

Substantive Policies (2000-2010)

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Advance Care Planning

1/27/09 (Council) Support bill for health care record registry (SB 2237) and bill revising the Uniform Anatomical Gift Act (SB 2195).

(2008 HOD) Adopted general policy position relating to the following state legislation: “Support ways to enhance patient decision making (health care directives).”

1/25/07 (Council) Adopted general policy position relating to the following state legislation: “Support ways to enhance patient decision making (health care directives).”

1/25/07 (Council) Supported bill to adopt the Revised Anatomical Gift Act (SB 2163).

1/25/07 (Council) Supported bill to authorize principal to allow agent under health care directive to make health care decisions when principal has capacity to make decisions (SB 2308).

1/25/07 (Council) Supported bill to remove the explanation requirement on health care directive appointments for long term care and hospital patients (SB 2212).

1/25/07 (Council) Agreed to monitor a bill encouraging umbilical cord blood donations, with concern over onerous education requirements (HB 1232).

(2004 HOD) Supported revisions to the state’s advance directive statutes to combine the living will and durable power of attorney forms (Commission on Ethics).

Antitrust

(2002 HOD) Supported federal antitrust reform legislation (HR 3897).

Board of Medical Examiners

1/27/09 (Council) Oppose bill that would require physicians as a condition of licensure and license renewal to take a geriatrics course (HB 1374).

(2007 HOD) Adopted a resolution requesting the North Dakota Board of Medical Examiners to engage in a joint study, or mutual studies, with NDMA regarding the North Dakota Medical Practice Act and the impact of current statutory language on scope of practice issues.

1/25/07 (Council) Agreed to oppose “alternative therapies” legislation (HB 1327).

11/30/06 (Council) Adopted motion to urge ND Board of Medical Examiners to follow a principled approach in initiating changes to its website, particularly with respect to physician profiling.

(2006 HOD) Urged the North Dakota Board of Medical Examiners to hire a qualified physician to the position of Board executive secretary.

(2003 HOD) Adopted a resolution supporting the current position of the American Medical Association in opposition to the National Board of Medical Examiners proposal to implement a Clinical Skills Assessment Exam as part of the United States Medical Licensure Examination, and supports the continued testing of medical students' clinical skills during their training years in medical school, such as is currently done at the University of North Dakota School of Medicine and Health Sciences, and the alternative of accrediting the skills assessment and testing process currently being utilized at medical schools. The resolution also called for NDMA to solicit support of this position from the North Dakota Board of Medical Examiners.

(2002 HOD) Supported legislation clarifying appropriate public disclosure of information in ND Board of Medical Examiner disciplinary proceedings.

(2001 HOD) Called on NDMA to continue its study of physician due process rights in disciplinary proceedings of the North Dakota State Board of Medical Examiners.

6/8/00 (Council) Motion carried to direct the Executive Director to send a letter to the North Dakota State Board of Medical Examiners expressing privacy concerns and urging that the board remove any date of birth information regarding physicians from the board's website.

(2000 HOD) Resolved that the NDMA Commission on Legislation and Governmental Relations study physicians' statutory due process rights in disciplinary proceedings before the North Dakota State Board of Medical Examiners, and that the Commission report its findings to the NDMA Council for further consideration and possible legislative action before the start of the 2001 North Dakota Legislative Assembly.

Ethics

1/25/07 (Council) Adopted motion accepting recommendation of Commission on Ethics to encourage the ND Pharmacy Association to urge North Dakota pharmacies to stock Plan B in their pharmacies as a behind the counter medication for women 18 and older with language that "in the event that an individual pharmacist or pharmacy refers a patient to an alternate dispensing source, the individual pharmacist or pharmacy chain must return the prescription to the patient and should notify the prescribing physician of the referral."

(2006 HOD) Encouraged the ND Pharmacy Association to urge North Dakota pharmacies to stock Plan B in their pharmacies as a behind the counter medication for women 18 and older.

4/25/02 (Council) Motion carried that NDMA participate as a signatory on the AMA's Declaration of Professional Responsibility: Medicine's Social Contract with Humanity.

Health Care System

(2009 HOD) Adopted resolution urging the medical community, including psychiatrists and primary care physicians and the UND School of Medicine & Health Sciences and residency programs and NDMA, to work together with others to address the availability of medically-based psychiatric services in the state.

(2009 HOD) Adopted resolution on national health system reform and Medicare payment reform. The resolution urged the North Dakota Congressional Delegation as part of health system reform to pursue multiple avenues for Medicare physician and hospital payment reform that address the unfair disparity in Medicare payments to North Dakota as recommended by the joint NDMA/NDHA Medicare Payment Task Force; supporting efforts of Senator Kent Conrad to initiate a Centers for Medicare and Medicaid (CMS) demonstration project to pilot rural models of health care delivery in North Dakota that focus on creating an accountable state system of care, assistance for health care infrastructure development, and fair payment for the provision of physician and hospital services; and urging the United States Congress to enact meaningful health system reform that ensures access by people in North Dakota to health care and enhances high quality, cost-efficient medical care.

(2008 HOD) Adopted general policy position relating to the following state legislation: Support expanded coverage for uninsured and underinsured people, including children.

(2008 HOD) Adopted a resolution urging NDMA to support the concept of a patient-centered medical home as a means to improve the quality of care and reduce health care costs; and to continue to study the various medical home proposals and take appropriate advocacy action that best serves the interests of North Dakota physicians and patients.

(2008 HOD) Supported preliminary state 2009 legislative agenda: Support trauma system reform priorities (SB 2048).

(2007 HOD) Accepted Council recommendation to support the Statewide Vision and Strategy for Healthcare in 2020.

1/25/07 (Council) Adopted general policy position relating to the following state legislation: "Support a comprehensive study of the ND trauma system."

1/25/07 (Council) Supported bill for ND Trauma System study by the American College of Surgeons (HB 1290).

11/30/06 (Council) Adopted motion to support (including financial support) process for statewide vision and strategy for the North Dakota healthcare system.

11/30/06 (Council) Adopted motion to support (including financial support) NDMA participation in Innovative Care Coalition Demonstration project incorporating "medical home" concept.

(2000 HOD) Resolved that NDMA urge the State Health Council to amend its proposed changes to administrative rules for the North Dakota Trauma System, which would require transport to certain trauma centers. The proposed NDMA language, rather than mandating that patients be taken by EMS personnel to the trauma center with the highest level designation, would require that the patient be taken to the trauma center "with the appropriate level of trauma care." The resolution also urged the Health Council to require that scope of practice of a trauma team leader in a level V trauma center who is a physician assistant or nurse practitioner be approved by the ND Board of Medical Examiners and/or the ND Board of Nursing.

Health Care Workforce

(2009 HOD) Adopted resolution for NDMA to study J-1 waiver opportunities and their utilization in North Dakota; and to support efforts to allow J-1 waivers to be used for academic positions.

