

North Dakota Physician

FALL 2025

/// DELTA HOTEL | FARGO, ND ///

ANNUAL²⁰ MEETING²⁵

AND LEADERSHIP AWARDS

OCTOBER 2 - 3, 2025

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BREAKFAST WITH THE DEAN
EDUCATIONAL SESSIONS
POLICY FORUM
LEADERSHIP AWARDS
EXHIBITS

§NDMA

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.

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Stephanie Dahl, MD
NDMA PRESIDENT

A Message from the President

NDMA Annual Meeting: Attend and Reconnect!

As summer draws to a close, I hope this message finds you well and that you are enjoying time with friends and loved ones. I warmly invite you to attend the 2025 NDMA Annual Meeting, to be held October 2nd and 3rd at the Delta Hotel and Convention Center in Fargo, ND.

This year's gathering promises to be an engaging and meaningful experience. In addition to the vital work of our Policy Forum, we are anticipating several outstanding talks and the Awards Luncheon on Friday, October 2nd, where we will recognize the extraordinary contributions of physicians and advocates from our state.

Your participation is vital as we shape the future of healthcare policy in North Dakota and honor the legacy of our dedicated colleagues. I encourage all members to attend and reconnect with one another.

As many of you are aware, we lost two beloved members of our medical community: Dr. Tom Strinden and Dr. George Johnson, who both passed away in July. Their legacy, mentorship, and lifelong service to patients will forever remain a part of the NDMA's history.

Dr. Tom Strinden

Dr. Strinden courageously fought cancer for 17 months before his passing. A proud graduate of the University of North Dakota School of Medicine, Dr. Strinden built a respected career in ophthalmology, touching the lives of thousands of patients through compassionate, expert care in North Dakota and internationally on numerous medical missions. He was a dedicated and active member of NDMA, always lending his voice and time to advance medicine in our state. Tom will be deeply missed by his patients, colleagues, and the entire North Dakota medical community.

Dr. George Johnson

Dr. Johnson, a beloved pediatrician in Fargo, ND, dedicated over 30 years to the care of children and the education of future physicians. From 1989 to 2001, he served as Professor and Chair of the Department of Pediatrics at the University of North Dakota. His advocacy for children with type 1 diabetes was unparalleled, and his impact as a mentor inspired countless UND medical students to pursue careers in pediatrics. He was also known for the first description of Reyes-Johnson Syndrome and his advocacy for vaccines. Dr. Johnson leaves behind a legacy of dedication, advocacy, and mentorship that will resonate for generations to come.

We extend our heartfelt condolences to the families, friends, and colleagues of Dr. Strinden and Dr. Johnson. Their memory and contributions to medicine in our state will be honored at the upcoming Annual Meeting.

As I prepare to complete my term, what an honor and privilege it has been to serve as the President of the North Dakota Medical Association over the past two years. Working alongside such committed, passionate, and thoughtful professionals has been one of the greatest highlights of my career. I am confident that Dr. Kumar, our incoming President, will continue to lead the NDMA with strength, insight, and dedication. I look forward to supporting his leadership and the continued success of our organization.

With warm regards and deep appreciation,

Stephanie Dahl, MD FACOG
President, North Dakota Medical Association

POLICY FORUM

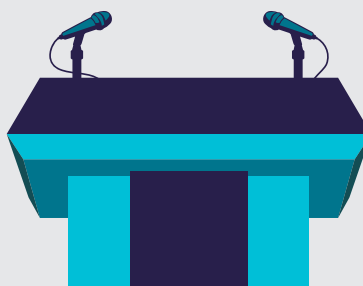
LET YOUR VOICE BE HEARD

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 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

NDMA Advocacy Legislative Interim Sessions Begin to Meet

NDMA advocacy is gearing up for the 2025-2026 interim session. During these interim sessions, Legislative Interim committees hold hearings, gather testimonies, and review materials provided by the Legislative Council, state agencies, and stakeholders. The purpose is to assess issues raised by studies adopted during the previous legislative session. These committees meet several times throughout the year, often leading to bills being approved for filing in the next legislative session. The interim committee meetings provide an opportunity for policymakers to more thoroughly vet issues that may require additional testimony or in-depth deliberation. For this interim session, NDMA is closely monitoring four committees, all of which have new leadership.

Employee Benefits Programs Committee:

Led by Senator Sean Cleary (R-35) of Bismarck, the committee will focus on a detailed review of prior authorization practices. The study will gather input from various stakeholders, including patients, healthcare providers, and insurance companies. One of the key requirements of the study is for insurance companies to submit data to the Insurance Commissioner by July 1, 2025. The data will cover the number of prior authorization requests, adverse determinations, reasons for denials, and the outcomes of appeals. The Insurance Commissioner will compile this data into a report, due by November 1, 2025, which will be essential for advancing prior authorization reform in North Dakota.

Health Care Committee:

This committee, chaired by Representative Carrie McLeod (R-45) of Fargo, is where NDMA will focus its efforts. The committee will conduct a cost-benefit analysis of legislative measures that mandate health

insurance coverage for certain services or providers, including amendments to such mandates. It will also evaluate the history and effectiveness of current healthcare mandates, including step therapy protocols. The committee will hear from a diverse range of stakeholders, including the Department of Health and Human Services, the Insurance Department, insurance providers, and other relevant parties. The committee will also study the unmet dental and oral health care needs of low-income children, Native American children, and individuals with disabilities. Of particular interest to NDMA is a study related to Senate Bill 2280, which addresses prior authorization for non-urgent and emergency healthcare services, as well as the potential for submitting prior authorization requests and medical records electronically rather than via fax or mail. This study was created by the legislature, rather than requiring electronic means only in the prior authorization statute.

Human Services Committee:

Chaired by Senator Kyle Davison (R-41) of Fargo, the committee will focus on accessibility for individuals who are deaf, hard of hearing, or have hearing differences. Additionally, the committee will study childcare services and homelessness. The NDMA will closely monitor this committee's work, particularly regarding accessibility issues.

Legislative Task Force on Government Efficiency:

Chaired by Representative Nathan Toman (R-34) of Mandan, this is not a traditional interim committee but will still meet during the interim and report back to legislative management. The task force will review state agency budgets and identify areas for greater efficiency, cost-saving measures, and

potential regulatory reforms. One key area of focus will be Medicaid, as the Department of Health and Human Services indicated that in future meetings, the committee should focus on per capita expenditures in Medicaid. NDMA is particularly concerned that any cuts to Medicaid reimbursement rates for physicians, hospitals, and nursing homes could have a negative impact on the state's healthcare system. As a result, NDMA will actively engage in this committee to emphasize the importance of maintaining strong Medicaid reimbursement rates.

