

North Dakota Physician

WINTER 2025



Passing the Baton: UND VP for Health Affairs & SMHS Dean

UND President Andrew Armacost,
Marjorie Jenkins, MD
and Joshua Wynne, MD

 NDMA

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Stephanie Dahl, MD
NDMA PRESIDENT

A Message from the President The 69th Legislative Assembly – Your Presence Matters

It's hard to believe that we are in the midst of another legislative session. The team at NDMA is working hard on the issues that affect physicians. One of my goals as president of the NDMA has been radon awareness, North Dakota has the second highest radon levels in the nation, and NDMA will be supporting legislation to inform residents about the dangers of radon exposure.

Radon is a colorless, odorless, radioactive gas that seeps into homes and causes serious health problems. Hopefully, you've already tested your home for radon, which kills more people in the US every year than drunk drivers. A radon level of 20 pCi/L, which is not uncommon in ND, is the equivalent of smoking two packs of cigarettes per day. How many of our friends would allow their children to smoke two packs a day? None. Yet, many families have children who are unknowingly sleeping in basements that have radon levels in that range. That's why public awareness campaigns are crucial to educate people about the dangers of radon and encourage mitigation efforts. The Environmental Protection Agency recommends testing all homes every two years for radon and recommends radon mitigation if levels are greater than 4.0 pCi/L or higher. However, some organizations recommend implementing mitigation if levels are greater than 2.0 pCi/L. If elevated radon levels are detected, active mitigation measures should be implemented.

Other legislative priorities this year include prior authorization and the reporting of maternal drug and alcohol use. We expect to see a bill that impacts the current legislation allowing naturopaths to prescribe medications, a bill that allows physical therapists to order MRIs, a bill that expands community health workers in North Dakota, and bills that guarantee access to birth control and fertility treatments. Be sure to watch for updates in the weekly NDMA newsletter and reach out to your legislators about these topics. As a physician, you have the power to educate patients and legislators, so please plan to attend the Physician and Hospital Day at the Capitol scheduled for March 25.

Finally, please sign up to serve as Doctor of the Day, which is a unique opportunity to increase NDMA's visibility by networking with legislators while serving as primary care provider for the day. This program is available through the legislative session beginning January 13. To sign up, contact NDMA at 701-223-9475 or go to ndmed.org and click on the Doctor of the Day scroll at the top of the page. Hours are best served from 8:30 am to 1:00 pm.

In closing, if you have a chance, please thank Courtney, Leann, and Donna. We are so lucky to have such an outstanding NDMA staff. They do a fantastic job advocating for physicians, but they need our support. With the start of 2025, please ensure your membership is current and encourage your colleagues to do the same.

Hope to see you at the Capitol this session!

What can you do to become involved during the 2025 Legislative session?

Now is the time to contact your legislators:

- Offer to be a resource for them on health care policy and communicate any concerns back to NDMA.
- Participate in the Doctor of the Day program.
- Give to the NDMA PAC or PAC of your choice!

As work done on the legislative level can rapidly change, it is best to stay informed on all bills through our weekly e-physician and our website, ndmed.org. The NDMA Bill Tracker lists the status of all the bills NDMA is following.



Courtney M. Koebele, JD
NDMA Executive Director

69th Legislative Session Preview – Time to Roll

It's hard to believe another legislative session is upon us, but we are ready! NDMA's Commission on Legislation, chaired by Fadel Nammour, has met monthly over the last eight months to review potential legislation. Last month, during the legislature's organizational session, committees were assigned, and leaders were chosen. Here is what you should know.

Senate leadership remains unchanged, but House leadership is experiencing some significant changes.

Two long-term members, Representative Robin Weisz, Dist. 14 of Hurdsville, and Representative Todd Porter, Dist. 34 of Mandan are no longer on the Human Services committee. Representative Robin Weisz, who has been a long-standing member of Human Services since 1997 and chair since 2009, has been appointed to serve as the speaker of the house for this session, which removes him from duties to serve on committees. Assuming Weisz's role as Human Services Chair is Matt Ruby, Dist. 40 of Minot. Representative Mike Lefor, Dist. 37 of Dickinson, is returning as majority leader, and Representative Zac Ista, Dist. 44 of Fargo is the new minority leader.

The changes present opportunities for NDMA to educate new members and get to know the new chairman.

Priority issues

In the fall ND Physician Magazine, I previewed one of NDMA's priority issues: prior authorization. Among many bills being considered by the legislature, NDMA has two other priorities:

Radon - the silent killer

Radon is an odorless, invisible gas and the second leading cause of lung cancer. The only way to know if an elevated radon level is present in a home is to test for it. Since North Dakota is among the highest-risk states for radon exposure, it is imperative that we provide prospective property buyers with testing disclosures and warnings of the dangers of radon.

North Dakota has one of the highest residential radon levels in the United States. Radon ranks second to cigarette smoking as a cause of lung cancer and causes more than 21,000 lung cancer deaths per year in the United States. <https://www.jabfm.org/content/34/3/602>

The root cause of radon deaths is the failure to test and remediate homes for radon due to the public's poor understanding of this hazard. Most North Dakotans are not aware that radon causes lung cancer, and most individuals younger than 30 do not even know what radon is.

To help build awareness, NDMA is supporting a bill advising on the dangers of radon. The bill does not involve mandates, such as requiring testing or mitigation. It simply requires that buyers be educated on the dangers of radon. Current real estate disclosures have a box to check if the home has been tested for radon. A more robust disclosure will help educate buyers and help them make their own decisions about radon.

Maternal and child drug testing

Current North Dakota law requires drug testing of pregnant women if there is suspicion of drug use and requires reporting positive results to Child Protective Services (CPS). This often results in pregnant women avoiding seeking care for fear of being separated from their children, arrest, or other consequences. NDMA supports an amendment to the law to allow a waiver from reporting as long as the pregnant woman continues receiving medical care and complies with the treatment recommendations of their healthcare team. This waiver enables more women to be cared for during pregnancy. Pregnant and postpartum women with an opioid use disorder (OUD) or other substance use disorder (SUD) should be encouraged to enter treatment and not suffer punitive actions for starting or continuing treatment.

North Dakota Century Code also requires drug testing on newborns in a broad range of circumstances that force providers to perform testing they believe could be socially and emotionally detrimental to patients while not protecting neonates. These testing and reporting requirements are overly broad and force drug testing on newborns even when mothers are currently enrolled in a substance use disorder treatment program or freely admit drug use to their provider. Furthermore, it mandates reporting any positive screen regardless of medical indication, even if an error or false-positive is identified. There are currently no national guidelines for toxicology testing of neonates, which may lead to inequitable and inconsistent ordering of tests in newborns.

NDMA supports amending the law to change "shall test" to "may test." This would give providers the freedom to perform testing when medically indicated but would allow testing to be avoided when it could be punitive or misapplied to vulnerable patients and families.

If you have a bill or issue you want to learn more about, please do not hesitate to contact me at ckoebele@ndmed.com.

The Emotional Weight of Caregiving

Submitted by the Village

The holiday season is a whirlwind of responsibilities and emotions for physicians. Between providing care for patients during one of the most stressful times of the year and managing personal and professional pressures, the mental toll can be immense. As the new year begins, many physicians face another challenge—the lingering emotional exhaustion from the holiday season.

January can feel like a stark contrast to the festive atmosphere of the previous weeks. For physicians, the new year often brings a mix of financial concerns, the emotional letdown after the holidays, and the persistent demands of patient care. The cold, dark days of winter can also contribute to feelings of fatigue and isolation, particularly for those experiencing seasonal affective disorder (SAD).

