

# North Dakota Physician

---

SUMMER 2026



---

## **Gary Ramage, MD**

*A Lifetime Dedicated to  
Serving Rural Medicine*

---

 **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: Donna Thronson

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

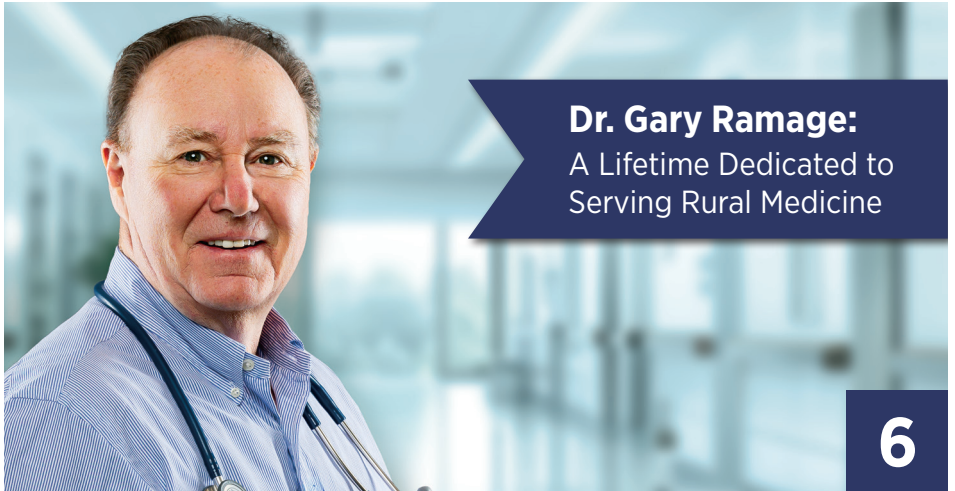
**Commission Chairs**

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  
Leann K. Benson, Chief Operating Officer  
Donna M. Thronson, Communications Director

# IN THIS ISSUE



- 3** PRESIDENT'S MESSAGE  
**Why Physicians Need to Advocate**  
Parag Kumar, MD  
NDMA President
- 3** DIRECTOR'S MESSAGE  
**Legislative Update**  
Courtney M. Koebele, JD  
NDMA Executive Director
- 4** DEAN'S MESSAGE  
**Heating Up**  
Marjorie R. Jenkins, MD, MEDHP, FACP - UND Vice President for Health Affairs, Dean UND School of Medicine & Health Sciences
- 5** *UND SMHS Honors Awards to 2026 Medical Students*
- 6** *Dr. Gary Ramage: A Lifetime Dedicated to Serving Rural Medicine*
- 9** *Pathway to Practice: How North Dakota Keeps Its Physicians Rural*
- 12** *Service Designed With You In Mind*
- 14** *UND SMHS - 2026 Student Awards*
- 17** *Malpractice Litigation Update*
- 19** CONGRESSIONAL UPDATE  
**Filling Medical Workforce Needs: All Hands on Deck**  
Senator Kevin Cramer
- 20** CONGRESSIONAL UPDATE  
**Sometimes the Seating Chart Matters**  
Congresswoman Julie Fedorchak
- 21** CONGRESSIONAL UPDATE  
**Ensuring Access to Safe, Readily Available Infant Formula for American Families**  
Senator John Hoeven
- 22** *Gaming for Medical Knowledge*
- 23** *Fargo Center for Dermatology Kicks Off Skin Cancer Awareness Month with Annual Community Screening*
- 24** *Bridging the Gap: Altru Expands Behavioral Health Access for the Region*
- 25** PHYSICIAN SPOTLIGHT  
*Erica Hofland, MD*
- 26** *Mental Health Awareness: Reflecting on the Wellbeing of Healthcare Professionals*
- 27** *Dr. Kusler Joins Bone and Joint*
- 28** *Where Medicine Meets Hope, Strength, and Joy*
- 30** *A Guide to Liability Concerns with Telehealth*



**Parag Kumar, MD**  
NDMA PRESIDENT

## A Message from the President: Why Physicians Need to Advocate

When it comes to healthcare, it's more important than ever to have physicians' voices heard. These are trying times, particularly when massive cuts to healthcare spending on the federal level are on the line. The impact of the broad cuts stretches across the board, from scientific research, public health, disease prevention programs, health insurance for low-income Americans and their children, and more. Furthermore, healthcare insurance policies also dictate the care we can provide. There are prior authorization hurdles, limited coverage, and other protocols, such as step therapy, in place that can delay or prevent care when it is needed most.

It's important to know that many healthcare policies can be an effective mechanism for putting the patient first. This is what NDMA does best. We advocate to make medicine work for you and your patients.

This is where you can make a difference. Many legislators do not see firsthand the impact of poor policy decisions, but you, as a physician caring for patients, do. You know what matters, and we need your voice to be heard.

2027 will soon be upon us, and that means another legislative session is coming right around the corner.

You can get involved by making a commitment to attend the 2026 Annual Meeting Policy Forum on October 16 in Grand Forks. Here is where we vet policy ideas for the upcoming session, and you can make a difference.

Sign up to attend at [ndmed.org/2026-annual-meeting](https://ndmed.org/2026-annual-meeting). See you there.



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

## Legislative Update

NDMA is once again preparing diligently for the upcoming legislative session. Our Commission on Legislation, chaired by Fadel Nammour, MD, will hold its first meeting for the 2027 session this June and will continue meeting monthly in advance of North Dakota's 70th Legislative Assembly, which convenes on January 5, 2027.

NDMA's legislative priorities will include several longstanding issues, such as Medicaid and Medicaid Expansion, the medical school budget, and scope-of-practice matters. In addition, the association will be advancing several initiatives originating from the policy forum.

One proposal, introduced by ophthalmologists, addresses prescription eye drop refills and has already been enacted in 29 states. Many patients depend on prescription eye medications to preserve their vision, particularly those with glaucoma and other degenerative eye conditions who require daily treatment. However, patients are often unable to use the full contents of these medications due to shaky hands or defects in the dispensing mechanism. This legislation

would allow authorized refills in these circumstances, helping ensure continuity of care and improved patient outcomes.

Another policy forum issue concerns patient recording during medical visits. NDMA physicians have reported instances where patients have recorded clinic interactions, including broadcasting visits on Facebook Live. North Dakota is a single-party consent state, meaning only one individual involved in a conversation must consent to a recording. This is an issue that warrants further discussion.

Additional issues have emerged during the interim. One involves certified anesthesiologist assistants, a profession currently recognized in 22 states that could expand the healthcare workforce in North Dakota. Another growing concern is kratom, which remains unregulated in the state. Healthcare professionals across North Dakota are reporting increased cases of kratom addiction, which can be difficult to treat, as well as at least one suspected death associated with its use.

Finally, this serves as a reminder to get involved with advocacy. One of the most important ways you can get involved is by contacting your legislators and asking for their support. That one email, phone call, or point of contact can have a huge impact on a legislator as they decide how to vote.



**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: Heating Up

Summer in North Dakota brings renewed energy and reflection at the UND School of Medicine & Health Sciences. This season, we celebrate the achievements of our students and newest alumni even as we continue the momentum that will carry us through the decade and beyond.

To that end, our newest physician assistant (PA) cohort began classes in May, our medical students start in July, and we're hard at work this summer building up several programs and initiatives designed to help our School meet its purpose of serving North Dakota and improving the quality of life in the state.

Foremost among these efforts is the founding of the UND Department of Dermatology. Thanks to a very generous gift from the Mohiba and Basir Tareen Family Endowment, this new department, led by the Tareen Family Chair of Dermatology Dr. Erin Barrett, will expand dermatologic training opportunities in North Dakota, introduce students to the specialty earlier in their education, and better prepare students for residency and careers in this critically important field.

This gift will help address significant workforce needs. Today, there are fewer than 30 practicing dermatologists in North Dakota, limiting access to specialized care, particularly in our state's rural and underserved communities. Over time, this new department will help strengthen the state's dermatology workforce and expand access to care for patients across North Dakota.

To the Tareen family: Thank you for your vision, generosity, and commitment to improving dermatologic care for the people of this state. Your impact will be felt for generations to come.

Fresh off our MD and Graduate Program Commencement ceremonies, I should also note that we just sent more than 300 physicians, therapists, PAs, and other health providers off to a variety of residency and fellowship programs, hospitals and clinics, and other healthcare sites. Our 100% match rate for medical students



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

reflects the exceptional caliber of our cohorts as they continue into the next stage of their education and join competitive residency programs in North Dakota and throughout the U.S.

Nearly half of our graduating MD students matched into the primary care specialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics. We are also working hard to reimagine medical education with the creation of a new Department of Medical Education and revamping our Office of Learning Innovation (OLI). This new organization will ensure that SMHS is on the forefront of innovation in teaching and help shape our School's integration of, and decision-making around, A.I. in the clinic and classroom.

