North Dakota Physician

FALL 2026

2026 ANNUAL MEETING

AND LEADERSHIP AWARDS

NDMA
Est.1887 NORTH DAKOTA MEDICAL ASSOCIATION

Oct. 15-16 | Alerus Center – Grand Forks, ND

Breakfast with the Dean | Educational Sessions
Policy Forum | Leadership Awards | Exhibits

NDMA
Est.1887 NORTH DAKOTA MEDICAL ASSOCIATION

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.

Submissions
NDMA ND Physician welcomes submission of guest columns, articles, photography, and art. NDMA reserves the right to edit or reject submissions. All contributions will be returned upon request.

Advertising
NDMA accepts one-quarter, one-third, one-half and full-page ads. Contact NDMA for advertising rates. NDMA reserves the right to reject any advertising.

ND Physician is published by the
North Dakota Medical Association
1622 East Interstate Avenue, Bismarck, ND 58503
Phone: 701-223-9475
E-mail: staff@ndmed.com
Editor: Courtney Koebele

Copyright 2026 North Dakota Medical Association.
All rights reserved.

North Dakota Medical Association Council
Officers
Parag Kumar, MD, President
Erica C. Hofland, MD, Vice President
Joan M. Connell, MD, Policy Forum Chair
Erik C. Heitkamp, MD, Secretary-Treasurer
Stephanie K. Dahl, MD, Immediate Past President
David F. Schmitz, MD, AMA Delegate
Misty K. Anderson, DO, AMA Delegate

Councilors
Joseph E. Adducci, MD
Misty K. Anderson, DO
J'Patrick C. Fahn, DO
David R. Field, MD
Amber E. Fort, DO
Nolan M. Kleinjan, MD
Scott E. Knutson, MD
Kevin J. Mork, MD
Josh C. Ranum, MD
Sarah L. Schatz, MD
Siddharth Singhal, MD
Randolph E. Szlabick, MD

Commission Chairs
Parag Kumar, MD, Socio-Economics
Fadel E. Nammour, MD, Legislation and Governmental Relations
Shari L. Orser, MD, Medical Services and Public Relations
Dinesh Bande, MD, Medical Education

Staff
Courtney M. Koebele, Executive Director

IN THIS ISSUE

3 PRESIDENT'S MESSAGE
An Invitation to Professional Growth and Community
Parag Kumar, MD
NDMA President

4 DEAN'S MESSAGE
Transformational Healthcare Training and Workforce Development
Marjorie R. Jenkins, MD, MEdHP, FACP - UND Vice President for Health Affairs, Dean UND School of Medicine & Health Sciences

6 *Preparing for What's Ahead: NDMA Readies for a Busy Legislative Season*

7 FEATURE
2026 NDMA Annual Meeting and Leadership Awards

12 *Service Designed With You In Mind*

14 *Kratom: A Continuing Public Health Question*

15 *Overview of ND Vaccine Survey Findings*

16 CONGRESSIONAL UPDATE
AI Should Give Doctors More Time to Be Doctors
Congresswoman Julie Fedorchak

17 CONGRESSIONAL UPDATE
Strengthening Rural Healthcare Starts with Expanding Our Physician Workforce
Senator Kevin Cramer

19 *Anatomy of a Medical Malpractice Lawsuit*

20 *UND Welcomes MD Class of 2030*

22 *When Patients Bring AI into the Exam Room*

24 *The Village Family Service Center*

27 PHYSICIAN SPOTLIGHT
Joshua Ranum, MD

Parag Kumar, MD
NDMA PRESIDENT

A Message from the President: An Invitation to Professional Growth and Community

As physicians, we spend so much of our time caring for others that it can be easy to put our own professional growth on the back burner. That's one of the many reasons I look forward to our annual meeting each year. It gives us a chance to step away from the demands of our practices, reconnect with colleagues, learn from one another, and remind ourselves why being part of this association matters.

I hope you'll make plans to join us this year. Whether you've attended every meeting or this would be your first, I truly believe you'll leave energized, informed, and proud to be part of a community that is committed to advancing the profession of medicine.

This year's program reflects the challenges and opportunities we face every day. We'll begin with our Association Policy Forum, where members have the opportunity to discuss the issues affecting physicians and patients alike. The decisions we make together help shape the direction of our association and strengthen our voice when advocating for our profession. Your perspective is valuable, and I encourage you to be part of those conversations.

Those connections remind us that none of us practices medicine alone.

We're also excited to offer sessions that speak to every stage of a physician's career. "Intentional Growth at All Career Stages: Create a Fulfilling Legacy" is a reminder that our careers are about much more than clinical practice. Whether you're just beginning your journey, in the middle of a busy career, or preparing to mentor the next generation, each of us has the opportunity to grow, lead, and make a lasting difference.

Medicine continues to evolve rapidly, and staying ahead of those changes has never been more important. Our session on "The Future of Medicine: Precision Medicine, AI, and the Next Era of Healthcare" will explore how innovation is reshaping patient care and what those changes mean for physicians. At the same time, "Food as Medicine – A Pillar of Lifestyle Medicine" reminds us that some of the most powerful tools we have are rooted in prevention, nutrition, and helping patients make healthier choices.

Of course, our popular "Updates in Medicine" sessions will provide practical, evidence-based information that you can take back to your patients and your practice right away.

While the educational program is outstanding, some of the most meaningful moments happen between sessions. They happen over coffee with an old friend, during conversations with a colleague you've just met, or while sharing ideas with physicians who understand the same challenges you face every day. Those connections remind us that none of us practices medicine alone.

I also want to encourage you to become more involved in our association. Volunteer for a committee, attend the policy discussions, mentor a young physician, or simply introduce yourself to someone new at the meeting. Every contribution matters. The strength of our association comes from members who are willing to share their time, their experience, and their passion for medicine. Together, we can advocate more effectively, support one another, and ensure that physicians continue to lead the conversation about the future of healthcare. NDMA has been involved in monitoring the Rural Health Transformation Program, to determine opportunities for its members. NDMA has also been engaged with the Multi-Partner Health Collaborative. The Multi-Partner Health Collaborative (MPHC) advocates for sustainable resources and increasing access to options that foster health and wellness throughout the state with the vision of North Dakota becoming the healthiest state in the nation. The MPHC is taking a community centered approach, gathering ideas from the organizations and agencies within North Dakota's communities to identify commonalities and achieve goals – collectively. I'm excited to see where this partnership can lead and NDMA's role in it.

Our profession is built on lifelong learning, service, and collaboration. Our annual meeting brings all of those values together in one place. I hope you'll join us—not only to earn continuing education credits, but to reconnect with colleagues, discover new ideas, and help shape the future of our association and our profession.

I look forward to seeing you there.

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

A Message from the Dean: Transformational Healthcare Training and Workforce Development

SummerIt's hard to believe that this fall marks a full decade since the UND School of Medicine & Health Sciences (SMHS) moved into its "new" home on the north side of UND's campus. Ten years ago, North Dakota made a significant investment in the future of healthcare education by opening a building designed to bring our SMHS programs together under one roof.

Since joining UND and SMHS in December 2024, I have come to appreciate both the rich history of our School and the extraordinary role North Dakotans have played in its growth. Their support has allowed SMHS to educate generations of health professionals who now serve communities across our state and beyond.

Our footprint extends far beyond Grand Forks. We have regional campuses in Fargo, Bismarck, and Minot, and our learners receive clinical training in communities throughout North Dakota. For decades, the people of this state have supported SMHS and trusted us to deliver on our Purpose: to serve North Dakota for the benefit of its people and to enhance the quality of their lives.

As we celebrate the past decade, we are also focused on what comes next.

The future of healthcare will require us to embrace new technologies while preserving something technology can never replace: human connection. Healthcare delivery is an amazing example of where technology intersects with humanity. Recent surveys indicate that 78% of physicians utilize artificial intelligence (AI) in their work. Even so, I am confident AI will not replace the healthcare provider, in part because patients look to their physician for expertise and reassurance during some of the most vulnerable moments of their lives.

SMHS began preparing for this future with the launch of an AI Working Group in 2023. This

NORTH DAKOTA'S MEDICAL SCHOOL

UND's School of Medicine & Health Sciences remains North Dakota's only interprofessional institution for healthcare training. Focusing on rural and primary care, our School is training tomorrow's physicians today. And we couldn't do it without clinical partners like you.

