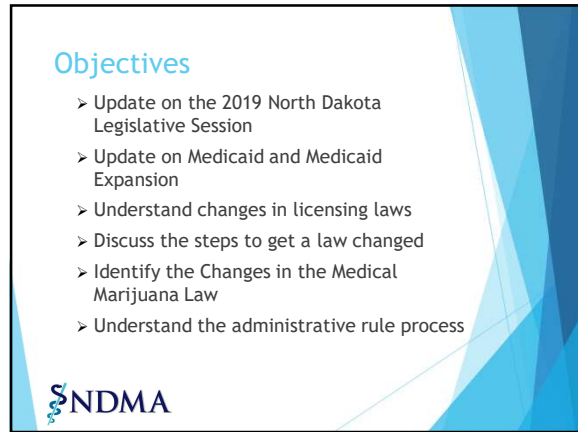
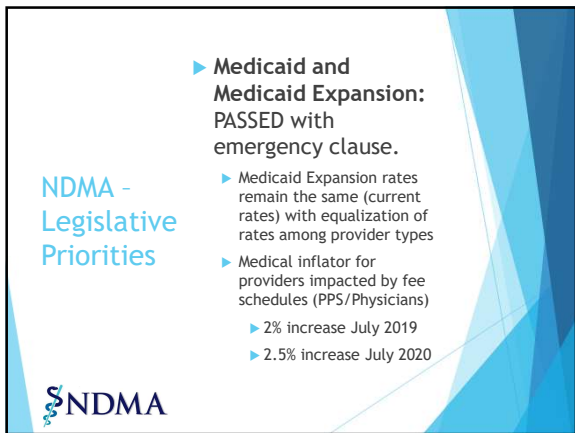