NDMA will continue to monitor all legislative and regulatory activities closely, assessing their impact on North Dakota patients and physicians. Stay updated with the latest interim session developments through NDMA's weekly ePhysician newsletter!

Identifying the Right Patients for an Intensive Outpatient Program

Submitted by The Village Family Services

Physicians and other health care providers often encounter patients whose behavioral health needs fall into a “middle ground.” Their symptoms are too significant for weekly outpatient therapy alone, yet hospitalization would be more restrictive than necessary. In these cases, an Intensive Outpatient Program (IOP) can be the right fit.

The Village Family Service Center offers two statewide virtual IOPs (one for substance use and one for mental health) that provide evidence-based, structured care for adults 18 and older. Sessions are delivered via secure telehealth, removing geographic and logistical barriers.

When to Consider an IOP Referral - Patients may be good candidates if they:

- **Have persistent or worsening symptoms despite standard outpatient therapy**
Depression, anxiety, trauma, or mood disorders significantly impact daily functioning, and the patient needs more therapeutic hours and skill-building than weekly sessions can provide.
- **Are transitioning from a higher level of care**
Recently discharged from inpatient treatment or residential rehabilitation and require ongoing support to maintain progress and prevent relapse.
- **Face acute life stressors causing destabilization**
Events such as bereavement, divorce, or job loss have triggered

heightened emotional distress that may escalate without intensive intervention.

- **Are struggling with substance use disorders that disrupt daily life**
Require ASAM Level 2.1 care, including group therapy, individual sessions, and family involvement, but can remain safely at home.
- **Need targeted skills to improve safety and stability**
Safety planning, emotional regulation, and coping strategies need strengthening to reduce risk and improve quality of life.

Why Refer to The Village's IOPs?

- **Accessibility:** Secure telehealth delivery ensures participation from anywhere in North Dakota, eliminating travel barriers for rural patients.
- **Comprehensive Care:** Both programs integrate group therapy, individual counseling, psychoeducation, family engagement, and personalized treatment planning.
- **Continuity:** Ideal for step-down care, bridging the gap between inpatient treatment and traditional outpatient therapy.
- **Flexibility:** Patients can continue work, school, and family responsibilities while receiving intensive support.

An IOP can prevent unnecessary hospitalization, reduce the risk of relapse or crisis, and provide patients with the tools and support needed for long-term stability.



MEET AMANDA, MA, LAPC

Amanda, IOP Clinician, focuses on empowering individuals through the transformative processes of trauma therapy and existential exploration. She believes in fostering resilience and self-discovery, helping clients navigate past wounds and cultivate profound purpose.

The Village's IOP now offers a **virtual option**. Our licensed professionals are here to help clients on their journey, no matter where they are.

TheVillageFamily.org/IOP | 701.451.4900





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 Bringing the UND SMHS Vision to Life

Happy fall!

Fall is an exciting time on campus, and I am happy to be part of the UND community as we celebrate the new beginnings of many of our medical and health professional students. Many of our first-year students have been on campus for months now. Our new Physician Assistant (PA) and Master of Athletic Training students, for example, began back in May, while our M.D. Class of 2029 started in July.

Especially meaningful is this year's M.D. class, which is the 51st collection of medical students we've hosted since North Dakota's only school of medicine and health sciences transitioned from a two-year Bachelor of Science in Medicine degree to a four-year Medical Doctorate 50 years ago, during the 1975-76 academic year. Our Minot and Bismarck Centers for Family Medicine are also celebrating their 50th anniversaries in the next year. These invaluable community resources have served hundreds of thousands of patients over the past half century.

It's a great time to celebrate the history of the UND School of Medicine & Health Sciences (SMHS) and to look toward the future of how we continue to influence healthcare in North Dakota. During the recent legislative session, we were able to share our vision of how SMHS can continue its mission "to serve North Dakota for the benefit of its people and to enhance the quality of their lives."

Bringing this vision to life, we promise to work hard to recruit and retain students with direct connections to our state.

And while students with North Dakota ties – many of whom grew up here – already constitute more than 60% of our M.D. Class of 2029, I am confident we can ensure more North Dakotans get to and through our medical school and health sciences programs.



NORTH DAKOTA'S MEDICAL SCHOOL

Since 1976, our M.D. training program has produced residency-ready physicians for practice in North Dakota and beyond. And we couldn't have done it without the 1,500 clinical faculty who help teach our students and residents in clinics and hospitals across the state every day.

We can't wait to see what the next 50 years will bring.



med.UND.edu

Starting with our M.D. and P.A. programs, we're inaugurating an effort to reach at least 85% for admitted and matriculated students with direct North Dakota ties by 2030. We'll be expanding this effort to some of our other health programs in the future.

There are several reasons for this effort.

First, North Dakota – like many other states – struggles with a health provider shortage. As our most recent Biennial Report notes, North Dakota is facing a shortage of at least 250 physicians overall right now, with some specialties finding themselves especially thin in the state. This means some North Dakotans must leave our state for specialty care.

That said, the investment of the North Dakota legislature to fund the Healthcare Workforce Initiative allowed SMHS to double the number of resident trainees in the state. This investment has paid off: 79% of family medicine doctors and half of the physicians practicing in the state are our alumni.

As we celebrate these accomplishments, we have more work to do. Several rural areas in our state remain underserved. Whether we're talking about medicine, nursing, or the allied health professions, our rural communities have healthcare access gaps.

Fortunately, the SMHS purpose commits us to filling these gaps.

Part of our answer to this challenge is to continue growing our own providers and to find ways to incentivize our graduates to practice closer to home. We believe recruiting and graduating more North Dakotans increases the likelihood that these providers will practice in North Dakota in the future.

Another effort we're pursuing is expanding medical residency programs in our state. Why? Because the data also shows that most physicians end up practicing close to where they train during their post-graduate medical residency. If a student receives their medical education and residency training within the state, there is a 75% chance they will stay in the state. That means that more medical residency programs in North Dakota translate into more physicians practicing in North Dakota in the long run.

Health policy also matters.

Using our PA program as an example, you may know that in 2019, North Dakota became the first state to allow physician assistants to practice without explicit physician oversight.

As long as the PA's employer is a facility with a privileging and credentialing system, is licensed by the North Dakota Department of Health and Human Services, is physician-owned, and/or is an independent practice approved by the North Dakota Board of Medicine, PAs can see patients and prescribe necessary treatments. This legislation remains a game-changer for our critical access hospitals and rural clinics.