Innovation is critical to prepare our future healthcare providers to serve the state. Such initiatives include our Primary Care Accelerated Track (PCAT), which will get

more family and internal medicine physicians into North Dakota clinics and hospitals sooner, and our ND85 program, which seeks to recruit and retain more North Dakota students for healthcare training and eventual practice in North Dakota.

---

### **ND85 is already increasing the number of North Dakota residents matriculating into our MD and PA programs**

---

On that note, I am happy to report that ND85 is already increasing the number of North Dakota residents matriculating into our MD and PA programs. As of June 1, our incoming M.D. Class of 2030 consists of around 80% North Dakota students. The PA data are similar. Given that the North Dakota Legislative Assembly gave us until 2030 to

reach 85% North Dakotans in our program cohorts, it looks like we're well on our way to helping address the state's continuing health provider shortage.

In the research world, North Dakota's only interprofessional school of medicine and health sciences is likewise on a roll. Drs. Gary Schwartz and Mark Williamson, researchers in our Department of Population Health, recently published an important paper linking high levels of exposure to radon gas with increased risk for ovarian cancer. Likewise, Dr. Keith Henry, in our Department of Biomedical Sciences, found that taurine supplementation holds the potential to halt retinal degeneration in persons with certain types of early onset retinal dystrophy.

These are just a few examples of how UND's community-based School of Medicine & Health Sciences is improving health and healthcare not only in North Dakota but the nation. Every day.

---

## **Dr. Hofland Presents NDMA Awards to Medical Students During Commencement Festivities**

As part of the graduating M.D. Class of 2026 commencement festivities, Dr. Erica Hofland presented the 2026 NDMA awards to several outstanding medical students. Dr. Hofland serves as vice president on NDMA's Council.



*Dr. Hofland presented the North Dakota Medical Association awards to three outstanding students in the 2026 graduating M.D. class. This year's recipients are (pictured left to right): Cade O'Neill, Phillip Hoffarth, and Brailyn Weber.*



*Dr. Hofland also presented the North Dakota Medical Association Alliance awards to two outstanding recipients: Mikale Kuntz (center) and Abby Lund DaCosta (right).*

**NDMA extends sincere congratulations to the 2026 medical student graduates!**



## Dr. Gary Ramage: A Lifetime Dedicated to Serving Rural Medicine

By Donna Thronson NDMA Communications Director

**In this issue, we celebrate Dr. Ramage not only for the good work he has done, but also those who helped lift him to greatness: his family, friends, and community, and the health system that recruited him to Watford City.**

The shortage of physicians in rural areas has been a persistent challenge for many years. Studies show that physicians who train in rural areas are much more likely to stay and practice in rural communities. That's what this story is about. But it also goes much deeper, explaining how a rather unassuming move by one of the state's most dedicated rural physicians led him to dedicate his entire career – a lifetime in medicine – to becoming passionately invested in a rural community.

### How It Began

After completing his medical doctorate in Saskatoon, Saskatchewan, Dr. Gary Ramage continued his military enlistment with the Canadian Armed Forces, where he served for eight years as a medical officer in both the Army and the Air Force. During his tenure, he rose through the ranks, serving as a flight surgeon holding the rank of captain, and officially retired in 1995.

After his honorable discharge, he began the search for his next medical career. He was not alone in this game. His wife, Pam, and baby Emily were big factors in making the right move.

During the search, he was approached by some powerful Watford City influencers who thought he would be the perfect fit for their town – the banker, the judge, the eye doctor, and the community development director.

“At that time, Watford City was the last frontier of the wilderness, offering an abundance of wild game and bow hunting opportunities,” said Ramage. “Another bonus was the nine-hole golf course, and many excellent like-minded gentlemen.”

Dr. Ramage and his wife, Pam, decided that moving to Watford City would present some opportunities to raise a family in a new area that was still fairly close to family. They took a leap of faith, made the move in 1995, and have never looked back.

### Becoming Part of the Community

Dr. Ramage and Pam raised two children in this small community. Emily and Ted. Both attended school in Watford City and went on to the University of North Dakota to pursue careers in law.

Pam excelled at her civic duty by serving 17 years on the McKenzie County Public School District Board and 11 years as president. In addition, she enjoyed being involved in many of the town's other opportunities, including volunteering at the golf course and participating in the community's many women's organizations.

For not really knowing what this town had in store for them, it was working for them. “I did not really know much about rural medicine when we came except that it was something I had never done,” said Ramage. “We ended up doing it as a family.”

According to Dr. Ramage, his family embraced the community, and it became a group effort to make everything harmonize. “Everything revolved around Dad's work and being on call for the hospital around-the-clock,” said Ramage. “It was a position of great respect, and we all were careful not to take this for granted.”

Making a life in Watford City meant the family could always find time to do what was most important. “Pam and I did not miss many community Friday night football games, and we attended Ted's hockey games, Emily's figure skating competitions, band concerts, and we never missed a parent-teacher night for our children,” said Ramage.

Living in a small community can lend itself to many interesting encounters. One of Dr. Ramage's best stories is when his neighbor walked into the emergency room after cutting off the tip of his finger on a band saw. “I was working the emergency room that day, so I drove to his house, found his finger on the floor, came back to the emergency room and sewed the tip back on, then drove him home afterward,” said Ramage.

Stories like this capture the essence of small-town rural medicine. Another encounter was receiving a call from the local veterinarian. “Dr. Nelson was having trouble delivering a foal, so he figured that I, being a doctor doing obstetrics, would be the perfect ask.” Dr. Ramage rebooked the patients in the waiting room, who completely understood and knew Dr. Nelson well. Then, he headed into the country to help make a delivery. “Together we delivered a colt that grew up big and strong. Just like our city of Watford City,” said Ramage.

### The 30-Year Journey

This year marks 30 years since the Ramages took a leap of faith and moved to Watford City. There was no crystal ball to help guide them – only a gut feeling that somehow this town could be an opportunity for both their family and the Watford City community.

Being a physician in a small community meant that Dr. Ramage covered a broad range of healthcare responsibilities, from obstetrics to minor surgeries and everything in between, and held many leadership roles.

Today, Dr. Ramage continues his position as Chief of Staff for McKenzie Health. Other roles he serves include:

- Medical Director of McKenzie Health and McKenzie County Ambulance Service
- Medical Director of Good Shepherd Home skilled nursing facility and Horizon Assisted Living Center
- Watford City Health Officer
- Clinical instructor for the UND School of Medicine and Health Sciences and UND Center for Family Medicine
- Preceptor for medical students and residents

When it comes to leadership, Dr. Ramage displays all the characteristics needed to move a great healthcare system into becoming an even greater one. His belief that all things work together for the greater good helped team members come together to find solutions to bridge the gap for rural healthcare workers.

“I consider my major role as Chief of Staff to be a facilitator of system harmony and to foster safe and ethical medicine,” said Ramage. “I would be remiss if I did not recognize the support and contributions of our administration by allowing us to work without excessive roadblocks and concerns about individual production.”

---

## For Dr. Ramage, it's about his family, his community and the people he works with.

---

### Building Rural Healthcare

As a strong advocate for rural medicine, Dr. Ramage has made it his passion to improve physician retention by offering teaching opportunities in rural health settings and to encourage rural medical residencies in North Dakota.

With a desire to lead in rural healthcare excellence, Dr. Ramage spearheaded a program unlike anything else seen in North Dakota or, for that matter, the United States. “It is our goal to be a leader in rural healthcare excellence and to teach other rural facilities how to follow our lead,” said Ramage.



Dr. Gary Ramage and his family. Pictured (left to right) son-in-law Allen, grandson Gabe, daughter Emily, Gary, wife Pam, son Ted, and girlfriend Shelby.



*The newest edition, grandson Ellis.*

According to Dr. Ramage, the approach was simple: recruit rotating physicians from every specialty, schedule them in sequential time blocks, allow them to live wherever they choose, and have them serve McKenzie Health monthly. In return, McKenzie Health asked its physicians to aim for excellence by helping people, by continuously seeking ways to improve themselves and their departments, and by buying into the model of being the most excellent department in the state of North Dakota.

Using this model, many McKenzie Health physicians live outside of the state, but many have also chosen to make Watford City their home. This culture of collegiality and self-empowerment has created a self-recruiting environment. Using this model, McKenzie Health has grown to over 450 employees, including 65 physicians and 30 advanced practice practitioners.

According to Ramage, McKenzie Health, a level four emergency provider, now includes every specialty seen in a North Dakota tertiary care center, with plans to add an intensive care unit and potentially move to trauma level three.

While many rural healthcare systems struggle to turn a profit, McKenzie Health is beating the odds. “The model we’ve implemented has proven to be profitable and furthermore promotes a general feeling of well-being for our physicians. They feel appreciated and a valuable part of our team,” said Ramage.