Thank you.

UND SCHOOL OF MEDICINE & HEALTH SCIENCES
UNIVERSITY OF NORTH DAKOTA

med.UND.edu

aligns with the broader university initiatives on AI, which began in the mid 2010s and accelerated following the launch of ChatGPT in 2022 and led to UND President Andy Armacost's declaration of the campus AI moonshot in 2025. SMHS is well positioned to help lead this effort by ensuring that our graduates understand how to use AI effectively and ethically.

Innovation is also reshaping how we educate our students. Our M.D. program recently launched the Curriculum Transformation and Innovation Initiative to modernize medical education and ensure UND SMHS remains at the forefront of preparing physicians for North Dakota's evolving healthcare needs.

This initiative also allows us to launch the Primary Care Accelerated Track (PCAT) program in 2028. PCAT is a three-year M.D. program which will pathway students into family medicine and internal medicine residencies across the state. PCAT students receive a full scholarship to medical school and commit to practice in a rural community in North Dakota for five years.

Preparing the healthcare workforce of the future means more than educating individual professionals well, of course. It means teaching them to work well together.

In educating the next generation of health professionals, our faculty and staff are also providing opportunities for learners to understand one another's roles and how to function as coordinated healthcare teams.

This collaborative approach to education is one of our great opportunities. It prepares graduates to enter practice understanding that patient care rarely comes from a single profession working in isolation.

To support state-of-the-art team training, we are working toward a 120,000-square-foot addition to our current building that will co-locate UND's College of Nursing & Professional Disciplines—including nursing, social work, and nutrition and dietetics—into a shared health professions education environment. This Health Professions Education addition will include a state-of-the-art simulation center where students from multiple health professions train together in realistic clinical environments.

Importantly, this would not be a resource solely for UND. We envision it as a statewide resource, providing practicing health professionals with opportunities to train, develop new skills, and take those experiences back to the communities they serve.

With 37 critical access hospitals across North Dakota, rural healthcare is not a niche interest here – it's a way of life. This planned expansion will be a gamechanger for our communities and for the health of North Dakotans for decades to come.

When we bring all of these efforts together, the bold vision emerging becomes clear: transformational training and workforce development occurring within world-class facilities.

Ten years ago, North Dakota invested in a building that helped transform health professions education.

Today, we have the opportunity to imagine what the next decade can bring.

COMING SOON
SEPTEMBER 2026

Tareen Dermatology
GRAND FORKS

Expert, compassionate care, close to home.

Experience dermatological care within
2 WEEKS

SCHEDULE ONLINE OR CALL TODAY
(701) 670-8020

TAREENDERMATOLOGY.COM

Courtney M. Koebele, JD
NDMA Executive Director

Preparing for What's Ahead: NDMA Readies for a Busy Legislative Season

With the 2027 legislative session on the horizon and a special session just weeks away, NDMA is already hard at work preparing for an active legislative season in Bismarck. From long-standing health care priorities to emerging public health concerns, the issues before North Dakota lawmakers will have a direct impact on physicians, patients, and the future of health care in our state.

NDMA's Commission on Legislation, chaired by Fadel Nammour, MD, Fargo, has been meeting throughout the summer to identify priorities, monitor emerging issues, and prepare for the work ahead. The Commission has met twice already and is scheduled to meet at least two more times before North Dakota's 70th Legislative Assembly convenes on January 5, 2027.

As always, NDMA expects several familiar issues to be at the forefront of the legislative agenda, including Medicaid and Medicaid Expansion, funding for the state's medical school, and scope-of-practice legislation. At the same time, the Commission is examining new and evolving issues that could affect the practice of medicine and the health of North Dakotans.

A Special Session Brings a New Issue to the Forefront
Before the regular legislative session begins, NDMA is preparing for the special session called by Governor Armstrong for September 2, 2026.

Among the issues expected to receive attention is the growing concern surrounding kratom and, in particular, products containing concentrated levels of 7-hydroxymitragynine (7-OH). In his executive order calling the special session, Governor Armstrong highlighted concerns about the accessibility of these products, noting that some can be purchased off the shelf in convenience stores without age restrictions or other regulatory safeguards.

The governor also pointed to actions taken in other states to ban kratom or restrict its primary psychoactive compounds, including mitragynine and 7-OH. He emphasized the importance of educating North Dakotans, in particular young people, about the potential risks associated with these substances and considering appropriate measures to protect public health.

The issue has also become an increasing concern among NDMA members. Physicians, pharmacists, law enforcement officials, and other stakeholders are taking a closer look at kratom and concentrated 7-OH products, including their potential effects on patients and the broader implications for public health and safety.

Understanding 7-OH and Federal Action
The discussion comes as federal regulators take action of their own. The DEA recently announced its intent to temporarily place 7-hydroxymitragynine and three related substances into Schedule I of the Controlled Substances Act (CSA). Before the DEA issued its notice, the U.S. Department of Health and Human Services determined that synthetic 7-OH and the three related substances have no accepted medical use and a high potential for abuse.

7-OH is a psychoactive substance with opioid-like effects and associated risks. In its botanical form, 7-OH occurs naturally in trace amounts in Mitragyna speciosa, a tropical evergreen tree native to Southeast Asia that has traditionally been used in religious and communal ceremonies.

The federal action does not apply to botanical kratom products containing naturally occurring 7-OH below the specified threshold. Instead, it targets synthesized products and products containing elevated concentrations of 7-OH, as outlined in the temporary scheduling order. The DEA has cited concerns about public safety, including the highly unpredictable effects associated with these substances.

North Dakota is also taking action. The North Dakota Board of Pharmacy has promulgated emergency rules to classify 7-OH as a Schedule I controlled substance. NDMA has been engaging with members and other stakeholders, including representatives from the Attorney General's Office and the Board of Pharmacy, to better understand kratom and 7-OH and how these substances may affect patients and communities across North Dakota.

Two bills will be reviewed during the special session. One bill regulates the sale of natural leaf kratom, and the other bill outlaws the mitragynine synthetic derivatives as a controlled substance and treats the penalties similar to those for marijuana.

Looking Ahead to 2027
Regardless of what happens during the September special session, kratom and 7-OH are likely to remain part of the conversation when the 2027 legislative session begins.

Of course, these issues represent only a portion of what will likely be a busy legislative agenda. Every legislative session has its own personality, and experience has shown that important issues can emerge quickly—sometimes just days before lawmakers convene.

That is why NDMA is preparing now
Through the Commission on Legislation and ongoing engagement with physicians, policymakers, state agencies, and other stakeholders, NDMA is working to ensure that the physician perspective is represented when decisions are made that affect health care in North Dakota.

As the special session approaches and the 2027 legislative session comes into view, NDMA remains focused on one central goal: advocating for policies that support physicians, strengthen patient care, and promote the health of all North Dakotans.

The legislative landscape may change quickly, but NDMA will be there: prepared, engaged, and ready to advocate for North Dakota physicians.

NDMA

2026 ANNUAL MEETING AND LEADERSHIP AWARDS

OCTOBER 15-16 | ALERUS CENTER | 1000 S 42ND ST. | GRAND FORKS, ND

As president of the North Dakota Medical Association, the state's oldest and largest physician organization, it is my pleasure to invite you to the NDMA 2026 Annual Meeting.

The meeting is held in conjunction with the ND Chapter of the American College of Physicians and the ND Chapter of the Society of Hospital Medicine. The combined effort is an opportunity to network with a larger audience and increase the program's dynamics.

This is an exciting time to share policy ideas and celebrate achievements. Please join us. You'll be glad you did.