Our vision is that within five years, this school – along with our health system

partners, legislators, state agencies and other organizations like the North Dakota Department of Health and Human Services, the North Dakota Academy of Family Physicians, the North Dakota Medical Association, and UND's Center for Rural Health – will have helped reduce the state's provider shortage.

It's a heavy lift, but not an impossible one. Especially because we have the full support of UND President Andy Armacost, the North Dakota Legislative Assembly, and our many partners.

So, although it can be difficult to predict the future, you can count on this commitment from all of us at SMHS: more and better healthcare for all North Dakotans.

This remains the guiding purpose of your medical school.

79% of family medicine doctors and half of the physicians practicing in the state are our alumni.



**The Bone &
Joint Center**

**NORTH DAKOTA'S
LARGEST INDEPENDENT
ORTHOPAEDIC PRACTICE**

Our **team of experts** includes board-certified orthopaedic surgeons, a board-certified neurosurgeon, experienced therapists and customer service specialists. With **convenient locations** across the state, including Bismarck, Dickinson, Minot and several outreach clinic locations, we're ready to deliver **high-quality care** to patients in a safe, comfortable environment.



Duncan B. Ackerman, MD



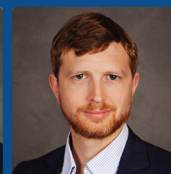
Timothy J. Bopp, MD



Chad B. Carlson, MD



Joseph W. Carlson, MD



Derrick O. Cote, MD



Brian P. Dahl, MD



Timothy J. Juelson, MD



Steven G. Kraljic, MD



Brock A. Norrie, MD



Troy D. Pierce, MD

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



The Dakota Geriatric Workforce Enhancement Program strengthens geriatric and dementia care in primary healthcare through evidence-based training for health professionals.

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Learn Geriatrics Through Telementoring

ECHO Geriatrics

Monthly Geriatrics Zoom – Expert case reviews and best practices, with free registration and CEUs.

Learn About the Key Components Of The 4Ms Framework:

- What Matters
- Medication
- Mentation
- Mobility



On-Demand Geriatrics Curriculum

Gerochampion

Serious Game on Older Adult Population Health – Apply the Geriatric 4M framework through interactive cases to improve outcomes for older adults.



Geri Act

Serious Game on Older Adult Population Health – Healthcare trainees and professionals will practice using the Geriatric 4M assessments and action plans to improve health outcomes for older adults.



Future Events: NDMA Annual Meeting Presentation – OCTOBER 3

Dr. Donald Jurivich, Chair of Geriatrics at the UND School of Medicine & Health Sciences, will speak at the 2025 NDMA Annual Meeting on *Longevity Medicine*, a growing field focused on extending healthy lifespans. He will share the latest research on slowing or reversing aging and discuss its implications for helping patients achieve more healthy years.

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.

www.dakotageriatrics.org or 701-777-6936.

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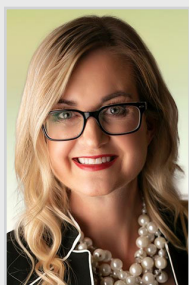
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ANNUAL MEETING²⁰²⁵ AND LEADERSHIP AWARDS

OCTOBER 2-3 | DELTA HOTEL | 1635 42ND ST SW | FARGO, 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 2025 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 a chance to network with an even greater audience and increase program 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. Stephanie Dahl

PROGRAM AT A GLANCE

THURSDAY, OCTOBER 2

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

5:30-7:30 pm | **Annual Meeting Social**

FRIDAY, OCTOBER 3

7:00 am | **Registration Opens**

7:30 - 8:15 am | **Breakfast with the Dean:**
Dr. Marjorie Jenkins

8:30 - 10:15 am | **Policy Forum**

10:15 - 10:45 am | **Break - Network with Vendors**

10:45 - 11:30 am | **Integrating Academic Medicine into
Healthcare Delivery**

11:30 - 12:15 pm | **Longevity Medicine:**
A Primer for Clinical Practice

12:15 - 1:45 pm | **Leadership Awards Ceremony
Luncheon and Networking**

1:45 pm | **Afternoon Session: Welcome**

1:45 - 2:30 pm | **Leading by Example: Addressing
Vaccine Hesitancy Through Medical
Leadership**

2:30 - 3:15 pm | **Navigating the Controversies and
Clinical Realities of Testosterone**

3:15 - 3:45 pm | **Break**

3:45 - 4:30 pm | **Updates in Medicine**

THURSDAY, OCTOBER 2

2:30 pm | **NDMA Council Meeting**

Delta Hotel, Sonata | 1635 42nd St SW
(council members only)

5:30-7:30 pm | **Social**

Hosted by First District Medical Society
Brewhalla | 1702 1st Ave N, Fargo

FRIDAY, OCTOBER 3

Event Room Locations

*Vendors, Meals, Breaks: **Bach and Brahms***
*Policy Forum, Education: **Mozart***

7:30-8:15 am | **Breakfast with the Dean**

Serving North Dakota Today and Tomorrow
Bach and Brahms

Sponsored by:



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

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 helping grow the healthcare workforce in North Dakota.

8:30 – 10:15 am | **Policy Forum** - *Mozart*

NDMA leadership encourages all NDMA members to participate in the Policy Forum. The open forum platform allows members to discuss and consider policies relevant to physician practices and the care of patients.

10:15 – 10:45 am | **Break – Network with Vendors** - *Bach and Brahms*

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.

10:45 – 11:30 am | **Integrating Academic Medicine into Healthcare Delivery: What Does Success Look Like?** - *Mozart*

With the aim of improving the health of individuals and populations, medical schools are transforming curricula to ensure physician competence encompasses health systems science, which includes population health, health policy, high-value care, interprofessional teamwork, leadership, quality improvement, and patient safety.



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



Dinesh Bande MD, MBA, FACP
Internal Medicine, Sanford Fargo; Clinical Professor of Internal Medicine and Chair of Internal Medicine, UND School of Medicine & Health Sciences

11:30 – 12:15 pm | **Longevity Medicine: A Primer for Clinical Practice** - *Mozart*

Longevity Medicine is a relatively new discipline that addresses healthy lifespans. Research is rapidly emerging that shows the capacity to slow or reverse aging processes. Physicians are increasingly being asked by patients how they can extend their life span and gain as many healthy years as possible. Many healthcare professionals and patients do not know how to measure biological age and how it can be used to assess the impact of longevity interventions. Additionally, healthcare professionals are uncertain about longevity interventions relative to current research findings from pre-clinical models and human studies. Thus, this program



provides state-of-the-art information about longevity medicine, calling upon representative research and its implications for a longer, healthier life.

