA will practice. Renewal requirements are also laid out include that a license will expire on the date of the underlying license issuance, and the PA will need to renew their privilege through the Compact Commission. [Draft Rule 4](#) was also discussed by the Commission. The rule outlines how the Compact’s Data System will be promulgated, and how information will be shared with participating states. In addition, the rule outlines how adverse actions against a compact license or privilege will be reported and how information can subsequently be disseminated among the states. The Compact Commission voted to approve these rules at its April 6, 2026, meeting. Additional rules are being drafted and will be brought forth to the full commission at a later date.

So far, 24 states have adopted the PA Compact. Legislation is pending in 11 other states. The Commission awarded a contract to FOCUS to do its data system. The hope is that the Compact will be up and running by early 2027. The North Dakota Board of Medicine looks forward to being a voice on the Commission while the PA Compact moves through this important implementation phase.

For more information, please visit the [PA Compact's website](#).

Sincerely,

Grant Lannoye, PA-C
ND Board of Medicine

NATUROPATHIC DOCTOR CORNER

In the next few months, the Board's Laws, Rules, and Legislative Committee will be convening to discuss the upcoming legislative session. In addition, the Committee will be doing its yearly review of its Rules, which will include a review of the Naturopathic Formulary set forth in [North Dakota Administrative Code section 50-06-02-08](#). I ask that you thoroughly review and reach out to me or the Director DePountis to share any insights, suggestions, and other considerations for the formulary so it can be brought to the attention of the Committee. In addition, please do not hesitate to reach out with anything you would like for the Board to consider for amendments to the Naturopathic Practice Act in preparation for the next legislative session. This is your chance to bring this to the Board's attention in a thoughtful manner so we can have an open dialogue on naturopathic laws and rules.

We look forward to hearing from you.

Sincerely,

Lezlie Scott, ND
Naturopathic Doctor representative on the North Dakota Board of Medicine

A LETTER FROM THE NDPHP

North Dakota Recognized for Leadership in Provider Health and Confidentiality

Recently, the Federation of State Medical Boards (FSMB) and the Federation of Physician Health Programs (FSPHP) convened in Baltimore for their annual educational conference. A highlight of this year's event was a joint session bringing together these two national organizations to celebrate their collaboration in support of physician regulation, wellness, and public protection. During this joint session, a very powerful video was shared that outlines the important work that PHP's are engaged in. It highlights personal stories of Providers who have received lifesaving treatment from a PHP as well as some recent research data outlining the prevalence of impairment and success of PHP programs. A link to this video is listed here for you to view: [Federation of State Physician Health Programs: Trusted Help for Healthcare Professionals \(Original\)](#)

Additionally, during this collaborative session, North Dakota received national accolades for its statute supporting the Triad of Confidentiality, which was identified as a best practice. This statutory framework was recognized for its thoughtful balance between encouraging providers to seek help and maintaining appropriate safeguards for patient safety and accountability. North Dakota’s approach continues to serve as a model for other states across the country.

The Triad of Confidentiality serves as the foundation for physician health programs and informed the legislative and regulatory actions recognized at the conference. This triad includes three key components:

- Regulatory Protection - Physician Health Programs (PHPs) are approved to accept confidential referrals without the involvement of the state medical board and may accept referrals in lieu of a medical board report in states that mandate reporting of impairment or potential impairment.
- Record Protection - PHP records are protected from discovery in legal proceedings, ensuring that sensitive information shared for the purpose of treatment and monitoring remains confidential.
- Application Protection - PHP compliance permits non-disclosure of protected health information on licensure, credentialing, insurance, and certification applications.

Together, these protections foster trust, reduce stigma, and create a safe pathway for physicians to seek assistance early—prior to patient care being impacted—while still preserving the integrity of the regulatory system.

Confidential support is available through the NDPHP. If you or a colleague are experiencing stress, burnout, mental health challenges, or substance use concerns, confidential help is available through the North Dakota Professional Health Program (NDPHP). The NDPHP provides supportive services, assessments, and referrals designed to help healthcare providers access assistance early and continue to practice safely.

Providers are encouraged to contact the NDPHP directly for guidance on accessing confidential resources. Seeking support is a sign of strength and professionalism—and an important step in protecting both personal well-being and patient care.