(2009 HOD) Adopted resolution for NDMA to study issues important for the retention of graduating North Dakota resident physicians in positions in the state and to support efforts to retain them; and to support efforts to retain North Dakota-trained residents in the state, and that NDMA study and urge appropriate changes in North Dakota medical licensure laws to remove disincentives for residents who are graduates of international schools to remain in the state.

(2009 HOD) Adopted resolution supporting the expansion of family medicine residency positions in North Dakota through support of both federal and state legislation and/or other policy advocacy to initiate and fund these positions.

(2009 HOD) Adopted resolution urging the medical community, including psychiatrists and primary care physicians and the UND School of Medicine & Health Sciences and residency programs and NDMA, to work together with others to address the availability of medically-based psychiatric services in the state.

(2008 HOD) Adopted resolution supporting continued study and development of a report on North Dakota's physician workforce for completion by the end of 2008, and urging policymakers to consider any resulting recommendations.

(2008 HOD) Adopted resolution urging NDMA along with the UNDSMHS Center for Rural Health to work together to investigate retention methods and improving satisfaction among physicians working in rural settings.

(2008 HOD) Adopted general policy position relating to the following state legislation: Support efforts to enhance North Dakota's workforce climate for physicians and other health professionals / Support initiatives to address physician workforce issues.

(2007 HOD) On a resolution urging the North Dakota Department of Health or other appropriate state agency to study mental health accessibility for the citizens of North Dakota, referred the resolution to the Commission on Medical Services to review, in conjunction with the ND Psychiatric Society, recommendations from the ND Department of Human Services resulting from the Mental Health Workforce conference.

(2006 HOD) Supported a resolution supporting the ND Department of Health's budget request for an appropriation to the physician loan repayment program, and calling for minimum funding of \$300,000.

(2006 HOD) Urged North Dakota policymakers to maintain an environment in North Dakota that assures an adequate supply of physicians and other health professionals—both in number and in mix—to care for all residents, and to secure additional funding for the UND School of Medicine & Health Sciences to ensure the appropriate supply of physicians and other health professionals to serve all residents of North Dakota.

9/27/03 (Council) Motion carried that the Commission on Medical Education review all options relating to medical student loan repayment alternatives, including existing programs, and develop recommendations for the Council.

(2003 HOD) Adopted recommendation that NDMA consider the development of a medical student loan repayment program to financially assist graduates of the UND School of Medicine and thereby encourage them to practice in rural North Dakota communities.

(2001 HOD) Expressed support by the First District Medical Society for preserving and enhancing the medical care of patients by supporting the local training of family physicians.

Health Information Technology

(2009 HOD) Adopted resolution urging NDMA to participate fully in state efforts to develop a state health information technology plan and leverage state and federal resources to support connected and interoperable health information technology systems.

1/27/09 (Council) Support bill for creation of state HIT office and advisory committee and leverage federal funds (SB 2332).

(2008 HOD) Adopted general policy position relating to the following state legislation: "Support efforts to encourage strategies and plans for health information technology."

1/25/07 (Council) Adopted general policy position relating to the following state legislation: "Support efforts to encourage strategies and plans for health information technology."

1/25/07 (Council) Supported bill to establish a statewide health information technology committee (SB 2303).

Health Insurance

(2009 HOD) Adopted resolution urging NDMA to consider pursuing legislation similar to Minnesota requiring the use by payors of a uniform pre-authorization or formulary exception form (Minn. Stat. 62J.497(4)) and urging Medicare Part D providers to adhere to the following principles in the design of their pre-authorization procedures:

1. Physicians should be provided with a streamlined method of submitting a pre-authorization request; long phone hold times should not be used as a method of deterring pre-authorization efforts. If a form is required, it should be readily available without a phone call.
2. Decisions about pre-authorization requests should be produced in a timely manner and should include clear information about appeal processes. Non-physicians should not be making final appeal decisions.
3. Enrollees should be provided with clear information about coverage of medications by their Part D provider.
4. Medications new to the market should not be automatically required to pass through a pre-authorization process without an evaluation of costs and benefits.
5. Appeals because of individual patient characteristics should be available and carefully considered for all enrollees.

(2009 HOD) Adopted resolution urging interim committees of the North Dakota Legislative Council, the Commissioner of Insurance, commercial insurers and others to address physician concerns regarding the cost of health insurance and

unmet health care needs in the state, including the need for imposing fair contracting standards on commercial health insurers, facilitating more competition in the health insurance market in North Dakota, and recognizing that physician and hospital payments and health insurance premiums of BlueCross BlueShield of North Dakota are much lower than commercial insurers in states in our region.

1/27/09 (Council) Support bill to expand SCHIP eligibility to 200% of poverty net; Support bill to prohibit exclusion of insurance coverage for injuries resulting from intoxication (HB 1204). Oppose bill revise the premium rate filing process for commercial insurers (SB 2306). Support revision to bill to require identification of specific internal appeal processes need to be exhausted in order to use the external independent review process (SB 2774).

(2008 HOD) Adopted resolution urging commercial health insurers and the North Dakota Commissioner of Insurance, in review of premium rates for health insurance policies, to more formally consider appropriate statewide standards for physician and hospital payments consistent with regional commercial market, and for the Commissioner of Insurance to consider standards for commercial insurer contracts with physicians and hospitals that facilitate a fair implementation of insurer policy changes.

(2008 HOD) Adopted as preliminary 2009 state legislative agenda: Support fair commercial insurer contracting standards (SB 2397).

(2008 HOD) Adopted general policy position relating to the following state legislation: Support expanded coverage for uninsured and underinsured people, including children.

(2007 HOD) Adopted a resolution expressing concern over the refund of BlueCross BlueShield of North Dakota “surplus” premiums without full consideration of potential impacts on future premium rates and physician and hospital payment equity.

1/25/07 (Council) Adopted motion to accept recommendations of NDMA Ad Hoc Committee on Preventive Services relating to development of preventive benefits and coverages by BlueCross BlueShield of North Dakota.

1/25/07 (Council) Adopted general policy position relating to the following state legislation: “Support the independent medical judgment of physicians in medical practice; and support expanded coverage for uninsured and underinsured people, including children.”

1/25/07 (Council) Supported bill to expand the eligibility for the State Children’s Health Insurance Program (HB 1463 / HB 1047).

9/15/06 (Council) Adopted motion opposing surplus premium refund by BlueCross BlueShield of North Dakota.

11/30/06 (Council) Confirmed NDMA recommendations to BCBSND to clarify and better communicate roles and functions of their physician advisory committees: CMAC, MCRAC, PsychRAC and others to provide more transparency with clear, periodic updates for the physician community.