Donald A. Jurivich, DO

Eva Gilbertson Distinguished Professor of Geriatrics Chair, Geriatrics Department, UND School of Medicine & Health Sciences

12:15 – 1:45 pm | **Leadership Awards Ceremony & Luncheon** - *Bach and Brahms*

1:45 pm | **Welcome**

1:45 – 2:30 pm | **Leading by Example: Addressing Vaccine Hesitancy Through Medical Leadership** - *Mozart*

Healthcare professionals are among the most trusted voices in public health. When they demonstrate confidence in vaccines and share clear, evidence-based information, they have the power to influence patients' decisions more effectively. This presentation empowers medical leaders to model behaviors that build trust and to more confidently counter vaccine misinformation with empathy, science, and clarity.



Tracie T. Newman, MD, MPH, FAAP

NDSU Associate Professor of Practice, Department of Public Health and Medical Director, Center for Immunization Research and Education (CIRE)

/// 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 12th** by completing a policy issue form located online at www.ndmed.org.

JOIN US FOR A SOCIAL

Thursday, October 2 | 5:30 – 7:30 pm



Join us for a social at Brewhalla — a food and entertainment wonderland! Brewhalla offers a market, brewery, and many good places to eat, all on-site. It's an experience you don't want to miss.

First District Medical Society is hosting this special event and will provide complimentary appetizers. If you're seeking to enjoy a craft beverage, the locally owned Drekkar Brewing Company offers a selection sure to meet your needs.

However, the most important opportunity is to socialize with First District members and Annual Meeting attendees. We can't wait to see you there!

Located at: 1702 1st Ave N, 2nd Level, North Bar and Terrace — signage will direct you to the 2nd level.

To learn more about Brewhalla at: <https://brewhalla.co/>

HOSTED BY:



2:30 – 3:15 pm | Navigating the Controversies and Clinical Realities of Testosterone - Mozart

Testosterone treatment is a complex and at times controversial topic, particularly incorporating patient wishes and their strong requests for high-dose replacement. Patients are increasingly seeking health information and treatment through nontraditional sources, in areas such as hormone therapy and sexual health. With the burgeoning business of hormone therapy in boutique and one-stop online clinics, physicians must understand the role of testosterone therapy as well as the nuances of history taking and treatment in this area.



Kirsten C. Juhl, MD
Internal Medicine, Sanford Fargo; Ambulatory Medicine Associate Program Director, UND School of Medicine & Health Sciences; Co-Chair of Sanford Department of Internal Medicine



John M. Tinjum, MD
Internal Medicine, Sanford Fargo and Moorhead



Ronovan Ottenbacher, MD
Internal Medicine, Fargo VA Medical Center

3:15 – 3:45 pm | Break - Bach and Brahms

3:45 – 4:30 pm | Updates in Medicine - Mozart

This session is a summary of the updates from the national meetings of the American College of Physicians and the Society of Hospital Medicine.



Christopher Pribula, MD
Hospitalist, Sanford Health Fargo & ND Chapter of the SHM President



Jena M. Gales, MD
Internal Medicine Resident, PGY3

4:30 pm | Adjourn

NDMA Slate of Officers

Each year, NDMA officer positions are chosen based on a vote of 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



AMA Delegate
David F. Schmitz, MD
Grand Forks, ND



AMA Delegate
Misty K. Anderson, DO
Valley City, ND

LEADERSHIP AWARDS

Ceremony & Luncheon

Friday, October 3
12:15 – 1:45 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 forty-eight 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

Now, for the seventh 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.

LODGING

A block of rooms has been reserved at the Delta Hotel in Fargo.

Reservations must be booked by September 2. If the block fills up, no additional rooms can be added. Book early.

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Delta Hotel by Marriott
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The ACP designates this live activity for a maximum 3.75 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 3.75 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 ANNUAL MEETING 2025 AND LEADERSHIP AWARDS



OCTOBER 2-3 | Delta Hotel
1635 42nd St. SW | Fargo, ND

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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 2, evening NDMA social
_____ Number attending Friday, October 3, breakfast
_____ Number attending Friday, October 3, educational program
_____ Number attending Friday, October 3, 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 September 18, 2025.

Please mail this form along with payment no later than September 18, 2025 to NDMA: 1622 E. Interstate Ave., Bismarck, ND 58503-0512

Name on credit card (please print) _____
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ANNUAL MEETING

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Patient, Provider, and Machine?: Complying with Ethical Obligations in a World of Artificial Intelligence

Briana L. Rummel
Attorney for Vogel Law Firm

Co-writer: Olivia German | Summer Associate for Vogel Law Firm

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Law Firm

In 1971, the world's first Artificial Intelligence ("AI") medical consultant was created. The experimental computer program, called the INTERNIST-I, utilized a search algorithm capable of making multiple and complex diagnoses based on patients' symptoms. Since then, the Food and Drug Administration (FDA) has approved approximately 1,000 AI-enabled medical devices for marketing and use by health care professionals to assist in diagnostics, treatment planning, and patient monitoring. This number represents a significant shift in the medical industry toward the adoption of AI and Machine Learning technologies to diagnose, treat, and implement the latest medical advancements and best practices.

While the growth of such technology in medicine can have promising outcomes, there exists many unsettled questions about the liability of health care providers resulting from the implementation and use of AI.

In North Dakota, health care providers can face disciplinary action for a wide range of conduct that violates professional standards or state law. The Medical Practices Act, Section 43-17-31 of the North Dakota Century Code, outlines grounds for discipline for licensees subject to the jurisdiction of the Board of Medicine. Specifically, North Dakota law prohibits professional licensees from participating in "unethical conduct" which is defined as conduct contrary to the applicable ethical codes for each licensed profession. While most ethical codes do not themselves specifically reference the use of AI, it is possible that these broad principles may be applied to AI in practice, particularly unless and until the law catches up with the technology.

Presently, ethical codes for medical professionals universally prohibit discriminatory practices in the delivery of professional care and within the medical profession itself. North Dakota echoes this in its own anti-discrimination laws.

One significant concern regarding the use of AI is its potential to inadvertently cause discriminatory impacts on patients as a result of its algorithms and decision-making tools. This concern is illustrated by the U.S. Department of Health and Human Services 2024 final rule

related to Section 1557 of the Affordable Care Act which strengthened nondiscrimination protections in health programs, including those offered through telehealth, particularly regarding AI and its potential biased decision making. The updated ruling requires covered entities, including physicians, hospitals, health systems, and others, to make "reasonable efforts" to identify and mitigate potential discriminatory impacts of AI tools. This poses a risk of liability for providers and facilities utilizing AI.