NDMA President Dr. Parag Kumar

PROGRAM AT A GLANCE

THURSDAY, OCTOBER 15

2:30-5:00 pm | **Council Meeting** *(Council Members Only)*

5:30–7:30 pm | **Annual Meeting Social**
North Dakota Museum of Art

FRIDAY, OCTOBER 16

7:00 am | **Registration Opens**

7:30 – 8:30 am | **Breakfast with the Dean: Dr. Marjorie Jenkins**

8:45 – 10:30 am | **Policy Forum**

10:30 – 11:00 am | **Break – Network with Vendors**

11:00 – 12:00 pm | **Intentional Growth at All Career Stages: Create a Fulfilling Legacy**

12:00 – 1:30 pm | **Leadership Awards Ceremony Luncheon and Networking**

1:30 pm | **Afternoon Session: Welcome**

1:45 – 2:30 pm | **The Future of Medicine: Precision Medicine, AI, and the Next Era of Healthcare**

2:30 – 3:30 pm | **Food as Medicine - A Pillar of Lifestyle Medicine**

3:30 – 4:15 pm | **Updates in Medicine**

4:15 pm | **Adjourn**

THURSDAY, OCTOBER 15

2:30 pm | NDMA Council Meeting

Alerus Center, Meeting Room 3, 1000 S 42nd Street
(council members only)

5:30-7:30 pm | Social

Hosted by Third District Medical Society
North Dakota Museum of Art | 216 Centennial Drive
Grand Forks, ND

FRIDAY, OCTOBER 16

Event Room Locations

Policy Forum and Educational Sessions: ***Ballroom 1***
Breakfast, Break and Leadership Awards Luncheon: ***Ballroom 2 & 3***

7:30-8:30 am | Breakfast with the Dean

Serving North Dakota Today and Tomorrow
Ballroom 2 & 3

Sponsored by: UND School of Medicine & Health Sciences, University of North Dakota

Marjorie R. Jenkins, MD, MEdHP, FACP
Vice President for Health Affairs, University of North Dakota Dean, UND School of Medicine & Health Sciences

- Opportunity to mingle with Dr. Jenkins and network with vendors
- Dr. Jenkins' presentation begins at 8:00 am

Join Dr. Marjorie Jenkins for breakfast as she shares insights on the latest developments at the UND School of Medicine & Health Sciences and how the School is addressing North Dakota's healthcare workforce demands.

JOIN US FOR A

SOCIAL

HOSTED BY:

NDMA Third District Medical Society

Thursday, October 15
5:30 – 7:30 pm

Join us for a social at the North Dakota Museum of Art.

The North Dakota Museum of Art, by legislative act, serves as the official art museum of North Dakota. The Museum's purpose is to foster and nurture the aesthetic life and artistic expression of the people living on the Northern Plains. The museum serves as an inspiration by featuring a collection of contemporary, international, and Native American art in all media from the early 1970s onwards.

This venue will not disappoint. Join us at the museum for fellowship and complimentary appetizers in an environment of culture that can't be beat. A cash bar will be available.

We can't wait to see you there!

North Dakota Museum of Art

Located at: 216 Centennial Dr.
Grand Forks, ND

To learn more about the North Dakota Museum of Art, visit ndmoa.com

POLICY FORUM

Let Your Voice Be Heard!

The Policy Forum platform allows you, as a physician, to discuss and consider policy relevant to your practice and the care of patients.

NDMA leadership encourages all NDMA members to participate.

Submit your policy issues by September 21 by completing a policy issue form located online at: ndmed.org/advocacy/policy-forum

FRIDAY, OCTOBER 16 | continued

8:45 – 10:30 am | Policy Forum

Ballroom 1

NDMA leadership encourages all NDMA members to participate in the Policy Forum. This is the precursor to the upcoming 2027 legislative session, so it's important to hear your voices. The open forum platform allows members to discuss and consider policies relevant to physician practices and patient care.

10:30 – 11:00 am | Break – Network with Vendors

Ballroom 2 & 3

Show your support! Take this opportunity to grab a refreshment and visit the booths.

Reasons to support your vendors:

- **Build relationships** – here is your chance to expand your network when it comes to business and professional services.
- **Learn what's new** – perhaps there is a service you are not aware of. Here is where you can learn more about a service that can have long-term benefits.
- **Swag** – many vendors are equipped with merchandise to make your time at the booth worthwhile, from pamphlets to useful items for your home or office.

11:00 – 12:00 pm | Intentional Growth at All Career Stages: Create a Fulfilling Legacy

Ballroom 1

Marion Mull McCrary, MD
Internal Medicine, Duke Health Durham, NC
Governor, American College of Physicians North Carolina Chapter; National Board-Certified Integrative Health and Wellness Coach

When embarking on a career in medicine, we often dream about what that career will look like at different stages. We are excited and hopeful. However, if the path is not perfectly linear, we often feel as though we have failed. Other times, we are lost and misaligned with what initially led us to become physicians. Lastly, we can fail to attend to the journey and miss out on the joys of our daily lives. During this session, attendees will reflect, determine what is right for them, and implement balance and focus.

12:00 – 1:30 pm | Leadership Awards Ceremony & Luncheon

Ballroom 2 & 3

1:30 pm | Afternoon Session: Welcome

1:45 – 2:30 pm | The Future of Medicine: Precision Medicine, AI, and the Next Era of Healthcare

Ballroom 1

Ikram Khan, MBA, MPH
Board Advisor, Health AI Institute, Minneapolis, MN; co-founder, The Phaedon Institute

AI, precision medicine, and data-driven healthcare are rapidly transforming clinical practice, diagnostics, therapeutics, and care delivery. This session will help provide an understanding of how these technologies will impact patient care, workforce models, clinical decision-making, and the future of personalized medicine.

2:30 – 3:30 pm | Food as Medicine - A Pillar of Lifestyle Medicine

Ballroom 1

Darin W. Lang, MD
Chair, Internal Medicine, Sanford Fargo; Ambulatory Medicine; Board certified in Internal Medicine and Geriatric and Lifestyle Medicine; Assistant Program Director, Geriatric Fellowship Program; Associate Clinical Professor, Internal and Family Medicine residents, UND School of Medicine & Health Sciences

Nutrition is one of the most powerful and underutilized tools for preventing, treating, and even reversing many chronic diseases that drive modern healthcare costs and patient morbidity and mortality, including obesity, metabolic dysfunction, inflammatory conditions, and cardiovascular diseases. As physicians, we have had limited exposure and training in this field. While the first treatment plan for most of these chronic conditions involves lifestyle changes, most physicians spend little time discussing this option, even though it is part of evidence-based guidelines as a primary or complementary treatment.

3:30 – 4:15 pm | Updates in Medicine

Ballroom 1

Christopher G. Pribula, MD
Hospitalist, Sanford Health Fargo
ND Chapter of the Society of Hospital Medicine President

This session summarizes updates from the national meetings of the American College of Physicians (ACP) and the Society of Hospital Medicine (SHM).

4:15 pm | Adjourn

NDMA SLATE OF OFFICERS

Each year, NDMA officer positions are chosen by a vote of the NDMA membership. Members vote through an online ballot. Links to the ballot are sent to each member's email and posted in the weekly e-Physician news. Members will be asked to choose from the following slate of officers:

President
Parag Kumar, MD
Bismarck, ND

Vice President
Erica C. Hofland, MD
Dickinson, ND

Policy Forum Chair
Joan M. Connell, MD
Bismarck, ND

Secretary-Treasurer
Erik C. Heitkamp, MD
Fargo, ND

LEADERSHIP AWARDS

Ceremony & Luncheon

Friday, October 16
12:00 – 1:30 pm

The historic Leadership Awards Ceremony and Luncheon will present awards for outstanding achievement.

Physician Community and Professional Services

This award is recognized as North Dakota's most prestigious physician award and since inception in 1977, has been awarded to fifty distinguished physicians across the state. The award honors an NDMA physician member recognized for outstanding leadership and service to the profession of medicine.

40 Year Medical School Graduates

We continue to honor our tradition of recognizing physicians who have achieved at least 40 years of service to the medical community upon graduation from medical school.

Friend of Medicine Award

This award is dedicated to a nonphysician individual dedicated to making a difference by serving as an effective advocate for health care, patient services, or the profession of medicine.

COPIC Humanitarian Award

For the eighth consecutive year, this award is presented to honor a North Dakota Medical Association physician for their volunteer medical services and contributions to the community beyond the scope of their day-to-day lives.

The award provides a $10,000 grant from Copic to a North Dakota health-related nonprofit organization of the recipient's choosing.

To receive the award, the recipient must be an NDMA member.

LODGING

A block of rooms has been reserved at the Canad Inns Destination Centre in Grand Forks for Thursday, October 15 by calling Central Reservations at 1-888-33-CANAD or 1-701-772-8404 or by simply scanning the code.

Reservations must be booked by September 15. If the block fills up, no additional rooms can be added. Book early.

Room rates: $115, plus tax.

To reserve, call 701-223-6667 or scan the code.