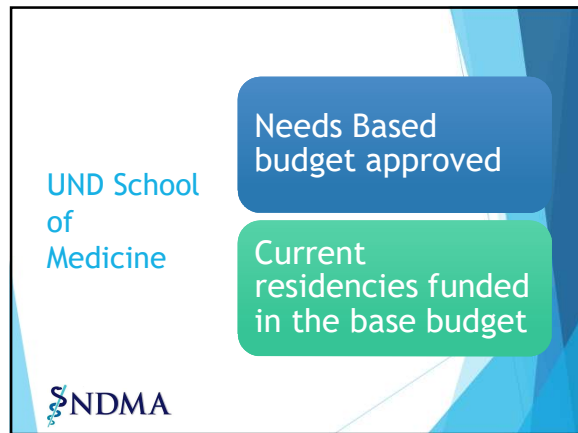
1



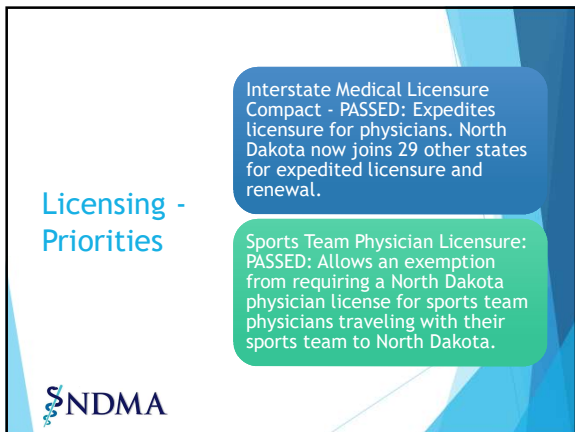
2



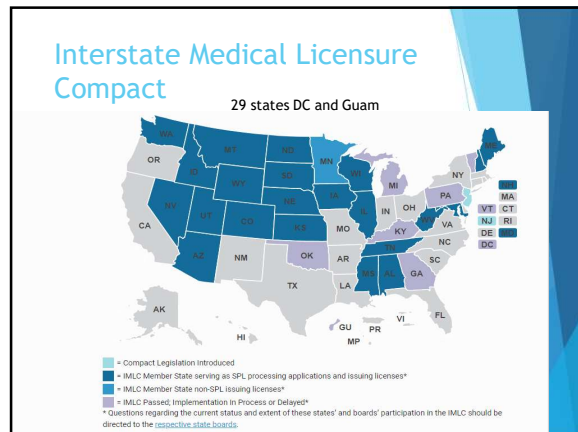
3



4



5



6

Maintenance of Certification - PASSED

- ▶ PASSED unanimously carrying with it an emergency clause.
- ▶ A physician may not be denied staff privileges or employment by a facility based solely on the physician's decision to not participate in maintenance of certification.
- ▶ Includes exemptions for health care facilities and does not require a new vote by the medical staff.
- ▶ Health care insurers may not deny reimbursement to or prevent a physician from being a preferred provider based solely on a physician's decision to not participate in maintenance of certification.

NDMA

7

Family Planning Nurse Dispensing - PASSED

- ▶ Family Planning Nurse Dispensing: SB 2155
- ▶ Passed with emergency clause.
- ▶ Amends the dispensing law to allow family planning nurses to dispense birth control to family planning patients in rural clinics pursuant to provider order.

NDMA

8

How did this get done

- ▶ First steps:
 - ▶ Identify the problem
 - ▶ Identify the law that needs to be changed
 - ▶ Contact stakeholders that deal with the law
 - ▶ Propose solution
 - ▶ Work to get consensus on how a change would work.

NDMA

9

Next steps

- ✓ Draft proposed bill
- 📄 Identify sponsors who potentially could get it done
- ☎ Contact sponsors
- 🗳 Have sponsor contact legislative council

NDMA

10

How does a bill get passed

- Committee assignment - may be able to change
- Committee chairman - get on your side
- Depending on sponsor - start in House or Senate
- Hearing in committee - work committee members
- Opposing stakeholders - neutralize
- Depending on committee vote - work the floor

NDMA

11

Prescribing Issues

- ▶ WSI Prescribing: HB 1063 - FAILED. Filed by Workforce Safety Insurance (WSI) to place day limits on opioid, benzodiazepine, and muscle relaxant prescribing.
- ▶ Prior Authorization: SB 2243 - PASSED.
 - ▶ Places limited prior authorization on extremely high prescribers for adult ADHD medications under Medicaid.
 - ▶ NDMA testified against the bill, resulting in a compromised amendment to prior authorize only prescribers who prescribe at a rate two times higher than the rate of the top ten prescribers, for patients 21 years of age and older.
 - ▶ The exemption excludes the top prescriber and contains a clause stating that restrictions do not apply if prior authorization is required by the CMS.

12

Step Therapy Bills

- ▶ **HB 1469 - PASSED.**
 - ▶ Prohibits a payor from imposing step therapy when it relates to a recommended prescription drug for treatment of metastatic cancer.
- ▶ **SB 2290 - FAILED.**
 - ▶ Proposed to allow Medicaid to use step therapy similar to the Medicare Part B proposal on the federal level, if adopted by CMS.
 - ▶ Proposed to remove antineoplastic agents for treatment of cancer from the prior authorization exemption list.

13

Allied Health

- ▶ **Physician Assistants: HB 1175 - Bill Status: PASSED.**
 - ▶ Removes the supervisory agreement requirement for physician assistants.
 - ▶ Includes a prohibition on practicing in their own clinics.
 - ▶ Although the ND Board of Medicine supported this bill, NDMA held a neutral position.
- ▶ **Pharmacist Administration of Drugs: HB 1498 - Bill Status: PASSED.**
 - ▶ Expands the right of the pharmacist to give oral medication upon the order of a provider.
- ▶ **BOM Approval of Pharmacy Collaboration Agreements: HB 2231 - Bill Status: PASSED**
 - ▶ Removes the requirement that pharmacy/physician collaboration agreements be approved by the ND Board of Medicine and the ND Pharmacy Board.