(2006 HOD) Expressed concern over increasing profits accumulated by BlueCross BlueShield of North Dakota and urging the BlueCross BlueShield of North Dakota Board of Directors to make 2007 payment adjustments that recognize increasing physician practice costs, including necessary capital costs and recruitment needs, and to fully disclose how any other methodology adjustments diminish 2007 updates on a statewide basis. (Council included amendment language calling for a portion of any “surplus dividend” to be used for physician and hospital reimbursement enhancements in addition to regular 2007 payment adjustments.)

1/28/05 (Council) Supported legislative proposal to establish independent review mechanism for appealing adverse decisions made by health plans.

(2005 HOD) Adopted a resolution urging the BlueCross BlueShield of North Dakota Board of Directors to make 2006 payment adjustments that recognize increasing physician practice costs and the value of physician services, and to fully disclose how other methodology adjustments diminish 2006 updates on a statewide basis.

(2005 HOD) Reaffirmed support for efforts to achieve parity in insurance coverage for mental health care.

(2005 HOD) Reaffirmed need for continued advocacy for BlueCross BlueShield of North Dakota payment increases that recognize increasing physician practice costs.

(2004 HOD) Supported efforts to achieve parity in insurance coverage for mental health care.

(2004 HOD) Continued advocacy for BlueCross BlueShield of North Dakota payment increases that recognize increasing physician practice costs.

9/25/03 (Council) Motion carried to approve draft comments on the BCBSND 2004 payment proposals.

(2003 HOD) Adopted a resolution calling on NDMA to request that the BlueCross BlueShield of North Dakota Board of Directors initiate a study of the health and financial impact of coverage for preventive health care services, including screening sigmoidoscopy, barium enema, and colonoscopy for the prevention of colon cancer which would reduce future health care costs.

(2003 HOD) Continue advocacy for BlueCross BlueShield of North Dakota payment increases that recognize increasing physician practice costs.

(2002 HOD) Expressed support for the candidacy of Rhonda Ketterling, MD, for election to the BCBSND Board of Directors in 2002.

(2002 HOD) Expressed to the BCBSND Board of Directors NDMA's deep concerns with revisions to the corporate bylaws which allow the nomination and election of an individual who is neither in active practice as a licensed healthcare professional nor a healthcare executive to represent the healthcare industry on the Board of Directors.

(2002 HOD) Supported legislation establishing an independent review mechanism in current proposals for revamping ND's insurer utilization review statute.

(2002 HOD) Supported continued consideration for revisiting NDMA's draft 2001 legislation imposing fair contracting standards on insurers.

6/8/00 (Council) In response to public forums held across the state by BlueCross BlueShield of North Dakota, motion carried that an editorial viewpoint for the media be prepared by the NDMA President for Council review and use as appropriate. Motion carried to direct the president to meet with the BCBSND CEO, share the proposed editorial, and discuss the issues raised at the BCBSND community forums. Motion carried to suggest to the BCBSND CEO that he also include the physician members of the BCBSND board of directors in the discussion if he desires.

6/8/00 (Council) Motion carried to pursue to the extent possible recommendations of the Commission on Socio Economics regarding a series of strategies to address ongoing healthcare reform efforts and insurer contracts:

1. That the NDMA staff, in a manner consistent with state and federal law, provide for review of insurer contracts, including BCBSND's PNO agreements and the physician participation agreement. NDMA staff should contact AMA's Private Sector Advocacy Group for advice.
2. That NDMA continue efforts to ensure that state insurance laws are enforced through the North Dakota Insurance Department.
3. That NDMA President and staff initiate dialogue with North Dakota business leaders.
4. That NDMA continue its proactive approach with legislative initiatives to address insurer issues.
5. That NDMA encourage insurers to allow physicians to provide advice on benefit design issues, encourage wellness programs, and impact patient-related behavior.

6. That NDMA develop a white paper identifying physician themes relating to the health reform efforts, including concerns about recruiting physicians to North Dakota, access to appropriate medical services, and the inappropriateness of linking the BCBSND budgetary process with prescription drug utilization.

(2000 HOD) Resolved that NDMA continue its efforts to respond on behalf of North Dakota physicians to public views expressed by BlueCross BlueShield of North Dakota on the future of medical care.

(2000 HOD) Resolved that NDMA develop a “hassle log” on the NDMA web site where physicians can direct e-mail the Association with concerns regarding the practices of third party payors.

(2000 HOD) Accepted report for legislative proposals:

1. Pursue legislation strengthening North Dakota standards for utilization review performed by insurers.
2. Pursue legislation prohibiting insurers from requiring physicians to participate in any insurance product as a condition for participating in the insurer’s other products (all-products or “contract stacking” policies).
3. Compare provisions in insurer contracts with the provisions of the AMA’s Model Managed Care Contract for education purposes.
4. Work with NDMGMA in pursuing legislation, if necessary, to eliminate insurer payment delays due to subsequent premium nonpayment.
5. Review the need for disclosure by insurers of drug formulary policies and their rationale for formulary decisions, including disclosure of rebates to insurers by pharmaceutical companies.

Hospitals/Medical Staff

1/25/07 (Council) Adopted general policy position relating to the following state legislation: “Support the independent medical judgment of physicians in medical practice.”

4/4/06 (Council) Adopted a motion calling on ND Department of Health to address inadequate survey team understanding of medical staff bylaws and procedures, particularly in rural areas of the state.

1/28/05 (Council) Adopted motion that NDMA participate and assist in planning an economic credentialing dialogue with the ND Healthcare Association.

Medicaid

1/27/09 (Council) Support bill to establish a Legislative Council Medicaid Committee (SB 2337).

(2008 HOD) Adopted general policy position relating to the following state legislation: Support Medicaid payment increases for physicians and hospitals / support Medicaid physician payment rebase to actual cost / support Medicaid program management reforms.

(2008 HOD) Adopted a resolution urging the Governor and the 2009 North Dakota Legislative Assembly to support steps to rebase Medicaid physician payments to actual cost based on the findings and conclusions of the state’s consultant.

(2007 HOD) Adopted a resolution calling for evaluation of Medicaid payments and for fair Medicaid payments that allow health systems to survive in the future.

1/25/07 (Council) Adopted general policy position relating to the following state legislation: “Support Medicaid payment increases to the Medicare level; and support Medicaid program and management reforms.”

1/25/07 (Council) Supported bill for deficiency appropriation for the Medicaid Management Information System (SB 2034).

1/25/07 (Council) Supported bill to establish a legislative Medicaid committee (HB 1404).

1/25/07 (Council) Supported bill to prohibit the Medicaid Drug Use Review Board from prior authorizing or restricting single-source or brand name antipsychotic, antidepressant, or other medications used to treat mental illnesses, such as

schizophrenia, depression, or bipolar disorder, and drugs prescribed for the treatment of acquired immune deficiency syndrome or human immunodeficiency virus, and cancer (HB 1422).

(2006 HOD) Reaffirmed support to address the continuing inadequate reimbursement of physicians and hospitals by the ND Medicaid program.