Physicians are often so focused on their patients' well-being that their own mental health takes a backseat. While this selflessness is admirable, it is ultimately unsustainable. Without addressing the emotional toll of their work, many healthcare providers are at risk of burnout, depression, and anxiety.

As the demands of the holidays subside, there is an opportunity for physicians to pause and reflect on their mental health needs. The Village provides confidential and flexible support tailored to the unique challenges faced by healthcare providers. Our licensed therapists specialize in evidence-based practices, including cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR). These therapies are designed to help with stress management, burnout, and emotional recovery.

Virtual therapy options allow physicians to seek support without disrupting their demanding schedules. Whether seeking individual counseling, stress-reduction techniques, or simply someone to talk to, The Village's team is equipped to provide the necessary help.

January also represents a time for new beginnings. Addressing mental health during this period can set the tone for a healthier, more balanced year ahead. The Village collaborates with physicians to develop personalized strategies for managing stress, setting boundaries, and cultivating resilience.

The emotional weight of caregiving does not have to define the year. With intentional care and support, physicians can regain the energy and focus needed to thrive personally and professionally.

Physicians dedicate their lives to helping others, but it is equally vital for them to receive care themselves. The Village Family Service Center is committed to providing the support necessary to navigate the challenges of the post-holiday season and beyond.

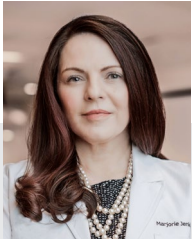
This year, physicians are encouraged to prioritize their well-being. Reaching out to The Village is the first step toward achieving a healthier and more balanced life. No one should face these challenges alone; support, strength, and clarity for the year ahead are within reach.

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UND School of Medicine & Health Sciences

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



A Message from the Dean Building on the Future of Medicine

Hello, fellow physicians and health system leaders across North Dakota!

I can't tell you how excited I am to join you as Dean of the UND School of Medicine & Health Sciences (SMHS) and UND's Vice President for Health Affairs. As I step into this role, I am inspired and humbled by the wonderful legacy of excellence you have created over the past 15-plus years with Dr. Wynne.

It has been wonderful meeting with so many of you already, and I look forward to meeting more of you in-person.

As you know, we are deep into a biennial legislative session. During my first month and one-half, I have been working with UND leaders, North Dakota University System officials, health providers, and legislators from across the state on healthcare priorities for North Dakota.

I bring a passion for rural health and increased access that is deeply rooted in my upbringing in eastern Kentucky. Growing up in Appalachia, my family and I had very limited access to medical care. My grandfather, a pastor and coal miner, became the go-to health expert for my widowed mother and her eight children. This personal experience, coupled with two decades in academic medicine at universities in Texas and South Carolina – states that face significant rural health challenges – has fueled my passion for making a difference and connecting with communities of all sizes.

As we head into 2025, this School of Medicine & Health Sciences is in a very strong position, both in terms of enrollments and donor support. SMHS graduated well over 300 health providers of all backgrounds in 2024 and saw an increase of nearly 50 donors in 2024, relative to 2023. In fact, as our recent annual report Vital Signs 2024 notes, over 700 unique



THANKS FROM YOUR SCHOOL OF MEDICINE AND HEALTH SCIENCES

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



med.UND.edu

donors of all backgrounds gave nearly \$13 million to the School in fiscal year 2024 – a major achievement that I’m excited to help build upon.

One of my top priorities in the coming year will be to strengthen the bonds between the School and stakeholders like you – clinical faculty, hospital partners, and alumni across the state. Your generosity, whether it be donations, time, energy, and/or championing for SMHS, has been crucial in shaping the successes we celebrate today. I look forward to exploring new opportunities for collaboration and engagement with each of you.

Thanks to support for student scholarships and endowed professorships, we continue to recruit and retain exceptional undergraduate and graduate students who flourish in our academic programs. At the same time, our reputation as a place that helps achieve healthy, strong communities – for example, through our Center for Rural Health – continues to grow. Furthermore, our school’s growth in research has been remarkable, and I am dedicated to supporting its continued success across the entire research continuum. We have an environment that is uniquely geared to multidisciplinary research.

These three pillars – education, research, and service – are essential to our purpose and vital to meeting the unique needs of our communities.

As your dean, I welcome all voices as we continue the work of this amazing school. My door is always open, and I look forward to conversations and listening sessions.

These will help us shape and achieve shared goals. Collaboration will be key as we work together to grow our impact, foster innovation, and nurture the next generation of healthcare leaders for North Dakota.

Thank you again for everything each of you do every day for health and health education in North Dakota.

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The advertisement features a photograph of Dr. Rachel Ness, a board-certified dermatologist, standing in front of the Fargo Center For Dermatology clinic. She is wearing a white lab coat with the F|D logo and her name on it. The clinic building is modern with large glass windows and a brick facade. The text is centered and framed by a thin black border.

First International Bank & Trust: Four Generations of Leadership & Stability

Submitted by First International Bank & Trust

The new year brings a major milestone in First International Bank & Trust's (FIBT) 115-year history. On January 1, Peter Stenehjem succeeded his father, Stephen L. Stenehjem, as CEO, becoming the fourth generation of the Stenehjem family to lead the institution. Steve, who has served as CEO for 34 years, continues to serve as Chairman of the Board, remaining actively involved in guiding the bank's leaders and supporting strategic initiatives.



Stephen L. Stenehjem served as FIBT CEO for 34 years. In January his son Peter Stenehjem assumed the role, making it the fourth generation of the Stenehjem family to lead the institution.

Reflecting on this transition, Steve Stenehjem shared, "It is rare to see a business not only operate for more than a century, but also remain owned and managed by the same family. For more than 114 years, our family has been deeply committed to serving our customers and communities with integrity and care. I am confident Peter's vision, dedication and philanthropic spirit will ensure that legacy continues well into the future."

"First International Bank & Trust brings an unwavering dedication to its clients and communities," said Peter Stenehjem, president and incoming CEO of FIBT. "It is a great honor to step into a role that's been shaped by over a century of commitment, resilience and community focus. I am committed to upholding this legacy, with deep respect for FIBT's history and focus on continued success in the years to come."

FIBT was founded in 1910 as Farmer's State Bank in Arnegard, North Dakota. FIBT was the only bank in McKenzie County North Dakota to survive the Great Depression. During the 1930s, when other banks were forced to liquidate loans, or in many cases, fail, FIBT returned every dollar requested. We were able to do so because we made sound lending decisions, and prudent, responsible choices to protect our customers and our communities. Our bankers bring the same line of thinking to the table today.

In 2025, we serve customers in communities across North Dakota, South Dakota, Minnesota, and Arizona. Our goal is to help people Live First – and we do so in many ways that go far beyond checking and savings accounts. Our mortgage team helps hundreds of families attain the goal of homeownership each year (ask us about our Physician Loan Program!) We provide a full suite of services to business owners. Our fraud prevention team works diligently to keep our customers' finances safe. And we invest in our communities by volunteering and making millions of dollars' worth of charitable contributions across our four-state footprint each year.

"As we enter this new era, I look forward to working with our talented team to maintain the high standards of excellence, innovation and client care that have defined our success," Peter added. Alongside my siblings Erik, Kira, and Kristen, I am proud to carry forward the traditions and values instilled by the three previous generations. Together, our family will ensure First International Bank & Trust thrives for the next 115 years and beyond."

**We invite you to connect with the team
at FIBT today so we can help you
Live First today!**



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From all of us at First International Bank & Trust, we would like to say thank you for the incredible work you do in our communities. We know it's not always easy and that's why we are committed to providing you with unique home loan solutions, designed with physicians like you in mind.

