

**FIRST ENGROSSMENT
with House Amendments
ENGROSSED SENATE BILL NO. 2094**

Introduced by

Human Services Committee

(At the request of the North Dakota Board of Medicine)

1 A BILL for an Act to create and enact sections 43-17-44, 43-17-45, and 43-62-14.1 of the North
2 Dakota Century Code, relating to the practice of telemedicine and the regulation of fluoroscopy
3 technologists; to amend and reenact sections 43-17-01, 43-17-02, and 43-17-02.3, subsection 1
4 of section 43-17.1-02, and sections 43-17.1-05, 43-17.1-05.1, 43-17.1-06, and 43-62-01 of the
5 North Dakota Century Code, relating to the definitions of the practice of medicine and
6 telemedicine, the practice of medicine, and the regulation of fluoroscopy technologists; to
7 provide a penalty; and to provide for application.

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

9 **SECTION 1. AMENDMENT.** Section 43-17-01 of the North Dakota Century Code is amended
10 and reenacted as follows:

11 **43-17-01. Definitions.**

- 12 1. "Board" means the North Dakota board of medicine.
- 13 2. "Licensee" means a physician or physician assistant licensed to practice in North
14 Dakota.
- 15 3. "Physician" includes physician and surgeon (M.D.) and osteopathic physician and
16 surgeon (D.O.).
- 17 ~~3-4.~~ "Practice of medicine" includes the practice of medicine, surgery, and obstetrics. The
18 following persons must be regarded as practicing medicine:
- 19 a. One who holds out to the public as being engaged within this state in the
20 diagnosis or treatment of diseases or injuries of human beings.
- 21 b. One who suggests, recommends, or prescribes any form of treatment for the
22 intended relief or cure of any physical or mental ailment of any person, with the
23 intention of receiving, directly or indirectly, any fee, gift, or compensation.

1 c. One who maintains an office for the examination or treatment of persons afflicted
2 with disease or injury of the body or mind.

3 d. One who attaches the title M.D., surgeon, doctor, D.O., osteopathic physician
4 and surgeon, or any other similar word or words or abbreviation to the person's
5 name, indicating that the person is engaged in the treatment or diagnosis of the
6 diseases or injuries of human beings ~~must~~shall be held to be engaged in the
7 practice of medicine.

8 5. "Telemedicine" means the practice of medicine using electronic communication,
9 information technologies, or other means between a licensee in one location and a
10 patient in another location, with or without an intervening health care provider.

11 "Telemedicine" includes direct interactive patient encounters, asynchronous store-and-
12 forward technologies, and remote monitoring.

13 **SECTION 2. AMENDMENT.** Section 43-17-02 of the North Dakota Century Code is
14 amended and reenacted as follows:

15 **43-17-02. Persons exempt from the provisions of chapter.**

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

- 17 1. Students of medicine or osteopathy who are continuing their training and performing
18 the duties of a resident in any hospital or institution maintained and operated by the
19 state, an agency of the federal government, or in any residency program accredited by
20 the accreditation council on graduate medical education, provided that the North
21 Dakota board of medicine may adopt rules relating to the licensure, fees,
22 qualifications, activities, scope of practice, and discipline of such persons.
- 23 2. The domestic administration of family remedies.
- 24 3. Dentists practicing their profession when properly licensed.
- 25 4. Optometrists practicing their profession when properly licensed.
- 26 5. The practice of christian science or other religious tenets or religious rules or
27 ceremonies as a form of religious worship, devotion, or healing, if the person
28 administering, making use of, assisting in, or prescribing, such religious worship,
29 devotion, or healing does not prescribe or administer drugs or medicines and does not
30 perform surgical or physical operations, and if the person does not hold out to be a
31 physician or surgeon.