(2005 HOD) Adopted a resolution calling on the Governor and legislative leaders to take steps to address the unfairness of state Medicaid rates that do not cover practice costs for physicians and hospitals.

(2005 HOD) Reaffirmed support for federal Medicaid reforms that enhance financial support for North Dakota.

(2004 HOD) Adopted a resolution calling on the Governor of North Dakota to initiate the process for using the remaining federal funds available for the Medicaid program under the Jobs and Growth Tax Relief Reconciliation Act of 2003 in the current 2003-05 biennium for physician and hospital payment rate increases; and if the Governor is unsuccessful in allocating new FMAP funds for physician and hospital payment increases in the current biennium, that priority be given in the executive budget proposal to use of federal funds made available to North Dakota pursuant to the Jobs and Growth Tax Relief Reconciliation Act of 2003 to address the expected decrease in FMAP in the 2005-07 biennium.

(2004 HOD) Supported federal Medicaid reforms that enhance financial support for North Dakota.

(2004 HOD) Improve the ND Medicaid program pursuant to recommendations made by the Governor's Medicaid Working Group, and closely monitor and act as necessary in legislative deliberations on the 2005-07 Medicaid budget.

Medicaid Management: The primary recommendations call for *expanding the role and composition of the Medical Care Advisory Committee* to report directly to the Governor and legislative leaders at least annually on all aspects of the Medicaid program, including reviews of fee schedules and program expenditures, program administration, enrollment, service utilization and other program trends, and clinical performance.

Medicaid Budget Process and Payments: The recommendations also call for the development of *actuarially-based methodologies* for studying Medicaid payment rates and developing agency budget recommendations, performing and reviewing data analyses, tracking program service utilization, and determining the effectiveness of quality and cost containment initiatives. The recommendations call for addressing the expected decrease in the federal medical assistance percentage (FMAP), including the need for allocation of new funds.

Medicaid Administrative Functions: The recommendations also recognize the current *inadequacy of the state's Medicaid infrastructure for technology and personnel*, and include serious consideration for *outsourcing current administrative functions* to experienced entities subject to adequate protections for maintaining Department of Human Services control of medical and utilization information.

Medicaid Benefits and Eligibility: The recommendations call on the state to *strike an appropriate balance between the needs of recipients, the state's ability to pay, and health care providers' ability to absorb the cost of providing services*. This would include a review by the Medical Care Advisory Committee of the current benefit and eligibility program to determine the appropriateness of the current level of mandatory and optional services, and recognition that changes in Medicaid benefits and eligibility thresholds should not be made until an actuarial assessment and cost-benefit analysis are completed and revenue sources identified.

Medicaid Prescription Drug Benefits: Another major recommendation calls for ensuring access to medically necessary prescription drugs *without undue administrative burdens*. The recommendations call on the Department of Human Services to redirect its cost containment strategy from one of identifying drug categories for prior authorization to the establishment of an *evidence-based preferred drug list*.

(2003 HOD) Adopted a resolution calling on NDMA to support efforts to sustain the Medicaid program in North Dakota, including use of federal relief for restoration of previous provider payment cuts, and active participation by NDMA in the Governor's Medicaid Task Force and the Legislative Council's interim Medicaid study.

8/12/02 (Council) Motion carried that NDMA actively participate with state officials in addressing budget shortfalls in the Medicaid program and ensure that there is adequate physician input in those matters.

(2002 HOD) Reaffirmation of NDMA's work with the ND Healthcare Association, state representatives (DHS, Governor), and the ND Medical Group Management Association to identify both short and long-term solutions for the Medicaid budget shortfall, including additional sources of funding; elimination of patient misuse of the program; and focus on appropriate provider education efforts.

Medical Liability

1/27/09 (Council) Oppose bill to repeal the cap on non-economic damages in medical liability actions (HB 1390); and support Uniform Emergency Volunteer Health Practitioners Act in 2009 ND Legislative Assembly (HB 1073).

(2008 HOD) Adopted as preliminary 2009 state legislative agenda: Support changes to the Good Samaritan Law / Support changes to the medical liability certificate of merit law relating to motions for extension of time (HB 1302) / Recommend no further action on exploration of pre-trial panels, arbitration and health courts.

(2008 HOD) Adopted general policy position relating to the following state legislation: Support additional state medical liability reforms and protect existing reforms.

(2007 HOD) Adopted a resolution directing NDMA to revise the North Dakota Good Samaritan Law to protect physicians and other health practitioners who respond to public health threats and emergencies and to address recent interpretations of the law by the North Dakota Supreme Court.

(2007 HOD) Adopted a resolution directing the NDMA Commission on Legislation and Council to study options for pre-trial screening panels, arbitration/mediation, and health courts as an alternative to the current medical liability system and to provide recommendations to the 2008 House of Delegates.

1/25/07 (Council) Adopted general policy position relating to the following state legislation: "Support additional state medical liability reforms – protect existing reforms."

(2006 HOD) Supported new medical liability "I'm Sorry" legislation, to allow physicians to express empathy with their patients in the event of an unintended outcome of the care they have provided without the expression being used negatively in a subsequent liability lawsuit against the physician.

1/28/05 (Council) Opposed legislative proposal for mandatory alternative dispute resolution for professional malpractice claims.

(2005 HOD) Reaffirmed support for meaningful federal tort reform legislation.

(2004 HOD) Supported meaningful federal tort reform legislation.

(2004 HOD) Supported revision of NDCC Section 28-01-46 to clarify the expert witness opinion requirements in medical liability cases.

(2003 HOD) Adopted a resolution urging the North Dakota Congressional Delegation to support medical liability reform legislation similar to H.R. 5, as passed in the U.S. House and supported by Congressman Pomeroy, which would allow injured patients to recover unlimited economic damages; limit attorneys' contingent fees on a sliding scale; cap non-economic damages at \$250,000 for those states without a cap; and allocate damages by holding defendants liable only for their portion of responsibility.

(2003 HOD) Reaffirmed support for federal tort reform legislation (HR 5).

(2002 HOD) Supported federal tort reform legislation (HR 4600).

(2001 HOD) Adopted a resolution calling for a study of the availability of affordable medical liability insurance in North Dakota.

Medical School

(2009 HOD) Adopted resolution for NDMA to study issues important for the retention of graduating North Dakota resident physicians in positions in the state and to support efforts to retain them; and to support efforts to retain North Dakota-trained residents in the state, and that NDMA study and urge appropriate changes in North Dakota medical licensure laws to remove disincentives for residents who are graduates of international schools to remain in the state.

(2009 HOD) Adopted resolution supporting the expansion of family medicine residency positions in North Dakota through support of both federal and state legislation and/or other policy advocacy to initiate and fund these positions.

