

ARTICLE 50-03

PHYSICIAN ASSISTANTS AND TECHNICIANS

Chapter	
50-03-01	Physician Assistants
50-03-02	Technicians
50-03-03	Emergency Medical Technicians
50-03-04	Fluoroscopy Technologists

CHAPTER 50-03-01 PHYSICIAN ASSISTANTS

Section	
50-03-01-01	Description and Authority of Physician Assistant
50-03-01-02	Examination Requirements
50-03-01-03	Supervision Contract Requirements
50-03-01-04	Supervising Physician's Responsibility
50-03-01-05	Designation of Substitute Supervising Physician
50-03-01-06	Assistant's Functions Limited
50-03-01-07	Drug Therapy [Repealed]
50-03-01-07.1	Medication Dispensation
50-03-01-08	Assignment of Tasks by Supervising Physician [Repealed]
50-03-01-09	Number of Assistants Under Physician's Supervision Limited [Repealed]
50-03-01-09.1	Physician Assistant for More Than One Physician
50-03-01-09.2	Physician Assistants Under Physician's Supervision
50-03-01-10	Assistant's Services Limited [Repealed]
50-03-01-10.1	Disciplinary Action
50-03-01-11	Grounds for Disciplinary Action
50-03-01-12	Physician's Delegation to Qualified Person Not Restricted [Repealed]
50-03-01-13	Fees
50-03-01-14	License Renewal Requirements
50-03-01-15	Forms of Licensure
50-03-01-16	Renewal of Licenses
50-03-01-17	Late Fees

50-03-01-01. Description and authority of physician assistant. The physician assistant is a skilled person, qualified by academic and clinical training to provide patient services under the supervision and responsibility of a licensed doctor of medicine or osteopathy who is responsible for the performance of that assistant. The assistant may be involved with the patients of the physician in any medical setting for which the physician is responsible.

History: Amended effective July 1, 1988; November 1, 1993.

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-02. Examination requirements. No physician assistant may be employed in the state until the assistant has passed the certifying examination of the national commission on certification of physician assistants or other certifying examinations approved by the North Dakota state board of medical examiners.

History: Amended effective July 1, 1988; November 1, 1993.

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-03. Supervision contract requirements. Upon undertaking the supervision of a physician assistant as contemplated by this chapter, the physician shall file with the board a copy of the contract establishing that relationship. That contract must be approved by the board of medical examiners.

The contract must be confirmed annually by completing and filing with the board such forms as are requested and provided by the board. The board must be notified within seventy-two hours of any contract termination or modification.

Every physician who supervises a physician assistant under this chapter must practice medicine in North Dakota. No physician may act as a supervising physician for any physician assistant who is a member of the physician's immediate family unless specific authorization for such supervision has been approved by the board of medical examiners. For purposes of this section, "immediate family" means a spouse, parent, child, or sibling of the supervising physician.

History: Amended effective July 1, 1988; July 1, 1994; April 1, 1996; August 1, 2002.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 43-17-02(10)

50-03-01-04. Supervising physician's responsibility. For purposes of this section, "supervision" means overseeing the activities of, and accepting the responsibility for, the medical services rendered by a physician assistant. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place that the services are rendered. It is the responsibility of the supervising physician to direct and review the work, records, and practice of the physician assistant on a continuous basis to ensure that appropriate and safe treatment is rendered. The supervising physician must be available continuously for contact personally or by telephone or other electronic means. It is the obligation of each team of physicians and physician assistants to ensure that the physician assistant's scope of practice is identified; that delegation of medical tasks is appropriate to the physician assistant's level of competence; that the relationship of, and access to, the supervising physician is defined; and that a process for evaluation of the physician assistant's performance is established.

History: Amended effective July 1, 1988; November 1, 1993; May 1, 2002.

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-05. Designation of substitute supervising physician. Under no circumstances shall the supervising physician designate the physician assistant to take over the physician's duties or cover the physician's practice. During any absence or temporary disability of a supervising physician, it is mandatory that the supervising physician designate a substitute supervising physician to assume all duties and responsibilities of the supervising physician. The physician assistant, during this period, will be responsible to the substitute physician. The designation of a substitute supervising physician must be in writing; signed by the supervising physician, the substitute supervising physician, and the physician assistant; and contain the following information:

1. The name of the substitute supervising physician.
2. The period during which the substitute supervising physician will assume the duties and responsibilities of the supervising physician.
3. Any substantive change in the physician assistant's duties or responsibilities.