In addition, most ethical codes include responsibilities related to transparency and disclosure. For example, the American Medical Association Code of Medical Ethics requires physicians to "inform patients about all appropriate treatment options, the risks and benefits of alternatives, and other information that may be pertinent, including the existence of payment models, financial incentives; and formularies, guidelines or other tools that influence treatment recommendations and care." North Dakota law also reflects these professional disclosure responsibilities.

Accordingly, because the diagnostic use, treatment capabilities, and other professional medical practices implementing AI directly influence medical decision making and treatment recommendations, medical professionals' ethical obligations to communicate with patients about such use arguably falls within prevailing ethical principles. In other words, providers must ensure patients are fully informed about their care, this includes the role of AI.

The integration of AI into health care presents significant legal and ethical challenges, presenting novel and complex questions that are likely to remain until the health care industry adapts to the newly emerging triad: the physician, the patient, and AI.

As always, physicians and healthcare providers should consult with an experienced attorney regarding specific legal questions.



Briana Rummel

Angie Lord

Brenda Blazer

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Restricting a Child's Chance to be Heard and Unintended Consequences

David Field, MD
NDMA Member and Policy Advocate

How many times have you, as a physician, walked into an exam room with a child or adolescent patient and made the diagnosis without asking an evolving pertinent question?

How often have you walked into a similar situation, asked pertinent questions, done the physical exam, and ordered appropriate testing? The answer is obvious. We need to explore all possible options so that we can utilize our training and expertise to do what is right for our patients. This past legislative session, House Bill 1450 attempted to remove these tools that enable us to do our job. It commanded that we provide the parent with a list of questions that would be asked, and all those possibilities would have to be provided to the parent or guardian before the child or adolescent exam began. No other questions could be asked, even if we saw reason to pursue a different diagnosis - to inquire about that bruise on the arm, the grades that have been falling, or experienced answers to exposure to alcohol.

According to the National Children's Alliance, the accrediting body of Children's Advocacy Centers based in our state, 1 in 4 girls and 1 in 13 boys

will experience child abuse. Of those experiencing abuse, 77% of the time, the perpetrator is a parent. The next most common is a close relative. How can we do our jobs as physicians if we can't ask the right question at the right time, and the possible problem may be sitting next to the child in the room?

The Senate debate on this bill was filled with tears and heart-wrenching stories of personal abuse, trying to educate the legislators on the need to keep physicians on the front line to identify all problems. It's important to remember that children and adolescents also have rights. This bill would have had dire consequences by limiting their voice.

As physicians, we must be aware that these attempts to suppress our training and expertise will continue. NDMA did a superb job coordinating and engineering a strong response to this harmful bill. But our job is far from finished, as the next session will soon be upon us.

Please consider being involved in this organization to keep our patients' and physicians' rights at the forefront of care in our state.



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Altru and Universal Health Services Announce Expansion of Inpatient Behavioral Health



Altru Health System and Universal Health Services (UHS) have partnered to expand inpatient behavioral health services through the Altru Behavioral Health Center.

Altru Behavioral Health Center currently has 24 licensed beds and operates under the license of Altru in Grand Forks. The center is accredited by The Joint Commission and maintains licensure by the Centers for Medicare and Medicaid (CMS). Altru Behavioral Health Center also houses outpatient behavioral health services, bringing a seamless care experience for patients.

The expansion project, scheduled for completion by the fall of 2026, will double the inpatient capacity to include 48 licensed beds. This expansion was made possible with support from North Dakota state funding, which was part of the North Dakota Health and Human Services budget bill, HB 1012. Altru will receive \$12.96 million from the state to support the project, increasing access to essential services for North Dakota residents.

"The newly renovated Altru Behavioral Health Center and planned expansion is a symbol of Altru's commitment to improving behavioral health services for our community," shares Todd Forkel, CEO of Altru Health System. "With the expansion, we feel we can serve even more people across the state. We are grateful to our legislative representatives who elevated the need for behavioral healthcare, supporting a bill that made this funding possible."



Dr. Erik Heitkamp shares comments during the 2024 NDMA Policy forum on the importance of supporting behavioral health efforts.

NDMA supports the North Dakota Department of Health and Human Services Behavioral Health Division's efforts to increase access to healthcare services for North Dakotans.

During the 2024 Annual Meeting Policy Forum, NDMA's members discussed the increasing need for behavioral health services. The group

recognized that North Dakota faces a serious lack of behavioral health services and professionals for treating persons struggling with illicit substances and alcohol abuse because of or in addition to psychiatric conditions.

Needing both mental health services and substance abuse services is recognized by the ND Department of Health and Human Services and NDMA has taken a position to monitor and advocate where needed to support the department.

The Altru Behavioral Health expansion is a step forward in getting it right for North Dakota," said NDMA President Dr. Stephanie Dahl. "In addition, Altru is well-positioned to collaborate closely with the University of North Dakota School of Medicine and Health Sciences to enhance behavioral health programs further.



From left; Altru president Dr. Joshua Deere; Altru CEO Todd Forkel; Dist. 42 Rep. Emily O'Brien; Mayor Brandon Bochsenski; Gov. Kelly Armstrong; Matt Peterson, president, UHS Behavioral Health Division; Shelah Adams, UHS vice president of corporate development; and Karen McLennan, chair of the Altru Behavioral Health Center on Tuesday, June 17, 2025. Eric Hylden/Grand Forks Herald

The groundbreaking celebration, held on June 17 at the site of the expansion, included commentary by Governor Kelly Armstrong; Dr. Josh Deere, Altru's President; Todd Forkel, Altru's CEO; Matt Peterson, President, UHS Health Division; and North Dakota House Representative Emily O'Brien, who championed the bill that made the funding for this expansion possible.

NDMA Physicians Honored at Rural and Public Health Awards Banquet

Two physicians from Hettinger were honored at the 2025 Rural and Public Health Awards Banquet, which recognized outstanding North Dakota rural health and public health advocates for their accomplishments.



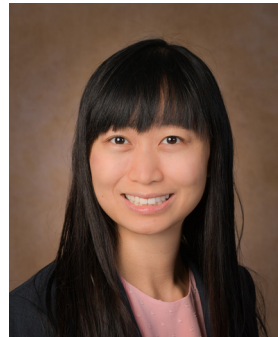
Catherine Houle, MD

Dr. Catherine Houle, a physician at West River Health Services, received the Outstanding Rural Health Provider award.

This award recognizes a healthcare provider who practices in rural North Dakota and is unselfishly committed to improving the health of their community and service area. Dr. Houle has 33 years of experience as a medical provider and has

spent 27 of them serving the community of Hettinger.

She is deeply committed to ensuring that the individuals who live in southwestern North Dakota, northwestern South Dakota, and southwestern Montana have access to high-quality medical care, and travels 680 miles around the area each month to serve them.