1/27/09 (Council) Support UNDSMHS appropriation (SB 2003) including additional requests:

- College affordability funding to limit tuition increases (\$767,427),
- Development of a comprehensive health care delivery plan for North Dakota (\$707,850),
- Establishment of a new MPH degree program (\$1,133,600),
- Establishment of an enhanced geriatrics training and care delivery program (\$1,074,450),
- Funding for planning, land acquisition, and construction of a new facility for the Bismarck Center for Family Medicine (over \$5,000,000),
- Retire the bond for the existing Minot CFM building (\$4,000,000).

Also support bills addressing UNDSMHS performance audit on UNDSMHS purpose (SB 2079), student loan program (SB 2077) and UNDSMHS Advisory Council duties (SB 2081).

(2008 HOD) Adopted general policy position relating to the following state legislation: “Support increases in the Medical School budget” Adopted as preliminary 2009 state legislative agenda: Support changes to statutes relating to UNDSMHS purpose, advisory council, and student loan fund.

1/25/07 (Council) Adopted general policy position relating to the following state legislation: “Support increases in the Medical School budget.”

(2006 HOD) Urged North Dakota policymakers to maintain an environment in North Dakota that assures an adequate supply of physicians and other health professionals—both in number and in mix—to care for all residents, and to secure additional funding for the UND School of Medicine & Health Sciences to ensure the appropriate supply of physicians and other health professionals to serve all residents of North Dakota.

(2004 HOD) To increase the incentives for completing medical school and residency training in North Dakota, and initiating practice in a North Dakota community, supported NDMA working with the School of Medicine during the 2005 Legislative Session to seek legislative support and increased appropriations to help constrain or limit the future costs of attending medical school at the UND School of Medicine and Health Sciences. NDMA should also work with the ND Health Department during the 2005 Legislative Session to increase the annual limits of the funding assistance allowed under the state physician and community loan forgiveness program law (NDCC Chapter 43-17.2). For physicians who are participating in the ND physician and rural community loan forgiveness program, NDMA should develop a means to provide additional loan repayment funds under a separate agreement with the participating community and physician, to substantially increase the current amount available to the physician beyond the program's \$40,000 maximum amount over a four-year period.

(2000 HOD) Resolved that NDMA fully support the candidacy of Dean H. David Wilson for the Council on Medical Education of the American Medical Association, and that the North Central Medical Conference be urged to support Dean Wilson's candidacy for the Council on Medical Education.

Medicare

(2009 HOD) Adopted resolution urging Medicare Part D providers to adhere to the following principles in the design of their pre-authorization procedures:

1. Physicians should be provided with a streamlined method of submitting a pre-authorization request; long phone hold times should not be used as a method of deterring pre-authorization efforts. If a form is required, it should be readily available without a phone call.

2. Decisions about pre-authorization requests should be produced in a timely manner and should include clear information about appeal processes. Non-physicians should not be making final appeal decisions.
3. Enrollees should be provided with clear information about coverage of medications by their Part D provider.
4. Medications new to the market should not be automatically required to pass through a pre-authorization process without an evaluation of costs and benefits.
5. Appeals because of individual patient characteristics should be available and carefully considered for all enrollees.

(2009 HOD) Adopted resolution on national health system reform and Medicare payment reform. The resolution urged the North Dakota Congressional Delegation as part of health system reform to pursue multiple avenues for Medicare physician and hospital payment reform that address the unfair disparity in Medicare payments to North Dakota as recommended by the joint NDMA/NDHA Medicare Payment Task Force; supporting efforts of Senator Kent Conrad to initiate a Centers for Medicare and Medicaid (CMS) demonstration project to pilot rural models of health care delivery in North Dakota that focus on creating an accountable state system of care, assistance for health care infrastructure development, and fair payment for the provision of physician and hospital services; and urging the United States Congress to enact meaningful health system reform that ensures access by people in North Dakota to health care and enhances high quality, cost-efficient medical care.

(2008 HOD) Adopted a resolution supporting the effort of the Geographic Equity in Medicare (GEM) Coalition to correct deficiencies in the Medicare physician practice expense geographic practice cost index (GPCI).

(2008 HOD) Adopted a resolution expressing appreciation to the North Dakota Congressional Delegation for their support of a temporary Medicare physician payment fix and to urge continued work on Medicare payment reform that permanently addresses both the Sustainable Growth Rate (SGR) and unfair disparities in payment caused by geographic practice cost indices (GPCIs) and the hospital wage index.

(2007 HOD) Adopted a resolution calling on our United States Senators to take immediate action to ensure that any conference committee agreement on SCHIP reauthorization or other legislation to avert cuts in Medicare physician payments to include at least two years of positive Medicare physician payment updates that do not increase the cost of a permanent solution.

(2007 HOD) Adopted a resolution urging Congress and other policymakers to consider recommendations for major Medicare reforms, including recommendations of the joint statement on Medicare reform to Congress by the American Medical Association and over eighty national specialty societies, recommendations of the Geographic Equity in Medicare Coalition, and recommendations of NDMA.

(2007 HOD) Adopted a resolution calling on NDMA, in concert with our members of Congress, to begin to develop and advance the necessary framework and data to initiate the legislative vehicles to address the underlying payment challenges in North Dakota and other similarly-situated states/geographic regions.

(2006 HOD) Expressed continued physician frustration with having to address each year a proposed Medicare physician payment cut caused by the flawed sustainable growth rate (SGR), and urging the ND Congressional Delegation to support Congressional action before the October adjournment target date to: (1) avert the 5.1% cut for 2007 and enact a 2.8% physician payment update, as recommended by the Medicare Payment Advisory Commission (MedPAC); and (2) repeal the SGR physician payment system and replace it with a system that adequately keeps pace with increases in medical practice costs.

(2006 HOD) Urged Congress, and the members of North Dakota's Congressional Delegation, to support additional incremental efforts to eliminate or reduce the impact of the geographic practice cost indices (GPCIs) used to calculate Medicare physician payments in North Dakota.

(2005 HOD) Adopted a resolution expressing frustration with having to address each year a proposed Medicare physician payment cut caused by the flawed sustainable growth rate (SGR), and urging the ND Congressional Delegation to support a permanent fix or replacement to the SGR that would begin in 2006.

(2005 HOD) Adopted a resolution urging North Dakota's Congressional Delegation to support H.R. 3617, the "Medicare Value-Based Purchasing for Physicians' Services Act of 2005," which would eliminate the sustainable growth rate component of the Medicare physician payment formula and initiate a principled approach to "value-based purchasing" of medical services.

(2005 HOD) Adopted a resolution urging study and consideration of a regional approach to Medicare payment for quality.

(2005 HOD) Adopted a resolution expressing the frustration of the medical community to our Congressional Delegation in having to annually address proposed cuts in Medicare physician payments resulting from the sustainable growth rate, and to urge the Delegation to pursue a permanent fix to the SGR problem while continuing to address payment disparity issues.