Canad Inns
Your Destination Centres®

Canad Inns Destination Centre
1000 S 42nd St, Grand Forks, ND

CONTINUING MEDICAL EDUCATION

The American College of Physicians (ACP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The ACP designates this live activity for a maximum *3.5 AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 3.5 medical knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

NDMA 2026 ANNUAL MEETING AND LEADERSHIP AWARDS

OCTOBER 15-16 | Alerus Center
1000 S 42nd St, Grand Forks, ND

REGISTER TODAY!
Complete the form or register online at ndmed.org

First Name _____ MI _____ Last Name _____
Organization _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone _____ E-mail _____
Guest(s) First/Last Name _____

Registration Fee: $50—includes the Friday conference day breakfast, lunch and educational credit costs. Please indicate below which events you will be attending. ***If you choose to participate in only the Policy Forum session, there is no registration fee.***

_____ Number attending Thursday, October 15, evening NDMA social
_____ Number attending Friday, October 16, breakfast
_____ Number attending Friday, October 16, educational program
_____ Number attending Friday, October 16, awards ceremony luncheon
(contact NDMA for special dietary needs: 701-223-9475)
_____ I will ONLY attend the Policy Forum

I wish to contribute to the NDMA PAC (Suggested donation $200) $ _____
_____ Number attending annual meeting @ $50 per person $ _____
Total Amount Enclosed $ _____

CONFERENCE CANCELLATION POLICY: No refunds after October 1, 2026.

Please mail this form along with payment no later than October 1, 2026 to NDMA: 1622 E. Interstate Ave., Bismarck, ND 58503-0512

Name on credit card *(please print)* _____
Card Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
CSC _____ *(3 digit code /Am. Express 4 digits on front of card)*
Expiration Date __ __ / __ __ Telephone _____
Signature _____
Zip Code _____

2026

Thank You To All Our Sponsors!

On behalf of NDMA and its leadership, we express our sincere gratitude to our generous sponsors. Please take a moment to visit the booths, learn more about their products and services, and express your appreciation for their generous support.

FIRST INTERNATIONAL BANK & TRUST
Member FDIC
live first®

Quality Health Associates of North Dakota
Celebrating 50 Years in Quality Improvement

FOUNDATION for a Healthy North Dakota

SANFORD HEALTH

CHI St. Alexius Health

Altru

ND

NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

Bristol Myers Squibb®

VOGEL Law Firm

Takeda

RECORDATI RARE DISEASES

abbvie

copic

UND SCHOOL OF MEDICINE & HEALTH SCIENCES
UNIVERSITY OF NORTH DAKOTA

Service Designed With You In Mind: Private Banking at First International Bank & Trust

Submitted by First International Bank & Trust

FIRST INTERNATIONAL BANK & TRUST
live first®
PRIVATE BANKING
Member FDIC

Discover how Private Banking at First International Bank & Trust can help you grow, protect, and enjoy the life you've worked so hard to build.

Connect with Renee or Lindsey today!

Renee Daffinrud
Private Banking Manager
701-751-8511
rdaffinrud@FIBT.com
NMLS#: 814596

Lindsey Rath-Wald
Private Banker
701-851-0110
lrath-wald@FIBT.com
NMLS#: 1993737

FIRST INTERNATIONAL BANK & TRUST
live first®
PRIVATE BANKING

EQUAL HOUSING LENDER Member FDIC **FIBT.com**

For many medical professionals, managing a complex financial life comes with unique challenges and goals. At First International Bank & Trust (FIBT), we understand those realities. That's why our Private Banking services are built around one simple promise: to help you Live First.

For more than 115 years, FIBT has been a trusted partner to professionals across North Dakota and beyond, offering personalized solutions backed by generations of experience. Our story began in 1910, and while the world has changed dramatically since then, our commitment to integrity, innovation, and service remains the same.

Concierge-Level Service for Busy Professionals.
Your time is valuable, and your peace of mind matters. Our Private Banking team of Renee Daffinrud and Lindsey Rath-Wald provides individualized service to help you manage complex financial needs with confidence. From tailored checking and savings accounts to strategic lending solutions, we work to simplify your financial life so you can focus on what matters most: caring for your patients and enjoying the life you've worked hard to build.

A Relationship Built on Trust.
At FIBT, we believe banking should feel personal. That means knowing your name, your story, and your aspirations. It means being available when you need advice and acknowledging important milestones along the way. Our Private Banking team is dedicated to delivering a high level of service, supported by the strength and stability of a bank that has stood the test of time.

Here's what a few of our clients have said about the service they've received with FIBT:

"Banking with Renee is one of the best decisions our family has made. We have had personalized service to fit our exact needs in addition to prompt attention to any issues that arise. We are treated like family with outstanding white glove service."

— Physician in Bismarck

"We have worked with Lindsey for over three years now. She always provides excellent customer service. We could not be happier and would highly recommend her and her services."

— Dentist in Bismarck

Connect with our Private Banking specialists today and discover how FIBT can make your financial goals a reality.

FIRST INTERNATIONAL BANK & TRUST

live first®

PRIVATE BANKING

PHYSICIAN LOAN PROGRAM

A MORTGAGE SOLUTION DESIGNED FOR MEDICAL PROFESSIONALS

Flexible options:

- Long-term fixed and adjustable rates
- Affordable entry: As little as 0% down with no mortgage insurance
- Fast closing: Within 90 days of your signed employment contract

Who's Eligible?

Medical doctors actively practicing, fellows and residents currently employed in residency/ fellowship, and salaried medical students or doctors starting new employment or residency within 90 days of closing.

Ready to get started?

Contact Renee or Lindsey today to explore your options!

Renee Daffinrud
Private Banking Manager
Bismarck, ND
(701) 751-8511 | rdaffinrud@FIBT.com
NMLS#: 814596

Lindsey Rath-Wald
Private Banker
Bismarck, ND
(701) 851-0110 | lrath-wald@FIBT.com
NMLS#: 1993737

FIBT.com

Member FDIC EQUAL HOUSING LENDER

Kratom: A Continuing Public Health Question

Ross Baumgardner
J.D. and M.P.H. candidate at the University of North Dakota

Kratom is a traditional consumable product from Southeast Asia that has recently become a policy issue. Kratom began emerging in American markets after 2000 and is now sold as powder, capsules, liquid extract, and other forms. Uses frequently cited include pain relief and mitigation of opioid withdrawal symptoms, raising an unresolved regulatory question: whether kratom should be treated as a dietary supplement or as a drug.

The Food and Drug Administration (FDA) distinguishes between these categories in part based on claims made about a product. When a label or advertisement suggests a product is intended for use in diagnosing, treating, curing, mitigating, or preventing disease, such "drug claims" generally make the product a drug under federal law and, unless an exception applies, the product would need FDA approval prior to being marketed, a costly process. This level of scrutiny reflects the understanding that substances with pharmacological effects may pose risks requiring careful evaluation and, in some cases, physician oversight.

By contrast, certain "health claims" or "structure/function claims" may allow products to be marketed without the full drug approval process, but claims linking nutrients to disease still require FDA review and scientific agreement. The distinction between these categories, however, is not always clear in practice. Many products avoid explicit disease claims while still being marketed for uses closely associated with treatment, such as pain management or opioid withdrawal. The FDA has issued warning letters to vendors making such claims, indicating that these products may be unapproved drugs. As well, some courts have upheld FDA restrictions of dietary supplements based on whether the risks they pose are unreasonable in light of potential benefits (Nutraceutical Corp. v. Von Eschenbach, 10th Circuit, 2006).

In 2016, the Drug Enforcement Administration (DEA) published an intent to restrict kratom using its emergency powers. Typically, drugs are scheduled according to an "8-factor analysis" but emergency powers allow temporary scheduling after considering three of the eight factors – 1) history and current pattern of abuse, 2) scope, duration and significance of abuse, and 3) risks to public health. In response to public commentary, and heavy lobbying by the American Kratom Association (AKA), the intent notice was subsequently withdrawn. Though Congress has not since enacted a kratom-specific federal scheme, government agencies continue to consider kratom a "Drug and Chemical of Concern" and espouse the position that the "FDA has not approved kratom for any medical use" (Drugs of Abuse: A DEA Resource Guide, 2024 ed.).

