



JANUARY 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

Evidence, Not Headlines: How the North Dakota Board of Medicine Evaluates Complaints

In times of rapid change and heightened public attention to health care issues, it is understandable that licensees may have questions about how regulatory boards approach their work. Public discussion, particularly around vaccinations and other high-profile health initiatives, can be loud, polarized, and fast-moving. The role of the North Dakota Board of Medicine, however, is deliberately different.

A Stable, Evidence-Based Regulatory Framework

When the Board evaluates a complaint involving a physician, physician assistant, naturopathic doctor, or genetic counselor, the central question is not whether a particular issue is controversial. Rather, the question in such cases is whether the licensee's conduct met the applicable standard of care at the time the care was provided and whether disciplinary action is warranted under the law. Standards of care are informed by:

- Peer-reviewed medical literature
- Established clinical guidelines
- Consensus statements from recognized professional organizations
- Widely accepted practices within the relevant profession

The Board does not rely on headlines, social media commentary, or isolated viewpoints when reviewing complaints standard of care complaints. Regulatory decisions are based on evidence and professional norms that are broadly recognized and accepted within the healthcare community.

Evolving Science vs. Professional Misconduct

Medicine and health care are dynamic fields. Scientific understanding evolves, and guidance may change as new data emerge. The Board recognizes this reality and takes it into account during its deliberations.

Importantly, legitimate clinical debate and evolving evidence are not, by themselves, automatically leading to disciplinary action. Differences in professional judgment, when supported by credible evidence and consistent with accepted practice, are part of responsible health care.

By contrast, a clear departure from accepted standards, particularly when patient safety is compromised, is a regulatory concern. The Board's task is to carefully distinguish between these situations using established evaluative processes and expert input.

Independence and Consistency

As a state regulatory body, the Board operates with a focus on public protection. Federal announcements, policy initiatives, or changes in administrative priorities do not automatically redefine grounds for discipline or professional standards of care in North Dakota. Regulatory decisions are made on a case-by-case basis, based on the facts presented, and the applicable evidence at the time.

This independence is essential to maintaining public trust and professional confidence. Licensees should expect the Board's approach to be consistent, methodical, and insulated from external pressures unrelated to patient safety and professional responsibility.

A Commitment to Fair Process

The Board is committed to due process for all licenses it regulates. Complaints are reviewed carefully, with attention to context, scope of practice, and the realities of clinical decision-making.

Board members, including physicians, physician assistants, naturopathic doctors, and public members, conduct the primary review of complaints and make decisions. When additional expertise is needed, the Board engages specialists in relevant fields to provide further clinical insight, ensuring that evaluations are informed by appropriate professional knowledge and standards applicable to the licensee involved.

Reassurance to Licensees

The Board understands that uncertainty in the broader health care environment can create concern. Licensees should be reassured that regulatory oversight in North Dakota remains grounded in facts, science, law, and well-established professional standards, not controversy.

The Board's goal is not to respond to public debate, but to uphold safe, ethical, and competent practice across the professions it oversees.

The Board appreciates the dedication of North Dakota's health care professionals and remains committed to fair, evidence-based regulation that serves both licensees and the public.

Sincerely,

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

JANUARY MEETING HIGHLIGHTS

At the meeting on January 30, 2026, the North Dakota Board of Medicine approved 97 Physician licenses which included 2 licenses granted after an interview, one of which was a restricted license, 1 resident license, 14 Physician Assistant licenses, 6 Genetic Counselor licenses, and 1 Naturopathic Doctor license and 1 endorsement. There were 20 Letters of Qualification for State of Principal Licensure, and 237 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 55 cases were reviewed, which included 8 summary matters and 13 malpractice cases. Of these cases, 10 letters of concern were issued and 6 cases were tabled for further review, all other cases were dismissed, or no further action taken.

Updates were given from the following Committees:

- LRL Committee provided updates on work it did to amend SB 2402 relating to pharmacy prescribing practices. The Board opposed this bill and offered several amendments – which can be found by reviewing the [Board's testimony](#) submitted to the legislature.
- Finance Committee reviewed the Board's 2024 clean audit and proposed 2026 BOM budget – which was approved by the Board.
- The RFP Committee provided an update on bids received for the Investigatory AI Project.