(2005 HOD) Reaffirmed support for federal legislation fixing the Medicare physician payment formula, particularly issues relating to the sustainable growth rate (SGR).

(2005 HOD) Reaffirmed support for federal legislation taking additional steps toward elimination of geographic disparity in Medicare physician payments.

(2005 HOD) Supported Noridian's bid as the new Jurisdiction #3 (ND, SD, Montana, Wyoming, Utah, Arizona) Medicare Administrative Contractor (MAC) for Part A and Part B under the new bid process initiated by the 2003 Medicare reform legislation.

(2004 HOD) Supported federal legislation fixing the Medicare physician payment formula, particularly issues relating to the sustainable growth rate (SGR).

(2004 HOD) Supported federal legislation taking additional steps toward elimination of geographic disparity in Medicare physician payments.

(2003 HOD) Adopted a resolution urging Congress, and the members of North Dakota's Congressional Delegation, to support efforts to eliminate the geographic disparity in Medicare physician payments and to replace the Sustainable Growth Rate used in the Medicare physician payment formula with an annual update system like those of other provider groups so that payment rates will better reflect actual increases in practice costs.

(2003 HOD) Reaffirmed support for federal legislation fixing the Medicare payment crisis.

(2003 HOD) Reaffirmed support for federal legislation taking steps toward elimination of geographic disparity in Medicare physician payments.

8/12/02 (Council) Motion carried that NDMA sign on to a joint letter with the North Dakota Healthcare Association to the state's congressional delegation indicating a joint commitment to resolving Medicare reimbursement issues.

4/25/02 (Council) Motion carried that NDMA support a North Central Medical Conference resolution that the AMA pursue a single national Medicare payment schedule which would result in payment equity. AMA subsequently approved the new policy.

(2002 HOD) Supported federal legislation fixing the Medicare payment crisis (three-year fix in HR 4954).

(2002 HOD) Supported federal legislation taking steps toward elimination of geographic disparity in Medicare physician payments (S. 2873) (AMA resolution/GEM Coalition).

No-Fault Automobile Insurance

1/28/05 (Council) Opposed legislative proposal to limit usual and customary charges for medical expenses under no-fault automobile insurance.

North Dakota Medical Association

(2008 HOD) Adopted a bylaws amendment for the creation of an executive committee of the NDMA Council.

(2005 HOD) Adopted a resolution (Sixth District Medical Society) directing the Council to create an ad hoc committee to discuss the NDMA governance structure and annual meeting in lieu of a proposal to eliminate the NDMA House of Delegates and replace it with an annual membership meeting.

(2002 HOD) Adopted a resolution calling for a study of the current status of the District Medical Societies and the impact of that status on NDMA.

(2002 HOD) In bylaws revisions, the House changed the membership delinquency date from April 30 to March 1; and eliminated the NDMA Commission on Physicians' Health.

(2002 HOD) Reaffirmed the Commission's position that NDMA should maintain and consider expanding its current intrastate CME program, under the authority of the Accreditation Council for Continuing Medical Education (ACCME), offering North Dakota entities the opportunity to become and remain voluntarily accredited to provide continuing medical education programming for physicians.

12/19/01 (Council) Motion carried to request the chair of the Commission on Socio Economics (speaking for the commission) to rescind the arrangement for allowing BlueCross BlueShield of North Dakota to have representation on the commission and that issues be addressed by coming together in mutual agreement with BlueCross BlueShield on issues as necessary. NDMA will continue to meet quarterly with BCBSND senior staff and continue other previous arrangements.

9/21/00 (Council) Motion carried to refer a resolution to the NDMA House of Delegates calling for a study of NDMA membership trends and options for increasing membership, including the exploration of whether physicians in North Dakota should consider Association membership as a condition of medical licensure.

9/21/00 (Council) Motion carried to accept the 2000 draft strategic plan and refer to the NDMA House of Delegates.

(2000 HOD) Resolved that the NDMA Council develop and adopt a policy on media relations, including a protocol for media contacts, and that the Commission on Medical Services and Public Relations work with NDMA staff to use the media to advocate for physicians and patients when appropriate.

(2000 HOD) Resolved adoption of the proposed NDMA strategic plan (2000-05).

(2000 HOD) Resolved that the Council and appropriate commissions study NDMA membership trends and options for increasing membership, including consideration of whether NDMA membership should be a condition of medical licensure.

Patients' Rights

(2002 HOD) Supported the AMA-backed federal legislation on patients' rights.

Patient Safety

(2007 HOD) Support participation by NDMA in a partnership with North Dakota Health Care Review, Inc. and the ND Healthcare Association on quality and patient safety initiatives.

(2006 HOD) Directed NDMA to work with the North Dakota Healthcare Association and North Dakota Health Care Review, Inc. to establish a provider-led North Dakota patient safety organization.

(2004 HOD) Supported appropriate patient safety legislation (S.720).

(2003 HOD) Supported federal patient safety legislation.

Pay for Performance

(2005 HOD) Adopted a resolution expressing the support of NDMA for the American Medical Association Principles and Guidelines for the formation and implementation of pay-for-performance programs.

Physician Practice

(2009 HOD) Adopted resolution urging the interim ND Legislative Council Health and Human Services Committee to consider expanding supportive services for pregnant minors and consider physician views on their experience implementing the new law [NDCC 14-10-19] on minor consent for pregnancy testing, prenatal care and pain management.

(2008 HOD) Adopted as preliminary 2009 state legislative agenda: Support re-introduction of informed consent for minors' pregnancy-related care (SB 2394).

(2008 HOD) Adopted general policy position relating to the following state legislation: Support the independent medical judgment of physicians in medical practice.

(2006 HOD) Supported the reintroduction of legislation allowing a minor to provide consent for medical treatment related to pregnancy-related care.

(2005 HOD) Reaffirmed support for legislation authorizing minor consent for pregnancy-related care.

(2004 HOD) Adopted a resolution urging NDMA to support state legislation that eliminates the requirement that informed consent for HIV testing be in writing, which was referred for study.

(2004 HOD) Adopted a resolution urging NDMA to support legislation introduced in the 2005 North Dakota Legislative Assembly to provide authorization for a minor to consent for pregnancy-related care.

(2004 HOD) Supported revisions to North Dakota's "Intractable Pain Act" in NDCC Chapter 19-03.3 to clarify definitions and exceptions in the pain management statutes (Commission on Ethics).

(2003 HOD) Based on 2002 House Resolution 5, supported continued implementation of Health Department rules that remove the 48-hour rule for signing or initialing telephone or verbal orders.

(2002 HOD) Resolved that the Association work with the necessary sources to develop appropriate educational sessions to enable physicians to update the emergency response skills they may need if called upon to provide patient care during terrorism (biologic and chemical weapons) and hazardous materials emergencies.

