

# North Dakota Physician

WINTER 2025



## Legislative Successes

NDMA President Stephanie Dahl and Governor Kelly Armstrong



The mission of the North Dakota Medical Association is to advocate for North Dakota's physicians, to advance the health, and promote the well-being of the people of North Dakota.

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**Stephanie Dahl, MD**  
NDMA PRESIDENT

## A Message from the President

# A Legislative Win for NDMA

I would like to start by thanking Courtney, Donna, and Leann who worked tirelessly during the 2025 legislative session to represent the NDMA and the interests of ND physicians at the local, state, and national levels. Our members also played a vital role in these advocacy efforts, and I'd like to thank all the physicians who contacted their elected officials and those who testified virtually and in-person in Bismarck. Your efforts are appreciated!

I had the opportunity to testify in favor of SB 2204 both virtually and in-person at the House Industry, Business, and Labor Committee. The committee members asked several questions and voiced staunch support of the radon bill, which mandated disclosure of radon testing to home buyers. Members of the ND Realtors Association, Dr. Gary Schwartz, PhD, MPH, and the American Cancer Society also testified in favor of the bill, which passed both chambers and was signed by the governor. For the first time, home sellers in North Dakota are now required to disclose if their home was tested for radon. This was a top priority for NDMA and a huge win for our organization. Radon is a colorless, odorless, radioactive gas that seeps into homes and buildings and causes serious health problems. Radon exposure increases the risk of lung cancer, even in non-smokers. In fact, radon is the most common cause of lung cancer in people who have never smoked, and the rate of lung cancer is increasing, particularly in younger women who have never smoked. In addition, radon exposure has also been associated with strokes, Alzheimer's disease, complications during pregnancy such as preeclampsia, and male factor infertility.

North Dakota has the highest level of radon in the country, and home buyers must be made aware of the dangers of radon. This is a great first step, but more work needs to be done. Public awareness campaigns are crucial in educating people about the dangers of radon and encouraging mitigation efforts. So, it's essential that we inform patients about the health risks of radon and encourage them to test their homes.

Please plan to attend NDMA's annual meeting on October 2 & 3 in Fargo. This is an essential event for physicians across the state to connect with colleagues, share insights, and discuss the latest legislative topics.

**One of the highlights of the annual meeting is the policy forum. This forum is an excellent platform for presenting ideas, becoming informed about current issues, and getting involved in the decision-making process.**

As physicians, you can use this forum to voice your concerns, share your experiences, and propose solutions to the challenges facing the healthcare system. It is an opportunity to make a meaningful impact by influencing policy decisions that affect our patients and medical practice. Advocacy is such a crucial aspect of the ND Medical Association's mission, so please stay involved!

# POLICY FORUM

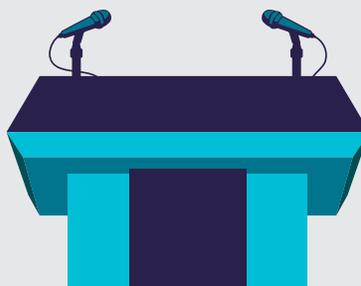
## LET YOUR VOICE BE HEARD

**Submit a policy issue now to be shared at the 2025 NDMA Annual Meeting**

### How to Submit a Policy Issue

NDMA members are invited to submit policy issues by completing a policy submittal form.

The form can be downloaded at [ndmed.org](http://ndmed.org) or contact the NDMA office at 701-223-9475 and a form can be emailed to you.



The deadline to submit a policy issue is **Friday, September 12th by 5:00 pm (CT)**. If you need assistance contact NDMA at 701-223-9475.

If you would like to vet a policy concept, or just need feedback prior to submitting, contact NDMA at 701-223-9475.



**Courtney M. Koebele, JD**  
NDMA Executive Director

# Legislative Impacts on Physicians: Key Issues and Trends

**L**egislation is a double-edged sword for healthcare. It can enhance or hinder physicians' ability to provide care. This session's healthcare bills featured heavily divisive issues such as reproductive rights, infringements on standard medical practice processes, prior authorization reform, and drug pricing. Policies such as these can significantly impact how physicians and other healthcare professionals can effectively care for patients.

I have heard many physicians express frustration with non-medical policymakers' involvement in healthcare policies that overshadow clinical expertise, leading to compromised patient care. This type of medical interference can have broader implications, such as creating greater administrative burdens that detract from patient care. Additionally, political agendas may not always align with scientific evidence.

Navigating politics in healthcare requires a strategic approach, and physicians must engage in advocacy efforts to influence policy changes. By working together, physicians and policymakers can address the challenges and develop solutions that benefit patients and healthcare providers alike.

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**This issue provides a summary of the session, but the summary does not adequately communicate the great deal of effort required to navigate the legislative process and win the battles.**

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It's important to know that sometimes the hardest and most important work is done by defeating a bill. There were some big ones during this session.

The first big defeat was the non-economic damages bill. This bill was filed with trial lawyers' support and proposed changing our non-economic damages cap of \$500,000 to \$3 million. The bill received a do pass as amended to \$1 million, out of the House Judiciary Committee. NDMA worked relentlessly with partners to defeat the bill, including the ND Hospital Association, ND Long Term Care Association, and the Greater ND Chamber. The House resoundingly defeated the bill with a vote of 61-30. Our partners at Copic were understandably concerned, and according to their estimates, professional liability insurance could have increased by as much as 30% if the bill had been passed. This is an issue that won't be going away. But for now, it's done.

The next set of bills that required defeating were the vaccine and parental consent bills. The intent behind the bills is a misguided attempt to protect parents' rights and anti-vaccine rights. However, the unintended consequences would be devastating to public health. All but one of these bills were defeated. NDMA worked with public health, the ND Department of Health and Human Services, and the ND Hospital Association to defeat these bills.

And now onto the good news. All three of NDMA's priority bills passed! NDMA partnered with over 20 organizations on the prior authorization bill. As with all bills involving insurance, dedication and perseverance led the charge. NDMA members stepped up to the podium and testified to support commonsense reform, such as time limits for responding to requests, mandates for detailed reporting, and auto-authorization if the insurer fails to respond. These accomplishments are a great start to prior authorization regulation.

The second bill addressed radon, a platform issue for NDMA President Stephanie Dahl, MD. The bill did not contain any mandates but provided education on the dangers of radon for home buyers. NDMA partnered with the ND Association of Realtors and the American Cancer Society to pass this bill.

The third issue, the maternal drug testing waiver, was challenging, but a group of dedicated physicians brought the bill to cross the finish line. This issue of allowing for a maternal drug testing waiver was brought to the NDMA policy forum by NDMA's ob/gyn physicians when they experienced firsthand how patients with a history of substance abuse were avoiding medical care. This bill provides a patient reporting waiver to Child Protective Services, provided that the patient continues to comply with the medical care plan.

The final victory was the assault against the healthcare workers' bill. Through past sessions, NDMA has worked tirelessly on this issue, and this session – the fifth attempt – proved successful. The bill implements higher penalties for assaults against hospital workers who provide essential patient care. Partnering with the ND Hospital Association and the ND Nurses Association brought this bill to the finish line.

There is no doubt that the only way a good bill can be passed is with teamwork. NDMA had a very successful legislative session. To keep the momentum going, staying involved and informed is essential. Ask your colleagues to become NDMA members and support the practice of medicine.

# Health Screening Event Provides Valuable Services During Legislative Session

**D**uring the 69th Legislative Assembly, a highly sought-after program was brought back to the Capitol to provide health screenings when they are needed most.

The event gave participants a chance to address health issues during a time when many do not allocate time for preventive care. Workloads during the session can take a tremendous toll on health, both mentally and physically.

The event, courtesy of McKenzie Health and the North Dakota Medical Association's Doctor of the Day program, provided diagnostic screening throughout the day for legislators and anyone else who stopped by.

The three-person team consisted of Dr. Gary Ramage and nurses Lisa Iverson and Emily Sexton. The team did a quick diagnostic health overview and took the time to answer any concerning health-related questions.

It was not uncommon to see slightly higher-than-normal blood pressure results, which can be a normal reaction to stressful situations, which the legislative session has a way of doing.

NDMA member Dr. Ramage and McKenzie Health are dedicated to bringing this event to the Capitol during each session.

"I love the opportunity to visit with everyone," said Ramage. "Through the years, I have become acquainted with many of those stopping by and it gives me a chance to visit with my own district legislators."