Many states with regulation in place have trended toward treating kratom as a dietary supplement, adopting versions of the Kratom Consumer Protection Act (KCPA), which establishes labeling requirements and certain product standards while preserving general market availability. Some versions of the KCPA also provide a defense for retailers who, in good faith, rely on representations by manufacturers who provide them with nonconforming kratom products. In other words, the KCPA reflects a legislative judgment that kratom should be regulated as a consumer product.

Research may not unequivocally support this categorization: kratom contains several alkaloids, including mitragynine, 7-hydroxymitragynine, and pseudoindoxyl mitragynine. These compounds act as agonists at the μ-opioid similar to classical opioids. While mitragynine comprises the majority ($\sim$ 66%) of alkaloid content and appears to have more tempered effects, the other alkaloids are estimated to be significantly more potent, though they occur naturally in smaller quantities ($<$ 2%). Research has not yet fully determined whether these compounds arise during processing or as metabolites after consumption. Regulatory policy, however, turns on more than just mechanisms of action.

Real-world patterns of use further complicate classification. Kratom is frequently used for purposes associated with medical treatment, particularly pain management and opioid withdrawal. Survey data shows an association between kratom use and nonmedical opioid use. Additionally, toxicological reports have identified cases in which kratom has been a contributing factor in death, including instances where it was identified as the primary agent. These reports have been increasing nationally and in North Dakota. During the 2025 Legislative session, North Dakota's lawmakers considered two kratom bills – one (House Bill 1101) failed but would have made kratom a Schedule I substance, effectively banning it. The other (House Bill 1156) passed and marked kratom for study on its potential for uses and regulation. In early August 2026, kratom became banned in North Dakota through executive order with a special legislative session to reconsider regulating kratom.

In lockstep with kratom, products derived from another kratom alkaloid, 7-hydroxymitragynine, have also been subject to regulatory scrutiny. Such products for sale to consumers, often with names like 7-OH, 7-seas, or 7ΩMZ, often contain 50 mg, 100mg, and even 400mg of 7-hydroxymitragynine, doses which exceed naturally occurring concentrations. Responding to these products in early July, 2026, the DEA published two new notices of intent to restrict four alkaloids of kratom; 7-hydroxymitragynine, pseudoindoxyl mitragynine, MGM–15, and MGM–16 (91 FR 40909, 91 FR 40917). States may follow suit and target these alkaloids separately from kratom products generally.

Physicians, addiction specialists, toxicologists, pharmacists, and other North Dakota experts are uniquely positioned to help policymakers evaluate whether kratom should be regulated as a consumer product or instead through a traditional pharmaceutical framework.

Overview of ND Vaccine Survey Findings

FOUNDATION for a Healthy North Dakota

Sandra Tibke
Executive Director, Foundation for a Healthy North Dakota

A statewide survey of North Dakota adults found broad support for vaccines and for maintaining access to routine immunizations, with majorities also backing school vaccine requirements. The survey, conducted by Public Opinion Strategies from May 29 through June 1, 2026, included 400 adults and carried a margin of error of plus or minus 4.90 percentage points.

The findings show that 85% of respondents said vaccines are important to society, including 56% who described them as very important. Another 80% said vaccines are safe, and 83% said they are effective. On each of those measures, support extended across political groups, though Republicans expressed lower levels of confidence than Democrats and independents. Among base Republicans, 71% said vaccines are important, 64% said they are safe and 67% said they are effective.

The survey also tested a series of statements about vaccines and public health. The highest level of agreement, 91%, came in response to the statement that vaccines have been successful at preventing once-common illnesses such as polio, measles, mumps and rubella. Another 87% agreed that North Dakota lawmakers should ensure safe and effective vaccines are widely available. Eighty-five percent said it is important to stop the spread of preventable illness through vaccination.

Respondents also expressed support for community protection and public health messaging tied to vaccination. In the survey, 85% agreed that receiving safe and effective vaccines helps protect both themselves and others in their community, while 84% agreed that vaccines protect the public from disease. Trust in medical professionals remained positive but was somewhat lower than other measures, with 80% saying they trust the recommendations of doctors and nurses about vaccines.

North Dakota voters remain broadly supportive of vaccines, including school vaccination requirements... in terms of disease prevention and public safety.

Support for school vaccine requirements was also strong. Overall, 81% agreed that North Dakota schools should continue requiring vaccines that prevent fast-moving and deadly diseases. That position drew broad support across major demographic and political groups, including 73% of base Republicans, 73% of soft or lean Republicans and 75% of independents. Support was highest among adults age 65 and older, at 90%.

At the same time, respondents distinguished between support for requirements and support for exemptions. Medical exemptions received overwhelming support, with 85% agreeing they should be allowed. Religious exemptions received lower but still majority support, with 61% in favor. Views on religious exemptions varied more sharply by political and religious identity. Support reached 74% among base Republicans and 41% among base Democrats, and it was especially high among respondents who identified as religious conservatives or who reported attending church weekly.

Taken together, the findings indicate that North Dakota voters remain broadly supportive of vaccines, including school vaccination requirements, particularly when the issue is framed in terms of disease prevention and public safety. The results also suggest that policy debates may continue to center on the balance between maintaining vaccine access and requirements on one hand and permitting limited exemptions on the other. While subgroup differences are notable, the overall survey shows substantial agreement on the public health value of vaccines.

AI Should Give Doctors More Time to Be Doctors

Julie Fedorchak
North Dakota Congresswoman

Artificial intelligence will change health care. The question is whether it will give doctors more time with patients—or place another screen, algorithm, and layer of bureaucracy between them.

In North Dakota, we know technology cannot replace people. Our rural hospitals and clinics need physicians, nurses, technicians, pharmacists, behavioral health professionals, and other trusted caregivers who understand their patients and communities. As we invest in new technology, we must continue investing in the people who deliver care.

If used wisely, AI can make health care providers' jobs easier. It can summarize medical records, reduce repetitive paperwork, flag potential drug interactions, and help providers identify patterns they may want to investigate further. One of its most promising applications is prior authorization—an administrative process that consumes far too much time and too often delays necessary care. AI should help process routine requests faster, identify missing information, and move straightforward approvals through the system without days of phone calls and faxes.

That would allow physicians to spend less time arguing with insurance companies and more time treating patients.

But AI should not become "WebMD on steroids"—a system that gives patients confident-sounding diagnoses without understanding their full medical history, conducting a physical examination, or recognizing the human factors that influence care. A chatbot cannot replace a physician's training, judgment, compassion, or responsibility to the patient. It should support clinical decisions, not make them without meaningful human oversight.

This week, the Food and Drug Administration (FDA) released a discussion paper seeking feedback on how generative AI-enabled medical devices should be regulated. The FDA is considering how these technologies should be tested before entering the market, monitored after deployment, and evaluated based on their level of risk. That is the right conversation to have, and physicians must have a leading voice in it.

America should lead the world in medical innovation, but moving quickly cannot mean lowering standards for patient safety, privacy, transparency, or accountability. Patients and providers should understand when AI is being used, what information shaped its recommendation, and who is responsible when it gets something wrong.

The best future for health care is not technology instead of people. It is technology that equips our health care professionals, reduces their administrative burdens, and gives them more time to do what only they can do: listen, evaluate, explain, and care.

The best future for health care is technology that equips our health care professionals, reduces their administrative burdens, and gives them more time to do what only they can do.

Strengthening Rural Healthcare Starts with Expanding Our Physician Workforce

Kevin Cramer
North Dakota Senator

Finding a doctor shouldn't depend on the ZIP code where you live. Yet for far too many families across rural America, including those in North Dakota, it does. Recruiting and retaining enough physicians to serve residents has long been a challenge. While roughly one in five Americans lives in a rural area, only about one in 10 physicians practice there. Expanding medical education and training are important parts of the workforce solution, but we should also look critically at the barriers preventing qualified physicians from serving communities where they are needed today.

One obvious opportunity is updating the Conrad 30 program to allow more international medical graduates, who make up about a quarter of physicians in North Dakota, to remain in the U.S. after finishing their training. Once trained in American hospitals and clinics, international medical graduates are generally required to return to their home country for two years before they can apply to practice medicine here. This outdated requirement sends highly trained physicians overseas just as they are ready to begin treating patients, worsening workforce shortages and delaying access to care.