14

Telemedicine and Caregiver

- ▶ **Telemedicine: SB 2094 - Bill Status - PASSED.**
 - ▶ Filed by the ND Board of Medicine, this bill sets requirements for establishing the patient/physician relationship.
 - ▶ Amended in the Senate to remove the video requirement for establishing a patient/physician relationship.
- ▶ **AARP-Caregiver: SB 2154 - Bill Status: PASSED.**
 - ▶ AARP has lobbied multiple times in North Dakota and other states for passage of the CARE Act, which requires hospitals to train lay caregivers for after-care tasks required for a patient being discharged to home.

15

Other issues

- ▶ **Panel Review of Drug-related Deaths: SB 2196 - Bill Status: PASSED.**
 - ▶ Establishes a Drug Fatalities Review Panel: UND School of Medicine and Health Sciences Forensic Pathology Department will appoint individuals to serve as members on the panel. The panel will review deaths of individuals identified as prescription drug, illicit drug, or alcohol overdoses or deaths that pertain to a trend or pattern of deaths identified as drug or alcohol overdoses.
- ▶ **Abortion Bills: Bill Status: PASSED.**
 - ▶ **HB 1546** - prohibits human dismemberment abortion upon changes in federal law.
 - ▶ **HB 1336** - addresses medical abortions and the consent form advising patients that they are reversible.

16

Behavioral Health

- ▶ Adds peer support certification - needed to ensure quality and effective services are provided.
- ▶ Expands Free Through Recovery to individuals NOT in the criminal justice system or DOCR custody.
- ▶ Creates a mental health voucher program addressing system gaps for young adults between 17-25 with a serious mental illness.
- ▶ Continues the work started during last session - developing infrastructure for school to address behavioral health. This funding continues Simle Middle School and expands to include a rural and tribal school next biennium.

17

Behavioral Health cont.

- ▶ Expands the providers that can provide targeted case management to private providers. Currently tribes and human service centers are approved providers.
- ▶ Directs the department to include withdrawal management as a covered service under the Medicaid state plan.
- ▶ Continues the Human Services Research Institute (HSRI) recommendation implementation in the state.
- ▶ Changes the Substance Use Disorder Voucher system to include age 14.
- ▶ Includes Trauma Training funding.
- ▶ Includes Prevention and Early Intervention funding.

18

Tobacco issues

- ▶ The following tobacco bills PASSED:
- ▶ Study on Impact of Excise Tax Increase on Tobacco: [HB 2355](#)
 - ▶ Initial proposal was to implement a tobacco tax increase; however, this was reduced to a study on the excise tax on liquid nicotine and electronic smoking devices.
- ▶ Prohibiting Sale of Flavored e-Liquid to Minors: [HB 1477](#)
 - ▶ Changes the penalty from an infraction to a class B misdemeanor for any person selling or furnishing or procuring for a minor, cigarettes, cigarette papers, cigars, snuff, tobacco in any other form, including electronic smoking devices. In addition selling flavored e-liquid or electronic smoking devices containing flavored e-liquid to minor is subject to a fine of \$500 for each individual package of flavored e-liquid product or device sold or offered for sale; a Class B misdemeanor allows a maximum penalty of thirty days imprisonment, a maximum of \$1,500, or both may be imposed; an infraction included a maximum fine of \$1,000.

19


Tobacco bills that failed

Tax on Electronic Smoking Devices: HB 1386	▶ Proposed to implement taxing of electronic smoking devices; and to provide a penalty.
Smoking in a Motor Vehicle: HB 1274	▶ Proposed to prohibit smoking in a motor vehicle with child present.
Tobacco Use Under Nineteen Years of Age: HB 1256	▶ Proposed to prohibit an individual under nineteen years of age from purchasing and using tobacco; and to provide a penalty.
Ingredient Labeling of Nicotine Containers: HB 1248	▶ Proposed to regulate ingredient labeling on nicotine liquid containers; and to provide a penalty.
Increase in Tobacco Tax: HB 1247	▶ Proposed to increase the tobacco products tax rate for cigarettes.