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Thank you for the vital role you play in strengthening the health and well-being of our communities. We invite you to connect with the Private Banking team today to explore how we can help you Live First.



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



Passing the Baton: UND VP for Health Affairs & SMHS Dean

By Donna Thronson

NDMA Communications Director

Contributors: Brian Schill and Connor Murphy

It's been over a year since UND announced that Dr. Joshua Wynne – UND vice president for health affairs and dean of the School of Medicine & Health Sciences (SMHS) – would be stepping down from his UND leadership position.

Dr. Wynne is one of the longest-serving medical school deans in the country, having served as Dean of the SMHS for 15 years. Now that's an accomplishment!

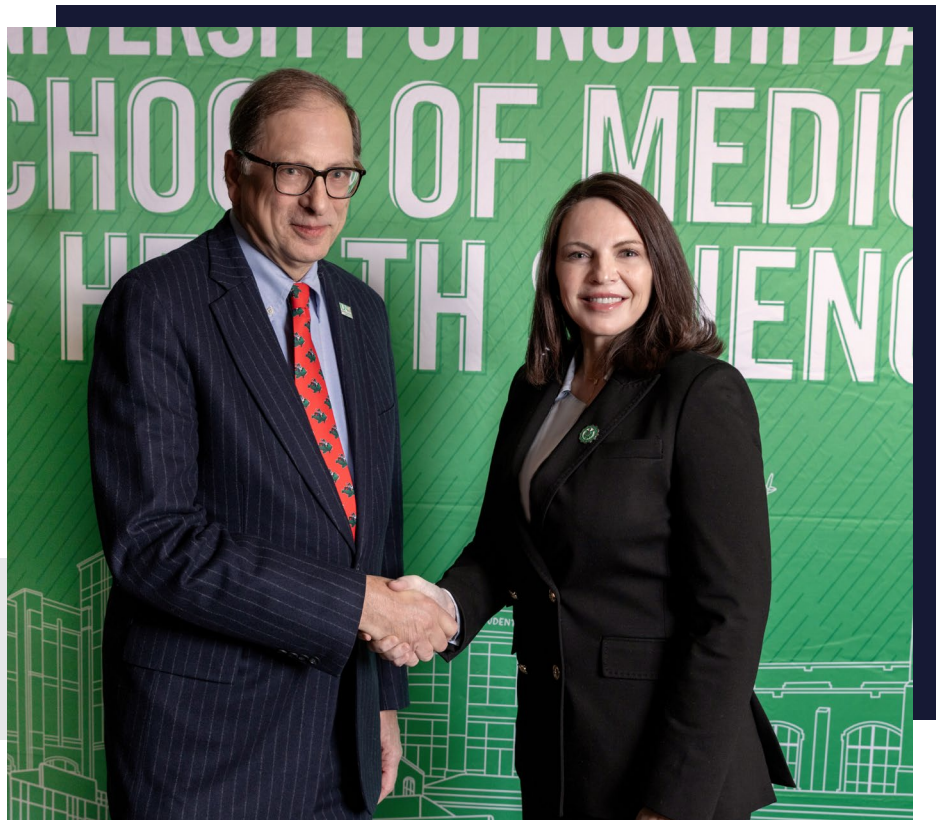
In a word, he has served the University well, which may be an understatement.

We at the NDMA all breathed a sigh of relief when a new dean was announced on schedule and when Dr. Wynne shared that he would remain at the SMHS as a faculty member. In addition, he plans to continue his medical practice, caring for patients.

“To be transparent, we are thinking about eventual retirement, but we have no intention of leaving our many friends in North Dakota and Minnesota,” Wynne said of he and his spouse, cardiologist Dr. Susan Farkas. “I plan to step down from my two administrative posts, but I am not retiring – I plan to continue teaching as a faculty member and seeing patients in my cardiology practice. Susan and I love it here in North Dakota and have no plans to leave, at least in the near future.”

You will find that Dr. Wynne is a rather humble leader, and when it comes to his many years of service, his many contributions to health education and healthcare across the state are numerous. Here are just a few:

- North Dakota Healthcare Workforce Initiative: Expanded student class sizes by about 25 percent and medical residency slots by about 37 percent.



Dr. Joshua Wynne congratulates Dr. Marjorie Jenkins on being selected as the new UND Vice President for Health Affairs and Dean of the SMHS.

- Academic departments: Expanded six new academic departments, along with the initiation of new programs in Population Health, Public Health, and the world's first Ph.D. in Indigenous Health.
- Leadership: Added necessary leadership positions for an Associate Dean for Multicultural Education, an Associate Dean for Wellness, and an Assistant Dean for Gender Equity.
- Research: Increased research productivity, with a more than 100 percent increase in sponsored funding between 2013 and 2023.
- Medical school curriculum: Implemented major revisions to the medical student curriculum in response to student feedback.
- Philanthropic contributions: Increased philanthropic contributions to the UND Alumni Association & Foundation (UNDAAF) to benefit the SMHS and enable the University to add endowed chairs and to recruit and retain faculty. The SMHS also has been able to reduce student debt through increases in student scholarships. Consequently, UND medical student debt at graduation has fallen from well above the national average to well below.
- Building expansion: Instrumental in completing the new SMHS headquarters on the central UND campus in 2016, providing a modern home for educational, research, and service activities.
- Interim President: Served as UND's interim president from 2019-20.

UND President Andrew Armacost shared his sentiments about Dr. Wynne's service to UND and North Dakota. "He has certainly been a trusted leader on campus, in the rural healthcare systems and main streets of North Dakota, and among state officials in the legislative halls of Bismarck. He is the epitome of a leader in action," said Armacost.

Through the years, NDMA has enjoyed a close professional relationship with Dr. Wynne and the UND SMHS. Since 2009, Dr. Wynne has been an avid supporter of the North Dakota Medical Association and served on the Commission on Socioeconomics, which explores the impact socioeconomics has on the provision of and access to healthcare in North Dakota.

During legislative sessions, NDMA showed up to support the SMHS budget and worked closely with Dr. Wynne on issues such as the Healthcare Workforce Initiative (HWI), the new medical school building, residency programs, and more.

As an avid supporter of NDMA's work, Dr. Wynne has historically committed to a column for this magazine as the Message from the Dean. He supported the Annual Meeting each year without fail by kicking off the event with an SMHS update branded as Breakfast with the Dean.

For all this and more, NDMA extends a most grateful "thank you" to Dr. Wynne. Well done.

Passing the Baton

Dr. Marjorie Jenkins, a professor of Internal Medicine and former dean of the University of South Carolina School of Medicine Greenville, has now stepped in to fill Dr. Wynne's shoes.

In her dual role as vice president and dean, Jenkins will serve as chief fiduciary officer for the University's Division of Health Affairs and chief academic officer for the SMHS. Her other responsibilities will be to lead the biennial budget recommendations and fundraising plans and provide operational leadership for the School's academic and research programs.

"I am delighted to welcome Dr. Marjorie Jenkins to our UND community," UND President Andrew Armacost said. "She will be taking on a pivotal role at a momentous time in our University's history. I have been so impressed with Dr. Jenkins' commitment to serving others, and I know she will be an incredible vice president, dean, and colleague."

Jenkins expressed her deep honor at being selected and her excitement to embark on the next journey in her academic career.

"I am deeply committed to rural health and improving healthcare access, especially for underserved communities," Jenkins said. "Growing up in Appalachia, my family and I had very limited access to medical care. My grandfather, a pastor and coal miner, became the go-to health expert for my widowed mother and her eight children.

