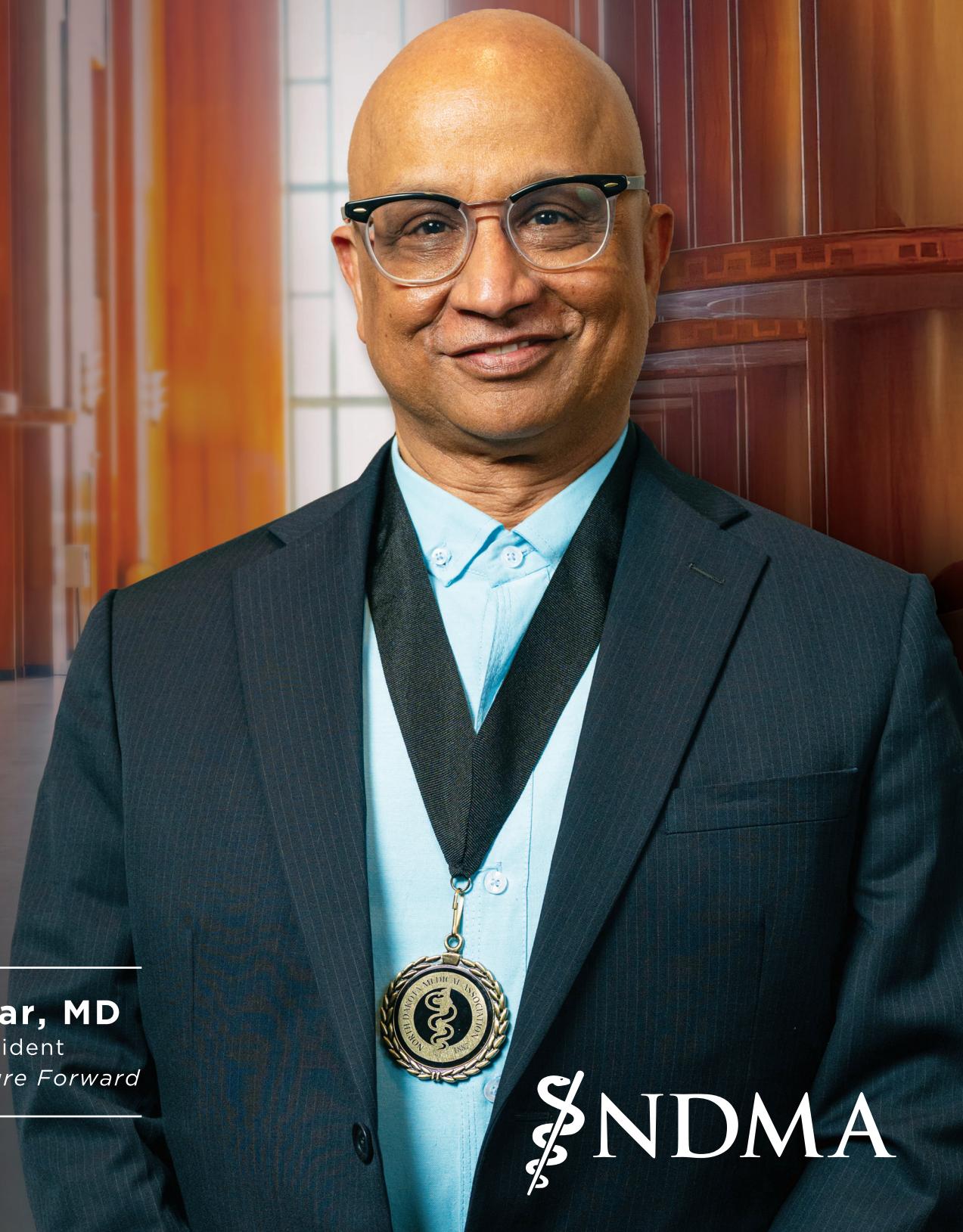


North Dakota Physician

WINTER 2026



Parag Kumar, MD
124th NDMA President
Guiding Our Future Forward

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.

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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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Parag Kumar, MD
NDMA PRESIDENT

A Message from the President: Guiding Our Future Forward

I am honored to have been selected as the 124th President of NDMA and humbled to serve such an incredible organization that can make a difference in how we practice medicine.

During my tenure on the NDMA Council, I've participated in and witnessed many outstanding achievements that this organization stands for: protecting the practice of medicine and patient care. Time and time again, NDMA and its member physicians have taken on each challenge to make North Dakota medicine the best it can be. I am incredibly proud and grateful for your trust and support as we continue this journey together to sustain this momentum.

This past legislative session has resulted in some milestone efforts. Here are a few:

- Vaccines – Successfully defeated five bills and modified one bill that would have impacted our childhood and adult vaccines in North Dakota.
- Prior Authorization – Successfully passed legislation that was crucial in addressing the systemic barriers created by the prior authorization process, which often delays medically necessary care for patients, including those battling cancer.
- Maternal Substance Use Disorder Reporting – Successfully passed a bill to help protect mothers and babies. The bill allows a one-time waiver for pregnant mothers with a history of substance use to access essential healthcare without fear of prosecution.
- Parental Consent for a Minor's Health Care – This was successfully defeated. This bill would have severely restricted a physician's ability to care for patients by requiring prior parental or guardian approval for questions asked in the exam room.
- Non-Economic Damages Cap - Successfully defeated. This would have increased liability limits for healthcare malpractice claims and potentially impacted medical liability insurance premiums by 30%. Ultimately, this expense would increase the cost of care and affect rural healthcare specialty services, which already face high premiums.
- Assault Against a Hospital Worker - Successfully passed. This bill expanded the simple assault penalty to a Class C felony for all hospital workers. Previously, the law protected only emergency room workers with a higher penalty.

This good work would not be possible without our members' support. Our strength lies in you, and your active participation is crucial to keep our organization strong.

I encourage each of you to participate by sharing your ideas, attending meetings, and staying informed through our communication efforts, such as the weekly emailed e-Physician.

When it comes to policy, you can go further by getting in touch with your legislators. Share your concerns with them. By building a connection with your legislator, you become a valuable resource, and many are eager to hear your input.

Your voice is needed. Get involved and encourage your fellow physicians to do the same. Let's keep NDMA in a strong position to get the job done.

Parag Kumar, MD
President, North Dakota Medical Association

Your voice is needed. Get involved and encourage your fellow physicians to do the same. Let's keep NDMA in a strong position to get the job done.



Courtney M. Koebel, JD
NDMA Executive Director



Special Session Begins January 21st

Legislative Update: Rural Health Transformation Program

Just as things begin to settle during the interim, an announcement of a special session has disrupted the calm. Governor Kelly Armstrong informed legislative leaders that January 21 has been identified as the start date for a special session of the 69th Legislative Assembly to appropriate \$199 million awarded to North Dakota from the Centers for Medicare and Medicaid Services (CMS). The funds are earmarked to support the first year of CMS's statewide Rural Health Transformation Program.

The Rural Health Transformation Program was signed into law as part of the One Big Beautiful Bill Act (OBBA). The federal legislation appropriates \$50 billion over five years, with half distributed equally among all states. North Dakota is guaranteed to receive \$500 million over that period. The remaining \$25 billion will be awarded competitively, based on state applications and performance metrics demonstrating where funding can have the greatest impact on rural health outcomes.

North Dakota's application focuses on four strategic initiatives:

1. Rebuilding and retaining a rural health workforce
2. Preventing chronic disease, restoring health, and reducing costs
3. Bringing high-quality care closer to home
4. Gaining efficiency through modern technology and data

States are competing for the remaining \$25 billion and are scored on a variety of factors. This is where NDMA's concerns arise. The Legislature can improve North Dakota's score by enacting specific policies identified by CMS as priorities. The good news is that North Dakota was awarded \$199 million in the first year. However, this award is contingent on the passage of the proposed legislation, and there is a risk of federal

clawback if the legislation is not enacted by December 2027.

The Legislature has proposed four bills intended to increase the state's score. The first would adopt the Physician Assistant Licensure Compact. This bill was introduced and defeated during the 2025 legislative session due to concerns raised by the North Dakota Board of Medicine. Since then, modest changes have been made, and the Board no longer objects. The second bill would reinstate the Presidential Physical Fitness Test in physical education courses.

The remaining two bills directly affect physicians. One proposal would require physicians to complete one credit hour of nutritional CME per renewal cycle. The other would expand pharmacists' prescribing authority.