### Going for the Home Stretch

The year brings more changes for Dr. Ramage. In March, he gave up clinical practice to focus exclusively on making McKenzie Health even better. He continues to serve as Chief of Staff in his usual

approachable way, remaining available and willing to lend a hand wherever needed. The move will help him focus on the next steps for McKenzie Health and ensure the systems in place remain solid and continue to serve the community.

In the home stretch, Dr. Ramage plans to keep his focus on building healthcare infrastructure and securing the practice of medicine. “Through the years, I have built many connections, including the work I’ve done at the Capitol through the North Dakota Medical Association,” said Ramage. “Those are connections I will continue to keep that can help benefit medicine in a useful way.”

For several years, Dr. Ramage and his McKenzie Health team traveled to the North Dakota Capitol during legislative sessions to host a Health and Wellness Screening Day for legislators. Through this event, Dr. Ramage met many legislators and shared the good work being done in rural healthcare systems.

For some, personal perseverance may motivate a person to high standards, but for Dr. Ramage, it’s much more than that. It’s about his family, his community, and the people he works with. And above all, it’s about his humble nature and get-it-done attitude.

In 2019, Dr. Ramage was the recipient of the NDMA’s most prestigious award – the Physician Community and Professional Services Award. He was nominated by a colleague at McKenzie Health who had this to say:

Dr. Gary Ramage stands as a premier rural physician who has pushed the development of rural and community medicine over his many years of practice in rural western North Dakota. Deeply respected by his patients and admired by his colleagues, Dr. Ramage is a true leader in both his workplace and community.

### Awards

Through the years, Dr. Ramage was recognized for numerous awards

- Emergency Medical Services Medical Director of the Year Award – 2022
- North Dakota Medical Association Physician Community & Professional Services Award – 2019
- Outstanding Rural Health Provider – 2018

**The North Dakota Medical Association recognizes the outstanding contributions of Dr. Gary Ramage. He is a true servant leader, and it shows not only by the numerous awards but also by the accolades from his friends, family, and coworkers. Well done.**



# Pathway to Practice: How North Dakota Keeps Its Physicians Rural

Submitted by **Stacy Kusler**  
Workforce Specialist, UND Center for Rural Health



The success of rural healthcare starts with a critical factor: having the healthcare workforce in place to provide it. In their outsized roles, these trusted rural teams provide care at home and, when needed, get patients to additional services in urban centers.

But how does rural North Dakota find its healthcare providers — its doctors in particular? Perhaps the bigger question is how it keeps them?

The state’s workforce experts know that finding and keeping physicians — referred to as recruitment and retention — is a process that must begin long before a practice contract is signed. The current collaborative efforts of the state’s only medical school, several state government agencies, and the rural communities themselves involve several key elements: reaching students early to inspire healthcare careers, providing meaningful rural training experiences during medical school, and offering financial or service-based incentives that make practicing in rural communities more attractive.

## Healthcare Career Beginnings

During the 2025 legislative session, state lawmakers tasked the UND School of Medicine & Health Sciences (UNDSMHS) leadership with a specific goal: 85% of students in the MD and Physician Assistant (PA) programs should be North Dakotans.

ND85, as the enrollment goal is now known, launched with a clear focus of reaching students in middle school, high school, and early postsecondary years to build awareness, confidence, and readiness for a future medical career, preferably in North Dakota.

A key part of ND85 is connecting with existing programs that already work to introduce students to healthcare careers. These include scrubs camps and academies offered to middle and high school students through the UND Center for Rural Health, as well as the student-led organization, Health Occupations Students of America (HOSA) Future Health Professionals, that now includes more than 1,000 North Dakota high school and college students exploring health career pathways.

Dr. Marjorie Jenkins, UNDSMHS dean, said ND85 is a reflection of her philosophy that North Dakota’s youth should have early and sustained exposure to healthcare careers, allowing them to realize that a healthcare career is realistic and attainable, and the state’s only medical school is the institution that can offer them a premier education. “Improved rural recruitment and retention serves the entire state and keeps North Dakotans at the center of our work every day,” she said.

## Train in Rural, Remain in Rural

National research shows that training students and physicians in rural areas keeps them in rural areas. Several North Dakota program results prove that this logic holds true. First is ROME, or Rural Opportunities in Medical Education, a 24-week program for medical students. With

ROME, students don’t just learn alongside rural community providers — they also experience rural life in Devils Lake, Dickinson, Grafton, Hettinger, and Jamestown, along with the Minnesota communities of Benson and Ortonville.

---

**Research shows that those who train in rural areas are more likely to stay rural.**

---

But medical students graduate and head to several more years of post-medical school training in residency programs. Research shows that at this point in their career, those who train in rural areas are much more likely to stay rural — regardless of whether they are from a rural or urban area. To that end, North Dakota has three residency programs that provide training designed to encourage physicians to stay in rural North Dakota.

The first two programs, known as Rural Training Programs (RTPs), are offered through the Minot and Bismarck family medicine residencies. Partnering with the communities of Williston and Hettinger, residents in Minot and Bismarck begin their training on these two urban campuses before transitioning to the rural hospitals for their second and third years.

The third program is the UND Rural Surgery Track, the designation for rural-specific training within the UND General Surgery Residency program.

Leaders in these programs shared their positive results: ROME has kept nearly 60 of its former participants in North Dakota for practice, while 70% of UND rural surgery track graduates practice in rural areas — a higher percentage than other similar U.S. programs. To date, 15 graduates of the rural surgery track practice in North Dakota.

---

**Strong rural healthcare systems are built over time through education, training, mentorship, and investment in the people willing to serve rural communities.**

---



Erik Christenson, Heartland of America CEO and Dr. Josalynne Hoff Rue

### Also Making Rural Practice Possible: Financial Investments

While UNDSMHS ranks among the top U.S. programs for affordability, total in-state resident medical school tuition still hovers around \$235,000. However, several options are available for physicians interested in managing those expenses by practicing in rural North Dakota.

One option is through loan repayment programs, administered by the North Dakota Primary Care Office (PCO), which is part of the North Dakota Health and Human Services agency. These programs offer anywhere from \$50,000 to \$100,000 of loan payment in exchange for two to five years of service in a rural North Dakota community. Another program — created by the 2010 state legislature and known as the RuralMed program — forgives medical school tuition if the participant provides five years of rural practice following residency training.

Again, results show these programs work. Over the past 15 years, RuralMed has realized 50 participants. Dr. Josalynne Hoff Rue is one of them.

A 2016 graduate of UND SMHS, Hoff Rue said that RuralMed was central to shaping her family medicine career path. A relatively new program when she entered medical school in 2012, it offered a dollar amount tied to years of education, and Hoff Rue decided to participate to begin practicing medicine without the weight of student loans.

Following residency at the Bismarck Family Medicine Residency Program, Hoff Rue began her five-year RuralMed commitment at Heart of America Medical Center (HAMC) in Rugby. Seven years later, she's still there, not only as a physician but also as community faculty at UNDSMHS, continuing the mentorship cycle that influenced her own career.

“Although I had great urban mentors in medical school and residency, those in rural areas really invested in my training,” she said. “They gave it their all and made such a difference in my life and career. Now, I want to be that person for current students.”

### Not Just Local Care, But Local Quality Care

The results are irrefutable. Rural residents benefit from local care provided by the RuralMed alums practicing in their towns. However, healthcare administrators like Heart of America's CEO Erik Christenson note something else about that care: its quality.

“The [RuralMed] program allows us to recruit physicians trained at the highest level of clinical expertise, like Dr. Hoff Rue who is at the top of her field,” Christenson said, acknowledging that RuralMed was an integral part of bringing Hoff Rue to Rugby. “She's also dedicated to our community and willing to lead our medical staff to their highest level.”

---

## From middle school outreach to rural residency programs, North Dakota is building a healthcare workforce designed to stay rural.

---

### A Faster Track to Rural Practice

Those involved with North Dakota's recruitment and retention programs recognize that there's a never-ending need for innovation, and a recent philanthropic gift through the Joe and Norma Peltier endowment supports that innovation.

The Primary Care Accelerated Track (PCAT), a new program slated to launch in 2028, reduces time and decreases debt for select students choosing a primary care career. Medical school is completed in three rather than the traditional four years, followed by training in a North Dakota residency program, and a five-year service commitment to rural North Dakota.

Taken together, North Dakota's recruitment and retention efforts reflect a clear theme: rural workforce stability is built over time through coordinated strategies, strong partnerships, and innovation. With the resulting alignment of education, medical training, financial support, and state legislative efforts, high-quality rural healthcare delivered by clinicians committed to staying rural benefits all of North Dakota.

 **HERE FOR ALL. HERE FOR GOOD.**



# TOTAL hearing CARE

Stay connected to your world with the latest options in hearing support and cochlear implants at Sanford Broadway Medical Center. Our experts help address hearing loss that needs support beyond hearing aids.