The appointment of a substitute supervising physician does not become effective unless it is first approved by the board of medical examiners.

History: Amended effective July 1, 1988; November 1, 1993; July 1, 1994.

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-06. Assistant's functions limited. Physician assistants may perform only those duties and responsibilities that are delegated by their supervising physicians. No supervising physician may delegate to a physician assistant any duty or responsibility for which the physician assistant has not been adequately trained. Physician assistants are the agents of their supervising physicians in the performance of all practice-related activities. A physician assistant may provide patient care only in those areas of medical practice where the supervising physician provides patient care.

History: Amended effective July 1, 1988; November 1, 1993; July 1, 1994; April 1, 1996.

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-07. Drug therapy. Repealed effective January 1, 2010.

50-03-01-07.1. Medication dispensation. A physician assistant may dispense medications which the physician assistant is authorized to prescribe in the following circumstances:

1. The dispensation is in compliance with all applicable federal and state regulations;

2. Pharmacy services are not reasonably available, or an emergency requires the immediate dispensation of medication for the appropriate medical care of a patient; and
3. Dispensation of medications by the physician assistant is within the guidelines of the supervising physician.

History: Effective January 1, 2010.

General Authority: NDCC 43-17-07.1

Law Implemented: NDCC 43-17-02(9)

50-03-01-08. Assignment of tasks by supervising physician. Repealed effective July 1, 1988.

50-03-01-09. Number of assistants under physician's supervision limited. Repealed effective January 1, 2010.

50-03-01-09.1. Physician assistant for more than one physician. A physician assistant may provide services for more than one physician in the following circumstances if each of the physicians for whom the physician assistant provides services has filed a proper contract under section 50-03-01-03:

1. In a group practice setting where one physician is designated as the primary supervising physician, the primary supervising physician will remain primarily responsible for the acts of the physician assistant even when the physician assistant is acting under the immediate supervision of another physician in the group; or
2. If two or more physicians who are not associated in practice require assistance on a part-time basis, each may contract with the physician assistant as a supervising physician provided that a physician assistant has one primary supervising physician who is affiliated with each of the unassociated practice arrangements.

History: Effective July 1, 1994; amended effective March 1, 2003.

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-09.2. Physician assistants under physician's supervision. Subject to approval by the board, a physician may act as primary supervising physician for such number of physician assistants as is consistent with good medical practice, considering the type and circumstance of the physician's practice and the authority delegated to the physician assistants and which permits the physician to fulfill all supervisory duties required by law.

History: Effective January 1, 2010.

General Authority: NDCC 43-17-07.1

Law Implemented: NDCC 43-17-02(9)

50-03-01-10. Assistant's services limited. Repealed effective July 1, 1988.

50-03-01-10.1. Disciplinary action. The board is authorized to take disciplinary action against a licensed physician assistant by any one or more of the following means, as it may find appropriate:

1. Revocation of license.
2. Suspension of license.
3. Probation.
4. Imposition of stipulations, limitations, or conditions relating to the duties of a physician assistant.
5. Letter of censure.
6. Require the licensee to provide free public or charitable service for a defined period.
7. Impose fines, not to exceed five thousand dollars for any single disciplinary action. Any fines collected by the state board of medical examiners must be deposited in the state general fund.

History: Effective August 1, 2002; amended effective October 17, 2002.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 43-17-02(10)

50-03-01-11. Grounds for disciplinary action. The board may deny an application for licensure or may take disciplinary action against a physician assistant upon any of the following grounds:

1. Failing to demonstrate the qualifications for licensure under this act or the regulations of the board.
2. Soliciting or receiving any form of compensation from any person other than the assistant's registered employer for services performed as a physician assistant.
3. The use of any false, fraudulent, or forged statement or document or the use of any fraudulent, deceitful, dishonest, or immoral practice in connection with any of the licensing requirements.
4. The making of false or misleading statements about the physician assistant's skill or the efficacy of any medicine, treatment, or remedy.
5. The conviction of any misdemeanor, determined by the board to have a direct bearing upon a person's ability to serve the public as a physician

assistant, or any felony. A license may not be withheld contrary to the provisions of North Dakota Century Code chapter 12.1-33.