NDMA has a long-standing policy opposing mandated, topic-specific CME requirements. Physicians are best positioned to determine their educational needs and already pursue appropriate continuing education. Requiring one hour of nutrition CME every two years does little to advance meaningful education while adding unnecessary administrative burden.

The greater concern is the bill to allow pharmacists to prescribe. Under the proposal, pharmacists would be permitted to treat lice, cold sores, motion sickness, hypoglycemia, and uncomplicated urinary tract infections. They would also be authorized to prescribe medications following positive tests for influenza, group A streptococcal pharyngitis, and SARS-CoV-2. Additionally, pharmacists could prescribe statins to patients with diabetes and short-acting beta agonists to patients with asthma who previously received such prescriptions and are currently using long-term asthma control medication.

The bill also includes a provision allowing pharmacists to substitute therapeutically equivalent drugs, with limitations. Therapeutic equivalence could be established through clinical publications that compare dosages within a therapeutic class.

These policy issues warrant careful consideration during a full legislative session. However, the upcoming special session is expected to last only three days, which hardly allows adequate time to vet such complex medical care issues.

NDMA has serious concerns about allowing pharmacists to prescribe and substitute medications without access to complete medical records or comprehensive patient histories. Prescribing for conditions such as urinary tract infections carries a risk of patient harm. Therapeutic substitution raises similar concerns, as physicians often engage in detailed discussions with patients regarding risks, benefits, and individualized treatment plans. Without access to this information, pharmacist-driven changes, particularly in behavioral health and pain management, are troubling.

NDMA is working with partners to educate legislators on these concerns and the potential for patient harm if appropriate safeguards are removed.

What can you do?

- Voice your concerns by contacting NDMA as well as your legislators
- Stay informed by checking your email or the legislative developments on the website at www.ndmed.org
- Contribute to the NDMA PAC or the PAC of your choice

If there are issues you would like to learn more about, please do not hesitate to contact NDMA at 701-223-9475.

Caring for Yourself During the Holiday Season

Submitted by The Village Family Services

For many individuals, the holiday season is associated with connection, celebration, and time with loved ones. For physicians, this time of year often brings added complexity. As professionals whose work centers on caring for others, physicians may place their own needs last, particularly during periods of increased demand. Expectations to remain resilient, combined with family dynamics, financial pressures, and ongoing clinical responsibilities, can significantly affect mental and emotional well-being. Holiday-related stress is common, though it is often minimized within medical culture. Recognizing its sources and addressing them intentionally can help reduce its cumulative impact.

Much of this stress stems from the challenge of balancing professional and personal obligations within a compressed timeframe. Clinical workloads and staffing shortages continue through the holidays, while personal responsibilities such as travel, family commitments, childcare, and gift giving persist. Financial pressure and family expectations can further complicate decision-making, making it difficult to set limits. Over time, the tendency to say yes too often can contribute to ongoing stress that extends beyond the holiday season.

Additional time with family can be meaningful, but it may also surface unresolved conflicts, intensify grief, or increase emotional demands at home. For physicians who already manage significant emotional labor in their professional roles, this added strain can be particularly taxing. Even positive gatherings can feel exhausting for those who are introverted, grieving, or managing social anxiety.

There are practical strategies that can support well-being during this period. Establishing boundaries is a key first step. Declining certain commitments, including travel or interactions that increase emotional strain, is a healthy and necessary practice. Paying attention to physical and emotional cues is equally important. When obligations cannot be avoided, intentionally creating moments for rest and recovery can help regulate stress. Simple practices such as deep breathing, taking short walks, spending time outdoors, listening to music, or connecting with supportive individuals can provide meaningful relief.

Rest remains a critical component of resilience, particularly in a profession where it is often limited. Incorporating brief periods of relaxation into daily routines, such as quiet time with a book or audiobook, calming music, short naps during travel, or earlier bedtimes when possible, can help counteract cumulative fatigue.

Self-compassion is also an essential part of managing holiday stress. While the season is often portrayed as joyful, emotions can be complex. Changes in traditions, personal loss, or ongoing professional stress can shape how the holidays are experienced. Allowing space for these realities without judgment is important. Physicians cannot sustainably care for others when their own needs are consistently unmet. Attending to personal well-being is not optional; it is foundational to providing compassionate and effective care.

If stress becomes unmanageable or additional support would be helpful, The Village is here. Our confidential services are available to support physicians and their families through the holidays and beyond, offering a space to focus on your well-being with the same care you provide to others.



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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: One Year In...

It's hard to believe, but December 1, 2025, marked my first anniversary with the UND School of Medicine & Health Sciences.

One year in, I'm proud of everything our extended SMHS family – staff, faculty, students, and clinical faculty across the state – has accomplished in the 12 short months following my arrival in North Dakota.

Along with celebrating 120 years since the School's founding in 1905, over the past year our faculty, staff, alumni, and students:

- Dec. 2024 – Expanded relationships with a variety of health providers across North Dakota.
- Jan. 2025 – Explored growing in-state residency programs in critical need specialty areas.
- Feb. 2025 – Named the new Chair of our Department of Radiology.
- March 2025 – Met with North Dakota's 69th Legislative Assembly, securing a biennial budget that matched our request.
- April 2025 – Secured legislative support to begin design of a Health Professions Addition to the SMHS building in Grand Forks.
- May 2025 – Laid the groundwork for the recruitment and retention of more North Dakota students through our "North Dakota 85" initiative.
- June 2025 – Named the new Chair of our Department of Emergency Medicine.
- July 2025 – Established an Office of Research to help our researchers identify new research opportunities.
- Aug. 2025 – Began developing a Primary Care Accelerated Track (PCAT) for students interested in family and internal medicine.



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

- Sept. 2025 – Welcomed our first four-year M.D. class (1976) back to UND for Homecoming.
- Oct. 2025 – Moved our Southeast Campus team in Fargo into an exciting new space closer to the state's largest hospital.
- Nov. 2025 – Hired the inaugural Wadhwani Family Endowed Chair of Translational Research.
- Dec. 2025 – Established only the fifth Physical Therapy Faculty Residency program in the U.S.

As I told UND President Andy Armacost when I was interviewing for this role, I'm a change agent. I like change and love to help organizations grow and evolve to better meet their potential.

I use that last word intentionally: what drew me to North Dakota's only comprehensive school of medicine and health sciences was the incredible potential I saw here to be the go-to place for any number of healthcare related challenges, from telehealth and rural healthcare delivery to aerospace medicine and AI in healthcare education.

Each of these fronts, all of which UND is already pursuing in earnest, help us meet our purpose of serving the people of North Dakota and improving the quality of their lives.

One year in, I'm proud of what our SMHS family has accomplished in just 12 short months.

I wake up every day with this mission in mind.

As we close the book on 2025, then, let me thank our alumni, donors, and clinical faculty, especially. We literally could not do what we do without your tireless support and generous contributions to our School. Thanks for all you do for health and healthcare in North Dakota and around the nation all year long.

Finally, let me wish you all a happy and healthy 2026.

With gratitude,

Marjorie R. Jenkins

The 1000 Days of January

Maggie Seamands
NDPHP Executive Director

January often feels endless — a stretch of gray skies, short days, and post-holiday fatigue that can weigh heavily on our mood. This phenomenon, sometimes called the “winter blues,” is linked to reduced sunlight exposure, colder temperatures, and the abrupt shift from festive cheer to routine. For many, it brings feelings of sluggishness, irritability, and even mild depression.

But the good news? There are proven strategies to boost wellness during this long winter month. Light exposure is key: spending time outdoors, even on cloudy days, or using a light therapy lamp can help regulate circadian rhythms and improve mood. Movement matters too — regular exercise, whether a brisk walk or a yoga session, releases endorphins that combat stress and fatigue.

Nutrition plays a role as well. Incorporating foods rich in omega-3 fatty acids, vitamin D, and complex carbohydrates can support brain health and energy levels. Pair this with hydration and mindful eating to avoid the sugar crashes that often follow holiday indulgence.

Finally, prioritize mental wellness. Practices like journaling, meditation, or simply connecting with friends can provide emotional balance. Setting small, achievable goals — like reading a book or learning a new skill — can create a sense of progress and purpose.

January may feel like 1,000 days, but with intentional habits, it can become a season of renewal rather than a slog. Embrace the quiet, nurture your body and mind, and watch the light return — inside and out.



And remember: if the winter blues feel overwhelming or persistent, reach out for help. The North Dakota Professional Health Program (NDPHP) offers confidential support and resources for those struggling with mental health or substance concerns. You don't have to navigate this season alone—help is just a call away.