- 1 6. Commissioned medical officers of the armed forces of the United States, the United
2 States public health service, and medical officers of the veterans administration of the
3 United States, in the discharge of their official duties, and licensed physicians from
4 other states or territories if called in consultation with a person licensed to practice
5 medicine in this state.
- 6 7. Doctors of chiropractic duly licensed to practice in this state pursuant to the statutes
7 regulating such profession.
- 8 8. Podiatrists practicing their profession when properly licensed.
- 9 9. Any person rendering services as a physician assistant, if such service is rendered
10 under the supervision, control, and responsibility of a licensed physician. However,
11 sections 43-17-02.1 and 43-17-02.2 do apply to physician assistants. The North
12 Dakota board of medicine shall prescribe rules governing the conduct, licensure, fees,
13 qualifications, discipline, activities, and supervision of physician assistants. Physician
14 assistants may not be authorized to perform any services which must be performed by
15 persons licensed pursuant to chapters 43-12.1, 43-13, 43-15, and 43-28 or services
16 otherwise regulated by licensing laws, notwithstanding the fact that medical doctors
17 need not be licensed specifically to perform the services contemplated under such
18 chapters or licensing laws.
- 19 10. A nurse practicing the nurse's profession when properly licensed by the North Dakota
20 board of nursing.
- 21 11. ~~A person rendering fluoroscopy services as a radiologic technologist if the service is
22 rendered under the supervision, control, and responsibility of a licensed physician and
23 provided that the North Dakota board of medicine prescribes rules governing the
24 conduct, permits, fees, qualifications, activities, discipline, and supervision of
25 radiologic technologists who provide those services.~~
- 26 ~~12.~~ A naturopath duly licensed to practice in this state pursuant to the statutes regulating
27 such profession.
- 28 ~~13.~~ 12. An individual duly licensed to practice medical imaging or radiation therapy in this
29 state under chapter 43-62.
- 30 ~~14.~~ 13. An acupuncturist duly licensed to practice in this state pursuant to the statutes
31 regulating such profession.

1 **SECTION 3. AMENDMENT.** Section 43-17-02.3 of the North Dakota Century Code is
2 amended and reenacted as follows:

3 **43-17-02.3. Practice of medicine or osteopathy by holder of permanent, unrestricted**
4 **license - Exceptions.**

5 The practice of medicine is deemed to occur in the state the patient is located. A practitioner
6 providing medical care to a patient located in this state is subject to the licensing and
7 disciplinary laws of this state and shall possess an active North Dakota license for the
8 practitioner's profession. Notwithstanding anything in this chapter to the contrary, any physician
9 who is the holder of a permanent, unrestricted license to practice medicine or osteopathy in any
10 state or territory of the United States, the District of Columbia, or a province of Canada may
11 practice medicine or osteopathy in this state without first obtaining a license from the North
12 Dakota board of medicine under one or more of the following circumstances:

- 13 1. As a member of an organ harvest team;
- 14 2. On board an air ambulance and as a part of its treatment team;
- 15 3. To provide one-time consultation on a diagnosis for a patient to a physician licensed in
16 the state, or teaching assistance for a period of not more than ~~twenty-four hours~~seven
17 days; or
- 18 4. To provide consultation or teaching assistance previously approved by the board for
19 charitable organizations.

20 **SECTION 4.** Section 43-17-44 of the North Dakota Century Code is created and enacted as
21 follows:

22 **43-17-44. Standard of care and professional ethics.**

23 A licensee is held to the same standard of care and same ethical standards, whether
24 practicing traditional in-person medicine or telemedicine. The following apply in the context of
25 telemedicine:

- 26 1. Professional ethical standards require a practitioner to practice only in areas in which
27 the practitioner has demonstrated competence, based on the practitioner's training,
28 ability, and experience. In assessing a licensee's compliance with this ethical
29 requirement, the board shall give consideration to board certifications and specialty
30 groups' telemedicine standards.