**Thank you to McKenzie Health for your support.**



The McKenzie Health team pictured from left to right: Emily Sexton, Dr. Gary Ramage, and Lisa Iverson.

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# UND School of Medicine & Health Sciences

**Marjorie R. Jenkins, MD, MEHP, FACP**  
Vice President for Health Affairs, UND  
Dean of UND School of Medicine & Health Sciences



## A Message from the Dean Celebrating 50 years of M.D.

**W**e just wrapped up our Commencement festivities for our Class of 2025 students.

What made this year's M.D. Commencement so special was that it was the fiftieth time that the UND School of Medicine & Health Sciences has conferred the Medical Doctorate degree on our young physicians. As you might know, North Dakota's only comprehensive medical education program converted from a two-year Bachelor of Science in Medicine degree to a four-year Medical Doctorate program officially in 1976.

Half a century of M.D. training is a big deal.

Even more astounding is the fact that 2025 represents 120 years since the UND School of Medicine & Health Sciences was founded in 1905.

I say all this to emphasize the fact that not only 50 years ago but 120 years ago the people of North Dakota entrusted us with the job of providing them with exceptional healthcare providers across professions. So happy fiftieth to our M.D. program!

We don't take that responsibility lightly.

Because healthcare education is a huge investment, each of our professional programs strive to produce a return on the investment that North Dakota made in us by sending not only physicians but physician assistants, physical and occupational therapists, medical laboratory scientists, athletic trainers, and public health professionals to communities across this state each year.



# THANKS FROM YOUR SCHOOL OF MEDICINE AND HEALTH SCIENCES

Our community-based medical training program relies on volunteer physicians and partner systems to help train our students across the state. Thank you for helping us produce exceptional physicians prepared for any practice environment.



[med.UND.edu](http://med.UND.edu)

Our state legislature codified our charge in the North Dakota Century Code, and it is from this we have determined our purpose, which is “to serve North Dakota for the benefit of its people and enhance the quality of their lives.”

Speaking of the legislature, the North Dakota Legislative Assembly just wrapped up its 69th session in May, and I should offer a huge thank you to each of the legislators and staffers in Bismarck who continue to support our School.

Some of the notable outcomes of the session that affect the SMHS directly include:

- \$5M to design the new Health Professions addition to our School of Medicine & Health Sciences building in Grand Forks, along with the go-ahead to begin fundraising. This addition will house UND’s College of Nursing and Professional Disciplines (CNPD), additional biomedical research spaces, and a new center for AI and emerging technologies in healthcare! We are looking forward to collaborating with CNPD Dean Maridee Shogren and her team as planning gets underway. More to come on this exciting facilities expansion!
- Approval to establish a UND Center for Aerospace Medicine, which will allow UND’s aerospace and medical colleges to better partner on studying the healthcare training for pilots of all types.
- Full appropriations support through a bill supporting North Dakota University System operations.
- Preservation of the statewide mill levy that contributes crucial funding to our training programs and community efforts throughout North Dakota.

I can’t thank our legislators enough for their continuing support for our School. It’s this support that has resulted in our astounding retention of graduates in-state. We also appreciate the support of the North Dakota Medical Association who stood with us every step of the way during the legislative session. Finally, our alumni and health system partners showed up to voice their support for SMHS, the new addition, and continuance of the one-mill levy.

Since it was founded, SMHS has graduated thousands of top-quality healthcare providers.

**“With every North Dakotan who receives care that would not have been available without North Dakota’s Medical School, the hope and promise invested in us 50 and 120 years ago continues to be realized.”**

We look forward to many future decades of service to this great state and its people!

Wishing you and your families a great summer and hope to see you in the Fall at the UND Homecoming.





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# 69th LEGISLATIVE ASSEMBLY UPDATE

## Advocacy in Medicine

*Authored by Donna Thronson, NDMA Communications Director*

The North Dakota Legislature gavelled in at 8 am Friday, May 2nd, and didn't adjourn until about 4 am Saturday to close out the 69th Legislative Assembly.

Legislators used 74 of the 80 available days, although that does not include days when committees met, and the full House and Senate did not convene – or gavel in. The House and Senate Chambers must hold a floor session to count as a legislative day.

During the session, 1,089 bills and resolutions were reviewed, the highest number since 2009. An estimated count reveals that 615 bills passed both chambers and are now set to become law.

Out of the total count, NDMA tracked 164, since many of these could impact the practice of medicine. NDMA is pleased to report many victories, either by passing or defeating, many of these bills.

The outcome can be seen on the updated bill tracker.

Legislative leadership intentionally reserved six days of the allotted 80-day limit. These are reserved for special circumstances like emergency funding, federal stimulus, or judicial decisions.

When it comes to advocacy, the time to begin planning for the next session, which will convene in January 2027, is now. It's essential to stay informed and involved. The next session will be here before you know it!

But first, let's take a look at the outcomes.

### Public Health

**Radon Awareness:** SB 2204 Radon is the number one cause of lung cancer among non-smokers and is responsible for about 21,000 lung cancer deaths every year. Research consistently shows that public knowledge about radon and its associated health risks, especially radon's link to lung cancer, are limited, and many people are unaware of the dangers or misinformed. North Dakota has little to no regulation of radon. This bill, which passed with overwhelming support, adds language to the ND Century Code to require disclosure of radon hazards by a seller. This bill comes with great passion from NDMA President Dr. Dahl, who presented testimony during the hearings and shared why this bill was needed. **PASSED.**

This effort would not be possible without dedicated legislators in our corner. A big thank you to the following bill sponsors: Senators Jeff Barta, Josh Bosch, Dick Dever; Representatives Liz Conmy and Austin Schauer.



SB 2204 Radon Awareness: This bill was one of NDMA's priority bills, championed by NDMA President Dr. Stephanie Dahl. Pictured in the signing of SB 2204 are (standing left to right) American Cancer Society Cancer Action Network representative Shane Goettle, NDMA Secretary/Treasurer Dr. Joan Connell, North Dakota Association of Realtors CEO Jill Beck, NDMA Executive Director Courtney Koebele. Seated (left to right) NDMA Vice President Dr. Parag Kumar, Governor Kelly Armstrong, and NDMA President Dr. Stephanie Dahl. Not pictured is Senator Jeff Barta, the primary bill sponsor and other bill sponsors: Senator Josh Bosch, Senator Dick Dever, and Representative Austin Schauer.



NDMA President Dr. Stephanie Dahl presented to the House Industry, Business and Labor Committee reasons why radon education is needed and severely lacking in North Dakota.

**School Cardiac Emergency Response Plan:** HB 1363 Sudden cardiac arrest is the leading cause of death on school campuses across the United States. These cardiac events occur quickly and often without warning. Schools must be prepared to respond effectively, giving our youth the best chance of survival. NDMA supported this effort to implement cardiac emergency response plans for public and nonpublic schools and athletic events. **PASSED.**

**Vaccine Bills:** This is the third legislative session where many legislators have prioritized vaccine-related bills. Since the pandemic, a rise in anti-vaccine sentiment and misinformation, often linked to political polarization, has contributed to the legislative focus on vaccine-related issues. NDMA opposes bills that can further strain healthcare systems by allowing gaps in a proven health prevention system, such as further restricting the existing immunization process designed to protect the public from a potential pandemic threat. Here is the summary.