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A new year brings fresh opportunities – and for many medical professionals, it's a chance to take control of your financial future. At First International Bank & Trust (FIBT), we understand the unique challenges and goals that come with a career in medicine. That's why our Private Banking services are built around one simple promise: **to help you Live First.**

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

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— 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

As you look ahead to 2026, let us help you start the year with confidence. Connect with our Private Banking specialists today and discover how FIBT can make your financial goals a reality.

ANNUAL MEETING AND LEADERSHIP AWARDS

2025

Annual Meeting Highlights

Thank you to all who participated in the 2025 NDMA Annual Meeting & Leadership Awards Ceremony. It was a great success!

The morning session kicked off with participants gathering for *Breakfast with the Dean*, where Dr. Marjorie Jenkins, UND SMHS Dean and Vice President for Health Affairs, shared strategic insights on the school's direction. One priority is her vision for the North Dakota 85 initiative. The goal is to increase enrollment in our M.D. and P.A. programs to 85% originating from our own North Dakota student population. Why? Because most physicians and physician assistants prefer to practice close

to home. This strategy may help mitigate shortages of these healthcare professionals in North Dakota.

Other sessions focused on integrating academic medicine into healthcare delivery, longevity medicine, leadership, vaccine hesitancy, and updates in medicine.

Two additional key components of the annual meeting included the policy forum and the awards ceremony. Here are the highlights.

Leadership Awards

The historic Leadership Awards Ceremony showcased some of the finest leadership recipients from across the state. Over 100 participants gathered to honor award recipients who embodied the pillars of excellence and community leadership in three categories:

Physician Community & Professional Services

Since 1977, NDMA has honored physicians with this prestigious Physician Community and Professional Services Award. The award recognizes physicians for outstanding leadership and service, who serve as role models and are actively engaged in their profession and community.



Robert Sticca, MD

Surgical Oncology, Fargo

Nominated by Dr. Stephanie Dahl, Dr. Robert Sticca, a distinguished surgeon, educator, researcher, and servant-leader, has an extensive history of contributions to medicine, education, and public service.

He served as Professor of Surgery and Director of Surgical Oncology at the University of North Dakota School of Medicine and Health Sciences and is an engaged and respected member of several professional societies. He served as President of the North Dakota Chapter of the American College of Surgeons from 2019 to 2021 and was a member of the executive council from 2005 to 2023. He also served on the North Dakota Board of Medicine as vice-chair and chair.

Dr. Sticca also brings honor through his military service, having served in both the United States Air Force Medical Corps and the Army Reserve Medical Corps, and was recognized for his outstanding contributions across multiple areas.

In addition, Dr. Sticca actively volunteers with the North Dakota Cancer Coalition, the American Cancer Society, and the Susan G. Komen Breast Cancer Foundation. He has also participated in multiple medical missions to Ecuador and Haiti, bringing life-saving care to underserved populations with compassion, dignity, and dedication. His unwavering dedication to advancing surgical care, mentoring the next generation of surgeons, and serving the greater community is nothing short of inspiring.



NDMA President Dr. Stephanie Dahl and Dr. Robert Sticca.

Friend of Medicine

The North Dakota Medical Association created the Friend of Medicine Award in 1999 to formally acknowledge non-physician citizens of our state who have distinguished themselves by serving as effective advocates for health care, patient services, or the profession of medicine.



Renee Daffinrud

Bismarck Cancer Center Foundation Past President, and charity philanthropist.

Renee was nominated by Bismarck Cancer Center Medical Director Dr. Robert Reynolds to recognize her outstanding volunteer contributions and commitment to physicians and patients.

When it comes to the Bismarck Cancer Center Foundation, Renee initially became motivated to volunteer for the foundation in 2007 after her father was diagnosed with cancer. Through her father's treatment at the Cancer Center, she witnessed genuine care and true kindness. She joined the foundation's advisory board in 2010, served as president, and now holds the role of Past President. The foundation's "Acts of Caring" helps patients cover expenses beyond traditional medical treatment—at a time when they are needed most—to fight cancer.

Driven by her compassionate spirit to serve, she understands the importance of caring for people. In addition to her volunteer efforts at the Bismarck Cancer Center Foundation, she has devoted significant time to the American Heart Association's Go Red for Women and Gaia Home, and she serves on numerous boards.

In addition, Renee has partnered with NDMA since 2017 to ensure we receive the support we need to help physicians succeed. Recognizing the financial challenges many resident physicians face, she spearheaded the Physician Loan Program—a much-needed initiative tailored to their unique needs. Because of her outgoing nature and willingness to serve, healthcare facilities often call on Renee to provide resident physicians, particularly those new to the U.S., with an overview of the community's services and organizations, helping them feel more welcome. Renee has made a difference in many lives.



Renee received significant support to celebrate her achievement. Pictured on the left are Bismarck Cancer Center leadership team members Tammy Sherman, Tara Schilke, and on the far right, Lolly Dutton. Celebrating Renee's enthusiasm is also her co-worker, Lindsey Rath-Wald of First International Bank and Trust. Renee and Lindsey are both employed at First International Bank as Private Bankers.

Copic Humanitarian

The Copic Humanitarian Award is presented annually to honor a physician for volunteer medical services and contributions to their community. Copic seeks to recognize physicians who volunteer outside the spectrum of their day-to-day lives. The award recipient designates a \$10,000 donation from Copic to be provided to a healthcare-related 501(c)(3) organization within North Dakota.



Dr. Julie Blehm

Internal Medicine, Fargo

Nominated by Dr. Misty Anderson, Dr. Julie Blehm has been a servant leader for many years and is known for her leadership roles in healthcare and community volunteerism. She has been involved with Special Olympics North Dakota for 20 years and served on the board of directors. As a medical professional and a parent of a Special Olympics athlete, Julie has a unique perspective on the impact of Special Olympics on people with intellectual disabilities. She has watched her daughter's confidence grow as she meets other people like her.

Because of her experience with suicide loss, she is a fierce advocate for mental health awareness and suicide prevention. Drawing from her experience, she became involved with the American Foundation for Suicide Prevention, North Dakota Chapter. She was also instrumental in the formation of the North

Dakota Professional Health Program – a program that supports medical professionals affected by mental illness and substance use disorders. With remarkable passion, she lobbied legislators to secure funding for the program and served on the board since its inception in 2014, continuing through 2024.

Dr. Blehm selected the American Foundation for Suicide Prevention, North Dakota Chapter (AFSP) as the recipient of the \$10,000 Copic donation. The mission of AFSP is to save lives and bring hope to those affected by suicide. The AFSP funds research to improve interventions, trains clinicians in suicide prevention, and advocates for policy that will save lives.



Dr. Misty Anderson and Dr. Julie Blehm.

Outstanding Leadership in Healthcare Policy



Senator Scott Meyer

North Dakota District 18
Grand Forks, ND

Senator Scott Meyer was presented with the Outstanding Leadership in Healthcare Policy Award for his exceptional dedication and support of medicine.

Senator Scott Meyer is the third recipient of this prestigious award. Leaders deserving of this award have gone the extra mile, especially regarding policy issues central to NDMA. This award is a rare find. Over NDMA's 138-year history, it has been awarded only three times. The first recipient was Senator Judy Lee in 2007. The second was Representative Greg Westlind in 2021.

Senator Meyer has served in the North Dakota Legislature since 2017, representing District 18, Grand Forks. He serves on the full Appropriations Committee and the Appropriations Committee for the Education and Environmental Division.

Senator Meyer is a strong advocate for healthcare. He was the primary sponsor of two of NDMA's priority bills during the 2025 session:

SB 2280 Prior Authorization: This legislation addressed systemic barriers in the prior authorization process. These barriers often delay access to medically necessary care, including for patients battling cancer. NDMA and its partners negotiated with insurers to secure passage. Senator Meyer was crucial to completing negotiations. His approach ensured the final bill had fair outcomes for patients, healthcare systems, and insurers.

SB 2232 Maternal Health: NDMA brought this bill forward to help protect mothers and babies. The bill allows a one-time waiver for pregnant mothers with a history of substance use. This allows them to access essential healthcare without fear of prosecution. Senator Meyer respects that physicians know what is best for their patients.

Senator Meyer's passion and commitment to healthcare are impressive. He attends hearings, provides compelling testimony, and serves as an inspiration to the medical and healthcare community.



The acknowledgement of Senator Scott Meyer's efforts to support healthcare extended beyond NDMA's physicians to other advocacy supporters. Pictured left to right: Ben Hanson, NDMA President Dr. Stephanie Dahl, NDMA Executive Director Courtney Koebele, Rudie Martinson, and Blair Thoreson.