**Schedule an audiology consultation to learn more about cochlear implant options.**

**Sanford Broadway Medical Center**  
3223 32nd Ave. S.

(701) 234-2441  
[sanfordhealth.org](http://sanfordhealth.org)

## MEET OUR HEARING EXPERTS



**Matthew  
Miller, MD**



**Michael  
Shinnars, MD**

**SANFORD**  
HEALTH

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

Submitted by First International Bank & Trust



**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



**PRIVATE BANKING**



Member FDIC

**FIBT.com**

**F**or 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.



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

## Senior Medical Student Outstanding Awards

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



**Brailyn Weber, MD**  
Fargo, ND  
Dermatology



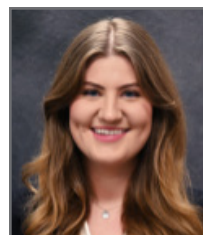
**Phillip Hoffarth, MD**  
Shakopee, MN  
Psychiatry



**Cade O'Neill, MD**  
Butte, MT  
Neurology

## Alliance Awards

The NDMA Alliance recognizes two outstanding class of 2026 UND senior medical students. Congratulations to the following graduates:



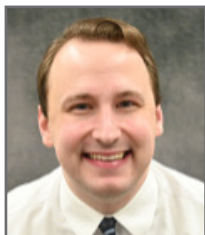
**Mikale Kuntz, MD**  
Grand Forks, ND  
Emergency Medicine



**Abby Lund Da Costa, MD**  
Grand Forks, ND  
Internal Medicine

## Sophomore Outstanding Performance Awards

NDMA recognized UND sophomore medical students, nominated by their peers, for outstanding performance in three curricular areas. Congratulations to the following recipients:



**Patrick Mullon**  
Rochester, MN



**Jack Ommen**  
Rochester, MN



**Olivia Murdoff**  
Bismarck, ND



**Alexander Upton**  
Woodbury, MN

▲ **Group Leadership and Professionalism** Engages in ethical conduct, facilitates group.

▲ **Peer Teaching** Outstanding contributions to the group's database and facilitating group.

▲ **Integration of Basic Science and Clinical Application** Ability to analyze problems, generate hypotheses, set priorities, test hypotheses and formulate alternative hypotheses, draw appropriate conclusions, and apply the knowledge to patient cases.

## NDMA District Medical Societies Senior Awards

NDMA District Medical Societies recognize graduating UND medical students each year. Recipients are selected from each campus who best exemplify high scholarship and characteristics of integrity, leadership, and initiative. Congratulations to the following graduates:



SE Campus, Fargo



**Brailyn Weber, MD**  
Fargo, ND  
Dermatology



**Emma Weisner, MD**  
St. Louis Park, MN  
Obstetrics/Gynecology



NE Campus, Grand Forks



**Lincoln Kranz, MD**  
Horace, ND  
Emergency Medicine



NW Campus, Minot



**Annie Ferguson, MD**  
Snohomish, WA  
Obstetrics/Gynecology



SW Campus, Bismarck



**Nolan Christenson, MD**  
Alexandria, MN  
Psychiatry

# North Dakota Pediatric Mental Health Care Access Program

PMHCA Consultation Line  
**(888) 522-9654**

Monday – Friday  
8:30 a.m. – 4:30 p.m.



Scan for more  
information

**NORTH  
Dakota** | Health & Human Services  
Be Legendary.

## We're here to support **you.**

The North Dakota Pediatric Mental Health Care Access (PMHCA) Program promotes behavioral health integration in pediatric primary care settings.

Primary Care Providers can access Peer Consultation with Child and Adolescent Psychiatrists through the consultation line to collaborate on various behavioral health questions, including screening and diagnosis, medication management and treatment planning.

Primary Care Providers can access Peer Consultation with Child and Adolescent Psychiatrists through the consultation line to collaborate on various behavioral health questions, including:



**Screening &  
Diagnosis**



**Treatment  
Planning**



**Medication  
Management**

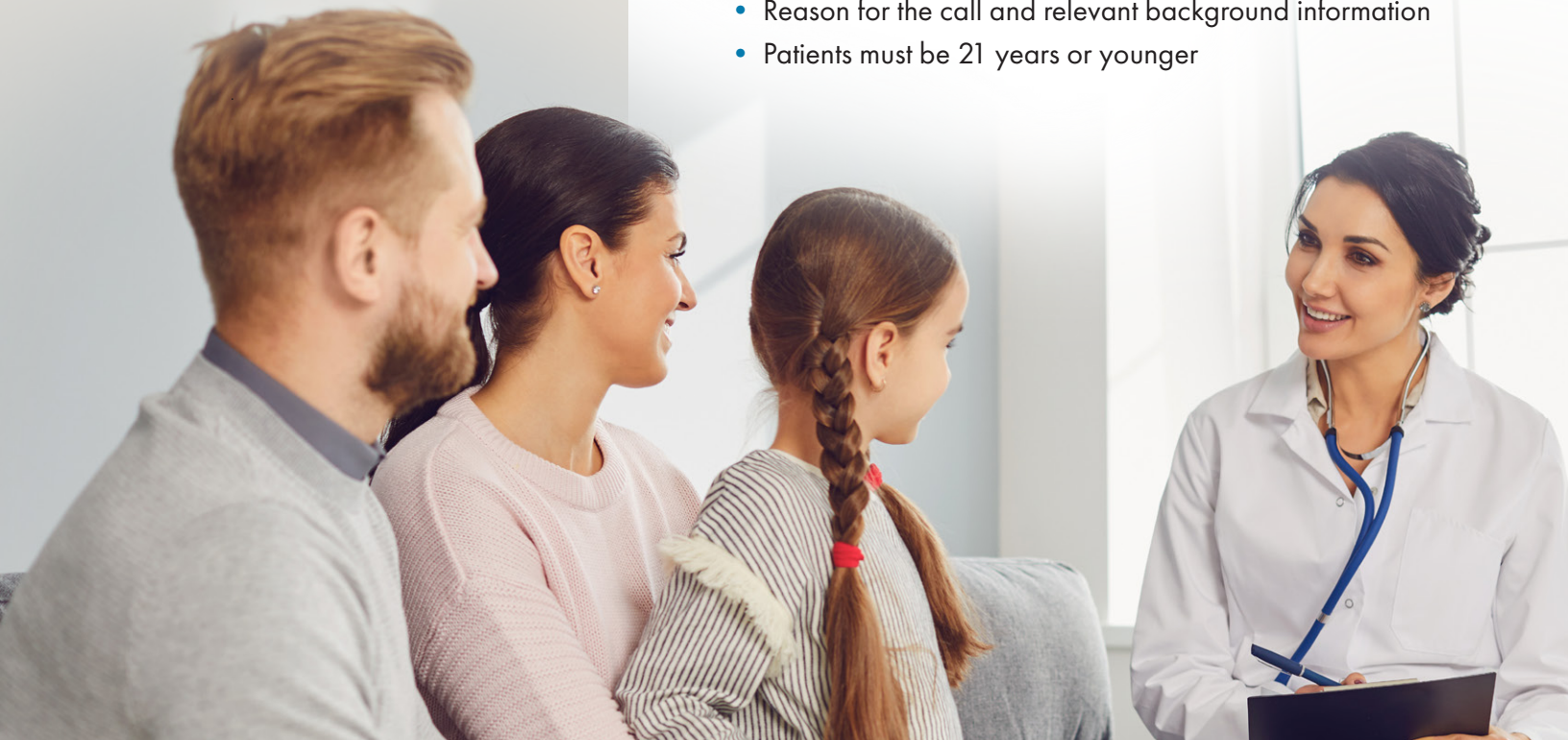


**Resources &  
Referral**

### When you call

Our Call Center Staff will need the following information:

- Provider details and call back number
- Child information — name, DOB, insurance and zip code
- Reason for the call and relevant background information
- Patients must be 21 years or younger





Briana Rummel

Angie Lord

Brenda Blazer

# OUR PRACTICE PROTECTING YOURS

---

When you as a healthcare professional need sound legal advice or a strong defense, Vogel attorneys are here to help. Our skilled and experienced team has an exceptional track record partnering with physicians, multi-specialty health systems, hospitals, clinics, and other healthcare professionals on legal matters.

Our team is here to guide you through:

// Medical Malpractice Defense

// Compliance

// Professional Board Matters

// Administrative Matters

// Risk Management

// Licensing

[vogellaw.com](http://vogellaw.com) // 800-677-5024

**VOGEL**  
Law Firm



**Briana L. Rummel**  
Attorney for Vogel Law Firm



**Olivia M. Erbele**  
Attorney for Vogel Law Firm

## Malpractice Litigation Update: Supreme Court Limits State Expert-Affidavit Statutes

**J**anuary 2026, the United States Supreme Court in *Berk v. Choy*, 146 S.Ct. 546 (2026), unanimously ruled that Delaware state law “affidavit of merit” requirements in medical malpractice cases do not apply in federal court. Specifically, the Court held that because such state requirements conflict with federal procedural rules, they are inapplicable in federal court proceedings.