- **HB 1391:** This restricts businesses' rights and freedoms to protect their employees and patients from vaccine-preventable diseases. It would have removed the ability to make the necessary decisions to provide safe, high-quality patient care. **DEFEATED.**
- **HB 1454:** Notwithstanding any other provision of law, this bill prohibits a government entity from requiring an individual to take or receive a vaccine, unless there is an opt-out process for health, religious, or philosophical reasons. Having opt-out procedures for vaccine requirements in all situations could have unintended consequences, such as law enforcement losing the ability to require the hepatitis B vaccine to protect officers from infection due to needlesticks, etc. Unfortunately, this bill passed. Although the bill does not impact healthcare systems, NDMA is concerned about the long-term consequences and what it may lead to in the future. **PASSED.**
- **HB 1457:** This placed duplicative requirements on the North Dakota Department of Health and Human Services by mandating an additional requirement for publishing vaccine exemptions and vaccine injury-related information. **DEFEATED.**
- **HB 1458:** This relates to prohibiting the release of a self-spreading virus. The proponents of this effort claim that a new class of encrypted RNA vaccine developments would have the potential to spread a vaccine from person to person without their knowledge or consent. The consequences of this bill would have made it nearly impossible for healthcare providers to administer live vaccines in the state. Live vaccines routinely given prevent diseases such as measles, mumps, rubella, varicella (chickenpox), rotavirus, and influenza (nasal spray), and vaccines to protect international travelers from diseases such as typhoid, yellow fever, or tuberculosis. **DEFEATED.**

- **HB 1467:** This bill was another effort to duplicate what is already in place by requiring another system to record adverse vaccine effects. The state is already required to report adverse events to the federal Vaccine Adverse Events Reporting System (VAERS). **DEFEATED.**
- **HB 1519:** This was a third attempt to create another system of reporting adverse vaccine events, including suspected causes of death. The proposed methodology of recording deaths did not account for other contributing factors or causes of mortality, including suicide, overdoses, injuries, Alzheimer's disease, etc. **DEFEATED.**

## Access to Healthcare Services

**Prior Authorization:** SB 2280 This legislation is crucial in addressing the systemic barriers created by the current prior authorization process, which often delays access to medically necessary care for patients, including those battling cancer. When prior authorization was first introduced, it was intended as a safeguard to ensure that high-cost medical procedures and treatments were necessary and appropriate. Over time, this process has evolved into an overused hurdle that affects even the most routine treatments. NDMA and many other partners negotiated parameters with insurers, including time limits for responding to requests. NDMA is pleased to report that this legislation overwhelmingly passed. **PASSED.**

*NDMA extends a most sincere thank you to the bill sponsors: Senators Scott Meyer, Jeff Barta, Brad Bekkedahl, and Sean Cleary; and Representatives Jon Nelson and Jonathan Warrey - true champions of medicine.*



*Dr. J'Patrick Fahn testifies in support of Prior Authorization Reform in front of the Senate Industry and Business Committee.*



Dr. Duncan Ackerman testifies in support of Prior Authorization Reform in front of the House Industry, Business and Labor Committee.



Dr. Ana Tobiasz and Dr. Dani Thurtle provided excellent testimony in support of Maternal Substance Use Disorder Reporting. Other physicians who provided virtual testimony were Dr. Erica Hofland and Dr. Collette Lessard.



SB 2280 Prior Authorization Reform: Governor Kelly Armstrong is shown seated next to Senator Scott Meyer for the signing of the prior authorization reform bill. Other supporters who joined the signing event include the North Dakota Hospital Association, American Cancer Society Cancer Action Network, Essentia Health, Community Healthcare Association, and others who came forward to share testimony and support.

**Maternal Substance Use Disorder Reporting:**

SB 2232 North Dakota’s reporting requirements for prenatal exposure to alcohol and controlled substances are prohibitive for individuals seeking prenatal or postpartum care. This bill, supported by NDMA, removes the reporting requirement pending that the individual is being provided for or collaborating with other professionals to provide the woman or her infant with health care services, including voluntary entrance into a licensed treatment program. This bill easily passed the Senate but was met with considerable opposition in the House. Thankfully, the bill successfully passed. **PASSED.**

*Legislator champions of SB 2232 were Senators Scott Meyer, Judy Lee, and Kristin Roers; Representatives Gretchen Dobervich, Emily O’Brien, and Greg Stemen.*

*NDMA extends heartfelt gratitude to these bill sponsors and every other legislator who voted to keep moms and babies healthy.*



SB 2232 Maternal Substance Use Disorder: Pictured in the signing of SB 2232 are (standing left to right) Representative Gretchen Dobervich, Dr. Erica Hofland, Representative Emily O’Brien, Senator Kristin Roers, Representative Gregory Stemen, and Dr. Ana Tobiasz; Seated next to NDMA Executive Director Courtney Koebele is Governor Kelly Armstrong and the primary bill sponsor, Senator Scott Meyer.

**Parental Consent for Minor’s Health Care:** NDMA opposes legislation that compromises a healthcare professional’s ability to provide the best care for patients, which the following two bills threaten.

- HB 1450:** This bill would have severely restricted physicians by requiring parental/guardian prior approval of questions to be asked in the exam room and mandated exam room parental/guardian attendance. Restrictions placed by this bill hurt the ability of primary care providers to understand, diagnose, and treat the real issues that affect our vulnerable youth. There is no way to fully understand what questions a parent needs to approve before the clinic visit to perform the best evaluation and care possible. Issues such as anxiety and depression screening are part of these primary care provider visits. At times, parents are helpful in answering some of these questions. Still, there are times when private communication between the provider and the teen is needed since a child may be apprehensive about discussing some issues, such as suicidal intentions, with a parent present. This bill would have impacted a primary care physician's ability to care for our youth and agencies responsible for child welfare, such as the Children's Advocacy Centers of North Dakota, Central Dakota Forensic Nurse Examiners, and Youth Works. The bill would have created the ability to overlook abusive situations, including human trafficking. Thankfully, with a great deal of educational effort, this bill failed. **DEFEATED.**



Dr. David Field provided compelling testimony to help defeat HB 1450. His passion for his 41 years of caring for patients was a testament to how this bill would hurt our youth. "If this bill passes, it will cripple the ability of healthcare providers to do what is right for their child and adolescent patients," said Dr. Field.

- SB 2244:** This bill stated that the consent of a parent was needed before proceeding with treatment. It included conflicting provisions regarding whether the consent of both parents or just one parent was required before a healthcare provider could treat a minor. This inconsistency means it will be unwise for a healthcare provider to treat a minor unless both parents give consent. To do otherwise would expose the physician to a lawsuit by a parent who claims the provider did not meet the requirements of Section 1. For these reasons, NDMA opposed this bill, and with a great deal of effort from partners, it was defeated. **DEFEATED.**

**Diagnostic Breast Exam Coverage:** HB 1283 Relating to diagnostic breast examination and supplemental breast examination cost-sharing restrictions. While many have coverage for screening mammography without cost sharing, individuals at a higher risk of breast cancer or those requiring follow-up imaging are subject to hundreds to thousands of dollars in cost sharing. NDMA supports affordable access to healthcare. The bill received a DO PASS out of the Senate Appropriations: 11 YEAS AND 5 NAYS. Unfortunately, the Senate chamber defeated the bill by two votes: 22 YEAS AND 24 NAYS. It was the fiscal note that ultimately led to its demise. **DEFEATED.**

**Non-Economic Damages Cap:** HB 1349 This would have increased liability limits for healthcare malpractice actions or claims by 100%, and passing it would potentially impact medical liability insurance premiums by 30%. Ultimately, this expense would increase the cost of care and affect rural healthcare specialty services that already have high premiums. Increases in expenses reduce access to services and increase healthcare costs, such as maternal health care. NDMA opposed this bill, and it met its demise. **DEFEATED.**

**Copay Accumulator:** HB 1216 Many drug manufacturers offer cost-sharing assistance to help patients better afford medications. Many health insurers have adopted policies known as accumulator adjustment programs that block a manufacturer's assistance from counting towards deductibles and out-of-pocket limits. This bill prohibits insurers from that practice. NDMA supports access to health care. **PASSED.**

## Healthcare Service Reimbursement

**Medicaid and Medicaid Expansion Reimbursement:** HB 1012 Health care operates on a fixed reimbursement system, meaning providers cannot increase charges to offset rising labor costs. Reimbursement rates must be equitable to the cost of care. NDMA is pleased to report that inflators are set at 2/2, and expansion rates remain stable. Another big win for behavioral health includes expanding the behavioral health bed capacity, which will be housed through Altru Health. **PASSED.**

## Medical School Funding

**UND School of Medicine and Health Sciences:** SB 2003 In the last seven sessions, the North Dakota Legislature adopted the School's Health Care Workforce Initiative (HWI) to address North Dakota's healthcare provider needs now and in the future. This initiative successfully passed for an eighth session with a strategy to increase the number of medical student enrollments and ultimately become state residents by 2030. In addition, the legislature appropriated \$5 million for new construction to replace the outdated Columbia Hall. Another win is that the budget allows the university to be included in challenge grants, giving the school the option to continue seeking outside funding dedicated exclusively to the advancement of academics. This is a big win for UND SMHS. **PASSED.**