40 Years of Service

NDMA continued the tradition of recognizing physicians who have achieved at least 40 years of service to the medical community upon graduation from medical school (1985). Seventeen physicians were recognized:

- Olivia Carcoana, MD - Grand Forks
- Raul Consing, MD - Grand Forks
- Christopher Crowe, MD - Fargo
- Paul Dearing, MD - Watford City
- Bruce Domm, MD - Casselton
- Vijay Gaba, MD - Fargo
- Gerald Gaul, MD - Grand Forks
- Gregory Greek, MD - Grand Forks
- Darcy Honeycutt, MD - Bismarck
- Ronald Knutson, MD - Bismarck
- Parag Kumar, MD - Bismarck
- Michael Laszewski, MD - Bismarck
- Joseph Luger, MD - Bismarck
- Douglas Moen, MD - Bismarck
- Robert Olson, Jr., MD - Fargo
- Charles Owens, MD - Grand Forks
- David Theige, MD - Fargo

Pictured receiving the 40 Years of Service Awards are:



Dr. Vijay Gaba, Fargo



Dr. Parag Kumar, Bismarck



Dr. David Theige, Fargo

2025-2026 Officers

Each year, NDMA officer positions are selected by a vote of the NDMA membership. Congratulations to the new 2025-2026 officers.



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Parag Kumar, MD
Bismarck, ND



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Stephanie K. Dahl, MD
Fargo, ND

Policy Forum: Let Your Voice be Heard

The policy forum, held each year at the annual meeting, is strategically designed to draw on members' subject-matter expertise on critical policy issues affecting physicians and patient care.

The forum is a big part of what NDMA is all about - protecting the practice of medicine and keeping North Dakotans healthy. Physicians attending the event care deeply about their profession and keeping health a priority for North Dakota.

After the policy discussion, the summaries were brought forward to the NDMA Council, where each topic was carefully vetted. The Council is pleased to report that the following policies were adopted during the November council meeting.

Early Prescription Eye Drop Refills

Patient access to prescription medication refills before the intended refill period expires.

Many patients depend on prescription eye medications to preserve their vision. Daily use is essential, especially for those with glaucoma and other degenerative eye diseases. Currently, many patients exhaust their prescription eye drops before the intended period ends, as indicated on the label. This issue is especially challenging for elderly patients with unsteady hands, and even careful users struggle to ensure the medication lasts. When patients seek an early refill, insurance often denies coverage, leaving them without necessary medication.

Without reasonable refill and insurance policies, continuity of care is disrupted, and patients are put at risk. To ensure ongoing access to essential treatment, coverage for limited early refills of prescription eye drops should be required, regardless of standard early refill restrictions.

Thirty-one states have already passed early eye drop refill laws. In addition, the Centers for Medicare & Medicaid Services (CMS) has issued guidance to Medicare Part D sponsors on the use of early refills of eye drops for Medicare beneficiaries.

Proposed Action:

NDMA supports insurance coverage for early refills of eyedrops when medically appropriate. NDMA should file a bill to align with the 31 states already protecting patient access to early refills.

Patient Recording Encounters

NDMA physicians have reported that patients are recording clinic visits and sometimes sharing them on Facebook Live. In North Dakota, only one party must consent to a recording. The AMA offers a model bill to help preserve the integrity of the patient-physician relationship in these situations.

The physician-patient relationship is built on trust and a shared commitment to patient care. Physicians must inform patients and obtain consent before making audio or visual recordings, as outlined in the AMA Code of Medical Ethics. Patients, however, are not required to seek physician consent before recording. Secret recordings by patients can undermine trust. Open communication about recording intentions is essential to maintain this trust. The AMA model bill addresses the rights of both patients and physicians in these situations.

Proposed Action:

NDMA should pursue legislation, based on the AMA model bill, for the 2027 session to prohibit patient recordings without physician consent.

Impact on State Budgets with Proposed Medicaid Reductions

Proposed Medicaid reductions would place significant pressure on state budgets, likely resulting in benefit cuts, reduced provider payments, or higher uninsured rates to offset the loss of federal funds. States with higher poverty rates and vulnerable populations, including those with more residents with disabilities, would face greater challenges due to higher Medicaid needs and limited options for service reductions.

On July 4, 2025, President Trump signed the One Big Beautiful Bill Act (OBBA) into law. This budget package will have sweeping impacts across Medicaid, the Affordable Care Act (ACA), food and nutrition programs, and more. The Congressional Budget Office (CBO) estimates the bill's health provisions will result in 11.8 million people losing health coverage by 2034. The CBO also estimates that an additional 5.1 million people would lose health coverage due to two policy changes outside the bill, including: 1) the final 2025 CMS marketplace rule implementing eligibility changes, and 2) the expiration of the ACA expanded premium tax credits. In total, CBO estimates 16.9 million people could lose coverage.

Proposed Action:

NDMA will prioritize preserving Medicaid funding and eligibility as an urgent legislative advocacy goal.

Maintaining Vaccine Integrity

Strategic vaccine timing protects individuals and communities by maximizing immunity during the most vulnerable life stages. NDMA affirms the critical role of a research-based immunization schedule in preventing disease outbreaks and safeguarding public health. Since its establishment in 1964, the Advisory Committee on Immunization Practices (ACIP) has provided the evidence-based foundation for national immunization schedules and supported broad insurance coverage for recommended vaccines. However, structural and membership changes in 2025 have raised concerns among medical and public health organizations about the committee's ability to maintain scientific integrity and independence, potentially impacting public trust and future immunization efforts.

On June 9, 2025, all ACIP members were replaced. The selection process lacked transparency and adequate vetting to confirm the new members' expertise in vaccine recommendations. On July 31, 2025, liaison organizations were notified by ACIP that they would be excluded

from the process of reviewing scientific evidence and informing vaccine recommendations. The groups include the American Medical Association, the American Academy of Family Physicians, the American Academy of Pediatrics, and the American College of Physicians.

Proposed Action:

NDMA supports ACIP recommendations issued before May 1, 2025, and endorses vaccine guidance from national medical specialty societies.

Prior Authorization Advancement

NDMA supports prior authorization reform and successfully advocated for robust regulation during the 2025 legislative session. The policy states that prior authorization is often overused, costly, inefficient, and delays patient care.

At the federal level, efforts are underway to streamline prior authorization and reduce administrative burdens. The U.S. Department of Health and Human Services (HHS) has announced a final rule to help physicians select appropriate treatments and prevent insurers from denying physician-approved care.

- Effective October 1, the rule will allow providers using certified health information technology systems to submit prior authorizations electronically, select drugs based on insurance coverage, and exchange prescription information with pharmacies and insurers.
- Physicians will manage prior authorization requests within their electronic health record systems, standardizing information exchange and enabling faster, more timely patient care.

Proposed Action:

NDMA will support the implementation of the new HHS rule to help North Dakota physicians expedite prior authorizations and tailor patient recommendations to insurance requirements.

Community Health Workers

The Community Health Worker Task Force, established by the 2023 North Dakota Legislature, developed administrative rules for community health workers. While this was a positive first step, the process lacked substantial input from physicians and community health workers. The North Dakota Legislative Administrative Rules Committee reviewed the rules on September 2, 2025, and they took effect on October 1, 2025.



Dr. John Bassett provides input on several issues and outlines how policy reforms could benefit healthcare systems and patients.



Dr. David Field shares points about how providing care has become more difficult.



Dr. Erik Heitkamp shares concerns about patient recording encounters.



Policy forum participants listen intently to the proposals.

Community Health Worker-supported interventions are especially beneficial in underserved populations, increasing access to primary care, improving mental health, and reducing the likelihood of multiple 30-day readmissions from 40% to 15.2%.

There are several issues with the current administrative rules as adopted:

- The rules do not allow billing for any services that require licensure or training beyond what is required for community health worker certification.
- The current training and recertification requirements for community health workers are overly burdensome given their expected responsibilities.

- Training requirements should align with the specific tasks needed in each community. The scope of practice should include activities a provider would reasonably expect a patient or family member to perform after a visit, hospitalization, or treatment.
- Reimbursing community health workers will require funding beyond current Medicaid resources. Partnerships among local public health agencies, universities, and healthcare organizations may help address this need.

Proposed Action:

NDMA will incorporate new community health worker administrative rules and plans to introduce any necessary amendments during the 2027 legislative session.



Policy Chair Dr. Erica Hofland kept the policy forum discussion engaged.