Relevant to the recent ruling, Delaware state law provides that a plaintiff may not sue for medical malpractice unless a medical professional attests to the merits of the lawsuit in an affidavit accompanying the complaint. In other words, Delaware’s affidavit requirement necessitates an additional filing to commence a medical malpractice action under state law. This requirement is not unique to Delaware. In fact, many states have similar evidentiary requirements, including North Dakota. Expert affidavit statutes like that at issue in *Berk* were enacted primarily to serve as a gatekeeping mechanism aimed at reducing frivolous litigation which, in turn, is intended to prevent substantial unjustified increases in malpractice insurance.

Importantly, the *Berk* decision eliminates a procedural requirement for plaintiffs filing medical malpractice cases in federal court in some cases, arguably lowering the plaintiff’s initial evidentiary burden to proceed with a claim. In effect, plaintiffs filing federal medical malpractice actions may not have an obligation to gather expert evidence or expert opinions as early in the proceeding because expert support is not required to initiate litigation. As a practical result, the federal court system might see an influx of medical malpractice suits and defendants could face increased early litigation costs. It may also be more difficult to achieve early favorable resolution without the benefit of early expert review and disclosure.

As a matter of applicable state law, the filing of a medical malpractice action without the requisite affidavit or failure to serve an admissible expert opinion in the form of an affidavit within a specified period following commencement of an action constitutes grounds for dismissal in many jurisdictions. Accordingly, the absence of a required affidavit is a common basis for dismissal of a plaintiff’s medical malpractice suit at the early pleading stage. The Court’s ruling in *Berk* alters this framework. Without this familiar mechanism, the defense may need to employ more calculated and proactive methods to defend claims in federal court, such as early discovery and motion practice, all at an increased cost.

While nuanced, North Dakota’s expert affidavit statute, Section 28-01-46 of the North Dakota Century Code, differs in important ways from Delaware’s requirement. North Dakota law does not require the filing of an expert affidavit with the complaint. Instead, under North Dakota substantive law, a malpractice plaintiff must serve an admissible expert opinion in the form of an affidavit within three months of commencing suit. It remains to be seen how federal courts will interpret statutes like North Dakota’s following the Supreme Court’s decision in *Berk*. However, the holding in *Berk* is likely to increase medical malpractice actions in federal court as a preferred forum by malpractice plaintiffs, at least in the near term. Plaintiffs, unable or unwilling to secure a timely expert affidavit in support of their claim, may increasingly choose to file in federal court to avoid this hurdle and associated expense.

---

**The holding in *Berk* is likely to increase medical malpractice actions in federal court as a preferred forum by malpractice plaintiffs.**

---

Accordingly, in the face of a federal lawsuit, medical professionals and their legal counsel should carefully evaluate applicable jurisdictional requirements and other relevant legal considerations early in the litigation and remain apprised of developments in this area of the law.

# Partners in Early Lung Cancer Detection

## CHI St. Alexius Health Lung Nodule Clinic

Our specialized Lung Nodule Clinic offers a more efficient, coordinated, and patient-centered approach to evaluating and managing lung nodules. We deliver earlier diagnoses and appropriate treatment, minimizing unnecessary procedures, and providing comprehensive support for your patients.

### Emergent consults available within 7 days or less.

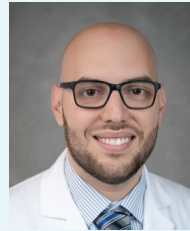
We are proud to be the first in North Dakota to utilize robot-assisted navigational bronchoscopy. This advanced technology offers significant advantages:

- **Precision Targeting:** Ultra-thin, highly maneuverable catheters navigate to the most challenging, peripheral lung nodules.
- **Integrated Biopsy & Staging:** Enables accurate biopsy and simultaneous Mediastinal Staging (EBUS) in a single procedure, significantly condensing the diagnostic journey and accelerating time to treatment.



**CHI St. Alexius Health is home to the state's only minimally invasive bronchoscopic (BLVR) lung reduction program for patients with advanced COPD, further enhancing our advanced pulmonary and critical care capabilities.**

### Meet Our Experts



**Alfredo Iardino, MD**  
*Pulmonology and Critical Care*



**Monica Paulo, MD**  
*Pulmonology*



**Marwan Mashina, MD**  
*Pulmonology and Critical Care*



**Jessica Kurtz, DNP**  
*Pulmonology*

### To refer a patient or consult with our team, call 701.530.7502

Heart & Lung Clinic  
310 North 10th Street  
Bismarck, ND 58501

# Filling Medical Workforce Needs: All Hands on Deck



**Kevin Cramer**  
North Dakota Senator

Physician shortages have long been a problem across the United States, yet many qualified Americans who apply to medical school are turned away every year. Today, only about 44.5 percent of U.S. medical school applicants are accepted, meaning tens of thousands of qualified American students are left without a path forward when the need for medical professions is expected to grow.

The American Hospital Association has projected a shortage of roughly 100,000 critical healthcare workers by 2028, which varies upon geographic location and specialty. For patients, the consequences are not hypothetical. A shortage of providers means longer wait times, fewer available appointments, and in some cases limited or nonexistent access to care, especially in highly rural areas.

But we can't solve such a series of complex challenges by relying on just one solution. America's healthcare workforce has long benefited from both homegrown talent and the expertise of those who come from around the world to practice medicine here. Investing in the next generation of American doctors and supporting international medical professionals are complementary solutions to the same challenge.

We must take a hard look within our own education system at the barriers and limitations North Dakota students face when trying to pursue healthcare careers. Two major constraints, which must be addressed simultaneously, include medical school enrollment caps and the shortage of residency training positions. Medical education depends heavily on access to clinical rotations, faculty mentors, and residency placements. Expanding medical school class sizes without increasing residency slots creates a bottleneck in which medical school graduates are stalled and unable to

complete the training to become licensed physicians. Increasing residency positions must be paired with a full pipeline of medical students.

There's also an important geographic component to physician training. Most physicians practice medicine in the area or state where they completed their residency training. In a rural state like North Dakota, it illustrates the importance of having robust medical residency programs to build and retain the local physician workforce. A coordinated strategy is needed to harmonize the growth of undergraduate medical education and residency training capacity, particularly in primary care and high-need specialties.

Neither medical schools nor residency programs have expanded at the pace needed to meet growing demand. As a result, many qualified American applicants are unable to pursue medical training, even as hospitals across the country struggle to recruit physicians. This is why Congress also needs to focus on creating incentives for medical schools to expand enrollment, support the formation of new medical programs, and strategically increase residency positions. This will build stronger pipelines for American students who want to practice medicine, particularly in rural and underserved communities.

Nearly one in five physicians across the United States was born and educated abroad, and in North Dakota this number is nearly one in four. While many foreign-born physicians come to our country for training and stay, most face visa restrictions requiring them to return to their home countries before applying to work in the United States. This creates a contradiction in the workforce training pipeline, where the Medicare program invests substantial public resources in the

training of physicians, only to turn them away when they are ready to enter the workforce.

During my time in Congress, I have advocated for policies allowing highly trained international physicians and nurses to help meet our nation's healthcare workforce demands. I supported reauthorizing the Conrad 30 Program and introduced the Healthcare Workforce Resilience Act to allow international physicians and nurses to assist in solving the workforce and patient care demands of our communities. We can do all this without authorizing any new visas. Welcoming the best and the brightest medical professionals from around the world is an important part of the solution and is consistent with President Trump's immigration policy.

Meeting the needs of a growing and aging population requires expanding opportunities for qualified American students while welcoming skilled international physicians and nurses who are ready to serve. Our healthcare system, and the patients who depend on it, will be stronger for it.

My door is always open, and I welcome hearing from you about ways we can increase and strengthen access to quality and timely healthcare services across North Dakota.



# Sometimes the Seating Chart Matters

**Julie Fedorchak**  
*North Dakota Congresswoman*

One of the unexpected parts of serving in Congress is that sometimes the seating chart matters more than you'd think.

On the Energy and Commerce Committee, there aren't enough seats on the Republican side of the dais. As one of the newest members of the committee, I often sit on the Democrat side during full committee hearings and markups. You might wonder... how does this relate to health care?

Because of that seating arrangement, I've formed a friendship with Congressman Troy Carter, a Democrat from Louisiana. While we certainly don't agree on everything, we discovered something important: we both care deeply about strengthening rural health care.

That's why we recently introduced the bipartisan State Offices of Rural Health Program Reauthorization Act of 2026.

In North Dakota, we understand the unique challenges rural communities face when it comes to health care. Families often travel long distances for specialized care. Rural hospitals and clinics operate on thin margins while serving large geographic areas. Recruiting doctors, nurses, and health professionals remains difficult. And many providers are working hard simply to keep their doors open.