### Resolutions to Remove UND SMHS Mill Levy

**Funding:** HCR 3012 and SCR 4023 Two resolutions were filed to remove the UND SMHS single mill levy. By passing either of these resolutions, the mill levy would have been placed on the ballot to reconsider the North Dakota Constitution amendment established in 1948 – to fund the school with a single mill levy. NDMA stood in opposition along with UND SMHS. Both resolutions failed. **DEFEATED.**

### Healthcare Worker Protection

**Assault Against a Hospital Worker:** HB 1341 This bill increases the simple assault penalty to a Class C felony for all hospital workers. Currently, only emergency room workers have a higher level of penalty when it comes to health care. This expands that category to all hospital workers. NDMA believes the same protection should be in place and testified alongside many others, including hospitals, the ND Hospital Association, and the ND Nurses Association. This bill is a testament to persistence, as this is the fifth attempt to pass this type of policy. We are happy to report success. **PASSED.**

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*When it comes to advocating for policy, legislators serving as bill sponsors can be a key factor in gaining support for a bill. Thank you to the following bill sponsors: Representatives Pat Heinert, Glenn Bosh, Mike Lefor, Carrie McLeod, Lisa Meier, and Todd Porter; Senators Michelle Axtman, Sean Cleary, Dick Dever and Diane Larson.*

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### Abortion Control

The 2022 overturning of Roe v. Wade by the Supreme Court significantly impacts state-level regulations. It has led to a patchwork of abortion laws across the U.S. This legislative session produced several bills, all of which are opposed by NDMA.

**Abortion Control Act Education:** HB 1511 This bill requires the North Dakota Board of Medicine to post an instructional course outlining the functionality of North Dakota's Abortion Control Act for physicians. It is essential to know that North Dakota's Abortion Control Act is not settled, so it makes little sense to implement educational instructions on unsettled law. NDMA stood in opposition, and though attempts to defeat it were unsuccessful, NDMA successfully removed the mandate requirement. **PASSED.**

**Personhood Protections:** HB 1373 This bill relates to the definition of human being and person as the terms relate to the offenses of murder and assault, and civil actions for death caused by wrongful acts. The bill would have created unintended consequences for families relying on in vitro fertilization (IVF) that could result in legal liabilities for healthcare providers if an embryo does not develop and result in a live birth. It would have likely ended access to IVF care in our state. NDMA and many other partners, such as clinics, hospitals, and even the North Dakota Catholic Conference, stood in opposition. The bill failed. **DEFEATED.**



Dr. Ana Tobiasz provided testimony in opposition to the personhood protections bill HB 1373.

**Abortion Control Act Revision:** HB 1488 This bill was an attempt to revise North Dakota's current abortion control act, which is currently undergoing litigation. While this is ongoing and the outcome is yet to be finalized, developing a new abortion law would seem inappropriate and add to the confusion. **DEFEATED.**



**To review the complete list of bills tracked by NDMA scan here or visit:**

<https://www.ndmed.org/advocacy/bill-tracker/>



# NDMA Physician Day at the Capitol

Through the years, Physician Day at the Capitol has become a historic event aimed at educating attendees about health care in North Dakota.

Several other health care groups co-sponsored the event, which added to the day's excitement: the North Dakota Hospital Association, the North Dakota Emergency Medical Services Association, the North Dakota Academy of Family Physicians, the North Dakota Academy of Physician Assistants, the North Dakota Academy of Pediatrics, and the North Dakota Society of Eye Physicians and Surgeons.

The event is designed as an educational opportunity to increase awareness of how healthcare policy can impact patient care.



Ophthalmologists represented at Physician Day included Dr. Elena Raducu, Dr. Michelle Atchison, and Dr. Paul Selid. Representative Jonathan Warrey (Dist. 22) stopped by to visit and learn more about the importance of vision exams.



Taking the floor by storm are NDMA members Dr. Misty Anderson, Dr. Michael Jankovial and Dr. Joan Connell.



Pediatrician Dr. Grant Syverson discusses the importance of providing quality pediatric care for North Dakota's children.



Senator Dale Patten makes his rounds visiting and learning more about health care in our state.

## NDMA | CALL FOR NOMINATIONS

### Nominations for awards are being sought from NDMA's membership.

If you are aware of a North Dakota individual with outstanding contributions for any of the following awards, submit the nomination by completing the corresponding form located on our website: [www.ndmed.org](http://www.ndmed.org). For questions contact NDMA at 701-223-9475.

Nominations must be submitted by August 31, 2025.

### NDMA 2025 Award Nominations

Each year, NDMA selects two recipients who have made outstanding contributions to North Dakota's medical profession, patients and community.

- 1) **The Physician Community Award**  
(physician award)
- 2) **Friend of Medicine Award**  
(non-physician award)

*Eligibility requirements for both awards are included on the nomination form.*

### Copic Humanitarian Award

The Copic Humanitarian Award is presented each year to honor a physician for *volunteer medical services and contributions to the community*. The award seeks to recognize physicians who volunteer outside the spectrum of their day-to-day lives.

The recipient of the award designates a \$10,000 donation from Copic to be provided to a health care-related 501(c)(3) organization within their respective state. If you know a worthy candidate, please nominate him or her for this award.

Copic is a participating partner with NDMA and offers this generous contribution to NDMA members.

Download a nomination form at [ndmed.org](http://ndmed.org) or scan the QR code to the right! →



# How AI is Driving Fraud Schemes in 2025

Submitted by First International Bank & Trust

It's hard to overstate how much the development of generative artificial intelligence (AI) has changed how we experience the internet. According to Forbes, 34 million AI-generated images are created each day, and tech companies like Google, Microsoft, Amazon, and others are investing hundreds of billions of dollars in AI development by 2025.

But emerging tech also brings troubling developments in fraud prevention: Forbes reports that deepfake fraud attempts have surged to become among the three most popular fraud methods.

As AI becomes a more prevalent tool for fraudsters, the FBI is taking notice – and working to help consumers stay ahead of emerging fraud threats. Here are four examples of how scammers are using AI-generated content, according to the FBI:

- AI-Generated Text allows scammers to create and flesh out fake social media profiles or overcome spelling and grammatical errors when communicating with victims.
- AI-Generated Images, like more believable social media photos, identification documents, and even fake images of victims in embarrassing situations, to demand payment in extortion schemes.
- AI-Generated Audio, or Vocal Cloning, allows criminals to generate short audio clips containing a loved one's voice to impersonate a relative asking for financial assistance or demanding a ransom.
- AI-Generated Videos can be used for real-time video chats with alleged law enforcement or in private communications to "prove" that the scammer is a "real person."

The FBI also shared these tips to help consumers avoid becoming victims of AI fraud:

- Create a secret word or phrase with your family to verify their identity.

- Look for subtle imperfections in images and videos, such as distorted hands or feet, unrealistic teeth or eyes, indistinct or irregular faces, unrealistic accessories such as glasses or jewelry, inaccurate shadows, watermarks, lag time, voice matching, and unrealistic movements.
- Listen closely to the tone and word choice to distinguish between a legitimate phone call from a loved one and an AI-generated vocal cloning.
- If possible, limit online content of your image or voice, make social media accounts private, and limit followers to people you know to minimize fraudsters' capabilities to use generative AI software to create fraudulent identities for social engineering.
- Verify the identity of the person calling you by hanging up the phone, researching the contact of the bank or organization purporting to call you, and calling the phone number directly.
- Never share sensitive information with people you have met only online or over the phone.
- Do not send money, gift cards, cryptocurrency, or other assets to people you do not know or have met only online or over the phone.

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**The Fraud Prevention Team at First International Bank & Trust (FIBT) works hard to protect our customers' personal and financial information from bad actors.**

**We encourage you to share these tips with your friends and loved ones to help keep your finances safe and secure!**

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**Renee Daffinrud**  
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Private Banking Manager  
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\*Eligible medical professionals include medical doctors who are actively practicing, medical fellows and residents who are currently employed in residency/fellowship, and salaried medical students and medical doctors who are about to begin their new employment/residency for fellowship within 90 days of closing.