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Beyond the Last Patient Visit: Ongoing Record Retention and Notification Requirements for Retiring Providers

Briana L. Rummel
Attorney for Vogel Law Firm

VOGEL
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Retirement marks a significant milestone in a provider's professional life. While stepping away from clinical practice is a personal decision, it carries ongoing legal and ethical responsibilities, particularly with respect to medical records and patient notification. North Dakota law imposes certain obligations on providers at the time of retirement. Understanding these requirements in advance can help ensure a smooth transition, protect patients and clinicians, and avoid a claim of noncompliance.

North Dakota law establishes a baseline record-retention obligation that applies to all individuals licensed by the North Dakota Board of Medicine. Under Section 43-17-27.2(1) of the North Dakota Century Code, licensees must "retain all medical records, unless otherwise appropriately transferred to another licensee or entity, for at least seven years from the last date of service for each patient, except as otherwise required by law."

This requirement reflects the reality that medical records often remain clinically, legally, and administratively relevant well after active treatment ends and is aligned with a patient's right to access and receive their records. Importantly, the statute allows clinicians to satisfy their retention obligation either by maintaining the records themselves or by appropriately transferring them to another qualified custodian.

Ensure Medical Records are Transferred to Another Licensee

Consistent with this statute, the North Dakota Board of Medicine adopted Section 50-01-03-01 of the North Dakota Administrative Code. This implementing regulation requires a licensee, or their designated representative, to "ensure all medical records are transferred to another licensee or entity that is held to the same standards of confidentiality and agrees to act as a custodian of the records." Retiring providers should carefully consider the available custodial options, including other healthcare providers, healthcare facilities, or third-party record management entities to ensure compliance.

Inform Patients of Medical Record Transfers

In addition to arranging for the retention and provision of records, retiring providers have affirmative patient notice obligations as well. The Administrative Code requires that active patients be informed that their medical records will be transferred to another licensee or entity that will retain custody of the records, and upon the patient's written request, the records will be sent to the patient or to a licensee or entity of the patient's choosing. This notice requirement ensures continuity of care and preserves the patient's ability to direct the future use and transfer of their records. Best practices typically include

written notification delivered sufficiently in advance of retirement to allow patients time to respond and make informed choices. Providing advance notice may also reduce subsequent record requests post-retirement and help address any claims of patient abandonment.

Notify the ND Board of Medicine

Finally, retiring physicians must notify the North Dakota Board of Medicine of "the location and contact information of the custodian of the records which may be provided to a patient requesting such information." N.D. Admin. Code § 50-01-03-01(3). This requirement ensures regulatory oversight and provides an additional safeguard for patients who later seek access to their records. Providers should maintain documentation of this notification as part of their retirement records.

"Understanding North Dakota's record-retention and patient-notification requirements before retirement helps protect patients, clinicians, and compliance."

Multiple Jurisdiction License Responsibilities

In today's healthcare landscape, it is increasingly common for clinicians to hold licenses in multiple jurisdictions. Retirement planning for today's multi-licensed clinician must include a jurisdiction-by-jurisdiction assessment of ongoing regulatory obligations long after the last patient encounter. Early planning allows time to identify an appropriate custodian, prepare patient notifications, and coordinate with the Board of Medicine. In addition, clinicians would be wise to consult with their professional liability carrier and experienced health care counsel well in advance of retirement or a practice transition to identify jurisdiction-specific requirements, avoid inadvertent noncompliance, and consider ways to mitigate the risk of future claims. Importantly, the law establishes the floor for medical record retention and patient notification requirements. In some circumstances, depending upon the provider's practice and patient population, a longer retention and/or notice period may be advised.

HDR Skin Brachytherapy: A Non-Surgical Option for Selected Nonmelanoma Skin Cancers



Submitted by the Bismarck Cancer Center

The Bismarck Cancer Center offers HDR (high-dose-rate) skin brachytherapy as a treatment option for selected patients with nonmelanoma skin cancer. This technique provides highly conformal dose delivery to superficial lesions while minimizing dose to adjacent normal tissue—an important consideration when treating tumors in cosmetically and functionally sensitive locations.

HDR skin brachytherapy is most commonly considered for appropriately selected basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), particularly when surgery may be undesirable due to lesion location, anticipated cosmetic outcome, comorbidities, anticoagulation, prior surgery in the field, or patient preference. By delivering radiation directly to the target with rapid dose falloff beyond the treatment surface, HDR brachytherapy can limit exposure to underlying structures and surrounding tissue compared with broader-field external beam approaches.

Treatment is typically delivered in an outpatient setting. Sessions are generally brief, and depending on lesion characteristics and the

prescribed regimen, HDR brachytherapy may reduce the overall treatment burden for patients compared with longer conventional courses. The targeted nature of HDR dosing also contributes to a favorable tolerance profile. Expected acute effects may include localized erythema, dryness, tenderness, or mild desquamation, which are usually self-limited and managed conservatively.

As with all skin-directed radiation techniques, careful patient selection, lesion assessment (including depth and proximity to critical structures), and collaboration with dermatology and referring providers are key to optimizing outcomes. HDR skin brachytherapy is not appropriate for all lesions, and evaluation by a radiation oncology team is recommended to determine candidacy and discuss alternatives.

Learn more about the Bismarck Cancer Center at:
www.bismarckcancercenter.com

**For referring clinicians,
HDR skin brachytherapy
represents an additional
tool for treating selected
superficial skin cancers —
particularly when the goal
is effective local control
with minimized disruption
of surrounding tissue and
preservation of cosmetic
and functional outcomes.**

An advertisement for Bismarck Cancer Center. It features four radiation oncologists in white lab coats standing in front of a large Elekta linear accelerator machine. The background is a blue gradient. At the top, the website "bismarckcancercenter.com | 701-222-6100" is displayed. Below the doctors, the text "YOUR FIGHT, OUR FOCUS." is written in large, white, sans-serif letters. Underneath that, "ADVANCED RADIATION THERAPY SERVICES" is written in a bold, white, sans-serif font, followed by the tagline "with a compassionate and caring team" in a smaller, white, italicized font. The Bismarck Cancer Center logo is at the bottom right.

Patients over Paperwork: Improving Timely, Quality Health Care for Seniors

From day one, the Trump administration has prioritized deregulation and a necessary course correction from years of federal overreach. Health care is no exception. Working in partnership with Congress, the Trump administration rolled back the heavy-handed Biden-era minimum staffing requirements, delivering real relief for patients, providers, and every rural community depending on accessible, local long-term care. As part of the Working Families Tax Cuts, we also implemented a decade-long moratorium on the rule's minimum staffing standards. By repealing the rule, President Trump reinforced the importance of breaking down barriers to care for North Dakotans, seniors, and those who depend on a reliable system.

Despite the progress, regulatory burden remains a persistent challenge elsewhere in the health care system, particularly for the 33 million Americans who are enrolled in Medicare Advantage (MA). Too often, these seniors face delays and hurdles when trying to access care. Health care providers are stuck waiting on unanswered faxes—in 2025—or tied up with time-consuming phone calls. Every minute they spend on paperwork is a minute taken away from direct patient care. This is senseless, especially as hospitals and clinics across North Dakota struggle with staffing shortages for physicians, nurses, and nearly all clinical staff. These delays are not only frustrating for overburdened providers; they can also significantly impact the health and well-being of the patients they serve.

Recent audits by the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG) reveal serious failures in MA plans. Many enrollees face excessive delays because necessary care is frequently and inappropriately denied at the first

request. For example, a 2018 HHS-OIG report found that MA plans reversed over 75% of their own prior authorization denials after appeal. A system that gets it wrong three out of four times is not designed to ensure appropriate care and instead illustrates a perverse incentive to deny legitimate requests for care and hope a patient is unaware of their appeal rights. Not only is this wrong, but it also ultimately leads to worse health outcomes and increased costs down the line.

The prior authorization process can and must work better. Patients, providers, and health plan administrators recognize the need for a smarter, more streamlined process to put timely, high-quality care first.

Prior authorization reform should increase efficiency, helping seniors access care without delay. I joined U.S. Senator Roger Marshall (R-KS) as a cosponsor on his bipartisan, bicameral *Improving Seniors' Timely Access to Care Act*. The bill modernizes the way MA plans and health care providers use prior authorization, bringing an outdated system into the digital age.

Specifically, it establishes an electronic prior authorization process for MA plans, expands beneficiary protections to improve enrollee experiences and outcomes, and clarifies the Centers for Medicare and Medicaid Services (CMS) authority to establish acceptable timeframes for approving urgent requests and commonly approved services. By streamlining approvals and reducing paperwork, the legislation prevents unnecessary treatment pauses and allows providers to focus on delivering the best care for their patients, not navigating red tape.