- 1 2. A licensee practicing telemedicine shall establish a bona fide relationship with the
2 patient before the diagnosis or treatment of a patient. A licensee practicing
3 telemedicine shall verify the identity of the patient seeking care and shall disclose, and
4 ensure the patient has the ability to verify, the identity and licensure status of any
5 licensee providing medical services to the patient.
- 6 3. Before initially diagnosing or treating a patient for a specific illness or condition, an
7 examination or evaluation must be performed. An examination or evaluation may be
8 performed entirely through telemedicine, if the examination or evaluation is equivalent
9 to an in-person examination.
- 10 a. An examination utilizing secure videoconferencing or store-and-forward
11 technology for appropriate diagnostic testing and use of peripherals that would be
12 deemed necessary in a like in-person examination or evaluation meets this
13 standard, as does an examination conducted with an appropriately licensed
14 intervening health care provider, practicing within the scope of the provider's
15 profession, providing necessary physical findings to the licensee. An examination
16 or evaluation consisting only of a static online questionnaire or an audio
17 conversation does not meet the standard of care.
- 18 b. Once a licensee conducts an acceptable examination or evaluation, whether
19 in-person or by telemedicine, and establishes a patient-licensee relationship,
20 subsequent followup care may be provided as deemed appropriate by the
21 licensee, or by a provider designated by the licensee to act temporarily in the
22 licensee's absence. In certain types of telemedicine utilizing asynchronous store-
23 and-forward technology or electronic monitoring, such as teleradiology or
24 intensive care unit monitoring, it is not medically necessary for an independent
25 examination of the patient to be performed.
- 26 4. A licensee practicing telemedicine is subject to all North Dakota laws governing the
27 adequacy of medical records and the provision of medical records to the patient and
28 other medical providers treating the patient.
- 29 5. A licensee must have the ability to make appropriate referrals of patients not amenable
30 to diagnosis or complete treatment through a telemedicine encounter, including a
31 patient in need of emergent care or complementary in-person care.

1 **SECTION 5.** Section 43-17-45 of the North Dakota Century Code is created and enacted as
2 follows:

3 **43-17-45. Prescribing - Controlled substances.**

- 4 1. A licensee who has performed a telemedicine examination or evaluation meeting the
5 requirements of this chapter may prescribe medications according to the licensee's
6 professional discretion and judgment. Opioids may only be prescribed through
7 telemedicine if prescribed as a federal food and drug administration approved
8 medication assisted treatment for opioid use disorder or to a patient in a hospital or
9 long-term care facility. Opioids may not be prescribed through a telemedicine
10 encounter for any other purpose.
- 11 2. A licensee who, pursuant to this chapter, prescribes a controlled substance, as defined
12 by North Dakota law, shall comply with all state and federal laws regarding the
13 prescribing of a controlled substance, and shall participate in the North Dakota
14 prescription drug monitoring program.

15 **SECTION 6. AMENDMENT.** Subsection 1 of section 43-17.1-02 of the North Dakota
16 Century Code is amended and reenacted as follows:

- 17 1. For the purpose of investigating complaints or other information that might give rise to
18 a disciplinary proceeding against a physician, ~~a~~ or physician assistant, ~~or a~~
19 ~~fluoroscopy technologist~~, the president of the board ~~must~~ shall designate two
20 investigative panels, each ~~comprised~~ composed of six members of the board. Five
21 members of each panel must be physician members of the board. One member of
22 each panel must be a public member of the board.

23 **SECTION 7. AMENDMENT.** Section 43-17.1-05 of the North Dakota Century Code is
24 amended and reenacted as follows:

25 **43-17.1-05. Complaints.**

- 26 1. Any person may make or refer written complaints to the investigative panels with
27 reference to the acts, activities, or qualifications of any physician, or physician
28 assistant, ~~or fluoroscopy technologist~~ licensed to practice in this state, or to request
29 that an investigative panel review the qualifications of any physician, or physician
30 assistant, ~~or fluoroscopy technologist~~ to continue to practice in this state. Any person
31 ~~who~~ that, in good faith, makes a report to the investigative panels under this section is

1 not subject to civil liability for making the report. For purposes of any civil proceeding,
2 the good faith of any person ~~who~~that makes a report pursuant to this section is
3 presumed. Upon receipt of any complaint or request, the investigative panel shall
4 conduct the investigation as ~~it~~the panel deems necessary to determine whether any
5 physician; or physician assistant; ~~or fluoroscopy technologist~~ has committed any of the
6 grounds for disciplinary action provided for by law. Upon completion of ~~it~~the
7 investigation of the investigative panel, the investigative panel shall make a finding
8 that the investigation discloses that:

- 9 a. There is insufficient evidence to warrant further action;
- 10 b. The conduct of the physician; or physician assistant; ~~or fluoroscopy technologist~~
11 does not warrant further proceedings but the investigative panel determines ~~that~~
12 possible errant conduct occurred that could lead to significant consequences if
13 not corrected. In such a case, a confidential letter of concern may be sent to the
14 physician; or physician assistant; ~~or fluoroscopy technologist~~; or
- 15 c. The conduct of the physician; or physician assistant; ~~or fluoroscopy technologist~~
16 indicates ~~that~~ the physician; or physician assistant; ~~or fluoroscopy technologist~~
17 may have committed any of the grounds for disciplinary action provided for by
18 law and which warrants further proceedings.