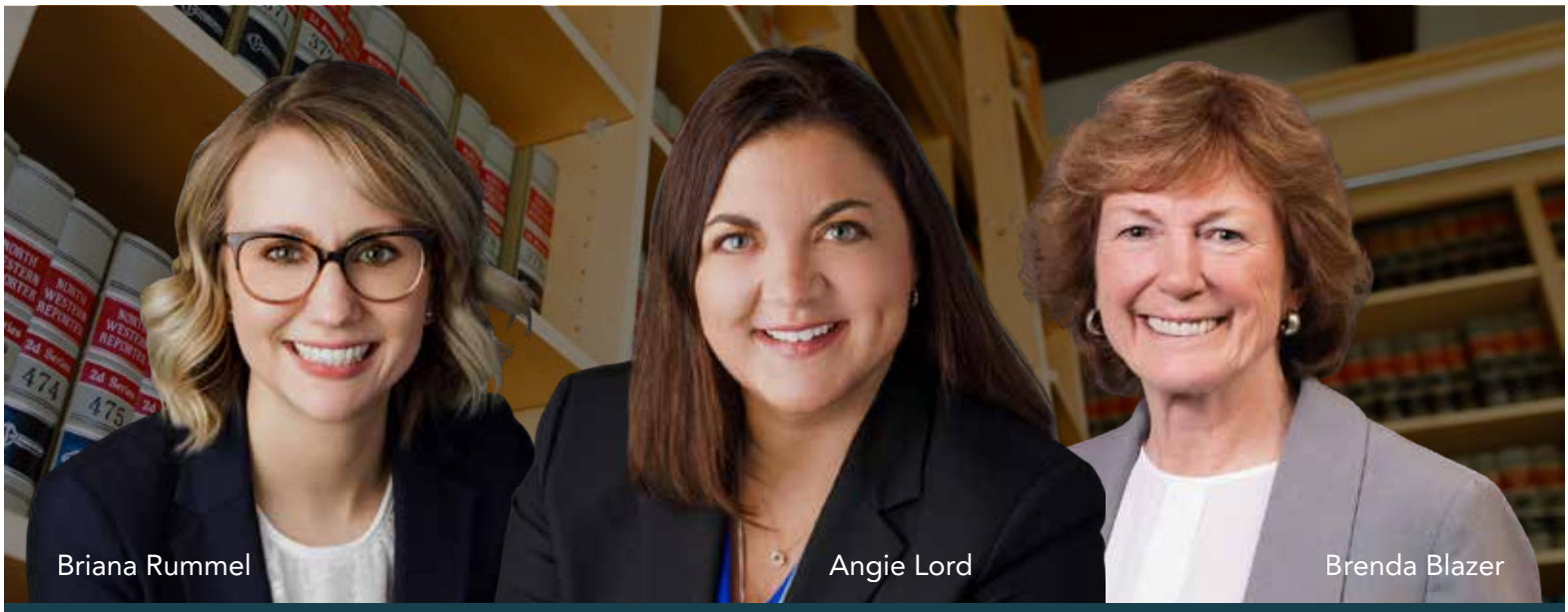
Congress created the Conrad 30 J-1 Visa Waiver Program in 1994 to address this challenge. It allows states to waive the two-year home residency requirement for physicians, who can then seek employment if they commit to at least three years of full-time service in Health Professional Shortage Areas (HPSA). Nearly 90% of counties in North Dakota are fully or partially designated as primary care HPSAs. The program has helped numerous communities across North Dakota recruit qualified family physicians, surgeons, and other specialists to improve timely access to care. Even so, there is room for improvement.

Each state receives up to 30 waivers annually, including up to 10 "flex" slots for use outside of designated shortage areas if physicians treat underserved populations. However, some states keep positions unfilled because of administrative limitations or program constraints, leaving many physicians with no efficient way to connect with states with available waivers, and communities still searching for providers.

To address these shortcomings, I introduced the Physician Workforce Optimization Act with U.S. Senator Amy Klobuchar (D-MN). Our legislation expands flexibility for states by increasing flex waivers from 10 to 15 per state while keeping the overall annual cap at 30. It would also create a national secondary matching portal designed to better connect physicians and states with unused waiver slots, making it easier to streamline the placement of physicians in medically underserved areas across the country.

No family should struggle to find a doctor simply because it lives in a rural community. By modernizing the Conrad 30 program, we can strengthen our rural healthcare workforce, connect more qualified doctors with the rural patients who need them most, and improve timely access to care for North Dakotans.

My door is always open, and I welcome hearing from you about ways we can keep strengthening access to quality healthcare for every North Dakotan.



OUR PRACTICE PROTECTING YOURS

When you, as a healthcare professional, need trusted legal counsel or a strong defense, Vogel attorneys are here to help. Our skilled and experienced team has a proven track record of representing physicians, multi-specialty health systems, hospitals, clinics, and other healthcare professionals in a wide range of legal matters.

Our team is here to guide you through:

// Medical Malpractice Defense

// Professional Board Matters

// Risk Management

// Compliance

// Administrative Matters

// Licensing

vogellaw.com // 800-677-5024

VOGEL Law Firm

Anatomy of a Medical Malpractice Lawsuit

VOGEL Law Firm

Angie E. Lord
Attorney for Vogel Law Firm

You did what your training and experience would lead you to do in exercising medical judgment for the patient. Your differential diagnosis was spot on. Your documentation passes muster. There can be no way your care could be subject to a medical malpractice lawsuit, right? Unfortunately, that is not the case. It is a myth that good care insulates a provider from a medical malpractice lawsuit. Quite often, physicians do not learn about medical malpractice lawsuits in medical school or during residency. When a medical malpractice lawsuit happens in practice, a feeling of isolation and belief that this experience only happens to "bad doctors" proliferates. This is also a myth. Good care and solid documentation reduce risk, but they do not immunize you from suit. The odds are that most practicing physicians will be involved in at least one claim or lawsuit of some kind in their practice, and sometimes more. Knowing North Dakota's proof requirements, timelines, and potential litigation paths can help you effectively work with your counsel if a lawsuit arises.

A medical malpractice lawsuit involves a claim of medical negligence, otherwise known as malpractice. Examples of medical malpractice claims include a claim that a medical procedure was not properly performed; a claim that there was a misdiagnosis or untimely diagnosis; or a claim that the physician failed to obtain informed consent for the procedure. Generally, to prevail on a malpractice claim, the patient must show the medical standard of care, that the provider deviated from the standard of care, and that the deviation caused injury. The physician's standard of care under law is described as the following:

> In performing professional services, a physician has a duty to exercise such reasonable care, diligence, and skill as are ordinarily possessed, exercised by, and expected of physicians in the same general line of practice.

NDJI-Civil 14.10; *see also Winkjer v. Herr,* 277 N.W.2d 579 (ND 1979).

Importantly, North Dakota law recognizes that a bad result, by itself, does not mean there was medical negligence or malpractice. NDJI-Civil 14.30. This is a common misconception. Indeed, the patient needs to establish the medical malpractice claim through expert testimony. NDJI-Civil 14.00; N.D. Cent. Code § 28-01-46. In other words, a medical expert needs to testify regarding the physician's standard of care, that there was a deviation in the standard of care, causation, and injury. Practically, this means contemporaneous documentation of your care, clinical reasoning, and informed consent are pivotal.

In North Dakota, a lawsuit begins when the patient serves a Summons and Complaint, asserting the claims of malpractice. A patient does not have an unlimited period of time to bring a lawsuit. Each state has a "statute of limitations" that limits the time in which a patient can bring a lawsuit. Under North Dakota law, generally, a patient has two years to bring a lawsuit from when the patient knows, or with reasonable diligence should know, of the injury, its cause, and the physician's possible negligence. N.D. Cent. Code § 28-01-18(3); Schanilec v. Grand Forks Clinic, Ltd., 599 N.W.2d 253 (ND 1999). Exceptions exist to extend the limitations period, including for minors. N.D. Cent. Code § 28-01-25. North Dakota law also provides for an outer, or maximum, limit of six years from the time when care was provided with limited exception:

> *The following actions must be commenced within two years after the claim for relief has accrued... An action for the recovery of damages resulting from malpractice; provided, however, that the limitation of an action will not be extended beyond six years of the act or omission of alleged malpractice by a nondiscovery thereof unless discovery was prevented by the fraudulent conduct of the physician or licensed hospital...*

N.D. Cent. Code § 28-01-18(3) (emphasis added). This six-year outer limit is referred to as a "statute of repose" and has been upheld by the North Dakota Supreme Court to constitutional challenge. *Hoffner v. Johnson*, 2003 ND 79, 66 N.W.2d 909 (ND 2003).