Importantly, this bill aligns with the efforts of HHS Secretary Robert F. Kennedy Jr., and CMS Administrator Dr.



Kevin Cramer
North Dakota Senator

Mehmet Oz to reduce administrative burden and eliminate unnecessary obstacles to care. They've identified several objectives consistent with our legislation, including standardizing the prior authorization process, reducing the number of services subject to it, and minimizing approval delays for patients seeking care.

The *Improving Seniors' Timely Access to Care Act* will help seniors in North Dakota and throughout the country receive timely, quality health care. It's time we cut the red tape to make health care accessible, efficient, and focused on what truly matters: patient care.

My door is always open, and I welcome hearing from you about ways we can increase seniors' access to high-quality health care and to strengthen health care services across North Dakota.



It's time to cut the red tape and modernize prior authorization so seniors can access timely, high-quality care.





Fixing What the Affordable Care Act Got Wrong

Julie Fedorchak

North Dakota Congresswoman

Our health care system is broken, and North Dakotans know it.

The law that was supposed to make things better—the Affordable Care Act—has not lived up to its name. We were told families could keep their plans, save thousands of dollars a year, and see costs come down. Fifteen years later, North Dakotans are paying higher premiums, facing fewer choices, and navigating a system that feels increasingly disconnected from both patients and providers.

Instead of addressing the root causes of rising costs, Washington has leaned on temporary subsidies to mask the problem. The current debate over the Enhanced Premium Tax Credits, which you know all too well, is a perfect example. These credits, added during COVID, expanded subsidies well beyond the original ACA design and were intentionally written to expire. While much of the conversation suggests coverage will disappear without them, the truth is that the original ACA subsidies remain in law and continue to support most North Dakotans who rely on the exchange.

What's being debated now is whether to permanently extend the COVID subsidies that reach households earning well into six figures—at a cost of roughly \$350 billion to taxpayers over ten years. Yet experience shows that funneling more taxpayer dollars through insurance companies does not lower health care costs. Since these enhanced credits took effect, premiums have continued to rise sharply, while insurers capture the benefit with little accountability.

Even more troubling, waste and fraud in the program nationally are widespread. Reports show that 35 percent of marketplace enrollees have no medical claims at all. They are phantom enrollees for whom

national insurers continue to collect payments. That's money that could be used to improve care, strengthen rural hospitals, or lower costs for families and small businesses.

That's why I voted for the Lower Health Care Premiums for All Americans Act—legislation designed to move us off this failing model and toward a more patient-centered system. By the time you read this column, I am hopeful these reforms will already be law.

This legislation takes a practical approach to lowering premiums and expanding affordable options. It begins to crack down on middlemen who drive up prescription drug costs, stabilizes the individual market in a way that actually reduces premiums, and expands flexible coverage options for small businesses, self-employed workers, and employers who want to offer benefits that fit their workforce. And these reforms

occur without any temporary subsidies.

Importantly, this bill recognizes a basic truth: affordability doesn't come from writing bigger checks to insurance companies. It comes from lowering underlying costs, increasing transparency, and giving patients and employers more meaningful choices. A lot more work remains to be done, but this is a step in the right direction.

Physicians see firsthand how complexity, cost, and bureaucracy undermine care. North Dakotans, and Americans everywhere, are fed up with our health care system. It's time for all stakeholders in the system, and leaders in Washington, to move beyond the superficial talking points to real reforms that make health care affordable.

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*Insights provided by the 2025 John Dawson Incident & Prevalence Study.

Working to Build a Better Path Forward for Affordable Health Care in North Dakota



The status quo under Obamacare is unsustainable. Despite ever-increasing subsidies, health insurance premiums and deductibles have increased substantially. In 2014, taxpayers covered about 68 percent of premiums for enrollees on the Obamacare exchanges. In 2025, taxpayers were picking up 93 percent of the bill. In the same time frame, median premiums for silver health insurance plans on the exchanges have increased by more than 40 percent, and median deductibles have doubled. As the Obamacare enhanced premium tax credits (ePTCs) have expired, the true cost of health insurance on the exchanges has come into the public view.

It's important to note that the ePTCs were passed on a partisan basis during the COVID pandemic and were intended to be temporary – the original Obamacare tax credits remain in effect. The COVID-era changes also eliminated the income limits for the tax credits, allowing individuals earning more than 400 percent of the federal poverty level to receive aid. In these ways, the ePTCs did even more to hide the actual cost of Obamacare, while delivering tens of billions of dollars in subsidies directly to health insurance companies each year. This approach will not work in the long term, and it's clear that reforms need to be made.

I've been working with my colleagues in the Senate to do just that. In December, I voted for legislation introduced by Senators Mike Crapo, chair of the Senate Finance Committee, and Bill Cassidy, M.D., chair of the Senate Health, Education, Labor and Pensions (HELP) Committee, to lower health care costs and provide money directly to families to help with their health care needs. Specifically, this legislation would:

- Give Americans on bronze and catastrophic plans access to these

dollars in a Health Savings Account (HSA).

- Fund cost-sharing reduction (CSR) payments to lower insurance premiums.
- Empower more Americans to choose the insurance plan that best fits their needs by giving them a choice to enroll in low-cost catastrophic plans.
- Ensure assistance goes to American patients by requiring citizenship or immigration-status verification.

Unfortunately, the bill was blocked along party lines due to demands that we extend the COVID-era ePTCs without any reforms despite rising health insurance costs, the lack of income limits and the fraud present within the program. Nevertheless, we will continue working to advance solutions to address these issues. The Crapo/Cassidy bill I voted for is a good start, and other legislation is actively under consideration in both the Senate and the House to actually get health care costs under control, ensure taxpayer dollars are spent wisely and empower Americans to access affordable care that fits their needs.

At the same time, we are investing through the One Big Beautiful Bill to improve access to care and support more affordable health care in rural areas, including for North Dakota. Under this bill, rural health care providers in our state will soon receive \$500 million over five years to transform and improve our rural health care system. The State of North Dakota submitted its application to the Rural Health Transformation Program in November, with a focus on, among other priorities:

- Building and retaining a rural health workforce.
- Preventing chronic disease and reducing costs.

John Hoeven

North Dakota Senator

- Leveraging telehealth and care coordination to bring health care closer to home, while improving the timeliness of care.

In these and other ways, we are working to both improve health care in rural areas and get at the root causes of the challenges facing our health care system. We will continue working to advance solutions that help expand access to affordable health care, while giving Americans more options to buy health insurance that meets their needs at a price they can afford. Doing so will create a more sustainable path forward and provide a better value for American taxpayers and patients.



The status quo is unsustainable, and real reforms are needed to lower costs, protect taxpayers and give Americans more affordable health care options.





First District Hosts Annual Mentorship Conference

For the third year now, NDMA First District Medical Society hosted the Annual Mentorship Conference in Fargo. The conference is designed to introduce students to careers in medicine. Over 100 physicians volunteered to mentor students and more than 30 specialties were represented. Over 200 mentees - or students - registered to attend the event. It was a great event and well received by the students and physicians.

Thank you to First District for taking the initiative to host this incredible event. Well done!



UND Alumni Foundation Honors Dr. Michael Greenwood

Dr. Michael Greenwood, an NDMA member and supporter, received the UND Alumni Association & Foundation's Young Alumni Achievement Award for embracing challenges and offering a new perspective to his patients with groundbreaking care.

Michael Greenwood, a UND '07 and '11 alumnus and ophthalmologist, was recognized for his groundbreaking patient care.

Greenwood opened Vance Thompson Vision's first practice near Sioux Falls, SD, but also helped the business grow to more than 400 employees across nine locations in seven states. He did so as one of two managing partners — and even started his own accompanying business.



Today, Greenwood runs the West Fargo office. He founded "Green Man" with his business partner Brandon Baartman, allowing patients to see what their vision would look like through a virtual reality headset after getting eye surgery.

"It's a virtual reality education thing for patients to help them better understand how they're going to see after they have cataract surgery, you know, sort of a test drive," he said. "Cataract surgery is a once-in-a-lifetime procedure on your most precious sense, and you've got different options on which lens you want to choose — similar to buying a car. We want people to be able to test drive it before they have surgery."