6. The habitual or excessive use of intoxicants or drugs.
7. Physical or mental disability materially affecting the ability to perform the duties of a physician assistant in a competent manner.
8. Aiding or abetting the practice of medicine by a person not licensed by the board or by an incompetent or impaired person.
9. Gross negligence in the performance of the person's duties as a physician assistant.
10. Manifest incapacity or incompetence to perform as a physician assistant.
11. The willful or negligent violation of the confidentiality between physician assistant and patient, except as required by law.
12. The performance of any dishonorable, unethical, or unprofessional conduct.
13. Obtaining any fee by fraud, deceit, or misrepresentation.
14. Repeated or willful violation of the contract of employment on file with the board.
15. The violation of any provision of a physician assistant practice act or the rules and regulations of the board, or any action, stipulation, condition, or agreement imposed by the board or its investigative panels.
16. Representing himself or herself to be a physician.
17. The advertising of the person's services as a physician assistant in an untrue or deceptive manner.
18. Sexual abuse, misconduct, or exploitation related to the licensee's performance of the licensee's duties as a physician assistant.
19. The prescription, sale, administration, distribution, or gift of any drug legally classified as a controlled substance or as an addictive or dangerous drug for other than medically accepted therapeutic purposes.
20. The failure to comply with the reporting requirements of North Dakota Century Code section 43-17.1-05.1.
21. A continued pattern of inappropriate care as a physician assistant.

22. The use of any false, fraudulent, or deceptive statement in any document connected with the performance of the person's duties as a physician assistant.
23. The prescribing, selling, administering, distributing, or giving to oneself or to one's spouse or child any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug.
24. The violation of any state or federal statute or regulation relating to controlled substances.
25. The imposition by another state or jurisdiction of disciplinary action against a license or other authorization to perform duties as a physician assistant based upon acts or conduct by the physician assistant that would constitute grounds for disciplinary action as set forth in this section. A certified copy of the record of the action taken by the other state or jurisdiction is conclusive evidence of that action.
26. The lack of appropriate documentation in medical records for diagnosis, testing, and treatment of patients.
27. The failure to furnish the board or the investigative panel, their investigators or representatives, information legally requested by the board or the investigative panel.

History: Amended effective July 1, 1988; November 1, 1993; April 1, 1996; October 1, 1999; August 1, 2002.

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-12. Physician's delegation to qualified person not restricted.

Repealed effective April 1, 1999.

50-03-01-13. Fees. The fee for initial licensure of a physician assistant is fifty dollars. The annual renewal fee is fifty dollars. The fee for approval of employment contract changes is twenty-five dollars.

History: Effective July 1, 1988; amended effective November 1, 1993; December 1, 1996; October 1, 1999.

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-14. License renewal requirements. Every second year after the initial licensure of a physician assistant, the assistant's license renewal application must be accompanied with evidence of the successful completion of one hundred hours of continued education for physician assistants. Every sixth year, the applicant must demonstrate that the applicant has successfully passed

reexamination by the national commission on certification of physician assistants or other certifying reexamination approved by the board.

History: Effective August 1, 1989; amended effective November 1, 1993; October 1, 1999.

General Authority: NDCC 28-32-02

Law Implemented: NDCC 43-17-02(10)

50-03-01-15. Forms of licensure. The board of medical examiners may recognize the following forms of licensure for a physician assistant and may issue licenses accordingly:

1. Permanent licensure - which will continue in effect so long as the physician assistant meets all requirements of the board.
2. Locum tenens permit - which may be issued for a period not to exceed three months.

History: Effective July 1, 1994; October 1, 1999.

General Authority: NDCC 43-17-13

Law Implemented: NDCC 43-17-02(10)

50-03-01-16. Renewal of licenses. Provided that all renewal requirements are deemed by the board to be met, a physician assistant who applies for renewal of a physician assistant license within thirty-one days of the expiration date of that license shall be granted a license with an effective date of the first day following expiration of the physician assistant's license. Nothing in this rule shall be construed to affect the board's ability to impose statutory fines or other disciplinary action against a physician assistant for failing to renew a license prior to its expiration date or for practicing with an expired license.

History: Effective October 1, 2011.

General Authority: NDCC 43-17-07.1

Law Implemented: NDCC 43-17-02(9)

50-03-01-17. Late fees. A physician assistant seeking to renew the annual license who has failed to complete the annual registration process within the time specified by the state board of medical examiners must be assessed a fee equal to three times the normal annual license registration fee, in addition to such other penalties as are authorized by law, if that physician assistant is found to have been practicing in this state after the physician assistant's license expired.

History: Effective October 1, 2011.

General Authority: NDCC 43-17-07.1

Law Implemented: NDCC 43-17-02(9)