Karen Andres, MD

Dr. Karen Andres, also a physician at West River Health Services, received the Outstanding Rural Health Provider award.

This award is presented to a new professional who has demonstrated tremendous promise and commitment to improving the health of rural North Dakota residents.

Dr. Andres is fluent in English, Spanish, Cantonese, and Mandarin, breaking down the language barrier that comes with serving rural agricultural communities. Her skills in these various languages ensure that every patient she sees feels heard, understood, and respected.

She has served her rural community with unmatched expertise, compassion and commitment to the well-being of her patients.



Dr. Emmanuel Fermil Receives CommonSpirit Joyful Practice of Medicine Award

Emmanuel Fermil

Dr. Emmanuel Fermil has been honored as a recipient of the CommonSpirit Joyful Practice of Medicine Award.

The award is an internal recognition program by CommonSpirit Health that honors individuals who exemplify the organization's core values. The CommonSpirit Health network is one of the nation's largest nonprofit Catholic health systems.

As a hospitalist at St. Alexius, Dr. Fermil embodies the Joyful Practice of Medicine in recognition of the core values that inspire and sustain us - Compassion, Integrity, Inclusion, Collaboration and Excellence - and in the countless ways he makes a positive impact on the lives of our patients and our fellow healthcare professionals.



Dr. Emmanuel Fermil pictured receiving the award (center), along with CHI St. Alexius team members.

The joy of practicing medicine lies not only in our skills and knowledge but in our ability to connect, care, and uplift. The values of compassion, integrity, inclusion, collaboration and excellence are more than just words; they are the essence of who we are as healthcare professionals.



Dr. Dinesh Bande Selected to Serve on the Project IMGx Council

Dinesh Bande, MD

The Project IMGx Council, a strategic collective united to advance equity, access, and opportunity through the leadership of International Medical Graduates, selected Dr. Dinesh Bande to serve on the council.

A distinguished academic leader and proud international medical graduate (IMG), Dr. Bande currently serves as Chair of the Department of Internal Medicine at the University of North Dakota School of Medicine & Health

Sciences. His career reflects a deep commitment to education, mentorship, and empowering the next generation of physicians, which are values that lie at the heart of the Project IMGx movement.

Dr. Bande's insight and experience will help shape Project IMG's evolving strategy and further amplify the voice and value of IMGs across the healthcare landscape.

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Led by seasoned professionals Renee Daffinrud and Lindsey Rath-Wald, FIBT's Private Banking team offers concierge-level service tailored to the unique needs of medical professionals. Together, Renee and Lindsey bring over 45 years of banking experience and a deep commitment to building long-term relationships.

"Our clients' needs are our needs; your priorities are our priorities," Renee said. "We make ourselves available early in the morning, late into the evening, and over the weekend."

At FIBT, Private Banking clients enjoy exclusive benefits, such as the **Physician Loan Program**, which offers tailored home financing with no down payment and no mortgage insurance plus options to close within 90 days of a signed contract from the physician's employer.

Here's what a few of our clients have to say about the service they've received over the years:

"Like many physicians newly out of residency, we had debt burden related to physical loans. Renee offered us a personalized approach and customized loans to meet us where we were at financially, at a transitional time in our lives, which really helped us get to a place of financial growth potential now. Ultimately, at FIBT, **we have a banker that feels like family.**"

– Physician | Bismarck, ND

"Lindsey has been an invaluable resource for my small business. From our first meeting, **I knew she was on my team and genuinely wanted to help me achieve my goals.** I wish I had started working with her sooner!"

– Small business owner | Bismarck, ND

FIBT is a family-owned bank with deep North Dakota roots, serving communities since 1910. With a culture centered on helping people Live First®, the bank is committed to supporting physicians not just as clients – but as neighbors and partners in building a better future.



THANK YOU, PHYSICIANS

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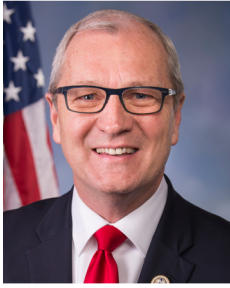


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Kevin Cramer
North Dakota Senator

Mental Health Excellence in Schools Act Addresses Mental Health Professional Shortages

Across North Dakota and the United States, millions of students struggle with their mental health. In the 2023 Youth Risk Behavior Survey, nearly 40 percent of students reported persistent feelings of sadness and hopelessness. Over 20 percent seriously considered suicide. These sobering numbers outline the need for mental health services for children across our state.

Clinical professionals play an outsized role in diagnosing and treating mental health conditions. However, school psychologists and other mental health professionals, like social workers, are invaluable resources located within our schools. They can help identify mental health challenges, which in turn helps students succeed academically, behaviorally, and socially. Working alongside students, staff, and in coordination with parents, these practitioners are essential in supporting mental resilience in academic environments.

I partnered with U.S. Senators Jeanne Shaheen (D-NH) and Todd Young (R-IN) in introducing one potential solution to address youth mental health challenges. Our bill, the Mental Health Excellence in Schools Act, addresses the shortage of mental health professionals in schools. Like most mental health professionals, school psychologist, counselor, and social worker careers require expensive graduate education. Similar to educators, they also suffer from a shortage of professionals with not nearly enough college students enrolled in these training programs. The Mental Health Excellence in Schools Act would help bridge this gap by paying a portion of the tuition for graduate students who pursue these hard but much-needed careers.

The National Association of School Psychologists recommends a ratio of one school psychologist per 500 students. However, in reality, the national ratio is about 1,065 students per psychologist. In North Dakota, this need is particularly acute. There are over 1,200 students per school psychologist, and only 24 students enrolled in our state's only school psychologist graduate program. Boosting this pipeline is essential.

Today's students spend approximately a thousand hours each year in a classroom, and most of their waking hours are spent in a school environment. Teachers and school staff spend the most time with our children outside of parents. It only makes sense to have psychologists, counselors, and social workers in our schools coordinating in tandem with parents. When there are enough professionals to assist and guide students who are struggling, identification,

intervention, and treatment become much easier for students and their families. This is good for academic achievement and personal development, but it is also about safety. Mental health professionals can help troubled children get access to care and help detect and avert tragedies like school shootings.

Ensuring the well-being and academic success of our children will always be a priority of mine. Addressing youth mental health challenges requires a multifaceted approach. Getting more professionals interested and working in school mental health is a strong step forward.