After the Summons and Complaint have been served, you have 21 days to respond to the Complaint. In other words, after service, the 21-day response clock starts to run. It is imperative that you reach out to your risk manager, insurance carrier, and/or attorney at the earliest opportunity. A timely legal response will be required to the allegations, either by bringing a motion to dismiss the case if there is a legal basis to do, or by answering the Complaint through a pleading called an Answer. After pleadings, the case proceeds through the discovery phase with written exchanges between the parties and depositions taken under the procedural rules.

After a lawsuit has been brought, there are generally four paths that the case can take. Some cases are voluntarily dismissed by the patient without any settlement being paid, such as when a patient cannot find an expert to support his or her case. Some cases are resolved through settlement or mediation. Other cases may be appropriate for dismissal by the court on motion, such as when the statute of limitations or statute of repose are not met, or a qualified expert has not supported the patient's case. Some cases involve a jury trial where the jury is asked to decide whether there was medical malpractice or not.

Even the most conscientious physicians can be named in a malpractice lawsuit, and most will encounter at least one claim or more over the course of a career. When this happens, do not assume that you are alone. Keep perspective and collaborate with your attorney to find the best path for your case.

This article does not constitute legal advice. As always, physicians and healthcare providers should consult with an experienced attorney regarding specific legal questions.

UND Welcomes MD Class of 2030 —

Dr. Mork is Featured Speaker for White Coat Ceremony

UND medical students' first week is dedicated to orientation and concluded with a White Coat Ceremony, wherein the Oath of Hippocrates is recited and students receive their first white coats, which were provided by donors to the School and personalized by the North Dakota Medical Association.

The message conveyed by Dr. Mork included the significance of the white coat. "The white coats you will receive today serve as a symbol of the medical profession, signifying the professional aspect of your encounters with your patients in the days and years to come," said Mork.

"As you receive your coat today, you will be taking part in a long-standing tradition that symbolizes your entry into the most dignified of the learned professions. May you wear your coats with pride yet be always mindful of the responsibilities embodied in them."

Dr. Kevin Mork, an NDMA Councilor from the 3rd District, was a featured speaker at the Class of 2030 White Coat Ceremony.

CHI St. Alexius Health
A member of CommonSpirit

Expanded Expertise in Infectious Disease.

Partner with CHI St. Alexius Health's Infectious Disease Specialists.

CHI St. Alexius Health is strengthening our commitment to comprehensive Infectious Disease services with the strategic addition of Rija Gul, MD. Dr. Gul joins our esteemed team, including Stephanie A. Senn, FNP-C, and Daniel S. Shapiro, MD, significantly enhancing our capacity to provide specialized care for your patients.

Our expanded team offers expert consultation and management across a wide spectrum of complex infectious conditions, ensuring superior patient outcomes and seamless integration with your practice.

Expertise You Can Trust:

- Diagnosis & management of complex and rare infections Antimicrobial Stewardship & Resistance (AMS) Care for Immunocompromised Patients
- HIV & Viral Infection Management
- Travel Medicine & Tropical Diseases
- Post-acute and Long-term Infection Management

Partner with CHI St. Alexius Health's Infectious Disease Clinic for timely, expert care and collaborative patient management for even the most challenging cases.

Meet Our Team

Infectious Disease

Rija Gul, MD

Daniel S. Shapiro, MD

Emily Shay, MD

CHI St. Alexius Health
Infectious Disease Clinic
310 N 10th Street
Bismarck, ND 58501
701.530.6503

When Patients Bring AI into the Exam Room - Managing Risk and Liability When Patients Rely on ChatGPT and Other AI Tools

Submitted by Copic's Patient Safety and Risk Management Department

Generative artificial intelligence (AI) and large language model tools such as ChatGPT and Claude are rapidly becoming part of the clinical encounter. Patients increasingly arrive at appointments with AI generated summaries of symptoms, differential diagnoses, and recommendations for testing or treatment.

From a risk management and liability perspective, these encounters warrant particular attention. They affect expectations of care, perceptions of attentiveness, shared decision making, and—critically—how disagreements over testing or treatment are understood and documented.

WHY AI-INFORMED PATIENTS CREATE NEW LIABILITY EXPOSURE

Recent clinical commentary highlights that patients often use AI tools not to replace physicians but to prepare for visits and to advocate for themselves—particularly after feeling dismissed or unheard in prior encounters. When those advocacy efforts are met with defensiveness or dismissal, the risk is not merely dissatisfaction, it is erosion of trust, which remains a leading contributor to malpractice claims.1

Several liability-relevant dynamics are emerging:

- **Explicit Requests for Testing or Treatment:** AI tools frequently suggest diagnostic studies (e.g., tilt table testing, advanced imaging, lab panels) without weighing patient-specific probability, sequence, or resource constraints.[1]
- **Perceived Authority of AI Output:** The polished tone and medical fluency of large language models can lead patients to overestimate accuracy and underestimate uncertainty.[2]
- **Heightened Sensitivity to Refusal:** When clinicians decline AI-suggested interventions, patients may interpret the decision as disregarded rather than clinical judgment—especially if communication is rushed or overly technical.[1]
- From a claims standpoint, these encounters increase exposure to allegations of **failure to order tests, failure to diagnose, or lack of informed decision-making**—even when care aligns with evidence-based guidelines.

COMMUNICATION AS PRIMARY RISK-REDUCTION TOOL

The literature underscores a central finding relevant to risk management: patients value being heard and recognized at least as much as they value clinical accuracy. In medicolegal terms, acknowledgment is not a courtesy—it is a protective behavior.[1]

RECOMMENDED OPENING FRAMEWORK

Before addressing the merits of AI-generated information, clinicians should explicitly acknowledge the patient's effort and concern:

- "I can see you've put a lot of thought into this."
- "Let's walk through what you found and how it applies to your situation."

This approach lowers defensiveness and creates a record of shared engagement rather than unilateral decision making.

INTEGRATING ACCURATE AI-GENERATED INFORMATION SAFELY

When AI-generated content aligns broadly with medical knowledge, it can be incorporated into the encounter in a way that supports clinical authority and reduces risk.

Best practices include:

1. **Acknowledge partial accuracy.** "That test is used in certain situations, and it's reasonable to ask about it."
2. **Reframe around individualized risk assessment.** Emphasize probability, timing, and clinical context rather than absolutes.
3. **Clarify sequencing and thresholds.** Many liability claims arise not from refusing tests outright but from failing to explain why now is not the right time.

Documenting this discussion demonstrates that the clinician considered the patient's input and applied professional judgment—an important defense if decisions are later questioned.

DOCUMENTATION: A CRITICAL LINE OF DEFENSE

From a liability standpoint, documentation should reflect:

- That AI-generated information was discussed
- That patient concerns were acknowledged
- The clinical rationale for accepting or declining recommendations
- Evidence of shared decision making or informed refusal when applicable

Avoid chart language that implies irritation or dismissal (e.g., "patient insists," "patient demands"). Neutral phrasing such as "patient inquired about…" or "patient requested discussion of…" is preferable.

Patients increasingly arrive armed with information to be heard. Meeting them with recognition rather than resistance preserves both the human core of medicine and the legal safeguards that support it.

---

[1] Sundar KR. When Patients Arrive with Answers. JAMA. 2025;334(8): 672–673. doi:10.1001/jama.2025.10678

[2] https://www.medscape.com/viewarticle/chatgpt-your-clinic-whosexpert-now-2025a1000lqt?ecd=a2a

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.

Your focus is them; our focus is you.

At Copic, we believe that by supporting you—offering the resources and knowledge to prevent unexpected outcomes—we're not only protecting you, we're protecting your patients. That's improving medicine for everyone. We're here for the humans of healthcare.

Copic is proud to be the endorsed carrier of the North Dakota Medical Association. NDMA members may be eligible for a 10% premium discount.

copic

copic.com | 800.421.1834

The Village Family Service Center

Primary care providers and other healthcare professionals are often among the first to recognize changes in a patient's behavioral health needs. Knowing when additional therapeutic support may be beneficial can help patients receive the appropriate level of care while remaining engaged in their daily lives and responsibilities. Here are five signs to watch out for:

1. Symptoms Continue to Worsen Despite Treatment
Patients who are actively engaged in outpatient therapy but continue to experience increasing depression, anxiety, emotional dysregulation, or substance use may need additional support.