The Board was given updated information from members attending the Working Group on Alternative Pathways to Licensure which met on November 19, 2025. At this meeting, Andrea Ciccone, Chief of Staff at FSMB, presented on the national landscape. Of the 18 states that have passed legislation implementing an alternative pathway, only 8 are currently accepting applications, and only 2 licenses have been issued. The pipeline of applicants has been minimal with numerous unanswered questions at both state and federal levels. The next meeting is scheduled for February 11, 2026, at which time IMPs, the State Refugee Coordinators, and representatives of the Department of Commerce will be presenting. The agenda and link to join the meeting are all available on the Board's website under [Meeting Schedules and Agendas](#).

2026 SPECIAL LEGISLATIVE SESSION

The North Dakota legislature convened during special session on January 21-23, 2026, via Governor Order “for the purpose of acting on funding related to the Rural Health Transformation Program, and for other purposes as determined by the Legislative Assembly.” There were three bills that were passed going into immediate effect that impact licensees.

HB 1622 – Physician Assistant Compact

New Law: this bill entered North Dakota into the Physician Assistant Compact.

Impact: The Physician Assistant Compact is not yet active at this time. For more information, please see the Physician Assistant Corner below.

SB 2401 – Physician CME Requirements

New Law: Requires physicians to complete a minimum of one hour of continuing education on nutrition and metabolic health each renewal cycle.

Impact: Any physician who is not ABMS/AOA Board certified or does not meet other exceptions as outlined in [N.D.A.C. 50-04-01-02](#), will need to obtain one hour of CME credits in nutrition and metabolic health before their license is renewed. The Board will accept AMA and AOA category 1 credits, America Academy of Family Physician credit and elective credit, and courses approved by the Royal College of Physicians and Surgeons of Canada.

SB 2402 – Pharmacy Testing and Prescribing

New Law: There are two main sections of this bill.

The first section, starting on Page 9 of the bill, allows pharmacists who are located in North Dakota to:

- Prescribe any FDA approved drug for lice, cold sores, motion sickness (including the prevention of motion sickness), and hypoglycemia.
- Prescribe the following FDA approved devices: inhalation spacer, nebulizer, disposable diabetes blood sugar testing supplies, pen needles, and auto-injectors containing drugs for patients with a documented history of allergies or anaphylaxis.
- Perform CLIA waived test and if there is a positive result, prescribe drugs for the treatment of Influenza, Group A streptococcal pharyngitis, and COVID. For those testing positive for influenza, the pharmacists may also prescribe an antiviral to anyone exposed to the infected patient.
- Prescribe an FDA approved drug “for the purpose of closing a gap in clinical guidelines” for (i) postexposure prophylaxis for nonoccupational exposure to human immunodeficiency virus infection, and (ii) short acting beta agonists for a patient with asthma who has had a prior prescription for a short acting beta agonist and who has a current prescription for a long term asthma control drug.
- In cases of emergency, prescribe diphenhydramine, epinephrine, and short acting beta agonists.
- Prescribe antimicrobial prophylaxis for the prevention of Lyme disease.

The bill does outline on pages 9-10 the requirements for the pharmacist in order to do the above – including that pharmacists can only prescribe for conditions in which they are educationally prepared and competency has been achieved and maintained, only prescribe for legitimate medical purpose arising from a patient-pharmacist relationship, obtain adequate information about the patient’s health status before prescribing, and maintain a patient assessment protocol based on current clinical guidelines and follow up care plans.

Impact: a pharmacist who prescribes under this section must communicate to the provider of record or primary care provider the results of any test and the prescription administered within 3 days. The pharmacist must maintain documentation to justify the care provided including information collected as part of the patient assessment and follow up care plan. If you want this additional information, you will need to ask the pharmacist directly for it.

The second part of the bill starts on page 12 – Therapeutic Substitutions.

New Law: The law allows pharmacists in North Dakota to independently substitute a drug for a “therapeutically equivalent” drug, without prior authorization or communication with the prescriber, **EXCEPT** for

- Antidepressants,
- Antipsychotics,
- Chemotherapy agents
- Scheduled II Controlled Substances
- Biological Products
- Narrow Therapeutic Index Drugs.

The pharmacist must discuss the substitution with the patient and inform the patient of their right to refuse. The pharmacist must also determine whether the substitution would provide a cost benefit to the patient or provide access if the prescribed drug is not available. **The pharmacist cannot substitute if the provider/prescriber has indicated no substitutions should be made.** The pharmacist must notify the prescriber by electronic communication within 24 hours of dispensing the drug to the patient. The prescribing provider is not liable for a substitution made by the pharmacist.

Impact: Prescribers retain the ability to indicate that no substitution can be made by the pharmacist. Prescribers will need to determine whether to write their prescriptions with this caveat.