## Senior Medical Student Outstanding Awards

Each year, NDMA recognizes three UND senior medical students for outstanding performance. Congratulations to the following graduates:



**Bo Lauckner, MD**  
Leeds, ND  
Emergency Medicine



**Regan Washist, MD**  
Bismarck, ND  
Emergency Medicine



**Jackson Wilson, MD**  
Rochester, MN  
Anesthesiology

## Alliance Awards

The NDMA Alliance recognizes two outstanding class of 2025 UND senior medical students. Congratulations to the following graduates:



**April Hagemester MD**  
Fessenden, ND  
Diagnostic Radiology



**Cole Rokke, MD**  
Fargo, ND  
Diagnostic Radiology

## Sophomore Outstanding Performance Awards

Each year, the North Dakota Medical Association honors three UND sophomore medical students, nominated by their peers, for outstanding performance. Outstanding performance was recognized in three curricular areas. Congratulations to the following award recipients:



**Freddie-Leigh Griffin**  
Mandan, ND

### Group Leadership and Professionalism

Engages in ethical conduct, facilitates group interaction and productivity, motivates others to learn, exhibits personal integrity, and interacts with others appropriately with respect and courtesy.



**Cody Boyle**  
Grand Forks, ND

### Peer Teaching

Outstanding contributions to the group's database and facilitating group learning, skillful and accurate presentations, and willingness to assist fellow classmates to learn concepts they do not understand.



**Matthew Gillen**  
Parker, CO

### Integration of Basic Science and Clinical Application

Ability to analyze problems, generate hypotheses, set priorities, test hypotheses and formulate alternative hypotheses, draw appropriate conclusions, and apply the knowledge to patient cases.

## NDMA District Medical Societies Senior Awards

NDMA District Medical Societies recognize graduating UND School of Medicine & Health Sciences senior class medical students each year. Recipients are selected from each campus who best exemplify high scholarship and characteristics of integrity, leadership, and initiative.



SE Campus, Fargo



**Chloe Kaelberer**  
Plymouth, MN  
Internal Medicine/  
Hospitalist



**Lindsey Martens**  
Sartell, MN  
Internal Medicine



NE Campus, Grand Forks



**Johnathan Beaudrie, MD**  
Cody, WY  
Transitional



NW Campus, Minot



**Mika Green, MD**  
Buffalo, MN  
Family Medicine



SW Campus, Bismarck



**Austin Hill, MD**  
Bismarck, ND  
Urology



**Regan Washist, MD**  
Bismarck, ND  
Emergency Medicine

**Congratulations to all award winners!**

# Every State Counts for Veterans Mental Health



**Kevin Cramer**  
North Dakota Senator

**A**fter bravely serving and protecting our nation, veterans deserve timely access to high-quality health care, including mental health and suicide prevention services. Yet, access to critical behavioral health services remains the largest unresolved crises facing America’s veterans.

The most recent annual data available paints a solemn picture. In 2022, 6,407 veterans took their own lives. The same year, suicide was the second leading cause of death for veterans under the age of 45. Despite efforts to expand access to mental health services and proactively reach more veterans, gaps still exist.

As a member of the Senate Veterans Affairs Committee (SVAC) and Armed Services Committee, supporting veterans is a focal point for me. In 2020, I worked with my SVAC colleagues to introduce and pass the Commander John Scott Hannon Veterans Mental Health Care Improvement Act. This legislation authorized several new programs designed to improve veterans’ access to mental health care and established the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) to reduce veteran suicide through a community-based approach. The SSG Fox SPGP provides grant funding to organizations that provide or coordinate suicide prevention services, including suicide risk and prevention education, outreach to at-risk individuals, mental health screenings, and other services for eligible veterans and their families.

This three-year community-based program authorized \$175 million to be appropriated for Fiscal Year 2021 through Fiscal Year 2025, providing resources to meet the needs of veterans. Nearly every state has received funding for this program, but a few states have been overlooked. Despite submitting a strong application for the program, North Dakota has not received any funding.

To address this shortcoming, I introduced, along with U.S. Senator Chris Coons (D-DE), the bipartisan Every State Counts for Veterans Mental Health Act to prioritize entities in states which have not previously received a grant. Our bill will make a straightforward, one-time adjustment to make these funds available to all states.

Small, rural states like North Dakota face unique challenges when it comes to providing mental health care to 55,000 veterans. The Every State Counts for Veterans Mental Health Act makes sure eligible applicants looking to provide care are not overlooked by the VA simply because they haven’t been awarded in the past.

  
**I’m committed to increasing access to rural mental health services for our veterans across the country, and through this legislation and other initiatives, I will do all I can to make it happen.**  


Please know my door is always open, and I welcome hearing from you about any issues affecting health care providers in North Dakota.



<b>CALENDAR OF EVENTS</b>	<b>June 12</b>	BCC Night at the Larks
	<b>June 19</b>	BCC Charity Golf Open
	<b>July 2-4</b>	Mandan Rodeo
	<b>July 4</b>	4th of July Road Race
	<b>July 9-12</b>	ND Country Fest
	<b>July 26</b>	Blue Grass Goes Pink
	<b>August 9</b>	VW Car Show
	<b>August 15</b>	Drive to Survive
	<b>September 21</b>	Apple Jam
<b>September 26</b>	Clays Against Cancer	

**For more information on these events, visit [bismarckcancercenter.com](http://bismarckcancercenter.com)**

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# Ensuring Access to Quality Health Care in Our Rural Communities

**John Hoeven**  
North Dakota Senator

Rural communities are an essential aspect of North Dakota, providing a strong sense of identity for residents and making up the core of our heritage and culture. If we are to maintain this important part of our state, we need to ensure access to essential services, with health care being one such necessity that is vital to the quality of life in our communities. Our medical providers do a tremendous job, delivering lifesaving and life-sustaining care that our state's people need, often while dealing with challenges such as staffing shortages and outdated buildings. They deserve our support, and that's why I have worked to improve and expand the services and facilities available in rural areas across the state.

Our efforts to provide a unified health care system in Devils Lake are a prime example of this. After hearing from residents and city leaders about the challenges with accessing care, we began working to find community-driven solutions to the problems they faced. We facilitated a series of community meetings with Mayor Jim Moe, local residents and officials from CommonSpirit Health, which operated the Devils Lake Hospital, as well as Altru Health Systems and other potential partners. I also repeatedly met with CommonSpirit Health's leaders, including their CEO and Region President, to work toward a solution. These discussions resulted in meaningful investment in health care for the Lake Region, including a \$10 million renovation of the hospital emergency department.

Moreover, Altru and CommonSpirit ultimately signed a letter of intent for Altru to acquire Devils Lake Hospital. This agreement benefits both providers and patients, as it provides greater certainty for the hospital's operations and opens the door to even more improvements. Importantly, Altru has committed to retaining current employees while also bringing additional specialists from Grand Forks to help meet local needs.

We've worked to advance similar efforts in communities like Hazen, Grafton and Rugby, where we've helped make new and upgraded medical facilities a reality. By leveraging my role as chairman of the Senate Agriculture Appropriations Committee, I've secured needed support for projects in these communities. We helped provide more than \$90 million in direct and guaranteed loans from the U.S. Department of Agriculture (USDA) to construct, expand and better equip the medical facilities that serve these regions.

As a result, Rugby and the surrounding area – a four-county region including Pierce, Benson, McHenry and Rolette counties – can take advantage of a brand-new 80,000 sq. ft. medical center and the range of services provided there, such as physical therapy and long-term care. With the new Sakakawea Medical Center, local residents in and around Hazen can similarly access services like surgery and rehab centers, while those in Grafton are benefitting from more streamlined and effective care at the expanded Unity Medical Center.

These are just some of our most recent efforts to ensure rural residents across North Dakota can access the highest standard of health care possible.

— ★ ★ ★ —

**This is about meeting the needs of both patients and providers and advancing investments that will have a lasting impact in the rural communities they call home.**

— ★ ★ ★ —



# Restoring Medicaid’s Mission and Supporting North Dakota Physicians

**Julie Fedorchak**  
North Dakota Congresswoman

This May, the Energy and Commerce Committee—on which I serve—advanced a landmark package aimed at strengthening and sustaining Medicaid for the future. Despite the Committee’s name, it has wide jurisdiction over the health sector, including private and public health insurance. After more than 26 hours straight of debate, Republicans on the committee took a major step toward restoring Medicaid to its core mission: supporting seniors, individuals with disabilities, and pregnant women.

Our portion of the “One Big Beautiful Bill” includes long-overdue reforms. This includes closing loopholes that allow states to provide Medicaid benefits with federal dollars for illegal immigrants. For the first time, we require 20 hours of community engagement—such as employment, volunteering, or education—for able-bodied adults on Medicaid. Only able-bodied individuals who are unwilling to meet this 20-hour a week requirement would lose their benefits. We’ve also added commonsense eligibility checks twice a year to ensure the program is serving those who truly qualify.