**State Offices of Rural Health provide critical support to rural hospitals and clinics serving underserved communities.**



That's where State Offices of Rural Health play an important role.

In North Dakota, the Center for Rural Health at the University of North Dakota serves as a critical connector for our rural providers. These offices help hospitals and clinics share best practices, access technical assistance, strengthen workforce recruitment, and navigate the increasingly complicated health care landscape.

The federal authorization supporting these offices is currently set to expire after Fiscal Year 2026. Our legislation simply reauthorizes the program through FY32 and maintaining funding levels that help state rural health offices continue their work nationwide.

This is not a flashy bill. It won't dominate news headlines. But it is an important part

of the policy mix and a bipartisan solution that will strengthen the communities we represent.

Rural health care should never be a partisan issue. Whether you live in a small town in North Dakota or rural Louisiana, families should be able to access quality care close to home.

I'm proud to work across the aisle when it means delivering real results for rural America. And in this case, it all started because there weren't enough seats on one side of the room.



**CALENDAR OF EVENTS**

- May 30** Carz-n-Cures
- June 6** Tractor Trek
- July 18** BCCF Golf Tournament
- June 19** BCC Night at the Larks
- June 23** Unite for Hope Survivorship Celebration
- July 4** 4th of July Road Race
- July 25** Blue Grass Goes Pink

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

**701-222-6100 | 500 N 8th St | Bismarck, ND 58501**

# Ensuring Access to Safe, Readily Available Infant Formula for American Families



**John Hoeven**  
North Dakota Senator

Families across our nation depend on access to safe, readily available and affordable infant formula. In 2022, our nation faced an unprecedented shortage of formula, triggered by bacterial contamination at an infant formula manufacturing plant in Michigan that caused the deaths of 9 infants and resulted in a widespread product recall and the temporary shutdown of the facility. Nationwide out-of-stock rates reached as high as 70 percent and remained at that level for two months, placing significant strain on families trying to find adequate formula replacements to keep their young children fed and healthy. This incident brought to light serious limitations in our infant formula supply chain, so we went to work to ensure American families have access to safe formula now and into the future.

As the lead Republican on the Senate Agriculture Appropriations Committee, which oversees the Food and Drug Administration (FDA), I worked to address this issue in the immediate aftermath of the 2022 shortage. We advanced efforts with the FDA to ensure transparency and accountability regarding the incident at the Michigan facility, identify opportunities to increase the formula supply in the short-term and conduct a detailed examination of the FDA's actions. Importantly, this work led to the development of recommendations to help prevent a similar crisis in the future.

Following this, I partnered with Senator Gary Peters (D-Mich.) to introduce the Protect Infant Formula from Contamination Act (PIFCA), a bill that would strengthen the infant formula market by enhancing protections against contamination and bolstering the supply chain to prevent shortages. We recently secured Senate passage of our legislation, and we continue working to move this measure through the House of

Representatives and get it signed into law. Specifically, our bill would:

- **Strengthen safety reporting and ensure timely corrective action by:**
  - Requiring infant formula manufacturers to test for Cronobacter or Salmonella in infant formula marketed for consumption.
  - Requiring manufacturers to notify the FDA within one business day of detecting contamination, while setting timelines for investigation and corrective action.
    - This improves upon current law, which only requires manufacturers to notify the FDA if the product has left the company's control.
- **Improve market resiliency by requiring the FDA to:**
  - Monitor and quarterly report on the in-stock rates of infant formula.
  - Work with the U.S. Department of Agriculture and other agencies to ensure markets can meet demand over the long-term.
  - Consult with industry on contamination mitigation best practices, including those associated with botulism, and ways to maximize infant formula supply.
- **Require a progress report from the FDA to Congress on implementation of the long-term national strategy and recommendations that the agency developed after the 2022 recall and shortage.**

These measures are all about protecting the next generation of Americans while they are at their most vulnerable. Our bill would make real improvements to the U.S. infant formula market, help prevent similar tragedies and loss of life due to contamination and ensure American families can access the formula they need. We will continue our efforts in Congress to pass our legislation into law, after which, we look forward to working with the administration to implement these policies and get these improvements in place as soon as possible.



**Our legislation would strengthen infant formula safety standards while helping prevent future shortages for American families.**





**Dr. Donald Jurivich**  
*Eva Gilbertson Distinguished Professor of Geriatrics Chair, Geriatrics Department, UND School of Medicine & Health Sciences*

## Gaming for Medical Knowledge

UND SMHS Games are increasingly used in medical education because they solve concerns about traditional training such as passive learning and low engagement. Games promote active learning and improve retention. Points and replay ability boost motivation and engagement. Thus, UND’s Geriatrics Department created a game called GeriACT to tackle the well-known issue with aspiring physicians not being too keen on older adult healthcare.

GeriACT was created as an interactive game to help players discover the value of applying Geriatric 4M’s in primary care. Players garner points for patient trust, insight and outcomes by applying evidence – based Geriatrics. Their actions drive key health outcomes such as added Quality Life Years (QALY), better healthcare quality and fewer costs. Players view their progress with a dashboard of their performance compared to business as usual. Explanatory pop ups embedded in the game allow trainees to further explore evidence-based Geriatrics.

The game has been tested with preclinical and clinical trainees, allied health students and interprofessional faculty. To date, the respondents overwhelmingly favor the game as a way to learn about the best way to assess older adults with the Geriatric 4Ms.

GeriACT is meant for all levels of clinical experience, so feel free to give it a try. Upcoming game enhancements include practice - based learning and population health. In both instances, players get an opportunity to optimize patient panel outcomes. The game is not a cure for aging, but it certainly provides a new perspective on how providers can help older adults live better and healthier.

Go ahead. Try the game by scanning the code or log in at <https://geriact.com/>



## 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 offers evidence-based strategies to strengthen geriatric knowledge among health professionals to integrate and improve geriatric care, including improved dementia care, into primary healthcare settings.*

Get Digital Badging and Certification as a Geriatrics Specialist.  
 Contact [www.dakotageriatrics.org](http://www.dakotageriatrics.org) or 701-777-6936.

### Learn Geriatrics Through Telementoring

#### ECHO Geriatrics

Meet monthly with geriatric content experts via Zoom meetings to review case reports and up-to-date best practices in older adult healthcare. Free Registration and CEUs.

Learn About the Key Components of the 4Ms Framework:

- What Matters
- Medication
- Mentation
- Mobility



### On-Demand Geriatrics Curriculum

#### Gerochampion

Become a Gerochampion by learning evidence-based geriatric healthcare principles through self-paced micro-lectures.



#### Geri Act

Serious game on older adult population health for healthcare trainees and professionals. Learners will routinely apply the Geriatric 4M Assessments and action plans to optimize population health of older adults.



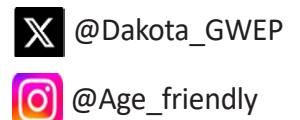
### Future Events

- May 20, 2026 - LTC Geriatric Learning Series -Session 1
- June 17, 2026 -LTC Geriatric Learning Series-Session 2
- June 15, 2026 - LTC Geriatric Learning Series-Session 3
- November 18, 2026 – American Indian Age Friendly Symposium

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.



Connect With Us on Social Media





# Fargo Center for Dermatology Kicks Off Skin Cancer Awareness Month with Annual Community Screening

**Dr. Rachel Ness**  
*Board-certified Dermatologist*



May marks Skin Cancer Awareness Month, highlighted by initiatives like Melanoma Monday and No Fry Friday, an especially meaningful time for the team at Fargo Center for Dermatology.

On April 30, Fargo Center for Dermatology proudly hosted its annual Complimentary Community Skin Cancer Screening, continuing a tradition of more than 15 years dedicated to early detection and prevention. Over the years, this event has helped hundreds of patients receive potentially lifesaving skin exams. This year, our expert medical dermatology providers, alongside volunteer medical students from the University of North Dakota School of Medicine & Health Sciences, provided personalized skin checks and education to dozens of community members. In addition to screenings, patients learned how to recognize warning signs of skin cancer, understand personal risk factors, and practice year-round sun protection.

This annual event reflects our ongoing commitment to making dermatologic care accessible, approachable, and impactful, while also helping train the next generation of healthcare providers.

We are proud to be a trusted dermatology resource for our community and surrounding region. Referrals, whether clinical or personal, help ensure that more patients receive timely, expert skin care in a supportive, patient-centered environment.

If you know someone with a skin concern that shouldn't wait, a referral to Fargo Center for Dermatology can make all the difference. We're here to help quickly, thoughtfully, and with the highest standard of medical care.