20

Medical Marijuana- Changes in Certification - PASSED

- ▶ Removes the requirement for a health care provider to state that, in their professional opinion, the patient is likely to receive a therapeutic or palliative benefit from the medical use of marijuana.
- ▶ Language has been shifted from "shall" to "may": A registered qualifying patient's certifying health care provider may notify the department in writing if the health care provider's registered qualifying patient no longer has a debilitating medical condition.
- ▶ In lieu of a written certification, a veteran receiving treatment from a federal VA entity may submit a copy of their medical records.



21


Medical Marijuana, continued:

- ▶ Enhanced Amounts: HB 1417 - Allows enhanced medical marijuana amounts for patients with cancer.
- ▶ Adds 12 conditions to the list of debilitating medical conditions: Anorexia nervosa; Bulimia nervosa; Anxiety disorder; Tourette syndrome; Ehlers-Danlos syndrome; Endometriosis; Interstitial cystitis; Neuropathy; Migraine; Rheumatoid arthritis; Brain injury and Autism Spectrum Disorder
- ▶ FAILED: Naturopaths and edibles

22

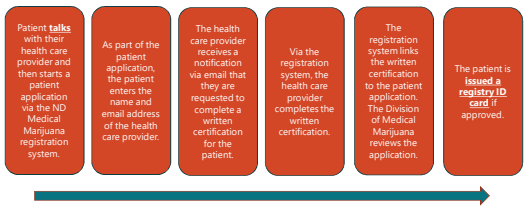
Medical Marijuana

- ▶ Application instructions can be found at www.ndhealth.gov/MM/
 - ▶ Watch the 5 minute tutorial on how to complete a patient certification form
- ▶ State law does NOT require a health care provider to provide a written certification or otherwise recommend medical marijuana to a patient.



23

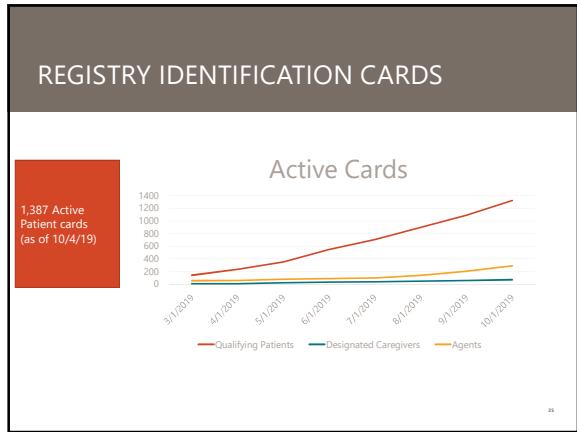
OVERVIEW OF PROCESS



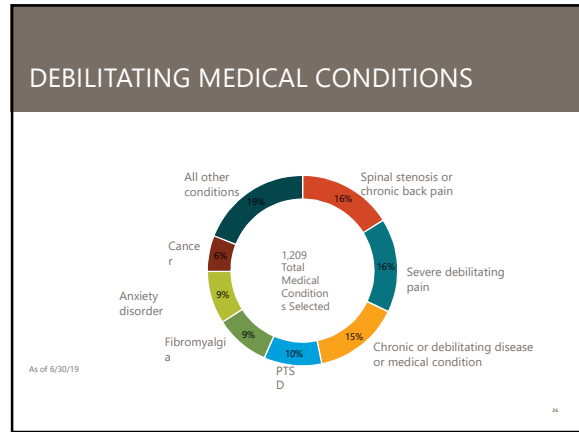
1. Patient talks with their health care provider and then starts a patient application via the ND Medical Marijuana registration system.
2. As part of the patient application, the patient enters the name and email address of the health care provider.
3. The health care provider receives a notification via email that they are requested to complete a written certification for the patient.
4. Via the registration system, the health care provider completes the written certification.
5. The registration system links the written certification to the patient application. The Division of Medical Marijuana reviews the application.