These changes not only protect taxpayers but also help refocus Medicaid on those who need it most. We are working to correct injustices in the current system that results in able-bodied Medicaid expansion recipients receiving significantly more federal assistance than those living with disabilities, pregnant women, or low-income elderly whom the traditional Medicaid program was designed to help.

Critically for our physician community, we included a fix to the Medicaid physician fee schedule that has been needed for years.

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★ ★ ★

**Starting in 2026, we replace the flawed split conversion factor with a single rate tied to medical inflation using the Medicare Economic Index.**

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★ ★ ★

This change will provide more predictability and fairness for providers, especially those serving in low-margin or rural settings like many across North Dakota. It’s a direct response to what I’ve heard from many clinicians: the need for a reimbursement structure that reflects the true costs of delivering high-quality care.

We have worked hand-in-hand with North Dakota Medicaid providers on these changes, and I want to thank everyone for their active and frank engagement. Of course, specifics of the final bill may change by the time this column is published. That’s the nature of this very dynamic reconciliation process. But our overall goal is to strengthen the program by putting it on a more financially solvent path moving forward.

As we continue legislative work in the months ahead, I remain committed to solutions that make healthcare more affordable, accessible, and effective—especially in rural states like ours. Thank you for your partnership and your continued service to the people of North Dakota. I look forward to staying in close touch and ensuring your voice is heard in Washington.

---

*Congresswoman Julie Fedorchak represents North Dakota in the U.S. House of Representatives and serves on the House Energy and Commerce Committee.*



# What You Need to Know About Non-Compete Agreements

**MacKenzie L. Hertz**  
Attorney for Vogel Law Firm

**N**on-compete agreements—contracts restricting someone from working for a competitor or starting a competing venture—have been in the national spotlight. These agreements are particularly relevant to the healthcare industry.

On the one hand, many regions (especially in rural areas) face shortages of qualified healthcare professionals. As a result, restrictions on these professionals’ ability to render services can be daunting. On the other hand, healthcare entities invest significant time and resources for hiring and training, and they are a hub of confidential and proprietary information. Thus, post-employment protections are critical. So, in 2025, how do non-competes impact healthcare entities and professionals in North Dakota?

Under the Biden Administration, federal agencies were hostile to non-competes. For example, the U.S. Federal Trade Commission passed a rule banning them nationwide. However, federal courts blocked the rule, and the new Trump Administration has not pursued its enforcement. Thus, for now, state law informs the enforceability of non-competes, and the law varies greatly by state.

Although over 20 states generally allow reasonable non-compete agreements in varying circumstances, North Dakota law bans virtually all non-compete agreements with limited exceptions connected to the sale or dissolution of some businesses. See N.D. Cent. Code § 9-08-06. North Dakota also prohibits restrictions on individuals from soliciting their former employer’s clients or patients. The neighboring state of Minnesota also bans non-competes (with similarly limited exceptions), but it allows employers to ban the solicitation of their client or patients.

In the healthcare context specifically, some states that historically permitted non-competes now ban them for certain healthcare providers. For example, effective July 15, 2025, Arkansas will ban non-compete agreements for physicians, surgeons, and osteopathic physicians. Starting in 2021, South Dakota also banned non-competes for a broad array of healthcare providers ranging from physicians to registered nurses to chiropractors. Other examples of states that restrict non-competes for some healthcare providers include Connecticut, Delaware, Florida, Indiana, Rhode Island, and Wyoming, among others. Accordingly, it is critical to determine which state’s law governs in evaluating the enforceability of a non-compete.

In situations where a true non-compete would be unenforceable, employers should consider other options for post-employment protections. For example, employers may rely on agreements prohibiting solicitation of other employees following employment, confidentiality agreements, or retention bonuses.

The Vogel Law Firm Employment & Labor Team drafts, reviews, and handles litigation of non-competes and other restrictive covenants. We also advise on strategies to protect healthcare practices when non-compete may, or may not, be an option. Reach out to a member of our team today.

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# Meeting Behavioral Health Needs Through Virtual Programs

Submitted by the Village Family Service Center

As North Dakota continues to face growing behavioral health challenges—especially in rural and underserved areas—physicians and health system leaders are uniquely positioned to connect patients with high-quality, accessible treatment options. At The Village Family Service Center, two virtual Intensive Outpatient Programs (IOPs)—one for substance use and one for mental health—offer timely, flexible, and clinically sound support for adults 18 and older. These programs are available statewide and can be accessed through referral or self-enrollment.

## First Step Recovery Virtual IOP: A Structured Path to Sobriety

Substance use disorders often require more than outpatient counseling but may not need inpatient care. The Village's First Step Recovery IOP offers ASAM Level 2.1 care for individuals whose alcohol or drug use significantly impacts their lives. This structured, supportive program includes:

- Group and individual therapy
- Family therapy
- Educational lectures and videos

Clients are guided through a flexible, personalized program that adapts to their progress and goals. Virtual delivery ensures clients have access regardless of location. The First Step Recovery IOP integrates evidence-based practices and a whole-person approach, empowering clients to achieve recovery without stepping away from daily responsibilities.

## Virtual Mental Health IOP: Compassionate, Intensive Support

For individuals facing significant mental health concerns—such as depression, anxiety, trauma, or emotional dysregulation—The Village's Mental Health IOP offers a higher level of care in a confidential group setting. This program is ideal for clients who need more than weekly therapy but do not require hospitalization.

The program includes:

- Group therapy and psychoeducation
- Individual therapy sessions
- Family engagement
- Case management
- Individualized treatment planning

Sessions are tailored to meet each client's needs, covering topics such as emotional regulation, communication, safety planning, mindfulness, and interpersonal relationships. Clients are supported in addressing root causes of distress, developing practical coping skills, and building meaningful support systems.

*"When I came to The Village IOP, I was broken in every way possible and tried to end my life. Since being here, I have learned to stand up for myself and have people who support me. I feel good now and am ready to restart my journey in life."*

## Meeting Clients Where They Are—Physically and Emotionally

At the heart of The Village's IOPs is a commitment to meeting clients where they are—both in readiness for change and in the environments where they feel most comfortable. Offering services virtually removes barriers related to travel, stigma, time, and geographic isolation. Clients can engage in intensive treatment from the privacy and safety of their own homes, which can be especially empowering for those who may feel anxious about traditional clinical settings or live far from urban centers.

## A Partner in Behavioral Health Access

The Village understands that no two journeys are the same, and healing requires an environment that feels safe, respectful, and accessible. By prioritizing flexibility, personalization, and compassion, The Village creates space for clients to move forward on their own terms.

Both IOPs are open to adults 18+ and available statewide via secure telehealth. Physicians and care teams can refer directly, or patients may self-enroll. As we continue working to improve behavioral health outcomes across North Dakota, The Village's virtual IOPs provide essential tools to address substance use and mental health with compassion, flexibility, and clinical excellence.

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To refer a patient or learn more, visit [TheVillageFamily.org](https://TheVillageFamily.org) or call 701-451-4900.

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# Dr. Bassett, Dr Sidhu, Dr Almasri and UND SMHS Students Showcase Research at National Gastroenterology Conference

**D**r. John Bassett, Dr. Guneet Sidhu, Dr. Hussam Almasri along with medical students from the UND School of Medicine & Health Sciences (SMHS), had the honor of attending a national gastroenterology conference - Digestive Disease Week - where the students presented cutting-edge research in gastroenterology.

Presenting the research were third-year UND SMHS students Emilee Ohman and Benjamin Kearney, plus second-year Department of Internal Medicine resident Dr. Hussam Almasri, third-year Department of Internal Medicine resident Guneet Sidhu, and Dr. John Bassett.