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Dr. Rachel Ness
Board-certified Dermatologist

FARGO CENTER FOR DERMATOLOGY
MEDICAL | SURGICAL | AESTHETIC

Submitted by the Fargo Center for Dermatology

At Fargo Center for Dermatology, referrals are about more than recommendations, they're about ensuring patients receive timely, expert medical care when it matters most. Our medical referral program is designed to make it easy for patients, families, and community providers to connect individuals with trusted dermatologic specialists for comprehensive skin health evaluation and treatment.

Many skin conditions require prompt attention, whether it's a changing mole, a persistent rash, worsening acne, or a chronic condition such as eczema or psoriasis. When someone is referred to our clinic, they can feel confident knowing they'll be seen by experienced dermatology providers led by our board-certified dermatologist who prioritize accurate diagnosis, evidence-based treatment, and compassionate care.

We understand that delays in care can cause unnecessary stress. That's why we offer convenient online scheduling and strive to provide same-week appointment availability whenever possible. This allows referred

patients to move quickly from concern to consultation, helping reduce wait times and improve outcomes.

Our referral program supports continuity of care and clear communication. For patients referred by another provider, we work collaboratively to ensure records are reviewed, treatment plans are shared, and next steps are clearly outlined. For personal referrals from friends or family, patients benefit from the reassurance that comes with a trusted recommendation, knowing someone they care about has already experienced the quality of our care firsthand.

Fargo Center for Dermatology offers a full spectrum of medical dermatology services, including skin cancer screenings, biopsies, acne treatment, inflammatory skin conditions, hair and nail disorders, and ongoing management of chronic skin disease. Each patient receives individualized care tailored to their unique needs, concerns, and medical history.



“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

Rachel Ness MD, FAAD-Board Certified Dermatologist

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3173 43rd St. S.
Fargo, ND 58104
701.478.8780



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.

How to Refer a Patient

There are several ways to refer a patient to receive timely, dermatology care:

- **Website:** Visit the Fargo Center for Dermatology website at fargoderm.com; click on the FOR PROVIDERS tab located at the top of the page. This will step you through the process.
- **Fax:** Send the referral information by fax: 701-478-8781
- **Email:** Fargo Dermatology can also be reached by email at receptiondesk@fargoderm.com

If you would like more information, we are also just a phone call away. Fargo Center for Dermatology can be reached at 701-478-8780.



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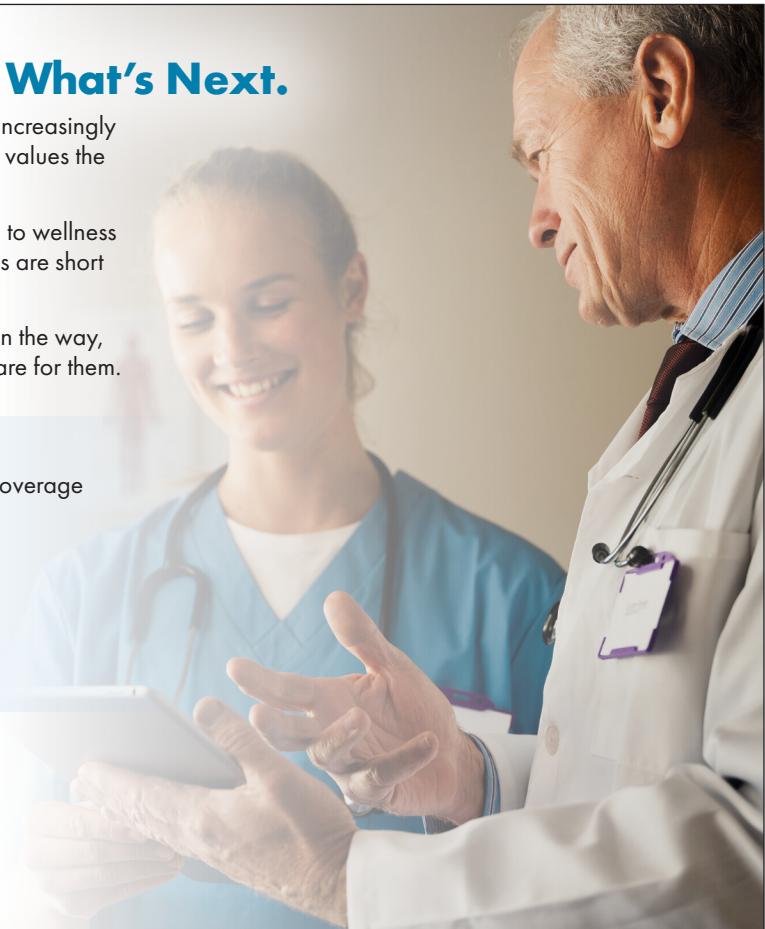
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Thank you to Dr. Jurivich for providing a most excellent presentation during NDMA's Annual Meeting! The audience was impressed by learning more about Longevity Medicine and its capacity to slow or reverse the aging process, extending lifespan, and maximizing healthy years. If you missed the presentation and would like to learn more about the program's cutting-edge approaches, contact Dr. Jurivich at www.dakotageriatrics.org or 701-777-6936.

Most Sincerely, NDMA President Dr. Parag Kumar

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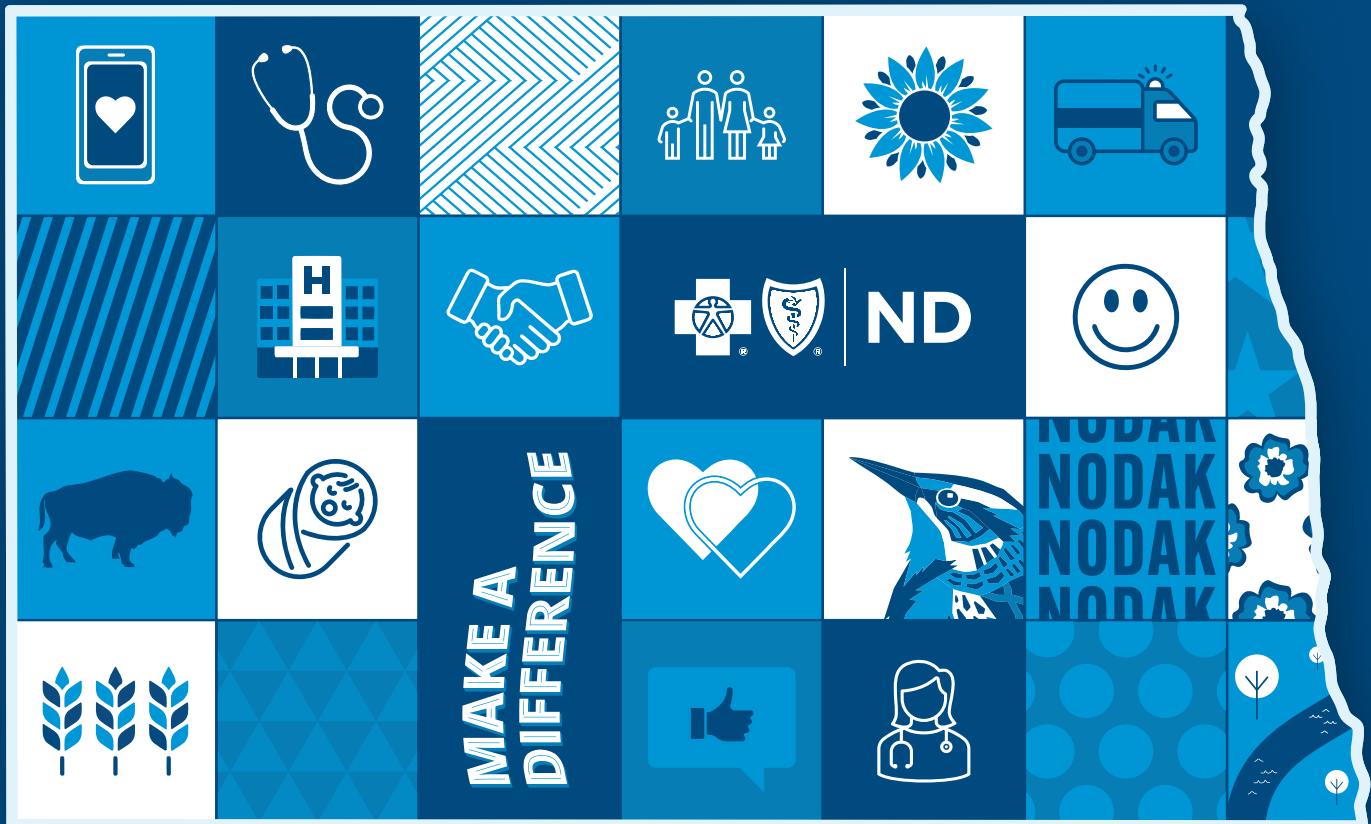


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A Tribute to Dr. Tom Strinden

At the annual meeting, NDMA recognized past council member and physician advocate Dr. Tom Strinden for his dedication to medicine. His passing leaves a great void.