The patient is issued a registry ID card if approved.

24



25



26

- ### Administrative Rule Process
- ▶ ND state agencies make administrative rules
 - ▶ Must have statutory basis
 - ▶ Creation or change in rules based on statutory change
 - ▶ Full effect of law: "administrative rules are binding upon the agency enacting them, and upon the public"

27

- ### Process
- ▶ Agency draft rules
 - ▶ Depending on agency - have Board review them
 - ▶ Schedule hearing
 - ▶ Publish notice in paper
 - ▶ Hold hearing
 - ▶ Collect comments
 - ▶ Submit to Attorney General's office
 - ▶ Submit to Administrative rules committee

28

- ### ND Legislature Approval
- ▶ After the rules are approved by the Attorney General and adopted by the agency, the administrative agency must file the Attorney General's Opinion, the rules, any written comments, and the summary of any oral comments with the Legislative Council.
 - ▶ Schedule for the ND Legislature Administrative rules committee
 - ▶ The committee either accepts rule or can void it.

29

- ### Back to the drawing board
- ▶ If legislature voids a rule, it must make any of the following specific findings:
 - ▶ An absence of statutory authority.
 - ▶ An emergency relating to public health, safety, or welfare.
 - ▶ A failure to comply with express legislative intent or to substantially meet the procedural requirements of chapter 28-32 for adoption of the rule.
 - ▶ A conflict with state law.
 - ▶ Arbitrariness and capriciousness.
 - ▶ A failure to make a written record of its consideration of written and oral submissions respecting the rule.

30



31

NDMA Leadership

NDMA Council Provides Leadership and Vision
 The executive body, or board of directors of the North Dakota Medical Association, is the Council. The Council is comprised of the officers and the councillors elected by the 11 district medical societies.

Officers - elected for 2019; term begins on October 5

- ▶ Misty K. Anderson, DO, Valley City, President (5th District)
- ▶ Joshua C. Ranum, MD, Hettinger, Vice President (11th District)
- ▶ Stephanie K. Dahl, MD, Fargo, Policy Forum Chair (1st District)
- ▶ David Schmitz, MD, Grand Forks, Secretary-Treasurer (3rd District)
- ▶ Shari L. Orser, MD, Bismarck, AMA Delegate (6th District)
- ▶ A. Michael Booth, MD, Bismarck, AMA Alternate Delegate (6th District)

▶ Fadel E. Nammour, MD, Fargo, serves as Immediate Past President once the 2019/20 candidates have assumed office (1st District)

32

NDMA Officers

33

NDMA Annual Meeting - joint with ACP

- ▶ AMA Immediate Past President Barb McAneny
- ▶ Concerns about Medical Marijuana
- ▶ Substance Use Disorder
- ▶ Asthma
- ▶ Acute Stroke
- ▶ Planning and publishing Research

34

Policy Forum Topics

- ▶ Medicaid reimbursement for interpreters
- ▶ Elimination of conscience objection to vaccinations
- ▶ Vaping
- ▶ Transparency in rebates and discounts

35

2019 Award Winners

- ▶ Mary Aaland, MD - COPIC Humanitarian - Fargo
- ▶ Gary Ramage, MD - ND Physician - Watford City
- ▶ Jeana Peinovich- Friend of Medicine - Fargo

36

**NDMA
Contacts**

Any questions? Please feel free to contact us!

• Courtney Koebels, JD
Executive Director
ckoebels@ndmed.com
701-408-6222 cell

• Lucille Peterson
Chief Operating Officer
lpeterson@ndmed.com

• Donna Thronson
Communications Director
dthronson@ndmed.com

Office number: 701-223-9479