HB 1623 – Appropriation to DHHS for Federal Rural Health Transformation Program Grants

DHHS has a website devoted to information on grant opportunities and how to apply for a Rural Health Transformation Grant. Grants are designed to support practical, locally driven solutions that help rural and tribal communities. If you are interested in applying, please visit [DHHS' website](#).

PHYSICIAN ASSISTANT CORNER

With the passage of House Bill 1622 – North Dakota has officially entered the Physician Assistant Compact. As of December 4, 2025, 19 states have become part of the compact, with pending legislation in 4 more states. However, the Compact is not active, and states are not able to accept applications at this time. The Compact Commission first needs to adopt necessary rules regarding its implementation. The Commission is also reviewing submissions after issuing a RFP for a data system to support the Compact's operations – which will play a critical role in facilitating licensure portability and streamline information sharing among states. Committees of the commission continue to meet to develop such necessary rules and develop an IT support system. The Compact Commission estimates the Compact will go live in early 2027, at which time members states can start accepting applications. As North Dakota is now part of the Compact, we will have a seat on the Commission to be a part of rule drafting and data base implementation. I have volunteered for this position, and I look forward to being a part of this discussion and driving policy that is good for North Dakota.

The PA Compact differs from the Interstate Medical Licensure Compact for physicians in several ways. After a license is issued to an eligible PA under the Compact, the PA can apply to practice in a participating state and obtain a “privilege” to practice in that state. The privilege operates much like a license and requires the PA to adhere to the laws and regulations of the state in which they are practicing (where the patient is located and services are delivered) including adhering to the State's scope of practice for PAs, practice locations, and continuing education requirements. The PA is also subject to discipline under the laws of the state in which they hold a privilege or license to practice.

Eligibility requirements to participate in the PA compact, include:

- Hold an active, unencumbered license from a compact member state
- Graduate from an accredited PA program
- Hold a current NCCPA certification
- Pass a background check and not have a disqualifying criminal history (felony or misdemeanor conviction)
- No limitations or restrictions on any license in the previous two years
- Payment of the required fee

For more information, please visit the [Physician Assistant Compact website](#).

Sincerely,

Grant Lannoye, PA-C
ND Board of Medicine

NATUROPATHIC DOCTOR CORNER

There have been questions submitted for those holding endorsements to prescribe independently on the continuing education requirements of [North Dakota Century Code section 43-58-08.1\(5\)](#). The law requires Naturopaths who have obtained a limited or independent endorsement to prescribe to complete 5 hours of continuing education annually on pharmacology of testosterone and legend drugs. The Board of Medicine recognizes continuing education of naturopaths to come from AMA/AOA Category 1; programs sponsored by accredited naturopathic school; educational seminars sponsored by a college/university accredited by the Department of Education; seminars approved by the BOM, Board of Chiropractic Examiners, or Board of Nursing; and education programs arranged by ND Association of Naturopathic Doctors or the American Association of Naturopathic Physicians as approved by the Board – as outlined by [North Dakota Administrative Code 50-06-03-03](#).

The Board will review compliance in December of each year. For a limited endorsement – the credits will be required after the first full calendar year of holding the endorsement. To be approved, the credit must show that education included some aspect of prescribing testosterone.

I hope this helps to answer questions. For additional information, please review the [Naturopath’s Continuing Education](#) page on the Board’s website.

Sincerely,

Lezlie Scott, ND

Naturopathic Doctor representative on the North Dakota Board of Medicine

A LETTER FROM THE NDPHP

Renewing the Commitment to Wellness in 2026

As the new year begins, many physicians and healthcare professionals take a moment to pause, reflect, and reset. New Year’s resolutions are more than a cultural tradition—they are a meaningful opportunity to identify habits that support physical, emotional, and professional well-being. Research shows that people are especially motivated to pursue health goals during “fresh start” moments like New Year’s Day, making this an ideal time for clinicians to take stock of their own wellness.

In recent years, the emphasis on mental and behavioral health has grown significantly. Heading into 2026, 38% of Americans plan to make a mental health–related resolution, a notable increase from the previous year. Younger adults lead this trend, but people across age groups are showing a rising interest in prioritizing emotional well-being. Such goals reflect a growing recognition that mental health is deeply tied to daily routines - sleep, movement, stress management, social connection, and mindful technology use.

Wellness Goals Beyond Diet and Exercise

While fitness and nutrition remain popular focuses there is encouragement to look beyond the traditional checklist. Experts highlight the importance of improving sleep quality, strengthening social connections, cultivating mindfulness practices, and scheduling preventive health visits as equally impactful resolutions. These commitments promote cognitive clarity, emotional stability, and long-term resilience—qualities essential for those working in high-stress clinical environments.