"This personal experience, coupled with two decades in academic medicine at universities in Texas and South Carolina



Pictured from left to right: UND President Andrew Armacost, Dr. Marjorie Jenkins, and Dr. Joshua Wynne. This photo was taken during the Bismarck UND SMHS Holiday Gathering, where President Armacost presented a welcome and introduced Dr. Jenkins to the crowd of 100-plus participants. Dr. Wynne provided a UND SMHS overview of 2024 accomplishments and then provided a warm welcome to Dr. Jenkins.

— states that both face significant rural health challenges — has fueled my passion for making a difference. In my conversations on campus, it's clear that the UND community shares a strong sense of pride, passion, and dedication to serving North Dakotans. I am truly honored to have been selected as your next VP and dean, and I am excited to embark on this journey with you."

"Building on Dr. Joshua Wynne's legacy, the School of Medicine & Health Sciences has a solid foundation and impressive momentum in innovative education, multidisciplinary research and training healthcare professionals in North Dakota," Jenkins continued. "As I've learned more about the state's rich history and its people, I'm confident we will continue to grow our programs and make a significant impact both locally and nationally."

Prior to her roles in South Carolina, Jenkins spent her academic career at Texas Tech University Health Sciences Center, where she was the founding executive director and chief scientific officer for the Laura W. Bush Institute for Women's Health Research. She also held the titles of the J. Avery Rush Endowed Chair for Excellence in Women's Health Research, associate dean for Women Faculty and tenured professor of Internal Medicine. A distinguished academic administrator, Jenkins also is an award-winning expert in women's health and sex- and gender-based medicine.

From 2015 to 2019, while at Texas Tech, Jenkins also served as director of Medical Initiatives and Research Programs for the U.S. Food and Drug Administration's Office of Women's Health.

NDMA extends a most gracious welcome to Dr. Jenkins. We look forward to continuing the well-established relationship with UND SMHS and NDMA.

NDMA ANNUAL MEETING 2024 AND LEADERSHIP AWARDS

Annual Meeting Wrap-Up

The 2024 NDMA Annual Meeting left participants with a wealth of knowledge, inspiration, and a glimpse into policy topics and upcoming legislation issues. The event brought together leaders from across the state to share insights on topics such as a North Dakota State Healthcare Task Force update, radon awareness, perioperative medicine, American Indian ethical and social issues, integrative medicine, and a UND School of Medicine & Health Sciences update.

Leadership Awards

The historic Leadership Awards Ceremony and Luncheon showcased some of the finest leadership recipients from across the state. We honored leaders who embodied the pillars of excellence in three categories:

Physician Community & Professional Services

Since 1977, NDMA has been honoring physicians with this prestigious award, which recognizes physicians who serve as role models for outstanding leadership and service to the community.



David Field, MD
Family Medicine

Dr. David Field, a Bismarck family medicine physician, was recognized as the 2024 Physician Community and Professional Services Award recipient.

In addition to his full-time medical practice work, Dr. Field has diligently served for many years as the public health officer for multiple counties, some of which he still serves. During his tenure, he mentored many new local health officers. His efforts have been instrumental in improving the health and safety of local communities.

Throughout the pandemic, Dr. Field stepped up to support the front-line public health workforce. He was a voice for public health by advocating to many boards and decision-makers for the health and safety of all residents. He continues to make a difference in public health by participating in NDMA's Physician Advisory Group and offering great insight into public health issues.

He is passionate about community health and continues to promote a stronger public health system to respond to future emergencies.

Dr. Field demonstrates professionalism, a generous heart, and a passion for community health.



Bismarck Public Health Director Renae Moch nominated Dr. Field for his outstanding work in public health.

NDMA Copic Humanitarian



Joan Connell, MD
UND Center for Family
Medicine

Dr. Joan Connell, a UND Center for Family Medicine pediatrician from Bismarck, was recognized for being the 2024 recipient of the Copic Humanitarian Award.

This prestigious award honors a North Dakota Medical Association physician for volunteer medical services and contributions to the community. The award is sponsored by Copic - NDMA's medical liability partner - and designates a \$10,000 donation to the recipient's charity of choice. This is the sixth year Copic has stepped forward to recognize a North Dakota physician with this award.

Nominated by Dr. Michael Jankoviak, he sees firsthand Dr. Connell's fierce dedication to always putting the patient first. Her success in treating acute and complicated medical patients requires many focused hours outside of the office visit. She tirelessly searches for and finds the best support for her patients' needs. While this could be said of many physicians, Dr. Connell has an intense desire to improve her patients' health trajectory.

Dr. Connell has become the go-to person when navigating some of the most challenging patient care hurdles. She volunteers many hours researching and navigating possible solutions to consistently and successfully achieve that goal. The time and tenacity required to successfully accomplish this can never occur in an eight-minute office visit.

Through her 20-plus years in medicine, she has served as a health advocate and leader, going out of her way to make a difference by serving as NDMA's Physician Advisory Group Chair, advocating for underserved populations and many other health-related causes. Her tireless efforts are truly worthy of recognition. When it comes to advocating for medicine, she is a true champion.

Dr. Connell selected Soul 57 as the recipient of the \$10,000 Copic donation. Soul 57 strives to provide a community for youth who've experienced the tragedy of losing a parent, sibling, or primary caregiver. With the help of mental health professionals and trained individuals who provide tools in the grieving process, Soul 57 offers a setting where youth can connect, communicate, and navigate their grief with peers who have experienced similar loss.



Pictured left to right: Soul 57 Founder and Executive Director Jenny Maattala, Dr. Joan Connell, Copic Senior Vice President of Public Affairs Beverly Razon, and Soul 57 Board Chair Allison Hilleren.

Friend of Medicine

Each year, NDMA honors an outstanding individual who has effectively advocated for health care and patient services in North Dakota.



Ted Uecker
Fund Development Officer
West River Health Services
Foundation

Ted Uecker, director of the West River Health Services Foundation, was recognized as the 2024 Friend of Medicine Award recipient.

NDMA Past President Dr. Josh Ranum nominated Ted for his enthusiastic efforts to revitalize a much-needed foundation in rural southwest North Dakota.

In the past ten years, Ted has reenergized a languishing foundation, allowing West River Health Services (WRHS) to take on several ambitious projects to improve healthcare access. Philanthropy is important for any healthcare organization, but it is vital for rural healthcare to modernize facilities, recruit and retain staff, and update equipment.

Despite the challenges of fundraising in a smaller community, Ted has had an amazing run. His first project was fundraising for an in-house MRI facility. This is WRHS's first dedicated, in-house MRI unit, requiring additional construction to house it safely. Ted fundraised a substantial amount of the project cost, which allowed this longstanding ambition to become a reality.



Ted Uecker and Dr. Joshua Ranum

Continued on page 14

He developed recruitment and retention endowment funds for physicians and staff, recognizing the importance of staff to any healthcare organization. The initial goal was to fully fund these within five years, and he accomplished this within two years.

Other successes include fundraising for a new ambulance, an annual campaign for smaller equipment upgrades, and the annual Giving Hearts Day campaign.

He is a West River community ambassador and a passionate advocate for rural health and rural Main Streets. His enthusiasm for what's possible in rural healthcare is contagious.

Policy Forum

The mission of NDMA is to advocate for physicians, advance health, and promote the well-being of the people of North Dakota. To achieve this, NDMA conducts a policy forum during the annual meeting each year to ensure members' voices are heard. The forum is strategically designed to increase member participation on critical policy issues that impact physicians and patient care.