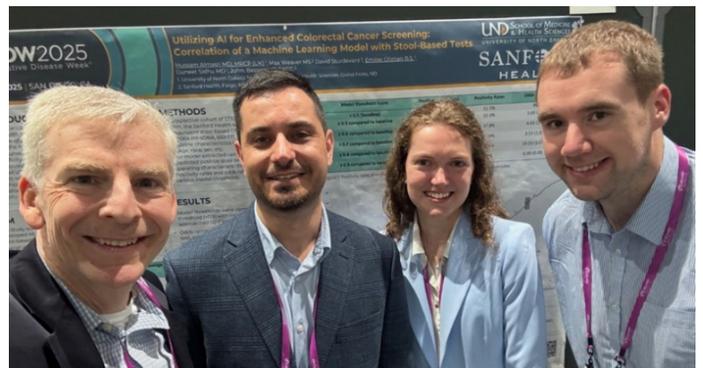
This research would not have been possible without support from Mr Max Weaver, Associate Data Scientist with Sanford Data and Analytics, and Mr. David Sturdevant, Biostatistician, Sanford Research Design and Biostatistics Core.

Digestive Disease Week is recognized as one of the premier meetings for professionals working in gastroenterology, hepatology, GI endoscopy, gastrointestinal surgery, and related fields. This year's conference was held in San Diego.

Dr. John Bassett, President of NDMA's First District, is an associate professor in the UND SMHS Department of Internal Medicine and chair of the Sanford Health Department of Gastroenterology.

"Each of the medical students and especially Dr. Almasri and Dr. Sidhu showed significant initiative with their contributions to these presentations, and all are considering gastroenterology as a career field," said Bassett, who also serves as the North Dakota Governor for the American College of Gastroenterology. Bassett observed, "We are an aging specialty in need of some young, talented physicians!"

The abstracts presented at the conference can be viewed at [ndmed.org](http://ndmed.org) under the news section.



Pictured left to right: Dr. John Bassett, Dr. Hussam Almasri, Emilee Ohman and Max Weaver.

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# Don't Let AI Get Ahead of You: Strengthen Your Clinical Skills in Assessing And Managing Medically Complex Older Adults



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### Future Events: NDMA Annual Meeting Presentation – OCTOBER 3

Dr. Donald Jurivich, UND SMHS Geriatrics Department Chair, will be a featured speaker at the 2025 NDMA Annual Meeting, presenting on Longevity Medicine, a relatively new discipline that addresses healthy lifespans. Research that shows the capacity to slow or reverse the aging process is rapidly emerging, and patients are increasingly asking medical professionals how to extend their life span and gain as many healthy years as possible. This presentation provides state-of-the-art information about longevity medicine, calling upon representative research and its implications for a longer, healthier life.

These educational resources are supported by a HRSA grant to UND Geriatrics, A Geriatric Workforce Enhancement program. Dakota Geriatrics is supported by funding from the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3.75M with 15% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government.

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@Dakota\_GWEP



# The Importance of Referring a Child to Make-A-Wish ND

**Kelli Just**  
Make-A-Wish ND Medical Affairs Coordinator



**N**ew research could mean more medical referrals. You can help! Make-A-Wish now has locally relevant, nationally consistent data that serves a mission-critical purpose of reaching the estimated 66 children diagnosed with a critical illness in North Dakota each year who could be eligible for a wish. Each wish starts with a referral.

I get the privilege of helping people understand how quick and simple our referral process is to start a child on a wishing path. Here is a first-hand account from a first-time referral source Maria Dudas, School RN at Missouri Ridge Elementary in Williston, reflecting on her experience referring Chet to Make-A-Wish.

## Why did you refer a child to Make-A-Wish?

Nurse Maria: “I learned at the beginning of this school year that nurses can refer students who are eligible and deserve a referral. I have always felt what Make-A-Wish does is extremely important, helping kids be kids even if they have a terminal or critical illness that has prevented them from experiencing some of the things they’d always hoped and wished for. I wanted to help my students experience their ‘yes’ when they hear “no” all too often.”

## Was it an easy process?

Nurse Maria: “It was very easy and self-explanatory. It took me approximately 10-15 minutes.”

## Do you have any tips for referring a child for the first time?

Nurse Maria: “Have some information regarding their experiences living with their diagnosis. It also helps to have information on the family, who their specialty providers are, and where they receive treatment. Follow your heart! If you think a child/student could be eligible, request additional information from Make-A-Wish. This wish could be the medicine that starts the child’s healing! Also remember that Make-A-Wish isn’t just for children with terminal illnesses; it is for children with critical illnesses as well.”

**Whether you are a school nurse or another medical provider, you have the power to begin the wish journey for a child with a critical illness.**

**To learn more about what qualifies a child for a wish or to refer, please visit: [md.wish.org](http://md.wish.org) today.**

**Thank you in advance.**

**Turn Medical Charts into Milestone Moments**

Wish kid Chet & Nurse Maria

Wish kid Jozie & Dr. Huber

**REFER A CHILD AT MD.WISH.ORG**

**Make-A-Wish NORTH DAKOTA**

# Meet Dr. Rachel Ness: North Dakota's Leader in Skin Health



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FOR DERMATOLOGY

Submitted by Fargo Center for Dermatology



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# A Tribute to Dr. Julie Blehm: Helping Those Who Help Others



NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

Submitted by North Dakota Professional Health Program

Maggie Seamands, NDPHP Executive Director



Most providers go into healthcare to help people; some find a special niche of people they want to dedicate their talents to helping. Dr. Julie Blehm is one of those people. Dr. Blehm's lived experience drew her to a calling to help physicians. In 2011, she lost her husband, who was a physician, to substance use and mental health illness. She shared that in her grief, it

was so hard to even talk about those components of losing him, but she realized that not sharing his story did not help break down the stigma that surrounded substance use and mental illness. This loss started her quest to help physicians who are struggling.

She joined the North Dakota Professional Health Program (NDPHP) on its board of directors in 2014 when the program began. Ten years later, she attended her last meeting as a board member.

Dr. Blehm's passion to help others because of her loss became her mission. "There wasn't a program we knew of like NDPHP to help him at the time," she said. "If my husband had known about a confidential program like the NDPHP that was available for help, without risking the loss of his license, he may have reached out for help."

The NDPHP is a non-profit program that guides and monitors treatment recovery for physicians and other professionals by educating, monitoring, and advocating for them. The program encourages early intervention and treatment before the

professional's capacity to practice is diminished or they become a risk to patients, the public, or themselves.

Dr. Blehm shared that over the years, she has been most proud of helping people stay in practice and deal with their illness by accessing the confidential NDPHP program, and hopes that anyone struggling will make the call to get information and make an informed decision on how to manage their illness.

When asked what she hopes the NDPHP accomplishes in the next decade, Dr. Blehm replied, "Ten years from now, I hope all physicians and physician assistants know they can come to NDPHP for help."

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**NDPHP sincerely thanks Dr. Blehm for her dedication and for sharing her story, time, and talents to grow, advocate for, and educate about the program.**

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For additional information or to contact the North Dakota Professional Health Program, visit their website at [www.ndphp.org](http://www.ndphp.org); email: [info@ndphp.org](mailto:info@ndphp.org); or call 701.751.5090

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*The ND Professional Health Program, Inc. (NDPH) is a voluntary, confidential, non-disciplinary monitoring program designed to support ND Board of Medicine licensees experiencing substance use or mental health issues. The program is designed to encourage health professionals to seek a recovery program before their condition harms patients or damages their careers.*

## Schmitz Receives 2025 NRHA Rural Health Award



David Schmitz, MD, was selected as the 2025 recipient of the National Rural Health Association (NRHA) Outstanding Educator Award.

The NRHA Rural Health Awards are given each year to individuals and organizations in rural health who have dedicated their time and talents to improving the health and well-being of others.

As chair at the University of North Dakota School of Medicine and Health Sciences Department of Family and Community Medicine, Schmitz has piloted multiple programs geared toward fostering rural health experience and advocacy in students. He also serves on the leadership team for family medicine residencies in North Dakota, helping ensure the state's sustainability of rural health care.

# The Mechanics of Well-being

## Prioritizing preventive care for health care providers

Submitted by Blue Cross Blue Shield of North Dakota



**F**ARGO, N.D. – It’s like a mechanic neglecting their own car – caregivers often overlook their own health. But for health care professionals to deliver optimal care, they must keep their bodies and minds in peak condition.

Sara Hanson is a registered nurse and the director of population health at Blue Cross Blue Shield of North Dakota (BCBSND). In her decades of experience, she has worked in intensive care units, emergency departments, recovery rooms and in clinic settings. Clinical people like Hanson, however, are often the worst patients. “Oh my gosh, we are terrible. We are good at skipping meals and bathroom breaks so we can put our patients first,” she said. “However, that often means we put ourselves last.”