(2002 HOD) Urged the ND Department of Health to amend NDAC 33-07-01.1-20 to remove the 48-hour requirement for signing or initialing telephone and verbal orders.

(2001 HOD) Indicated NDMA's support for the *Matters of Life and Death* project to improve end-of-life care; commended Dr. Clayton Jensen for his work as Project Investigator; and encouraged North Dakota physicians to participate in CME opportunities relating to end-of-life care.

(2001 HOD) Called for a study of North Dakota state and local policies and protocols on "do not resuscitate" orders, including protocols used by emergency medical personnel in out-of-hospital settings.

Prescription Drugs

1/25/07 (Council) Supported bill implementing Prescription Drug Monitoring Program (SB 2134).

1/25/07 (Council) Supported bill to establish a prescription drug and device donation repository program (HB 1256).

4/4/06, 9/14/06, 11/30/06 (Council) Adopted motions opposing any Workforce Safety and Insurance (WSI) prior authorization or prohibition of "dispense as written" prescriptions.

(2006 HOD) Supported a resolution calling for delayed implementation of the ND Prescription Drug Monitoring Program until assurances from the Attorney General are received, or legislative provisions are adopted, providing appropriate protection from liability for physicians.

(2006 HOD) Supported efforts to address issues related to cancer in North Dakota through the actions developed in the North Dakota State Cancer Plan 2006-2010.

(2006 HOD) Encouraged the ND Pharmacy Association to urge North Dakota pharmacies to stock Plan B in their pharmacies as a behind the counter medication for women 18 and older.

(2005 HOD) Adopted a resolution urging the North Dakota Department of Human Services to follow various principles in implementing a North Dakota prescription drug monitoring program that achieves the balanced goals of providing adequate pain management and preventing diversion and abuse of prescription controlled substances.

(2001 on NDMA to seek legislation to prohibit pharmacies from releasing physician prescribing pattern information to pharmaceutical companies.

9/21/00 (Council) Motion carried to propose to the NDMA House of Delegates a proposal relating to the addition of the CLIA-waived prothrombin time (4922) test to the list of laboratory tests which may be jointly added by the North Dakota Board of Pharmacy and the North Dakota State Board of Medical Examiners pursuant to NDCC sections 43-15-25.2 and 43-15-25.3, subject to conditions.

(2000 HOD) Resolved that NDMA urge the pharmacy profession that whenever brand name medications are dispensed, the generic name be plainly written in parentheses beneath the brand name, and that the issue be pursued in the House of Delegates of the American Medical Association.

(2000 HOD) Resolved adoption of the Council proposal (above) to address a request by the ND Board of Medical Examiners with respect to Prothrombin Time testing by pharmacists.

Public Health

(2009 HOD) Adopted resolution supporting the comprehensive tobacco plan "Saving Lives, Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use," and the essential goals of decreasing the number of people who start using tobacco products, increasing the number of tobacco users who quit, and eliminating exposure to secondhand smoke; and supporting the ongoing tobacco prevention and control efforts and funding of Measure 3.

1/27/09 (Council) Supported bill to expand smoke-free workplace law to bars and hotels/motels (HB 1213); support bill establishing a comprehensive tobacco prevention and control program (SB 2063); and support bill revising the state's coroner laws (SB 2168).

(2008 HOD) Adopted general policy positions relating to the following state legislation: "Support public health initiatives."

(2008 HOD) Supported Initiated Measure 3 for CDC-Based Tobacco Prevention and Cessation Program.

(2007 HOD) Adopted a resolution urging NDMA to support access to and encourage HPV vaccine immunizations.

1/25/07 (Council) Adopted general policy positions relating to the following state legislation: "Support public health initiatives."

1/25/07 (Council) Supported bill to prohibit the sale of small bottle rockets (HB 1389).

1/25/07 (Council) Supported bill to authorize the primary enforcement of the state's seat belt law (HB 1254).

(2006 HOD) Supported further enactment of limitations on smoking in public places, expanding upon the clean indoor air legislation enacted by the 2005 Legislative Assembly.

(2006 HOD) Supported a resolution calling for review of potential means to increase the awareness of the medical consequences of osteoporosis.

(2005 HOD) Continued action based on 2001 and 2002 House resolutions on tobacco control issues, including support for local tobacco control efforts. NDMA has taken the following policy positions on tobacco issues:

1. Support a significant increase in the ND excise tax on tobacco products, and dedicate a substantial portion of the proceeds to a CDC-based tobacco prevention and cessation program.
2. Support increases in state funding for a CDC-based tobacco prevention and cessation program, including changes to the current state program to ensure it is consistent with best practices employed successfully in other states.
3. Ensure that the current local control to implement clean indoor air laws is not preempted by state law.
4. Support any efforts to strengthen state laws pertaining to the restriction of smoking in public places.
5. Encourage the Governor, all ND state legislators and legislative candidates, and other policy makers to actively support funding of tobacco prevention and cessation programs with tobacco settlement revenues, tobacco excise tax revenues, as well as general fund revenues.

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1. Support a significant increase in the ND excise tax on tobacco products, and dedicate a substantial portion of the proceeds to a CDC-based tobacco prevention and cessation program.
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3. Ensure that the current local control to implement clean indoor air laws is not preempted by state law.
4. Support any efforts to strengthen state laws pertaining to the restriction of smoking in public places.
5. Encourage the Governor, all ND state legislators and legislative candidates, and other policy makers to actively support funding of tobacco prevention and cessation programs with tobacco settlement revenues, tobacco excise tax revenues, as well as general fund revenues.

(2004 HOD) Continue advocacy on tobacco control issues consistent with previous NDMA policy as measures are introduced in the 2005 session.

(2003 HOD) Continue action based on 2001 and 2002 House resolutions on tobacco control issues, including support for local tobacco control efforts.

(2002 HOD) Expressed strong support for appropriate legislative efforts by the Attorney General and law enforcement agencies during the 2003 Legislative Assembly to address the availability and security of materials and ingredients used to manufacture methamphetamines, including anhydrous ammonia and pseudoephedrine.

(2002 HOD) Supported the concept of universal hearing screenings for all newborns and infants born in ND.

(2002 HOD) Adopted recommendations NDMA-led coalition strategic planning session regarding tobacco issues. The tobacco issues included these steps to reduce the use of tobacco products in ND:

1. Support a significant increase in the ND excise tax on tobacco products, and dedicate a substantial portion of the proceeds to a CDC-based tobacco prevention and cessation program.
2. Support increases in state funding for a CDC-based tobacco prevention and cessation program, including changes to the current state program to ensure it is consistent with best practices employed successfully in other states.
3. Ensure that the current local control to implement clean indoor air laws is not preempted by state law.
4. Support any efforts to strengthen state laws pertaining to the restriction of smoking in public places.
5. Encourage the Governor, all ND state legislators and legislative candidates, and other policy makers to actively support funding of tobacco prevention and cessation programs with tobacco settlement revenues, tobacco excise tax revenues, as well as general fund revenues.