What Happens Next

The policy issues were presented and discussed during the 2024 NDMA Annual Meeting and then forwarded to the Council for further vetting. The Council met in November to review and discuss the comments further. The Council acted and passed the policies without further changes.

Policy Forum Topics

Recreational Marijuana Ballot Measure

The 2024 ballot measure would allow for the production, processing, and sale of cannabis and the possession and use of various forms of cannabis by individuals who are 21 years of age and older; direct a state entity to regulate and register adult-use cannabis and provide protections for individuals who are 21 years of age or older who use cannabis.

Relevant Information:

- North Dakota voters have twice rejected the legalization of recreational marijuana
- Despite the danger to children, the sale of gummies will be allowed by law. In just five years, the number of small children in the US exposed to cannabis after accidentally eating an edible rose 1,375% in kids under 6, according to an analysis of records from the National Poison Data System.
- Risk for substance use disorder is significantly higher for marijuana users (up to 30%) than alcohol users and is associated with a significantly increased risk of use of other illicit substances.
- Enforcing legalization limitations will add to the burden facing law enforcement.
- The measure prohibits local subdivisions from regulating use.

- Cannabis use and possession should be decriminalized, and civil fines and fees should be eliminated whenever possible. Referral for clinical assessment or educational activities are preferred as alternatives to civil penalties. Penalties disproportionately punish people of limited means.
- States should offer automatic expungement for past minor cannabis-related convictions so that hundreds of thousands of people – disproportionately people of color – do not remain marginalized for prior offenses.

Proposed Action:

NDMA should oppose the ballot measure. Cannabis use should be discouraged through evidence-based prevention programs. NDMA should advocate for greater decriminalization of cannabis use, and greater access to treatment (geographic, pediatric and adult, and financial) should be improved.

Adopted November 26, 2024

Community Health Worker

The Community Health Worker Task Force, created by the ND 2023 Legislature House Bill 1028, was directed to provide the following to the ND Dept. of Health and Human Services: a data-driven plan for community health workers, including scope of work.

Relevant Information:

- Community Health Worker (CHW) scope of practice is widely variable based on the needs of the community and the talents/capacity of the CHW, including but not limited to screening (paper screens as well as blood sugar checks, blood pressure monitoring, foot screens for the presence of ulcers...things one would expect a patient/family member could be trained to do at home), improving access to care via transportation/care coordination, home visits.

To learn more about the policies, scan here!



- Community Health Worker-supported interventions are especially helpful in underserved populations. They increase the likelihood of obtaining primary care, improve mental health, and reduce the likelihood of multiple 30-day readmissions from 40% to 15.2%.

Proposed Action:

NDMA will monitor and advocate where needed to support the CHW task force. Some options of support may be:

- Scope of practice: monitor administrative rules that reflect the practice of skills that can be reasonably taught to and performed by a typical high school graduate.
- Reimbursement: Community Health Worker funding source, competitive worker payment model, and CHW training program support.
- Program Continuation: Adoption of a succession plan to maintain the program after the mandate has expired.

Adopted November 26, 2024

Behavioral Health Dual Diagnosis Treatment

Patrons of North Dakota struggling with a dual diagnosis of a psychiatric illness and substance abuse have limited access to meaningful treatment. They have less longer-term success rates with sobriety as well as mental health wellbeing given the current healthcare service structure in our great state. While we have various options addressing aspects of the services needed for these patients (i.e. housing, psychiatric treatment, substance abuse rehab) they often are not used conjointly nor are financially feasible given limitations in funding via North Dakota Medicaid (abbr. ND MA), other private insurance companies’ payment structures or due to lack of awareness of these resources via the major care providers and case management teams. Most patients struggling with dual diagnosis are likely without insurance, having lost their insurance, or having applied for/already on ND MA. In addition to the above set of patients, there lies another subset within, those with a dual diagnosis who now lack capacity from the severity of their conditions, albeit chronic brain damage from substance abuse vs severe psychiatric illness, limiting their ability to understand their medical conditions or need for treatment. This population cannot participate in most, if not all, of our current outpatient/residential services as they will need 24/7 care and cannot participate in these services voluntarily. Our state has one place for these patients until they clinically improve: the Jamestown State Hospital. The State Hospital is and has been at capacity for a very long time, recently noting 20+ residents that live there because they are unable to be discharged due to placement barriers plaguing our state.

Relevant Information:

North Dakota faces a serious lack of behavioral health services and professionals for treating persons struggling with illicit substance/alcohol abuse because of or in addition to psychiatric conditions (anxiety, depression/PTSD, schizophrenia etc.)

The resources available are not well-known to physicians or to patients. The ND Dept. of Health and Human Services acknowledges the need to continue building on resources.

Proposed Action:

While behavioral health care has become more standardized, services and programs are still fragmented for healthcare professionals seeking solutions for patients’ behavioral health needs. Perhaps this is due to a lack of awareness by healthcare professionals of what programs are available for patients. An attempt to increase awareness is necessary.

- NDMA will monitor and advocate where needed to support the ND Dept. of Health and Human Services Behavioral Health Division. NDMA should communicate to its members about the availability of the resources for behavioral health and assist with notifying major healthcare systems of North Dakota.
- Support and promote the development of a unifying system to track the use of the abovementioned resources and assist in identifying the availability of resources on our state for healthcare systems (i.e. case managers) to better optimize use of these resources.
- Support the development of a state-run nursing facility for long-term residents to transition from the state hospital to an outpatient setting, easing the bottleneck effect of patients getting stuck within the state hospital, allowing for better use of resources at the inpatient level.

Adopted November 26, 2024

Policy Discussion

The 2024 Policy Forum discussion included many great debates to ensure the ideas presented would contribute to sound policy. Here are a few photos:



Dr. Erik Heitkamp shares concerns about the need for coordinated care for behavioral health dual-diagnosis patients.



Dr. Tim Mahoney shares concerns about providing behavioral health patients options within the city of Fargo.

Continued on Page 16



Dr. Josh Ranum provides insight into several issues and how sound policy improves patients' lives, particularly in rural settings.



The crowd listens intently to each presentation.



Dr. Joan Connell, a member of the Community Health Worker Task Force, shares concerns about the development process for community health workers, a much-needed program that provides healthcare outreach for those who need it most.



Dr. Joan Connell leads the discussion on the topic of recreational marijuana and the need for educational programs to inform the public about marijuana use harms, particularly in youth.

2024-2025 Officers

Congratulations!



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Secretary-Treasurer
Joan M. Connell, MD
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Past President
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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 (1984). Ten physicians were recognized:

- Thomas Arnold, MD – Dickinson
- Todor Dentchev, MD – Grand Forks
- Janene Glyn, MD – Grand Forks
- Andrew Hvidston, MD – Fargo
- Ravindra Joshi, MD – Watford City
- William McMillan, MD – Jamestown
- Michael Moore, MD – Bismarck
- Robert Sticca, MD – Fargo
- Debra Walker, MD – Fargo
- Sue Wink, MD – Annapolis, Maryland (Practiced in Bismarck)

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.

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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:

January 14, 2025 - Elder Mistreatment ECHO Webinar

February 11, 2025 - Interprofessional Collaboration for Transitions of Care for Older Adults ECHO Webinar

February 28, 2025 – American Indian Age Friendly Symposium

March 27, 2025 - Dementia Friendly Healthcare and Community 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.

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Care Beyond Words - Ensuring Compliance Under Section 1557 of the ACA

Briana L. Rummel
Attorney for Vogel Law Firm



Co-writer: *Bridget B. Grathwohl* | Associate for Vogel Law Firm

Good communication is a key element to providing comprehensive health care. However, language barriers can quickly cause a steep disconnect between health care providers and patients, especially when providers are not prepared to communicate with non-English speakers or struggle even to recognize what language the patient is speaking.