When symptoms begin interfering with daily functioning, relationships, employment, or physical health, a more intensive treatment approach may be warranted.

2. The Patient Is Experiencing Frequent Crises or Setbacks
Repeated emergency department visits, escalating mental health concerns, recurrent relapses, or ongoing safety concerns can signal that weekly therapy alone is not providing enough structure and support.

Intensive treatment can help patients develop coping strategies, build resilience, and address challenges before they require a higher level of intervention.

3. A Recent Life Event Has Significantly Increased Distress
Major life changes such as divorce, grief, job loss, a traumatic experience, or a significant health diagnosis can overwhelm a patient's existing coping skills.

While outpatient therapy remains an important component of care, some patients benefit from more frequent therapeutic support during particularly difficult periods.

4. The Patient Is Transitioning from a Higher Level of Care
Patients leaving inpatient treatment, residential programming, or partial hospitalization often benefit from a structured step-down approach.

Without ongoing support, patients may struggle to maintain the progress achieved during intensive treatment. An Intensive Outpatient Program (IOP) can help bridge the gap between inpatient care and traditional outpatient services.

5. Progress Would Benefit from More Frequent Therapeutic Contact
Sometimes patients are motivated to change and actively participating in treatment, but simply need more frequent opportunities to practice new skills, receive feedback, and build support.

Additional therapeutic contact can accelerate progress while helping patients remain engaged in treatment and connected to their goals.

An Effective Middle Ground
For patients who need more support than weekly therapy but do not

require inpatient care, an Intensive Outpatient Program can provide a valuable middle-ground option.

The Village Family Service Center offers a statewide virtual Mental Health Intensive Outpatient Program for adults age 18 and older. Delivered through secure telehealth technology, these programs provide structured, evidence-based care while allowing patients to continue working, attending school, and meeting family responsibilities.

Services include group therapy, individual counseling, psychoeducation, treatment planning, and skill development designed to support long-term recovery and wellness.

By identifying patients who need additional support early, providers can help reduce the risk of hospitalization, relapse, and worsening symptoms while connecting individuals with the level of care that best meets their needs.

For more information or to make a referral, contact The Village Family Service Center at 701-451-4900.

An Intensive Outpatient Program can provide a valuable middle-ground option.

FARGO CENTER FOR DERMATOLOGY
A TAREEN DERMATOLOGY PRACTICE

CELEBRATING A NEW ERA OF DERMATOLOGY IN NORTH DAKOTA

For the past 18 years, it has been our privilege to care for you, your family, and your friends. We are truly grateful for the trust you have placed in us, and we're excited to share an important milestone in the future of our practice.

This fall, Fargo Center for Dermatology will become Fargo Center for Dermatology, a Tareen Dermatology Practice, through a partnership with Tareen Dermatology, one of the largest independent dermatology practices in the Upper Midwest. This partnership allows us to preserve the personalized care you've come to expect while expanding the expertise, resources, and services available to our patients.

This collaboration is especially meaningful because Dr. Rachel Ness and Dr. Mohiba Tareen have been friends and respected professional colleagues for many years, sharing a commitment to delivering exceptional dermatologic care throughout our region. By officially joining together, we are strengthening our ability to serve you while remaining true to our patient-first philosophy.

Although you'll begin seeing the Tareen Dermatology name on our logo, website, appointment reminders, billing statements, and other communications, the care you receive will remain the same. Dr. Rachel Ness and the trusted team you know will continue providing the compassionate, personalized care that has always been the foundation of our practice.

DR. MOHIBA TAREEN MD, FAAD
Founder
Tareen Dermatology

DR. RACHEL NESS MD, FAAD
Founder
Fargo Center for Dermatology

To Refer, Scan Here

701.478.8780 | 3173 43rd St. S, Fargo, ND 58104 | fargoderm.com

Together, we look forward to strengthening collaboration, advancing dermatology education, and continuing to provide exceptional care.

THE HIGHEST LEVEL OF TRAUMA CARE AVAILABLE

ONLY LEVEL I TRAUMA CENTER

IN NORTH DAKOTA

SANFORD MEDICAL CENTER FARGO

Offering the highest possible care in critical cases

Sanford Medical Center Fargo is the only Level I trauma center in North Dakota verified by the American College of Surgeons. This distinction recognizes Sanford Health's comprehensive trauma care and our commitment to education, research and prevention programs.

With expert, 24-hour trauma services, Sanford Medical Center Fargo is your trusted partner in providing life-saving care to patients.

For more information, visit sanfordhealth.org.

SANFORD HEALTH

448-222-710 10/25

Physician Spotlight

Getting to Know Your Council Members

This column is two-fold: getting to know your NDMA council members, and the importance of making a difference through advocacy.

Advocacy is a critical component of improving health systems for patients and physicians. However, many physicians are either not aware or don't recognize the importance of this effort.

Physicians often encounter frustration in the healthcare system where what is best for the patient intersects with policy roadblocks. Many different issues, such as prior authorization delays, coverage denials, and other policy barriers, too often define the patient and physician experience.

Because physicians see firsthand how policy affects patient care, they can lend credibility to policy debates. By becoming engaged, physicians can help shape policies that protect patients and strengthen practices.

The choice is simple: shape the system by reinforcing medicine's best practices—or be shaped by it.

Our guest for this issue is Joshua Ranum, MD.

Joshua Ranum, MD
Councilor,
NDMA 11th District

Why did you choose to become involved in NDMA leadership?
The primary reason - you try saying no to Mike Booth. I joined NDMA upon starting my career and began attending meetings shortly thereafter. Coming from a small district, I was elected as a councilor and then got more involved with the regular NDMA meetings - back when they were held via phone. I was leadership curious and not sure how involved I was going to get in the NDMA world. However, I began to see the important work that the NDMA was doing and chose to become more involved. Ultimately, I was invited to run for office by Mike Booth and am grateful for my time in NDMA leadership.

What do you enjoy most about being involved in NDMA leadership?
The work is interesting and fulfilling, but I enjoy working and socializing with like-minded colleagues the most.

What made you choose a medical career?
Problem solving has always appealed to me and I've been fascinated by science from a young age. Those traits and a desire to help the people of southwest North Dakota confirmed my choice of career.

What is your specialty, and why did you choose it?
I practice internal medicine in a rural facility. I enjoy the broad scope of practice inherent in rural medicine, the opportunity to form longitudinal relationships with patients and families, and the need to put my thinking cap on multiple times per day.

What wisdom can you share with others who may be considering getting involved in NDMA leadership?
Just do it. You'll be glad you did. There are many opportunities available and we welcome those who are interested in the NDMA mission. You can always dip a toe in the leadership waters with a district position. It's a great way to give back to your profession.

POLICY FORUM

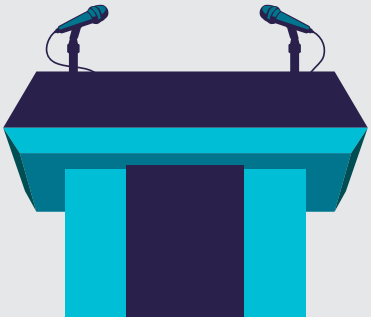
LET YOUR VOICE BE HEARD

Submit a policy issue now to be shared at the 2026 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 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 **Monday, September 21st 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**.

North Dakota Physician

North Dakota Medical Association
1622 E Interstate Avenue
Bismarck, ND 58503-0512

PRSRT STD
U.S. Postage
PAID
Bismarck, ND
Permit #433

ARE YOU WORRIED ABOUT YOUR WELLBEING?

DID YOU KNOW that Medical Providers are affected by Substance Use Disorders and Mental Illness at the same rate as the general population?

If you have concerns please contact the NDPHP.

NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

is a substance use and mental health monitoring program for medical professionals. It's the support you need to counter the effects of drug or alcohol abuse and mental health concerns.

We are here to help.

NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

919 S 7th St. Suite 305 Bismarck, ND
tel 701.751.5090 **fax** 701.751.7518
ndphp.org

NDPHP MISSION: To facilitate the rehabilitation of healthcare providers who have physical or mental health conditions that could compromise public safety and to monitor their recovery.