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

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Izzy, age 4

Teddy, age 5

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NORTH DAKOTA

Restoring Medicaid's Mission and Protecting its Future



Julie Fedorchak
North Dakota Congresswoman

When it comes to health care programs like Medicaid, North Dakotans deserve clarity—not fear. Unfortunately, the media has sown a lot of fear and spread a lot of misinformation about the Medicaid reforms in the recently enacted One Big Beautiful Bill (OB BB), leaving many people worried about cuts that simply don't exist. So, let's set the record straight.

Medicaid is a critical program. I've heard from people across our state who rely on it to care for aging parents, children and adults with disabilities, or expectant mothers in need. This landmark bill honors those needs. It strengthens Medicaid by restoring the program to its original mission: caring for the most vulnerable—seniors, people with disabilities, and low-income pregnant women—while cracking down on waste, fraud, and abuse.

The truth about the changes is this: we will spend more on Medicaid tomorrow than we do today. Under this law, Medicaid spending is set to increase by 25 percent over the next 10 years. That's a significant investment to ensure the program works better and remains available to those who need it most. It also includes a new \$50 billion

Rural Hospital Fund to help states like North Dakota strengthen care in small towns—supporting telehealth, emergency services, mental health care, and the recruitment of doctors and nurses. For a rural state like ours, that means more local control, more flexible tools, and better outcomes for the communities that often struggle most to access care.

We implemented two important Medicaid reforms in the OB BB. First, the bill requires Medicaid enrollees to verify eligibility twice a year, helping states remove people who no longer qualify or who are abusing the system. Second, we require able-bodied adults aged 19 to 64 who qualify for Medicaid to complete 20 hours per week of “community engagement” requirements. This can be fulfilled through work, school, or volunteering—whichever best fits someone's life circumstances.

Importantly, we approved a sizable list of exemptions from the work requirements. They don't apply to seniors, people with disabilities, pregnant women, caregivers, and individuals recovering from addiction or incarceration, among others. More than half of North Dakota's Medicaid recipients are seniors in long-term care—meaning they are not affected at all by the

community engagement requirements established in the OB BB. According to KFF data, 72 percent of Medicaid-covered adults in North Dakota already work full- or part-time. Only around 10 percent fall into the category of able-bodied adults aged 19–64 who may need to meet the new community engagement requirements.

North Dakota is already ahead of the curve. Our state manages Medicaid efficiently and compassionately. We are well-positioned to implement these reforms—and we should be proud of that.

At the end of the day, this is about making Medicaid work better. By restoring accountability and focusing resources where they're needed most, we can keep the program strong for generations to come. That's what good governance looks like. And that's what I'll keep working for—because North Dakotans deserve nothing less.

UND Welcomes MD Class of 2029, Dr. Anderson is Featured Speaker for White Coat Ceremony



Dr. Misty Anderson, an NDMA past president who now serves as a NDMA Delegate at the American Medical Association House of Delegates, was a featured speaker at the Class of 2029 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. Misty Anderson 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 Anderson.

"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."

A total of 76 students are enrolled in the MD Class of 2029 program.



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Physician employment contracts are lengthy and complex documents that can be challenging to thoroughly understand. It may be tempting to sign quickly and move into a new job, but these contracts play an invaluable role in a physician's overall career success and should not be taken lightly.

Not only does an employment contract determine compensation and basic benefits, but it also defines work location, scheduling, call hours, restrictive covenants, personal property rights, restrictions on outside activities, and much more. Whether a physician is signing their first post-training contract or re-negotiating an existing agreement, it is crucial to review all the included terms and negotiate them when necessary.

Despite the importance of signing a fair contract, through no fault of their own, physicians are often unprepared to review and negotiate such legal agreements. Most medical schools and training programs do not provide guidance on the business aspects of medicine, leaving physicians to fend for themselves in this area. However, just as physicians specialize in the medical field, certain attorneys specialize in physician employment.

Resolve handles physician employment contracts for all specialties, providing hands-on assistance throughout the entire review and

negotiation process. When you have a contract reviewed by Resolve, you speak one-on-one with an attorney who will review the terms in full, make suggestions, and even negotiate with an employer on your behalf.

When it comes to reviewing and negotiating a compensation package, physicians also need to understand fair market value for jobs like theirs. Accurate, comprehensive data on what other physicians in the same specialty and location are earning will indicate whether an offered compensation package is competitive or below average and should be negotiated.

Along with personalized contract review, Resolve provides physician compensation data unique to your specialty and location. All contract review services come with access to the latest Medical Group Management Association (MGMA) compensation report, as well as Resolve's own rData, a dataset derived from the thousands of contracts they have reviewed. Using detailed compensation data, physicians can determine what they should be earning and negotiate their contracts accordingly.

Recognizing the importance of securing fair compensation and other contract terms, the North Dakota Medical Association has partnered with Resolve to provide NDMA members with discounted access to contract review and compensation data.

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Support Beyond Treatment: How the Bismarck Cancer Center Foundation Cares for the Whole Individual



Submitted by the Bismarck Cancer Center

A cancer diagnosis impacts far more than just the physical body—it affects a person's emotional well-being, financial stability, relationships, and everyday life. The Bismarck Cancer Center recognizes that treating cancer requires more than medical care alone. That's why, through the Bismarck Cancer Center Foundation (BCCF), a wide range of support services is offered, designed to care for the whole individual, not just the disease.

The Foundation provides access to essential wraparound services that support those facing cancer and their families throughout the entire journey—from diagnosis and treatment to survivorship and beyond. These services are made possible through generous community donations, fundraisers, and grants—and are available at no cost.

One of the most utilized services is lodging assistance. For individuals who travel long distances for daily radiation treatments, the Foundation offers access to on-site apartments just steps from the Cancer Center. These fully furnished units provide a safe, comfortable, and private place to stay during treatment, easing the burden of long travel times and transportation costs.

To ease the financial strain that often accompanies a cancer diagnosis, the Foundation also provides transportation and gas cards, ensuring no one misses treatment due to a lack of access.

The Foundation also emphasizes the importance of emotional and spiritual healing. The Foundation offers a REACH coordinator, who meets with all individuals when treatment has started, and then as often as needed.

Support groups, including breast cancer, all-cancer, and caregiver support groups, offer a space to connect, share, and heal with others going through similar experiences.

Additionally, the center employs a massage therapist who provides two 10-minute massages twice a week for individuals undergoing treatment, with caregivers receiving one massage each week. Alongside these services, the Cancer Center offers weekly chair yoga classes—available both in-person and virtually—as well as monthly art therapy sessions. These offerings not only aid in physical recovery but also promote emotional well-being, alleviate stress, and foster a sense of control and empowerment during what can be a challenging time.