9/20/01 (Council) Motion carried to recommend to expand a resolution before the NDMA House of Delegates to encourage and support local tobacco control efforts.

9/20/01 (Council) Motion carried that the Council recommend to the House of Delegates that the Council review North Dakota's plan for responding to bioterrorism and other terrorist activity, how the plans propose to involve local communities and individual physicians, and take appropriate action.

5/17/01 (Council) Motion carried that the NDMA's Commission on Medical Services and Public Relations provide oversight in NDMA's participation as lead organization for North Dakota in implementing the Smokeless States grant proposal.

(2001 HOD) Supported advocacy for further tobacco use prevention and reduction efforts including use of one-third of the tobacco settlement funds for tobacco use prevention, cessation, and education efforts; and directed the Council to consider NDMA matching funds for the North Dakota Smokeless States effort.

(2000 HOD) Resolved that the NDMA strongly support a statewide, comprehensive, science-based approach to tobacco use prevention and cessation in North Dakota, and develop and support legislation for introduction in the 2001 Legislative Assembly which would assure that fully one-third of future tobacco settlement funds coming to North Dakota be utilized for tobacco use prevention, cessation, and education programs.

(2000 HOD) Resolved that the NDMA support the current state policy of the North Dakota Department of Health in providing metabolic food benefits, and that the Association oppose any legislative or administrative efforts to diminish those benefits.

(2000 HOD) Resolved that the NDMA support private and public programs and strategies for promoting, financing, implementing, and evaluating newborn hearing screening in North Dakota.

(2000 HOD) Pursue legislation defining the role of the physician advisory committee to a non-physician, state health officer, and requiring formal public health credentials for a non-physician state health officer.

Quality

(2007 HOD) Supported participation by NDMA in a partnership with North Dakota Health Care Review, Inc. and the ND Healthcare Association on quality and patient safety initiatives.

4/24/07 (Council) Adopted motion to include NDMA, along with the North Dakota Healthcare Association and North Dakota Health Care Review, Inc., in a partnership to be certified as a "node" for the Institute for Healthcare Improvement "5 Million Lives Campaign."

8/24/05 (Council) Endorsed ND Health Care Review, Inc. in its contract bid as the Quality Improvement Organization for North Dakota.

(2005 HOD) Confirmed support for North Dakota Health Care Review, Inc. as the state's CMS-designated quality improvement organization in its re-contracting bid.

9/30/04 (Council) Adopted motion to express concerns to the CMS Administrator relative to having outside entities serve as subcontractors for portion of work performed by Quality Improvement Organizations (QIOs).

Scope of Practice

1/27/09 (Council) Oppose bill allowing psychologists to prescribe psychotropic medications (HB 1488).

(2008 HOD) Adopted general policy position relating to the following state legislation: Support physician scope of practice and oppose inappropriate challenges to that scope of practice / Support revisions to the Medical Practice Act to address scope of practice by mid-levels.

1/25/07 (Council) Adopted general policy position relating to state legislation: "Support physician scope of practice and oppose challenges to that scope of practice." Agreed to monitor closely NDPERS legislation on collaborative drug therapy and diabetes management for pharmacists (HB 1432; HB 1433).

1/25/07 (Council) Supported bill to authorize employment of optometrists by physicians, hospitals and clinics (HB 1123)

1/25/07 (Council) Supported bill to ensure BOMEX oversight of flouride varnish application by physicians rather than Board of Dentistry (HB 1293).

(2004 HOD) Supported legislation that ensures that only qualified surgeons are allowed to perform eye surgery in VA hospitals (HR 3473).

(2004 HOD) Continued opposition to the Governor's action in exercising opt-out authority that eliminates physician supervision of CRNAs.

(2004 HOD) Continue working with the medical assistant task force and the ND Board of Medical Examiners to define the role of medical assistants while continuing to focus on appropriate legislative proposals that address issues raised by the Attorney General's opinion on the scope of practice of medical assistants. The ND Board of Nursing should be included in discussions regarding the resolution of this issue.

12/18/03 (Council) Motion carried that a letter be sent to the Governor in response to his action to opt out of the CRNA federal physician supervision requirement, which response includes reference to NDMA's ongoing commitment to convince the Governor to reconsider his action.

(2003 HOD) Continued opposition to the Governor exercising opt-out authority that would eliminate physician supervision of CRNAs.

8/12/02 (Council) Motion carried that NDMA oppose the proposed North Dakota Board of Medical Examiners rule lifting the prohibition on physician assistant practice and that the Board be urged to reconsider its previous action in tentatively supporting the proposed rule in light of NDMA's written comments.

(2002 HOD) Opposed the ND Board of Medical Examiner's proposed rule to remove the current prohibition against physician assistants practicing in more than three locations.

(2002 HOD) Opposed to the Governor exercising opt-out authority that would eliminate physician supervision of CRNAs.

12/19/01 (Council) Motion carried that NDMA oppose any efforts to encourage the Governor to exercise the "opt-out" authority that would eliminate physician supervision of CRNAs.

(2001 HOD) Adopted a resolution calling for a study of trends in PharmD scope of practice.

(2000 HOD) Pursue a mechanism for addressing scope of practice issues before the legislative session.

Workforce Safety & Insurance

(2009 HOD) Adopted resolution urging the 2011 North Dakota Legislative Assembly to amend the workers compensation statutes to afford workers compensation coverage to workers with preexisting and degenerative conditions.

1/27/09 (Council) Support bill to create a presumption in favor of the treating physician in WSI matters (HB 1561).

(2008 HOD) Adopted resolution urging Workforce Safety & Insurance to continue work on improving the physician fee schedule by developing a more appropriate rebase of the fee schedule comparable to the commercial market in the region, and on improving the WSI relationship with the North Dakota Medical Association and physicians.

(2007 HOD) Adopted a resolution urging Workforce Safety & Insurance to fully recognize the importance of their partner physicians, clinics and hospitals in ensuring continued access to quality medical care for injured workers, to develop a physician payment system that equitably pays for medical services to injured workers in a manner consistent with the commercial insurance market, and to consider the use of WSI surplus reserves to support a more equitable physician

payment system. WSI was also urged to consider the use of WSI surplus reserves to support a more equitable physician payment system.

4/4/06, 9/14/06, 11/30/06 (Council) Adopted motions opposing any Workforce Safety and Insurance (WSI) prior authorization or prohibition of “dispense as written” prescriptions.

(2006 HOD) Urged Workforce Safety & Insurance to develop a physician reimbursement system that pays for medical services to injured workers in a manner consistent with the commercial insurance market.

(2003 HOD) Adopted recommendation that NDMA support the concept of working together with ND Workforce Safety and Insurance (workers compensation) to implement a second level appeals process involving binding dispute resolution to address denied claims.