In addition to the challenge of finding time for appointments, many health care workers face a more personal barrier: the discomfort of seeking care from colleagues. “Clinical professionals aren’t always comfortable sharing their health history with coworkers,” said Hanson. “It can be terrifying to do something as seemingly simple as standing on a scale in front of someone you work with.”

Hanson encourages people to engage in a care approach grounded in shared decision-making – where personal comfort and preferences guide the experience. Search for a care provider who is a good partner. Ultimately, what matters most is showing up for preventive care. Your health is worth prioritizing and taking that first step is a powerful act of self-care. It’s the foundation of long-term health and well-being.

*“Self-care helps us provide the best care.”*

### **Keep cruisin’ with regular maintenance for your well-being**

Consistently driving too hard and ignoring clear warning signs is just as detrimental to our well-being as it is our car’s engine. When we listen to our body and mind and prioritize preventive care, such as colonoscopies and cervical screenings, we keep running smoother longer.

For Hanson, her check engine light turns on when she thinks of her family. “When I’m tempted to put off appointments, I think, ‘What would I tell my daughter?’ I would always advise my daughter to take care of herself first. I remind health care colleagues to do the same. Self-care helps us provide the best care.”

Get started on the road to prioritizing well-being by going to [BCBSND.com](https://www.bcbsnd.com) and clicking on Find A Doctor.

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# AI in Healthcare: Balancing the Benefits and Risks

**Eric Zacharias, M.D.**  
Copic Department of Patient Safety  
and Risk Management



The incredible speed at which artificial intelligence (AI) has been adopted in medicine has outpaced the regulatory environment that would typically provide guidance and rules regarding its use. As of the writing of this article, no federal regulation exists to clearly answer common questions.

Given all the uncertainty, the bedrock of a safe strategy for the use of AI is the guidance that providers should always review the output of AI before it reaches the patient or becomes part of the medical record. Failure to review notes or communication drafted by AI presents substantial medico-legal risk.

## Virtual Scribing and Consent

Artificial intelligence has already been widely adopted for use as a virtual scribe during patient encounters with the promise of providing a substantial increase in provider efficiency and satisfaction. Use of this technology involves some form of recording of the patient encounter. As such, patient consent for this recording may be required in some circumstances to comply with state and local laws. Even if not explicitly required, we recommend that verbal consent from the patient be obtained prior to utilization of an AI virtual scribe for the encounter. This consent may provide some protection for the provider from allegations of negligent consent (a lack of informed consent) and helps promote continued trust in the provider-patient relationship.

The rules regarding documentation of this consent are unclear, but some form of contemporaneous documentation in the chart is best practice. We recommend against any automatic blanket statement added to charts indicating that AI technology was used and that errors may be present in the chart as a result. It remains the provider's sole responsibility to ensure that the documentation is accurate, and disclaimer statements may provide a false sense of security that errors are somehow not the provider's responsibility or an impression to the patient or third parties that a provider is detached from what is in the chart notes and has not fully reviewed the chart.

## Other Considerations

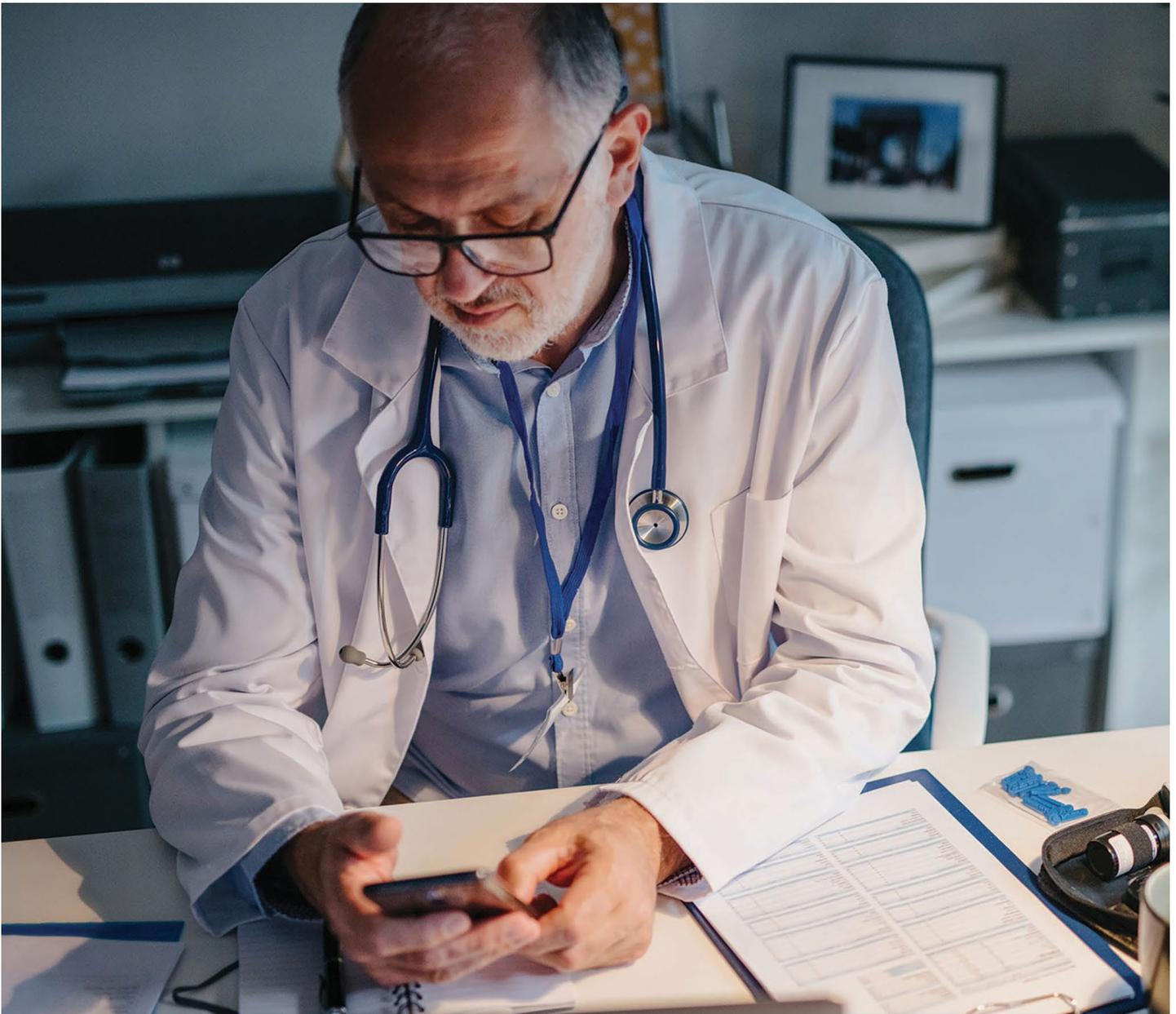
Many of the major electronic health record (EHR) vendors are in the process of rolling out generative AI solutions to aid in direct communication with patients. These fall along a spectrum, from tools that act simply as a glorified spelling and grammar check, to tools that allow a response to be translated to a different reading level, all the way to de novo generation of a response to a patient question. Regulations regarding consent and notification for use of this application of AI are even more opaque than for virtual scribing.

In response to understanding the preceding information, it remains imperative that all responses that have been generated or edited by AI are fully reviewed by a medical professional prior to being sent to a patient. Several studies have already demonstrated that AI solutions may generate advice that, if followed, can directly lead to patient harm. Providers need to keep sight of the fact they need to remain vigilant to catch potential errors in these responses. As a best-practices approach, AI-generated responses may be viewed as a "first/rough draft" and not sent to a patient without review and correction by a qualified provider, as the legal liability continues to rest with the medical entity sending the communication.

The use of generative AI in medicine offers the potential for significant relief from some of the more mundane and frustrating tasks associated with the practice of medicine, but it also brings with it a new set of potential risks, both to patient safety and to provider liability. Using these new tools safely requires all providers to be aware of the importance of reviewing any output generated by AI before it becomes ready for incorporation into the medical record or visible to patients.

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*The information provided herein does not, and is not intended to constitute legal, medical, or other professional advice; instead, this information is for general informational purposes only. The specifics of each state's laws and the specifics of each circumstance may impact its accuracy and applicability, therefore, the information should not be relied upon for medical, legal, or financial decisions and you should consult an appropriate professional for specific advice that pertains to your situation.*



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