Addressing Substance Use as a Wellness Resolution

For many people, the new year also brings intentions to reevaluate their relationship with alcohol or other substances. Healthcare organizations note that resolutions tied to substance use often reflect a desire for healthier coping strategies and better emotional balance.

Terms like “Dry January” continue to grow in popularity as more individuals experiment with short-term abstinence as a way to gain insight into their patterns of use. Though the experiences vary, these periods of reflection can illuminate underlying stressors or highlight areas where additional support could be beneficial. The NDPHP supports clinicians in exploring these concerns with compassion and confidentiality. Substance use exists on a spectrum and approaching it through a wellness framework—not one of judgment—reduces stigma and encourages earlier, healthier engagement.

The Mental Health Landscape: Opportunities for Clinicians

A new year can bring both optimism and uncertainty. Surveys show that many Americans experience anxiety about personal finances, current events, and health concerns when entering a new year. Clinicians are not immune to these pressures. Long hours, complex cases, administrative burdens, and emotional fatigue can compound stress—making intentional wellness planning essential. Even small, intentional changes—such as mindfulness practices, improved sleep hygiene, or taking regular time in nature—can meaningfully impact mental well-being. For clinicians accustomed to prioritizing others, these strategies can help restore balance and prevent burnout.

How NDPHP Supports a Commitment to Wellness

The North Dakota Professional Health Program (NDPHP) is uniquely positioned to support healthcare professionals in turning resolutions into sustainable habits. Whether a clinician is evaluating substance use, managing stress, or navigating behavioral health concerns, NDPHP provides:

- Confidential support for early concerns about mental health or substance use.
- Education and guidance on evidence-based wellness strategies.
- Monitoring and advocacy for individuals needing structured support.
- A stigma-free environment that frames wellness as a professional asset, not a personal flaw.

By emphasizing rehabilitation, resilience, and safety, NDPHP aligns perfectly with the growing national focus on mental well-being as an essential component of personal and professional health. The new year offers an invaluable opportunity for clinicians to cultivate habits that restore energy, deepen emotional resilience, and fortify overall health—benefits that ripple outward to colleagues, families, and patients.

NDPHP Is Here to Help

If you or a colleague would benefit from confidential support in pursuing a healthier, more balanced year, NDPHP is ready to assist.

North Dakota Professional Health Program

Phone: **701-751-5090**

Email: info@ndphp.org

Website: <https://ndphp.org>

NEWS

ND Health and Human Services – Student Loan Repayment Program

NDHHS issued the following press release on January 5, 2026: [News | Health and Human Services North Dakota](#)

Nearly 75% of rural counties in North Dakota are designated primary care shortage areas. One key strategy to become the healthiest state in the nation involves increasing access to health care by building a strong health care workforce – especially in rural areas.

To address rural workforce needs, North Dakota Health and Human Services (HHS) helps qualifying health care professionals connect with job opportunities where they can receive student loan debt relief while caring for underserved populations in North Dakota. HHS is accepting applications beginning Monday, Jan. 5, through Saturday, Feb. 28, from qualifying health, behavioral health and dental health professionals.

Qualifying health professions include primary care physicians, advanced practice nurses, registered nurses, certified nurse midwives, physician assistants, dentists, dental hygienists, pharmacists, certified registered nurse anesthetists and registered dietitians. Registered dietitians are newly added for 2026. These behavioral health professions also qualify: behavioral analyst, clinical psychologist, licensed professional counselor, licensed clinical social worker, marriage and family therapist, psychiatric nurse specialist and licensed addiction counselor.

To be eligible, individuals must also be a U.S. citizen or a naturalized U.S. citizen and meet other program criteria.

Criteria varies for each of the three support for service programs: [North Dakota Healthcare Professional Student Loan Repayment Program](#), [ND Federal Student Loan Repayment Program](#) and [Dental Loan Repayment Program](#).

During the last grant year, federal and state health care student loan repayment programs helped about 60 North Dakota health professionals by providing approximately \$2.2 million in state and federal funding for loan repayment. According to the American Medical Association, on average, the student loan debt of primary care physician graduates is about \$213,000. Nationally, new graduates with a bachelor’s degree in nursing have an average debt of about \$30,000. “With student loan debt increasing year after year, these programs provide health care professionals with needed financial help,” said HHS Primary Care Office Director Natalie Jung, who encourages health professionals with student loan debt to apply.

New health care graduates and established health professionals with student loan debt who have questions can contact doh-pco@nd.gov or 701-328-8674, 711 (TTY).

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.