In these situations, providers may feel overwhelmed about how best to care for patients while accommodating each patient’s unique needs. To help provide clarity regarding and uniformity in application of anti-discrimination policies, the U.S. Department of Health and Human Services (“DHHS”) recently released a final ruling providing guidance on Section 1557 of the Affordable Care Act (“ACA”). Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability, or any combination of these traits, by health programs or activities receiving federal financial assistance.

North Dakota echoes this sentiment in its own anti-discrimination laws.

Section 1557 applies to all health care providers receiving federal funding, whether it be a hospital, clinic, insurance issuer, state Medicaid agency, physician’s practice, or home health care agency. The final ruling applies to both in-person and telehealth services and captures health programs and activities administered by DHHS and the health insurance marketplace.

One of the primary goals of Section 1557 is to prohibit discrimination against non-English speakers seeking health care services. DHHS stresses there should be no difference in the standard and level of care because of a patient’s language proficiency. Accordingly, covered physicians and entities must take reasonable steps to provide meaningful access to patients with limited English proficiency.

Language assistance services must be accurate and provided free of charge in a timely manner while maintaining the patient’s privacy and independence. Best practices dictate that covered entities have a Language Access Plan in place outlining procedures for how to implement the ACA’s requirements. This will not only provide staff with a plan of action but also demonstrate an effort to comply with ACA requirements. DHHS has published a Language Access Plan to help covered entities get started on enacting their own policies and procedures.

Generally, a Language Access Plan should outline policies on how to determine a patient’s primary language, phone numbers and contact information of qualified translation and interpretation services, and list where taglines, nondiscriminatory notices, and other language service information are posted.

To comply with Section 1557, covered entities are required to conspicuously post taglines. Taglines are short statements written in the Top 15 non-English languages spoken in the entity’s state explaining the availability of free language assistance services. According to the most recent information from the Centers for Medicare & Medicaid Services, the Top 15 non-English languages requiring taglines in North Dakota are: Spanish, German, Chinese (Mandarin), Cushite (Oromo), Vietnamese, Bantu (Kirundi), Arabic, Swahili, Russian, Japanese, Nepali, French, Korean, Tagalog, and Norwegian. Taglines must also provide the contact information to obtain such services. Taglines must be printed in a readable size and font, and must be posted where the physician or entity staff interacts with the public, such as reception desks and waiting rooms or on the home page of the entity’s website.

Aside from language requirements, covered entities must notify the public of its nondiscrimination requirements and the availability of auxiliary aids and services.

As always, consult with an experienced attorney regarding specific legal questions to ensure that your practice is in full compliance with all applicable laws and regulations.



Briana Rummel

Angie Lord

Brenda Blazer

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Helping Tribal Members Better Access Health Care, While Giving Providers Greater Certainty Through Timely Reimbursement

John Hoeven
North Dakota Senator

Whether in our major metro areas or our most rural communities, North Dakota's medical providers do a tremendous job delivering high-quality care to local residents. Due to the hard work of physicians, nursing staff, administration and many others, our state's people can access the care they need, an essential element of their quality of life. This is no small task, as providers face a range of challenges from increased costs to staffing shortages that could threaten the availability of this essential service. At the same time, some patients, including tribal members, face artificial barriers to accessing health care in their areas due to federal regulations. It makes no sense to limit access to health care services, as doing so harms both tribal members and the providers who would otherwise serve them. That's why we're working to improve the accessibility of health care for those on tribal reservations, while ensuring more timely reimbursement for providers who serve them.

To this end, I'm cosponsoring the Purchase and Referred Care (PRC) Improvement Act, legislation to address delayed reimbursement claims at the Indian Health Service (IHS). This bill would make important changes to the PRC program, such as requiring IHS to provide, if approved, reimbursement of claims within 30 days of determination. The legislation would also allow claims to be submitted electronically or in person. Such improvements would provide greater certainty to non-IHS providers participating in the PRC program, while protecting beneficiaries from increased medical debt.

Further, by strengthening the PRC program, we will be able to better leverage it to address unmet health care needs of tribal members. Currently, only 20 counties in North Dakota are approved as PRC care delivery areas, meaning that tribal members seeking outside care can only do so in less than half of our state's 53 counties. That's a severe limitation, creating a roadblock to health care that we are working to remove. I've joined with my colleagues in both North Dakota and South Dakota in calling on IHS to expand PRC to all counties within our two states. This would be a win-win, as tribal members could better access the care they need, while giving health care providers, particularly in rural areas, an additional revenue stream to support and improve the services they provide.

These efforts are all about providing greater certainty for patients and providers alike. In these, and many other ways, we're working to strengthen the state of health care in North Dakota and support our medical providers in recognition of their essential contributions to our well-being every single day.

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By strengthening the PRC program, we will be able to better leverage it to address unmet health care needs of tribal members.

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The Healthcare Workforce Resilience Act: A Creative Solution to Complex Staffing Challenges



Kevin Cramer
North Dakota Senator

The United States is experiencing a significant shortage of critical healthcare workers, and the problem is expected to get worse. According to the Bureau of Labor Statistics, there will be nearly 200,000 openings for nurses in each of the next 10 years and a shortage of more than 150,000 primary and specialty care physicians by 2034.

However, bipartisan solutions are within reach if Congress prioritizes merit-based policies designed to welcome the workforce our communities need. We must strengthen healthcare infrastructure and clinical workforce across the country to ensure all communities, including rural areas, are well-equipped to address their pressing healthcare needs and deliver high-quality care. While they may seem dissimilar, the delivery of quality healthcare is dependent on sound immigration policy.

Over the past few years, nearly every healthcare facility across North Dakota has faced acute staffing shortages, which were greatly exacerbated by the COVID-19 pandemic. Like many rural states, North Dakota relies heavily on highly skilled immigrant doctors and nurses to provide patients with high-quality, specialty care. About a quarter of our providers are foreign-trained medical professionals. We need a lot more, and we certainly can't afford to lose the ones we have.

During the 118th Congress, I joined U.S. Senator Dick Durbin (D-IL) in reintroducing our bipartisan Healthcare Workforce Resilience Act. This bill utilizes existing, unused employment visas that would otherwise be wasted so highly skilled foreign-born nurses and doctors can help meet our healthcare needs.

Specifically, it reallocates 40,000 visas already authorized by Congress, including 25,000 for nurses and 15,000 for physicians. Like other fields, such as education, which are using increasing numbers of foreign-trained workers, the Healthcare Workforce Resilience Act helps fill the growing gaps between the existing workforce, the medical education pipeline, and the needs of employers and patients in communities across the nation.

Importantly, this legislation will require employers to attest immigrants from overseas who receive these visas will not displace an American physician or nurse. This is not a substitute for educating and training American doctors, but it helps ensure patients have access to highly skilled physicians in their

communities. For nurses specifically, the U.S. Department of Labor has already placed the profession on their list of shortage occupations, meaning there are not enough U.S. workers able, willing, or qualified to meet the need on the ground. The Healthcare Workforce Resilience Act does not authorize any new immigration, and eligible immigrant medical professionals will need to meet state licensing requirements, pay filing fees, and clear national security and criminal history background checks before they can receive legal status. These safeguards reinforce the bill's purpose: to supplement—not replace—the domestic medical workforce.

These safeguards maintain the integrity of the broader healthcare workforce strategy by complementing existing efforts to expand training and educational programs for American medical workers. This legislation explicitly focuses on areas with critical shortages, ensuring rural and underserved communities gain access to the qualified professionals they need.