- 19 2. If the investigative panel determines ~~that~~ a formal hearing should be held to determine
20 whether any licensed physician; or physician assistant; ~~or fluoroscopy technologist~~ has
21 committed any of the grounds for disciplinary action provided for by law, ~~it~~the panel
22 shall inform the respondent physician; or physician assistant; ~~or fluoroscopy~~
23 ~~technologist~~ involved of the specific charges to be considered by serving upon that
24 ~~person~~individual a copy of a formal complaint filed with the board for disposition
25 pursuant to the provisions of chapter 28-32. The board members who have served on
26 the investigative panel may not participate in any proceeding before the board relating
27 to ~~said~~the complaint. The complaint must be prosecuted before the board by the
28 attorney general or one of the attorney general's assistants.
- 29 3. If an investigative panel finds ~~that~~ there are insufficient facts to warrant further
30 investigation or action, the complaint must be dismissed and the matter is closed. The
31 investigative panel shall provide written notice to the ~~individual or entity~~person filing

1 the original complaint and the ~~person~~individual who is the subject of the complaint of
2 the investigative panel's final action or recommendations, if any, concerning the
3 complaint.

4 **SECTION 8. AMENDMENT.** Section 43-17.1-05.1 of the North Dakota Century Code is
5 amended and reenacted as follows:

6 **43-17.1-05.1. Reporting requirements - Penalty.**

- 7 1. A physician, a physician assistant, ~~or a fluoroscopy technologist~~, a health care
8 institution in the state, a state agency, or a law enforcement agency in the state having
9 actual knowledge that a licensed physician, ~~a~~ or physician assistant, ~~or a fluoroscopy~~
10 ~~technologist~~ may have committed any of the grounds for disciplinary action provided
11 by law or by rules adopted by the board promptly shall ~~promptly~~ report that information
12 in writing to the investigative panel of the board. A medical licensee or any institution
13 from which the medical licensee voluntarily resigns or voluntarily limits the licensee's
14 staff privileges shall report that licensee's action to the investigative panel of the board
15 if that action occurs while the licensee is under formal or informal investigation by the
16 institution or a committee of the institution for any reason related to possible medical
17 incompetence, unprofessional conduct, or mental or physical impairment.
- 18 2. Upon receiving a report concerning a licensee an investigative panel shall, or on its
19 own motion an investigative panel may, investigate any evidence that appears to show
20 a licensee is or may have committed any of the grounds for disciplinary action
21 provided by law or by rules adopted by the board.
- 22 3. A person required to report under this section ~~who~~that makes a report in good faith is
23 not subject to criminal prosecution or civil liability for making the report. For purposes
24 of any civil proceeding, the good faith of any person ~~who~~that makes a report pursuant
25 to this section is presumed. A physician who obtains information in the course of a
26 physician-patient relationship in which the patient is another physician is not required
27 to report if the treating physician successfully counsels the other physician to limit or
28 withdraw from practice to the extent required by the impairment. A physician who
29 obtains information in the course of a professional peer review pursuant to chapter
30 23-34 is not required to report pursuant to this section. A physician who does not
31 report information obtained in a professional peer review is not subject to criminal

1 prosecution or civil liability for not making a report. For purposes of this section, a
2 person has actual knowledge if that person acquired the information by personal
3 observation or under circumstances that cause that person to believe there exists a
4 substantial likelihood that the information is correct.

5 4. An agency or health care institution that violates this section is guilty of a class B
6 misdemeanor. A physician; or physician assistant; ~~or fluoroscopy technologist~~ who
7 violates this section is subject to administrative action by the board as specified by law
8 or by administrative rule.