**If your patients missed this year's screening, we are still here for them. Fargo Center for Dermatology accepts most insurance plans and can typically schedule skin exams within a week. Early detection saves lives, and our team remains committed to providing timely, expert care to our community.**



*"Skin concerns don't wait, and neither should your patients. We offer comprehensive dermatologic care with same-week availability. Get answers sooner and feel confident in our care."*

Rachel Ness MD, FAAD-Board Certified Dermatologist



To Refer, Scan Here



To Schedule, Scan Here



701-478-8780 | WWW.FARGODERM.COM | 3173 43RD ST S FARGO, ND 58104

# Bridging the Gap: Altru Expands Behavioral Health Access for the Region



Submitted by Altru Health System

**A**cross North Dakota, the demand for behavioral health services has reached a critical turning point. For many families, particularly those seeking inpatient care for adolescents, geographic distance and limited bed availability have long been the primary barriers to healing. There have been moments recently where not a single adolescent inpatient bed has been available anywhere in the state.

Altru Health System and Universal Health Services are stepping forward to help fill that need. Supported, in part, by funding from the State of North Dakota, Altru is embarking on a major expansion of its inpatient behavioral health services in Grand Forks. Scheduled for completion by April 2027, this project is a direct response to a growing regional need for timely, local, and compassionate psychiatric care.

## Doubling the Capacity for Care

The centerpiece of the expansion is a significant increase in inpatient capabilities. Currently, Altru's inpatient unit houses 24 beds (18 for adults and 6 for adolescents). Upon completion, that number will double to 48 beds, including 36 designated for adults and 12 for adolescents.

This increase is about more than just numbers; it's about proximity. For an adolescent in crisis, being treated close to home means staying connected to parents, siblings, and familiar support systems, factors that are often vital to long-term recovery.

## A Thoughtful Environment for Healing

Behavioral healthcare requires clinical excellence, but it also demands an environment that fosters dignity and movement. The expansion will introduce:

- A Three-Quarter Indoor Gymnasium: Providing a dedicated space for therapeutic activity, recreation, and physical movement.
- An Above-Ground Connection: A new tunnel will link Altru Hospital to Altru Behavioral Health Center, streamlining coordination between medical and behavioral teams and enhancing the patient experience.

## Building on a Multidisciplinary Foundation

This expansion scales a model that is already deeply rooted in the community. Altru's behavioral health team, a multidisciplinary group of psychiatrists, therapists, social workers, and nurses, already provides a full continuum of care, including:

- Outpatient behavioral health services: Outpatient therapy, assessments, and case management for depression, PTSD, grief, and relationship challenges.
- Inpatient stabilization: A structured, safe environment for acute stabilization, including a therapeutic school program for adolescents to ensure they don't fall behind during treatment.

## Looking Ahead: Streamlining the Path to Help

Currently, patients entering inpatient care must be medically cleared through an emergency room. While this ensures safety, Altru is designing a more seamless future state.

Once the new expansion is fully operational, Altru anticipates moving toward a direct referral model. This would allow patients to be referred directly from primary care clinics, schools, and social services, bypassing the emergency room entirely. Furthermore, plans for a walk-in component will allow individuals to come directly to the facility for assessment and clearance.

## An Investment in Our Community

Behavioral health is not a separate wing of medicine; it is central to the health of our workforce, our schools, and our families. By investing in this expansion, Altru is reinforcing a simple but powerful belief: Behavioral healthcare is healthcare.

Through this project, Grand Forks and the surrounding region are gaining more than just square footage; they are gaining a sustainable, local solution that ensures when a neighbor is in need, help is not just available but close to home.

## Quick Reference: Current Referral Process

Until the expansion is complete, the referral process remains as follows:

1. Medical Clearance: Patients must be cleared through an ER or hospital.
2. Intake Contact: The referring facility contacts Altru's intake department at 701.780.3440 (Option 2).
3. Review & Admission: Following a clinical review and bed availability check, accepted patients arrive via secure transport (EMS, law enforcement, or a secure transport company).

---

**Once the new expansion is fully operational, Altru anticipates moving toward a direct referral model.**

---

## Getting to Know Your Council Members

By **Donna Thronson** NDMA Communications Director

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 Dr. Erica Hofland.

Erica Hofland, MD, is a North Dakota-grown physician. As a native of Dickinson, she returned to her hometown in 2014 to practice medicine at Sanford Health and also became an engaged NDMA member. Representing NDMA, she became a fierce advocate for her patients, and that tenacity followed her all the way to the Capitol, where she educated policymakers on issues close to her heart. She took the next step by becoming an NDMA Council member in 2021. Over the years, she served as secretary/treasurer and policy forum chair and now holds the vice president seat.

When Dr. Hofland joined the leadership team, she knew she could make an even greater difference by actively participating in policy development. Her work has made a difference. A few of her past efforts included educating policymakers on the importance of securing childhood vaccines, providing latitude in maternal substance use disorder reporting, and taking a proactive stance in women's health.

"The work with NDMA is just as important as the care we give as physicians in the office.," said Dr. Hofland. "We need systems and support networks that allow us to provide the care our patients deserve."

Dr. Hofland is making a difference. Here is her story answered in her own words!

### Why did you choose to become involved in NDMA leadership?

The advocacy that NDMA does during the ND Legislative Session is essential for both physicians and patients. I wanted to be involved in this work to help state legislators better understand medical and health care delivery issues.

### What do you enjoy most about being involved in NDMA leadership?

I enjoy getting to know my colleagues from around the state. If it were not for NDMA, I would likely not have crossed paths with these other individuals. We are lucky in the state of North Dakota to have so many intelligent, passionate, and fierce advocates for health care.

### What made you choose a medical career?

Medicine seemed to be a place where my interests and skill sets overlapped the most. I enjoy the science of medicine, but also really appreciate the day-to-day experience of talking with patients, being involved in their care, and helping patients make the decisions that are right for them.

### What is your specialty, and why did you choose it?

Obstetrics and Gynecology.

Obstetrics can be long, but it was a specialty that I always felt more than willing to give my time to. Being present for joyful moments and trying to steady those going through grief is humbling and rewarding. I'm grateful to be allowed into such intimate times in a person's life.

Gynecology is also a wonderful specialty. The mix of surgical and office-based care provides a great variety and is personally fulfilling.

### What wisdom can you share with others who may be considering getting involved in NDMA leadership?

Absolutely become involved! NDMA is very welcoming and happy to guide you if you have not held leadership roles previously.



**Erica C. Hofland, MD**  
*NDMA Vice President*

# Mental Health Awareness: Reflecting on the Wellbeing of Healthcare Professionals



**Maggie Seamands** *NDPHP Executive Director*

**A**cross the health care landscape, burnout, compassion fatigue, depression, and substance use concerns continue to impact workforce retention, patient safety, and organizational culture. Addressing these challenges requires not only awareness, but meaningful partnerships and accessible support systems.



The North Dakota Professional Health Program (NDPHP) is a confidential resource designed to support the mental health and well-being of licensed health professionals. NDPHP works alongside healthcare professionals to provide monitoring, early intervention, and recovery-focused support for those experiencing mental health conditions, substance use disorders, or behavioral concerns that may affect safe practice.

For individuals and healthcare organizations, partnering with NDPHP offers a proactive approach to workforce wellness. Rather than waiting for impairment or crisis, NDPHP can serve as a trusted resource for early referral, consultation, and education. This partnership helps normalize help-seeking behavior, reduces stigma, and reinforces a culture that values personal well-being as much as professional performance.

Burnout remains a leading concern across health care teams, often marked by emotional exhaustion, depersonalization, and a reduced sense of accomplishment. Left unaddressed, burnout can progress into more serious mental health or substance-related concerns. NDPHP supports health professionals across this continuum —



## 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](https://TheVillageFamily.org/IOP) | 701.451.4900



offering confidential assistance while helping organizations retain skilled employees and protect patient safety.

Ways to collaborate with NDPHP:

- Referring yourself or other professionals for confidential support and monitoring
- Consulting on policies related to impairment, wellness, and return-to-work processes
- Sharing educational resources with leadership, managers, and staff
- Promoting NDPHP as a supportive, non-punitive option for assistance

As mental health continues to be a critical component of overall workforce sustainability, partnerships between healthcare organizations and programs like NDPHP play a vital role. Together, we can support recovery, reduce burnout, and foster resilient health care environments where professionals feel supported to seek help early and thrive long-term.

To learn more about NDPHP and the wellness resources available for health care organizations and professionals, visit [www.ndphp.org](http://www.ndphp.org) or contact [info@ndphp.org](mailto:info@ndphp.org).



Returning home to care for patients in the community where he was raised, Dr. Kusler is passionate about expanding access to state-of-the-art spine care close to home for patients throughout the region.

Dr. Kusler treats a comprehensive range of spinal conditions, including disc herniation, spinal stenosis, degenerative disc disease, and spinal deformities. By integrating modern surgical innovation with compassionate, collaborative care, he works closely with each patient to develop treatment plans aligned with their personal goals, lifestyle,

and long-term health needs. His philosophy centers on empowering patients through education, thoughtful decision-making, and comprehensive support throughout every stage of care.