Dr. Strinden's wife, Lieutenant Governor Michelle Strinden, and their son Jacob were guests for the presentation.

Dr. Strinden was a proud North Dakota native and a distinguished ophthalmologist who devoted his career to patients across the state and world for over 30 years. As a dedicated NDMA member, he went the extra mile to advocate for medicine and build friendships. He was an NDMA member for 30 years and, as a strong advocate for policy, served for 16 years on the Commission on Legislation and chaired the NDMA PAC for 19 years.

You could always count on Dr. Strinden's support during legislative sessions. He advocated for medicine by providing personal testimony, participated as Doctor of the Day and Physician Day at the Capitol, and was proud to take a stand for medicine. He was especially proud of Michelle for her work as a representative for District 41, serving as Governor Armstrong's running mate, and now as the 40th Lieutenant Governor of North Dakota.

He was also a member of the North Dakota Society of Eye Physicians and Surgeons, where he served as president and held numerous other positions.

Dr. Strinden was a compassionate humanitarian. He believed in helping the underserved. He made several mission trips to Haiti, India, and Honduras to cure and prevent blindness for those who otherwise had little access to care.

Dr. Strinden was more than a surgeon and friend. He was a teacher, a mentor, and a servant leader. He practiced medicine with dedication, empathy and compassion and performed over 30,000 eye surgeries. Each surgery represented not only his surgical talents but his unwavering commitment to his patients.

NDMA recognizes that Dr. Strinden's contributions were many, and it's nearly impossible to hit every highlight, but here are a few:

- Serving UND School of Medicine and Health Sciences as Associate Clinical Professor (1997 – present)
- Serving on the American Board of Ophthalmology (1994 – 2024)
- Serving on the National Board of Physicians and Surgeons (2018 – present)
- Fellowship of Christian Athletes for Hockey, member and National Board of Directors (2009 – present)
- Fargo Angels Hockey Coach (2011 – 2015)
- Grand Forks Youth Hockey Association Coach (1980 – 1991)
- Park Christian School Board of Directors (2009-2010)

Dr. Strinden valiantly fought cancer the way he lived — with an unshakable Christian faith. He will be deeply missed. Well done, good and faithful servant.

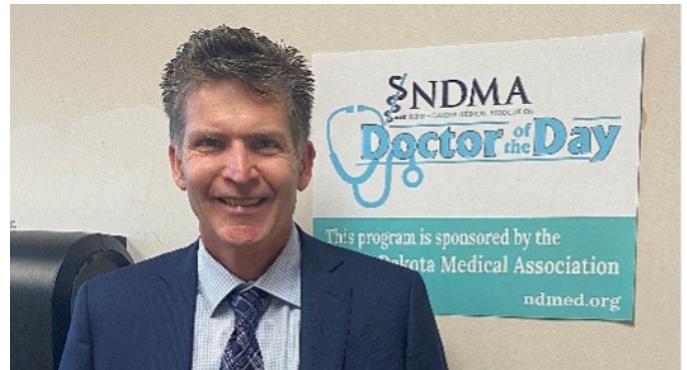
Matthew 25:21-23



Lieutenant Governor Michelle Strinden is pictured with legislators who gathered to show support for the Strinden family. Pictured from left to right: Rep. Carrie McLeod, Rep. and sister-in-law Karen Grindberg, Senator David Clemens, and Senator Scott Meyer.



Dr. Josh Ranum presented the tribute and honored Lieutenant Michelle Strinden with a floral bouquet.



Picture above: Dr. Tom Strinden participating as Doctor of the Day.

Picture to the right: Dr. Strinden participating in the policy forum.



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Brandon Helbling, MD



Oluwadara Okorafor, MD



Courtney Kahl, FNP

Urology



Robert Fisher, MD



Kylee Eichman
DNP, APRN, FNP-C

Recalls and Warnings: Risk Management Considerations



Submitted by Copic's Patient Safety and Risk Management Department

From time to time, the FDA, manufacturers, and other agencies issue recalls or serious warnings about devices, drugs, instruments and other healthcare-related products. When one of these notices impacts your medical practice, it is important to follow a comprehensive process and document all the steps you have undertaken to avoid potential liability and to maintain care for patients. Facilities, physicians, advanced practice providers, pharmacists and other healthcare professionals may all become involved in such warnings and recalls.

Depending upon the situation, medical providers may want to seek legal counsel to clarify their duties and responsibilities. The following are some general guidelines and key considerations:

- **Always start with the most recent and accurate information from the agency and/or manufacturer.** In general, the warnings and recalls describe the risks, benefits, and potential actions.
- **Recall and warning notices frequently contain the following types of actions, and you should be aware of these specifics for a given patient and a given biologic, drug, device, or other healthcare-related product:**

- o The recommended treatment or action for users to minimize risks or impact of the affected product to their patients.
- o Actions to be taken such as correction or removal of the device.
- o Necessary monitoring or additional steps for follow up with patients.
- o Any available alternatives.

- **Follow the manufacturer's recommended action steps exactly, document those steps, and in the event that you cannot, document why you can't.** For individual patient encounters, your actions should also be documented in their personal medical record. In the case of patient non-compliance with your recommendations, document their informed refusal.

- **Be aware that the manufacturers and pharmaceutical companies often put the responsibility for patient notification and counseling on the licensed healthcare providers.** For example, typical language in recalls or warnings may read as follows: “[Manufacturer’s name] will not communicate with patients directly about this issue. If patients have been impacted as part of this issue, healthcare providers have the responsibility to inform patients and/or update a patient’s care pathway.”

- **Use your patient lists, EHR, and other resources to try to identify all of your affected patients.** This applies most importantly to when you were the prescriber, used the device, or implanted the materials into your patient. If the recall is a general over-the-counter medication or one that you did not prescribe, the extent to which you identify, notify, and counsel is likely reduced.

- **If you are unable to reach affected patients, try at least two attempts, and ideally use multiple modes such as phone, emails, etc.** In serious recalls, it may be necessary to send a “return receipt requested” letter and keep a copy.

- **Some warnings and recalls may result in high volumes of patient calls, therefore, you should direct inquiries (as best as possible) to an informed respondent in your office or facility who can provide the guidance and who understands when scheduling appointments with the providers is necessary.** It might be advisable for your “designated informed respondent” to have a script available. While the recalls and warnings are generally written at the provider level of understanding, many consider sending the patients the exact verbiage from the manufacturer. Document each and every phone call with patients.

One of the most complicated issues is the financial responsibility for all the above actions. In some instances, the necessary follow-up visits, procedures, and therapy are paid by the patient or their insurer, and patients may need to make claims against the manufacturer for reimbursement. In other instances, the manufacturer will describe the process by which they will assist patients and their insurance payers to reduce costs and any financial burden from the recalls or serious warnings.

Lastly, in the event of legal action against the manufacturer or entity responsible for the harm, it is important that the facilities, licensed providers, pharmacists and other healthcare professionals follow all of the above steps to avoid being also named. In general, the legal actions are against the manufacturer and not the healthcare professionals and facilities, however, each case (individual or class action) is very fact-based.

If you aren't signed up for FDA alerts, you can do so by going to: www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program/subscribe-medwatch-safety-alerts

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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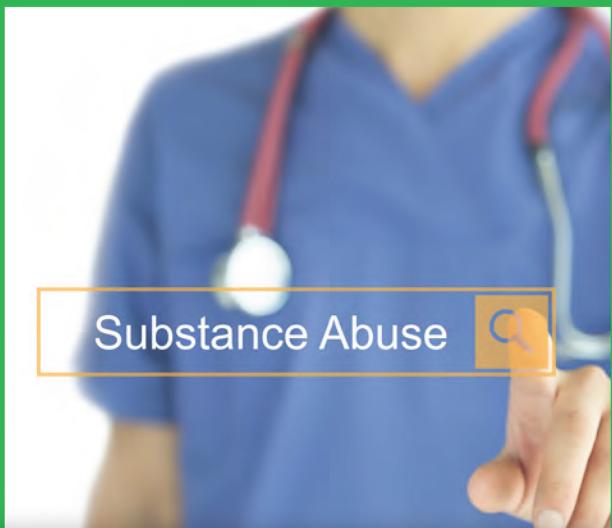
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