9 **SECTION 9. AMENDMENT.** Section 43-17.1-06 of the North Dakota Century Code is
10 amended and reenacted as follows:

11 **43-17.1-06. Powers of the board's investigative panels.**

12 The board's investigative panels may:

- 13 1. Subpoena witnesses and physician and hospital records relating to the practice of any
14 physician; or physician assistant; ~~or fluoroscopy technologist~~ under investigation. The
15 confidentiality of the records by any other statute or law does not affect the validity of
16 an investigative panel's subpoena nor the admissibility of the records in board
17 proceedings; however, the proceedings and records of a committee ~~that~~which are
18 exempt from subpoena, discovery, or introduction into evidence under chapter 23-34
19 are not subject to this subsection.
- 20 2. Hold preliminary hearings.
- 21 3. Upon probable cause, require any physician; or physician assistant; ~~or fluoroscopy-~~
22 ~~technologist~~ under investigation to submit to a physical, psychiatric, or competency
23 examination or chemical dependency evaluation.
- 24 4. Appoint special masters to conduct preliminary hearings.
- 25 5. Employ independent investigators ~~when~~if necessary.
- 26 6. Hold confidential conferences with any complainant or any physician; or physician
27 assistant; ~~or fluoroscopy technologist~~ with respect to any complaint.
- 28 7. File a formal complaint against any licensed physician; or physician assistant; ~~or-~~
29 ~~fluoroscopy technologist~~ with the board.

30 **SECTION 10. AMENDMENT.** Section 43-62-01 of the North Dakota Century Code is
31 amended and reenacted as follows:

1 **43-62-01. Definitions.**

2 As used in this chapter:

- 3 1. "Board" means the North Dakota medical imaging and radiation therapy board.
- 4 2. "Certification organization" means a national certification organization that specializes
5 in the certification and registration of medical imaging and radiation therapy technical
6 personnel and which has programs accredited by the national commission for
7 certifying agencies, American national standards institute or the international
8 organization for standardization, or other accreditation organization recognized by the
9 board.
- 10 3. "Licensed practitioner" means a licensed physician, advanced practice registered
11 nurse, chiropractor, dentist, or podiatrist.
- 12 4. "Licensee" means an individual licensed by the board to perform medical imaging or
13 radiation therapy and operate medical imaging or radiation therapy equipment,
14 including a nuclear medicine technologist, radiation therapist, radiographer, radiologist
15 assistant, sonographer, fluoroscopy technologist, or magnetic resonance imaging
16 technologist.
- 17 5. "Medical imaging" means the performance of any diagnostic or interventional
18 procedure or operation of medical imaging equipment intended for use in the
19 diagnosis or visualization of disease or other medical conditions in human beings,
20 including magnetic resonance imaging, fluoroscopy, nuclear medicine, sonography, or
21 x-rays.
- 22 6. "Medical physicist" means an individual who is certified by the American board of
23 radiology, American board of medical physics, American board of science in nuclear
24 medicine, or Canadian college of physics in medicine in radiological physics or one of
25 the subspecialties of radiological physics.
- 26 7. "Primary modality" means an individual practicing as a nuclear medicine technologist,
27 radiation therapist, radiographer, radiologist assistant, sonographer, fluoroscopy
28 technologist, or magnetic resonance imaging technologist.
- 29 8. "Protected health information" has the same meaning as provided under section
30 23-01.3-01.

1 9. "Radiation therapy" means the performance of any procedure or operation of radiation
2 therapy equipment intended for use in the treatment of disease or other medical
3 conditions in human beings.

4 10. "Radiation therapist" means an individual, other than a licensed practitioner or
5 authorized user, who performs procedures and applies ionizing radiation emitted from
6 x-ray machines, particle accelerators, or sealed radioactive sources to human beings
7 for therapeutic purposes.

8 **(Contingent effective date - [See note](#)) Definitions.**

9 As used in this chapter:

10 1. "Board" means the North Dakota medical imaging and radiation therapy board.

11 2. "Certification organization" means a national certification organization that specializes
12 in the certification and registration of medical imaging and radiation therapy technical
13 personnel and which has programs accredited by the national commission for
14 certifying agencies, American national standards institute or the international
15 organization for standardization, or other accreditation organization recognized by the
16 board.