As he prepares to join The Bone and Joint Center, Dr. Kusler looks forward to building lasting relationships within the community and becoming a trusted resource for exceptional spine care throughout Bismarck and the surrounding region.

## Dr. Kusler Joins Bone and Joint

**D**r Jace Kusler, a fellowship-trained orthopedic spine surgeon, will join The Bone and Joint Center in August 2026, bringing advanced expertise in minimally invasive and complex spine surgery to patients across the region. With a commitment to evidence-based care and innovative surgical techniques, Dr. Kusler offers comprehensive treatment for a wide range of spinal conditions, from conservative non-operative therapies to highly specialized surgical intervention. His patient-centered approach emphasizes individualized care plans designed to reduce pain, restore mobility, and improve overall quality of life.

A proud native of Bismarck, Dr. Kusler earned his medical degree from the University of North Dakota School of Medicine and Health Sciences. Dr. Kusler then completed an orthopedic surgery residency at SUNY Upstate Medical University, followed by advanced fellowship training in minimally invasive and complex spine surgery at Brown University.



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

1.800.424.2663 | [www.bone-joint.com](http://www.bone-joint.com)



# Where Medicine Meets Hope, Strength, and Joy

**Kelli Just**  
Make-A-Wish North Dakota, Medical Affairs Coordinator

Every day, children across North Dakota face life-threatening medical conditions that impact their physical health, emotional well-being, and childhood experiences. At Make-A-Wish® North Dakota, we believe every eligible child deserves the opportunity to experience the power a wish can bring during difficult times.

In 2025, the John Dawson Foundation Incidence & Prevalence Directional Study utilized national pediatric medical registries, government databases, transplant network data, scientific literature, and census projections to better understand the number of children who may qualify for a wish within each Make-A-Wish chapter's territory.

Current North Dakota data demonstrates both meaningful progress and continued opportunity. During this fiscal year, we are projected to have 67 newly eligible children, yet only 39 qualified referrals have been identified to date, representing 57.8% incidence coverage. While this is an important start, it is clear that many eligible children are being missed across our state.

One area identified for growth is pediatric solid organ transplant referrals.

It is vital for healthcare providers to know that any child who received a solid organ transplant from birth through their 18th birthday automatically qualifies for a wish. This includes children who received heart, kidney, liver, lung, pancreas, or multi-organ transplants.

Nationally, the John Dawson Study projected 488 children annually qualifying after a heart transplant, yet only 238 were referred for wishes. Similarly, 529 children were projected to qualify following liver transplantation, while only 325 children received qualified referrals.

While many transplant recipients may appear medically stable after surgery, eligibility is not based on current appearance or prognosis alone. The transplant itself reflects the seriousness and life-threatening nature of the child's condition.

A wish is more than a moment of joy — it can be an essential part of a child's healing journey. Updated Make-A-Wish impact research found that 9 out of 10 medical providers observed improved treatment compliance following a wish, while 8 out of 10 wish children reported their wish gave them the strength to fight their critical illness. Children who have received a wish are also 2.5 times less likely to experience an unplanned hospital visit. Many families describe a wish as a turning point that gives their

child renewed hope during incredibly difficult medical challenges.

Medical professionals remain our strongest partners in identifying eligible children. We invite you to help close referral gaps and ensure that no child facing the challenges of organ transplantation misses the life-changing power of a wish.

**A wish is more than a moment of joy — it can be an essential part of a child's healing journey, giving children facing critical illness renewed hope, strength, and the power to keep fighting.**

★ REFERRALS START WITH YOU ★

**DON'T WAIT FOR HOPE. Create it.**

*I wish to go to Walt Disney World® Resort!*

**Jax, 12**  
Jamestown, N.D.  
kidney transplant

*Hope is essential* for children like Jax who have had a **whole organ transplant**. You can unlock this life-changing power today.

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

**Make-A-Wish**  
NORTH DAKOTA



YOU'RE INVITED

# 15TH ANNUAL

# H. EUGENE HOYME PRECISION MEDICINE SYMPOSIUM

**FRIDAY, AUGUST 28 | 7:30 A.M.–5 P.M.**

Sanford Center, Sioux Falls, SD

**Attend in person or virtually.**

Physicians, pharmacists, nurses, research scientists, genetic counselors, residents and students are invited to hear from experts in the field about how advances in genetics, genomics and precision oncology are enhancing patient care.



**Scan the code or visit  
[sanfordhealth.org](https://sanfordhealth.org) to  
register for the event.**

For more information,  
contact Jessica Wahl at  
[jessica.wahl2@sanfordhealth.org](mailto:jessica.wahl2@sanfordhealth.org)



# A Guide to Liability Concerns with Telehealth



**Submitted by Copic's Patient Safety and Risk Management Department**

## **W**hat legal/regulatory issues apply to telehealth when the patient is located in a different state than the treating provider?

The jurisdiction of telemedicine is where the patient is located at the time of treatment, unless it meets the exception for continuity of care for existing patients established in the state of your licensure. You might be subject to laws and conditions of the state where the patient is located, even with an existing patient exclusion.

## **What are some of the enforcement trends we are seeing with telehealth?**

Enforcement of telehealth is generally “complaint driven.” You should anticipate the potential sources of such complaints and act accordingly. An example is prescribing via telehealth to a patient who will present that prescription to a pharmacist in a state where the provider is not licensed. A call to that pharmacy to discuss what you are doing and why can reduce such complaints. Another is website advertising and soliciting of patients solely via telemedicine for therapies that might be considered unusual or profit driven in the state where the provider is not licensed.

## **Is there a special license I need to treat patients using telehealth?**

There is no nationwide license for telemedicine. As with all professional healthcare services, state laws primarily govern. With limited exceptions, states require healthcare practitioners that treat patients through telemedicine to be licensed in the state of the physical location of the patient at the time of service. A licensed professional practicing in a state through telehealth is subject to the state's medical practice act and all medical board regulations and policies, and should be familiar with these.

---

**Regardless of initial screening or triage, there should be a process by which the patient can be referred to the next available provider who has the requisite scope of practice, training, and experience.**

---

Becoming licensed in several states to perform telemedicine is an arduous application process that is somewhat mitigated by the Interstate Medical Licensure Compact (IMLC) adopted by 42 states, D.C., and Guam that seek to streamline the application process ([imlcc.com](http://imlcc.com)).

However, please note that the IMLC process still requires a practitioner to obtain licensure from each state's medical board in which the practitioner seeks to provide telemedicine services and to pay the applicable licensing fee. If a practitioner provides healthcare services in a state without that state's license, the practitioner can be subject to disciplinary action. Additionally, any negative complaint against a practitioner is required to be reported to each state participating in the IMLC.

## **What do I need to know about scope of service when providing telehealth?**

Telehealth services must be consistent with the scope of practice and privileges otherwise provided in an in-person manner. Telemedicine implies that the provider's scope of practice and expertise for a given clinical situation are equal to that of an in-person traditional encounter. When that is not possible to achieve in a telemedicine setting, escalation to a clinical setting equipped to deliver that level of care is necessary. Except in extraordinary circumstances, it will be insufficient as an excuse to claim a different standard or that the limitations of the medium were the reason for the failure or delay in performance.

Regardless of initial screening or triage, there should be a process by which the patient can be referred to the next available provider who has the requisite scope of practice, training, and experience. There should be a backup/contact plan for the rare possibility that a patient experiences an emergency during a telehealth session or the session is interrupted. This is particularly important if the provider is not licensed in the jurisdiction where the patient is located.

---

*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.*



# What keeps you up at night shouldn't wait until morning.

---

If an unexpected outcome occurs, you need someone to talk to now. With Copic, you get a 24/7 hotline staffed by experienced physicians. Day or night, they can offer guidance and help you consider options to navigate the way forward. 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.com](https://copic.com) | 800.421.1834

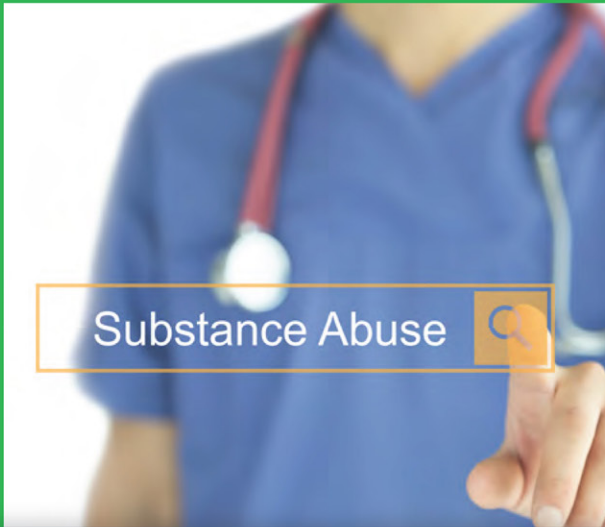
# North Dakota Physician

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?



### 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](http://ndphp.org)

**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.*

*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.*