Phone: 701.7551.5090

Email: info@ndphp.org

Web: <http://ndphp.org>

A LETTER FROM THE PDMP

Dear Providers,

New Feature: Opioid Treatment Program (OTP) Indicator

Beginning May 5, 2026, an enhanced integrated feature—the Opioid Treatment Program (OTP) Indicator—will be available within the North Dakota Prescription Drug Monitoring Program (ND PDMP) Patient Report.

When present, the OTP Indicator will display in the State Indicator tile and is intended to provide prescribers and pharmacists with additional context regarding a patient's participation in substance use disorder (SUD) treatment, supporting informed and appropriate clinical decision-making.

How It Works

The ND PDMP will securely receive OTP participation data from authorized OTP central registries for patients who have provided the required consent. When applicable, the Patient Report will display a static indicator identifying the OTP facility name and phone number.

To ensure accuracy and timeliness, the indicator is automatically removed when a patient is discharged from treatment, and the discharge is reported to the PDMP.

This enhancement is designed to improve visibility into a patient's SUD treatment status while maintaining compliance with all applicable state and federal confidentiality and privacy requirements, including 42 CFR Pt2.

What Providers Should Do

- Familiarize yourself with the OTP Indicator feature in the ND PDMP Patient Report.
- Consider how this information may support comprehensive patient evaluation and care coordination.
- For additional information, refer to the article titled "Opioid Treatment Program Indicator" available through the PMP AWARe Support Center.

Questions may be directed to the ND PDMP at pdmp@ndboard.pharmacy.com.

Please note: The OTP Indicator is intended to support, not replace, clinical judgment. Information displayed through the OTP Indicator should not be used as the sole basis for providing or denying care or medications to a patient.

PDMP Account Validation — Action May Be Required

As part of our ongoing efforts to maintain the accuracy and integrity of the ND PDMP, we have identified a number of licensee accounts with information that does not match current records on file with the Board of Medicine. Accounts with unresolved discrepancies may be subject to deactivation in the coming months.

If your account is affected, you will receive an email notification identifying the specific issue. It remains your responsibility to either update your account information or contact us for assistance.

Most Common Issues

The following discrepancies are most frequently encountered and can typically be resolved quickly:

- **Last name mismatch** — often the result of a name change after initial PDMP registration.
- **License type mismatch** — for example, a transition from a resident license to a MD license.

- **License number not found** — for example, when a temporary license number has been replaced with a permanent one.

If you receive a notification or have any questions regarding your account status, please don't hesitate to reach out to us for assistance.

Thank you for your continued collaboration in promoting safe, effective, and coordinated patient care through the ND PDMP.

Respectfully,

North Dakota State Board of Pharmacy, PDMP Team

NEWS

ACCME Issues an Alert on the Use of AI in Accredited CE

ACCME has provided an Alert recognizing that AI Generated Content in Accredited CE can undermine content validity and patient safety. ACCME has issued guidance on the use of AI in CE and that the standards for integrity and independence continue to apply regardless of the CE technology, format, or vendor. “If your accredited CE includes AI-facilitated interaction, the accredited provider is solely responsible for the learner-facing content, including any AI-generated content.” For more information – please review the full [Alert issued by the ACCME](#).

ND Abortion Laws Training Available on NDBOM Website

In 2025, the Legislature passed House Bill 1511 which requires the Board of Medicine to provide access to an instructional course on certain abortion laws in North Dakota. This course was not created by the Board of Medicine nor does the law “create a right of action against the Board by a physician acting upon reliance of the instructional course.” Physicians who perform abortions must review the instructional course “within two years before the performance of an abortion.” This requirement “does not apply in the case of a medical emergency.” For more information – and to review the video – please access the [Board’s website – Physician – ND Abortion Laws Training](#).

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](#).

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!

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: 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 on State Collaborations](#). For more information on the CME Passport, please access: [CME Passport](#)

The Board is proud to announce it has been recognized as a Wellbeing First Champion for the third year in a row by ALL IN: Wellbeing First for Healthcare. This annual distinction means that NDBOM's licensing applications are free from intrusive and stigmatizing language around mental health care and treatment. The Board has taken this step to ensure that our workforce can seek needed care without fear of losing their license.