17 3. "Licensed practitioner" means a licensed physician, advanced practice registered
18 nurse, chiropractor, dentist, or podiatrist.

19 4. "Licensee" means an individual licensed by the board to perform medical imaging or
20 radiation therapy and operate medical imaging or radiation therapy equipment,
21 including a nuclear medicine technologist, radiation therapist, radiographer, radiologist
22 assistant, x-ray operator, sonographer, fluoroscopy technologist, or magnetic
23 resonance imaging technologist.

24 5. "Medical imaging" means the performance of any diagnostic or interventional
25 procedure or operation of medical imaging equipment intended for use in the
26 diagnosis or visualization of disease or other medical conditions in human beings,
27 including magnetic resonance imaging, fluoroscopy, nuclear medicine, sonography, or
28 x-rays.

29 6. "Medical physicist" means an individual who is certified by the American board of
30 radiology, American board of medical physics, American board of science in nuclear

1 medicine, or Canadian college of physics in medicine in radiological physics or one of
2 the subspecialties of radiological physics.

3 7. "Primary modality" means an individual practicing as a nuclear medicine technologist,
4 radiation therapist, radiographer, radiologist assistant, sonographer, fluoroscopy
5 technologist, or magnetic resonance imaging technologist.

6 8. "Protected health information" has the same meaning as provided under section
7 23-01.3-01.

8 9. "Radiation therapy" means the performance of any procedure or operation of radiation
9 therapy equipment intended for use in the treatment of disease or other medical
10 conditions in human beings.

11 10. "Radiation therapist" means an individual, other than a licensed practitioner or
12 authorized user, who performs procedures and applies ionizing radiation emitted from
13 x-ray machines, particle accelerators, or sealed radioactive sources to human beings
14 for therapeutic purposes.

15 **SECTION 11.** Section 43-62-14.1 of the North Dakota Century Code is created and enacted
16 as follows:

17 **43-62-14.1. Fluoroscopy technologist.**

18 1. Effective August 1, 2019, an individual licensed or permitted as a fluoroscopy
19 technologist by the North Dakota board of medicine who is in good standing on that
20 date, automatically becomes licensed as a fluoroscopy technologist by the North
21 Dakota medical imaging and radiation therapy board.

22 a. Effective August 1, 2019, the North Dakota board of medicine shall revoke every
23 active fluoroscopy technologists license issued by that board.

24 b. Effective August 1, 2019, the North Dakota medical imaging and radiation therapy
25 board shall issue a fluoroscopy technologist license to every individual qualified
26 under this subsection to be automatically licensed.

27 2. The scope of practice of a licensed fluoroscopy technologist is limited to
28 gastrointestinal fluoroscopy of the esophagus, stomach, and small and large
29 intestines.

30 3. Fluoroscopy services provided by a licensed fluoroscopy technologist must be
31 provided under the supervision of a primary supervising physician.

- 1 4. If a fluoroscopy technologist performs a fluoroscopy procedure outside the presence of
2 the technologist's primary supervising physician, the technologist must be supervised
3 by an onsite supervising physician who is immediately available to the technologist for
4 consultation and supervision at all times the technologist is performing a fluoroscopy
5 procedure.
- 6 5. Under this section, a supervising physician may not designate the fluoroscopy
7 technologist to take over the physician's duties or cover the physician's practice.
8 During an absence or temporary disability of a primary supervising physician, the
9 fluoroscopy technologist is responsible to the substitute primary supervising physician.
- 10 6. To qualify for biennial license renewal, a fluoroscopy technologist shall submit to the
11 board:
- 12 a. Evidence of completion of at least six hours of continuing education on safety
13 and relevant radiation protection; and
- 14 b. A copy of an agreement with a primary supervising physician.

15 **SECTION 12. APPLICATION.** To facilitate application of sections 2 and 6 through 11 of this
16 Act, the North Dakota board of medicine shall provide the North Dakota medical imaging and
17 radiation therapy board with the files regarding all active fluoroscopy technologists licensed by
18 the North Dakota board of medicine necessary for the North Dakota medical imaging and
19 radiation therapy board to take over licensure and regulation of these technologists.