There is no doubt our current immigration system is broken, but the answer isn't to perpetuate the dysfunction. As Congress and a new administration convene, I look forward to prioritizing a legal immigration system that recognizes highly skilled workers as assets, not liabilities.

As always, my door is open to you, and I welcome hearing from you about issues affecting healthcare in North Dakota.

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“We must strengthen healthcare infrastructure and clinical workforce across the country to ensure all communities, including rural areas, are well-equipped to address their pressing healthcare needs and deliver high-quality care.”

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Healthcare Leaders Show Unwavering Commitment to Providing North Dakotans with Quality Care

Julie Fedorchak
North Dakota Congresswoman

Traveling across North Dakota this year, I've had the privilege of meeting with healthcare providers in our smallest and largest communities. Without exception, North Dakota's healthcare leaders expressed an unwavering commitment to providing quality care to North Dakotans despite facing some significant challenges. This loyalty is the reason our rural healthcare system remains strong.

Workforce shortages are clearly one of the most pressing concerns. Recruiting and retaining healthcare professionals in rural areas is increasingly difficult, forcing many providers to stretch their resources thin. Federal regulations only add to the burden, creating layers of red tape that hinder efficiency and distract from what matters most—patient care.

At every stop, I heard one resounding message: North Dakotans want solutions tailored to their communities, not mandates dictated from Washington. We need a federal government that empowers states rather than over-regulating them. Healthcare policies should reflect the realities on the ground by promoting flexibility and common sense rather than one-size-fits-all rules that fail to consider our rural challenges.

As your voice in the U.S. House of Representatives, my door will always be open to you and all North Dakotans who want to share ideas, raise concerns, or collaborate on solutions. Together, we can develop and advocate for

policies that build a stronger healthcare system focused on one main purpose: healthier people.



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“At every stop, I heard one resounding message: North Dakotans want solutions tailored to their communities, not mandates dictated from Washington.”

★ ★ ★

BCC: 25 Years Strong and Thriving



Submitted by the Bismarck Cancer Center

The Bismarck Cancer Center (BCC) is excited to celebrate a significant milestone—25 years of providing world-class cancer care to the community. From its modest beginnings as a visionary non-profit in 1999 to its current position as a cornerstone of excellence in cancer treatment, BCC has consistently grown, evolved, and adapted to meet the changing needs of those individuals. Reflecting on its journey, BCC takes pride in offering advanced radiation therapy treatments and providing hope, healing, and unwavering support to those facing cancer.

When BCC opened its doors, the mission was clear: to provide the highest-quality care in an environment that treats everyone with dignity, respect, and compassion. Founded by then MedCenter One and St. Alexis, BCC started with 15 staff. Five of those dedicated staff members, including Executive Director Amy Gross, are still with the Cancer Center today. BCC has grown into a thriving center with more than 50 professionals. From nurses and radiation oncologists to support staff and volunteers, every team member at BCC plays an essential role in ensuring individuals and their families receive the best possible care.

BCC's growth is evident in the expansion of its staff and the wide range of services. What began as a radiation therapy clinic has evolved into a comprehensive cancer care center providing treatment and support services such as counseling, nutritional guidance, and survivorship programs. This holistic approach ensures that every aspect of an individual's journey is supported, from diagnosis through treatment, and life after cancer.

The dedicated people who make up its team are at the heart of BCC's success. Their passion for their work is the driving force behind the mission. From physicians and nurses to front-line staff and volunteers, BCC's team is committed to providing the most advanced treatments available while offering the empathy, compassion, and support necessary for patients to navigate their cancer journey. Over the years, this exceptional team has cultivated a culture of care that prioritizes the needs of each individual who enters BCC's doors.

Looking to the future, BCC remains committed to maintaining its position as a leader in cancer care. Its vision is clear: to continue providing cutting-edge treatments,

expand its services to meet the growing needs of those on a cancer journey, and maintain a strong connection with the community that has supported the center for many years. With an eye on new technologies and treatment options, BCC is excited about the possibilities ahead, all while staying true to its core values of compassionate care.

As BCC steps into the next 25 years, it remains focused on improving the lives of individuals and their families. Though challenges may lie ahead, BCC's team and the community's support are confident that the center will continue to make a meaningful impact on the lives of those who need it most.

With sincere gratitude, BCC thanks all those who have been part of its journey. Together, they will continue providing hope, healing, and strength for many years.

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First District Hosts Mentorship Event

Most physicians who make their way into satisfying practice careers in a specialty they enjoy—and especially those who also end up in leadership roles—are usually quick to point out to their younger colleagues that they received some guidance along the way. These physician success stories most often have a common thread: a relied-upon mentor or two whose insight proves invaluable.

In an era when online forums make it seem pretty easy to network and seek guidance, an important touch point gets lost in the shuffle since online connections do not necessarily foster or sustain the same meaningful connection.

Longtime physician mentors say an established in-person mentor relationship program might make the difference between a good, thoughtfully considered decision and a poor one later regretted by the student.

That is precisely what First District Leadership in Fargo achieved by bringing together mentees and mentors for a face-to-face networking experience for those seeking a career as a physician. Over 200 attended the event with over 80 mentors from 50 medical specialties represented. Mentees – or students – came from many of the surrounding colleges and universities and high schools.

Students were inquisitive, asking many questions about admissions, specialties, research opportunities, medical school financing options, quality of life, and more.

First District leaders Dr. John Bassett and Dr. Erik Heitkamp plan to continue building on the momentum and planning efforts for next fall's event are already underway.

If you have questions about how to participate or how to duplicate this event in your community, please reach out to Dr. John Bassett at 301-646-9367 or at john.bassett@sanfordhealth.org



Dr. Axtman Recognized as Sanford Physician of the Year

Dr. Benjamin Axtman, a critical care surgeon at Sanford Health in Bismarck, received Sanford's prestigious Physician of the Year award.

Dr. Axtman was recognized for outstanding patient service and contributions to community efforts. His dedication to his patients and service to the community is unsurpassed.

This award was established in 2013 by Sanford Health to recognize physicians who exemplify the Sanford Health values of calling, courage, family, community, service, resolve, and advancement.

The award acknowledges those who consistently demonstrate exceptional performance in a manner that promotes a positive environment involving our staff, physicians, patients, and visitors.

Congratulations, Dr. Axtman. We are proud to have you as part of NDMA!



Dr. Benjamin Axtman pictured with Dr. Todd Schaffer, president and CEO of Sanford Bismarck.

Sign up to Serve

During the 69th Legislative Assembly, there are ways you can make a difference.

Two of these events are by serving as Doctor of Day and by participating during the Physician Day at the Capitol.



The Doctor of the Day program is a unique opportunity for NDMA physician members to network with legislators, government officials, and

local leaders while providing primary care services during the legislative session as Doctor of the Day. The program begins on January 13 and continues through the session. Hours are best served from 8:30 am through 1 pm.

Who Can Serve

You do not need to practice family medicine to volunteer; many specialties such as thoracic surgeons, urologists, orthopaedic surgeons, hospitalists, and more volunteer for this service.



To learn more or sign up, scan here.



Tuesday, March 25 | 10 am - 1:30 pm
Legislative and Memorial Halls
North Dakota Capitol - Bismarck

Lunch will be provided

This is a great opportunity to meet and become better acquainted with your lawmakers on specific healthcare issues.

The event is a collaborative effort with other North Dakota physician groups such as the Academy of Family Physicians, Academy of Physician Assistants, Academy of Pediatrics and the Society of Eye Physicians and Surgeons. Other groups include the North Dakota Hospital Association and Emergency Medical Services Association.