To further support individuals during their journey, the Foundation assists in easing the transition into survivorship. Those approaching the end of treatment meet with a survivorship nurse who offers personalized care plans, education on long-term side effects, and access to community resources that promote ongoing wellness.

The Bismarck Cancer Center Foundation exists to ensure no one faces cancer alone. With compassion at the heart of everything we do, these support services play a vital role in restoring dignity, peace, and quality of life for individuals and families. Thanks to the generosity of the community, the Foundation can provide hope, healing, and strength — every step of the way.



COMPREHENSIVE SUPPORT FOR PATIENTS DURING & AFTER RADIATION THERAPY

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NDPHP Offers Multi-faceted Programs to Help with Well-being

Maggie Seamands
NDPHP Executive Director



The North Dakota Professional Health Program (NDPHP) may be most widely known for helping healthcare professionals overcome substance abuse disorders through a highly effective and confidential program.

However, the NDPHP can help with more than just substance use disorders. Our program is multi-faceted and aimed at providing resources and support to enhance the overall well-being of healthcare professionals, including stress, anxiety, depression, burnout, boundary issues, and other mental health conditions.

NDPHP services are extended to more than just physicians by including residents, medical students, physician assistants, and physician assistant students.

To extend its reach, NDPHP works with healthcare systems on proactive approaches to well-being by partnering with their wellness programs, providing education on burnout, and collaborating on internal referral processes.

If you are concerned about a healthcare professional on your team, have a need to collaborate on developing education or training, or want to learn more about NDPHP and how we can help, reach out to us at info@ndphp.org or ndphp.org.

NDPHP Seeks New Members to serve on its Board Of Directors

The NDPHP is seeking to fulfill a board member position on NDPHP's Board of Directors. Board members serve 3-year terms and meet 4-6 times a year.

More information is listed on the ndphp.org website home page under "Join Our Team," or you can email your resume and cover letter outlining your interest to info@ndphp.org.

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WHAT IS IT?

Effective June 27, 2023, the US Drug Enforcement Administration (DEA) requires all DEA license holders to take at least 8 hours of training on opioid or other substance use disorders, as well as the safe pharmacologic management of dental pain, to apply for or renew their DEA certification.

HOW CAN I FULFULL THIS REQUIREMENT?

In partnership with Clinical Care Options (CCO), MMA now offers a comprehensive, DEA-compliant CME course, Controlled Substance Prescribing and Substance Use Disorders. Learn at your own pace on-demand—with expert-led sessions that can be taken whenever, wherever.



A Tribute to NDMA Council Member Dr. Tom Strinden

In great sadness, NDMA grieves the loss of a great ambassador Dr. Tom Strinden, who passed away on July 13.

As a dedicated NDMA member, he went the extra mile to advocate for medicine and build friendships. Through his tenure as a physician, he impacted many lives through his passion for medicine. Here is a brief summary of his advocacy efforts:

- NDMA member: 30 years
- Commission on Legislation Member: 16 years
- NDMA PAC Chair: 19 years

NDMA Legislation Activity:

- Advocated for medicine by providing testimony
- Participated as Doctor of the Day
- Participated at Physician Day at the Capitol

He was also a member of the North Dakota Society of Eye Physicians and Surgeons. His advocacy efforts extended beyond medicine, positively impacting many lives. The void cuts deep.



Thomas Strinden, MD, participated at many NDMA Annual Meetings. This photo was taken during his participation in NDMA's Annual Meeting Policy Forum.

**Our heartfelt condolences
to the Strinden family.**

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No News Is Not Good News: Overlooked Diagnostic Test Results

Dr. Sue Sgambati
COPIC Senior Physician Risk Manager



Case Study

A primary care provider sees a patient acutely who is “not feeling well” in the morning. The exam is unremarkable and the provider orders a complete blood count (CBC) and chemistry panel. At 4:55pm, the lab calls to report a critical potassium level of 6.0. The provider has already left for the day and is not called. Due to the provider’s unpleasant demeanor and grumpiness, the staff rarely calls after hours. Later that night, the patient presents to the ED with syncope, cardiac arrhythmia, and a potassium level of 6.3.

Diagnostic test results are a critical component of patient care and the tests we order are increasing in numbers and complexity. Missed or delayed follow-up can lead to adverse outcomes, including delayed diagnoses, unnecessary complications, and potential medical liability claims. To prevent these errors, medical providers must implement strategies to ensure that diagnostic test results, whether sent directly or forwarded to the office, are received, reviewed, and acted upon promptly.

National safety organizations, including the Joint Commission, the National Patient Safety Foundation (NPSF), and the Agency for Healthcare Research and Quality (AHRQ), provide valuable published guidance to help practices avoid these pitfalls.

1. Establish Clear Communication Protocols

One of the most effective ways to avoid missed results is to create standardized processes and a structured communication system for receiving and reviewing test outcomes. This should include documenting who is responsible for receiving, reviewing, and acting upon results. For example, appointing a dedicated person or team to monitor and process incoming test results ensures accountability and reduces the likelihood of results falling through the cracks.

2. Implement Electronic Health Record (EHR) Alerts

Leveraging technology can significantly improve the management of test results. The NPSF suggests the use of EHR alerts or notifications to flag pending results or abnormal findings. Automated alerts can trigger action by clinicians and staff, ensuring timely follow-up. For example, an EHR system can alert the ordering provider when a result is available, or when abnormal findings are reported.

3. Ensure Test Results Are Tied to Clinical Workflow

Diagnostic test result management must be integrated into the clinical workflow. Practices should ensure that test results are reviewed by the ordering physician, ideally within a set timeframe, and that abnormal results prompt an immediate follow-up action. This should be part of the practice’s daily routine, where results are discussed at regular team meetings or with a designated staff member who cross-checks results against patients’ charts.

4. Patient Notification Systems

Patient notification is critical to ensuring that diagnostic results are acted upon. Practices should have clear protocols for notifying patients of both normal and abnormal results. It is essential that patients are informed promptly, as delayed notification can lead to worsened conditions. Implementing a system for automatic patient alerts or reminders for follow-up appointments can also help ensure continuity of care. Patient portals are not a reliable means of closed loop communication of abnormal test results.

5. Conduct Regular Audits

Regular audits of the test result management process can help identify potential gaps and areas for improvement. The Institute for Healthcare Improvement (IHI) advocates for routine audits to track test result completion rates, timeliness of communication, and follow-up actions, allowing practices to identify and address any weaknesses in their process.

Conclusion

Avoiding missed diagnostic test results requires a combination of clear protocols, technological tools, effective communication strategies, and ongoing monitoring. By following these best practices, medical providers can significantly reduce the risk of errors, improving patient safety and care outcomes.

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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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.