How it works

Participating groups are given booth space to display educational materials, where legislators are invited to network and ask questions about your profession. The setup is right outside the chambers, making it convenient for everyone. Here is your chance to network and help legislators understand more about your profession and how your service makes a difference.



To learn more or sign up, scan here.

Why Refer a Child to Make-A-Wish?

Submitted by Make A Wish North Dakota



At almost seven-years-old, Rylan from Grafton, N.D., was diagnosed with a neuromuscular disorder. His wish to go to Disney World on his golden birthday came true in November 2023 and afterwards his mother wrote, “We had the most magical week as a family that I don’t think we realized we needed.” Wish kids and families are often so consumed by their medical needs that it overtakes a lot of their daily lives. A chance to simply enjoy being a kid or being a family without the confines of an illness is priceless. This is what you can set in motion by referring a pediatric patient to Make-A-Wish.

For many North Dakota physicians and their teams, referring qualified patients to Make-A-Wish has been an important part of the child’s treatment journey. Whether it’s to bring a smile, to make sure patients have access to every available resource, or to lean on the transformative power of a wish, there are a lot of reasons it’s viewed as valuable.

Nationally, medical providers surveyed about wish granting indicated that the benefit of a wish for their patients was beyond what one might automatically assume. For example, 98% said they observed the wish experience helped relieve a family from traumatic stress as a result of their child’s critical illness. Furthermore, 98% said the wish experience has a positive impact on a child’s physical well-being; 90% said they have observed children increasing their compliance with treatment after learning they would receive a wish; 75% said a wish improves a child’s medical outcomes, and 65% said a wish improves a child’s chance for survival. That’s huge!

This is very exciting to consider since our vision is to grant every eligible child’s wish. We do this not only to give them back the magic of childhood, but to help boost them through their medical journey, no matter how long or short.

We’re so honored that North Dakota wish kids like Chloe of Bismarck, Kenobi of Columbus, Anna of Minot, Briley of Fargo, Clark of McClusky, and so many others, were all referred by their physicians and medical care teams to Make-A-Wish! Referring is simple, straightforward, and sets children with critical illnesses on the path to their wish-come-true.

We’ve connected with so many wonderful wish kids this year. Yet, we know there are more children out there that we don’t know. Every eligible child deserves the power that a wish brings into their lives and we’re counting on you, their physicians and medical care teams, to help bring us together.

And beyond the joy we know you will see in your patient’s eyes when they talk to you about their wish, 93% of medical providers surveyed said the wish experience strengthened their own relationship with those patients.

To learn more about what qualifies a child for a wish or to start a referral, please visit md.wish.org today. It’s a decision that will change a life and maybe even yours, too.

A chance to simply enjoy being a kid or being a family without the confines of an illness is priceless.

★ REFERRALS START WITH YOU ★

I wish to go to Diggerland
Clark, 3
leukemia
Mcclusky

DON'T WAIT FOR HOPE. Create it.

Hope is essential for children with critical illnesses, and you can unlock its life-changing power today. Help make wishes come true.

REFER A CHILD AT MD.WISH.ORG

NDMA Delegation Attends AMA Interim Meeting of the House of Delegates



NDMA's AMA delegates, Dr. David Schmitz and Dr. Misty Anderson, along with NDMA Executive Director Courtney Koebele, attended the American Medical Association's House of Delegates Interim Meeting as members of the North Central Medical Conference (NCMC).

The NCMC comprises five states: Iowa, Minnesota, Nebraska, North Dakota, and South Dakota. The event aims to vote on policy issues brought forward to the AMA House of Delegates to adopt as a resolution for policy support.

NDMA member Dr. Ana Tobiasz is the American College of Obstetricians and Gynecologists as an AMA alternate delegate.

Among other issues, high on the priority list is fixing Medicare reimbursement, with leaders reporting significant progress in that effort. Already, a bipartisan majority of 233 members of the House of Representatives has written to leadership demanding inclusion of a positive 2025 payment update for physicians in the year-end omnibus, warning that high-quality physician care in the Medicare program is jeopardized by a system that has resulted in payment rates that, when adjusted for inflation, have fallen by 29% over the past 20 years. Physicians face another 2.8% cut in pay under the proposed 2025 Medicare physician payment schedule.

The bipartisan group in the U.S. House of Representatives has introduced a bill that would provide a 4.7% payment update in

2025. The measure would eliminate the 2.8% Medicare physician payment cut slated for Jan. 1 and provide a positive payment update equaling one-half of the Medicare Economic Index.

Dive deeper with the "AMA Advocacy Impact Report 2024" to discover how the AMA has also pushed for changes this year to:

- Fix prior authorization.
- Reduce physician burnout.
- Fight scope creep.
- Make technology work for physicians



Left to right: NDMA physicians Dr. Ana Tobiasz, Dr. David Schmitz, Dr. Misty Anderson, Terri Folk, AMA Director of Political Operations, and NDMA Executive Director Courtney Koebele.

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WHAT IS IT?

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

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Self-Compassion at the Workplace



NORTH DAKOTA PROFESSIONAL
HEALTH PROGRAM

Submitted by the North Dakota Professional Health Program

Healthcare professionals are a population at risk for high levels of burnout and compassion fatigue, which has only worsened since the onset of the COVID-19 Pandemic.

Stress in the workplace is linked to high demand, a fast work pace, constant change, increasing expectations, and increasing job insecurity.

Medical Providers are reporting emotional exhaustion, depersonalization, and reduced personal accomplishment when they experience work-related burnout.

The ability to share the feelings of others is often referred to as empathy, and the ability to care for and show concern for others is the core aspect of compassion.

Self-compassion is defined as extending compassion to oneself in times of suffering and is associated with positive mental health outcomes and increased overall happiness.

Self-compassion is nothing more than kind and warm attitudes toward oneself when dealing with difficulties, failures, and suffering. The self-compassion construct consists of three interrelated components: self-kindness (as opposed to self-judgment), common humanity (as opposed to isolation), and mindfulness (as opposed to over-identification).

Self-compassion is strongly related to positive psychological factors such as psychological wellbeing, motivation, life satisfaction, optimism, and happiness and is linked with resilience factors, while the negative component of self-compassion (which reflects self judgement, isolation and overidentification) is linked with vulnerability factors for mental health symptoms.

Among healthcare providers, empathetic and compassionate care has been associated with lower burnout and improved wellbeing.

A compassionate self and the aptitude to be sensitive and non-judgmental toward oneself promotes a compassionate approach towards others and improvement in health care outcomes as well as patient perceptions of quality of care.

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



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When Patients Demand Unnecessary Tests



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

CASE STUDY:

A 63-year-old patient was at his primary care office for an annual physical exam. The patient wanted “a whole-body MRI to make sure I don’t have any treatable cancer” because he had recently seen cancers in several of his friends and colleagues.

The patient noted that he was in excellent physical health, felt great, and didn’t want to die of a curable cancer that could be caught early by an MRI. When the physician attempted to explain that he would not order the requested imaging because there was no scientific evidence that a routine screening MRI is of any benefit to asymptomatic individuals and may actually be harmful due to false positive findings, the patient became visibly frustrated and said, “Tell that to all my friends with cancer!”

The patient also told the doctor that he would report the physician to the state medical board for incompetence. This was very upsetting to the physician because he thought he had an excellent relationship with the patient and had done a good job of explaining pre-test probability and the risks of false positives in screening imaging.

What am I obligated to do for a patient who demands a test that I think is unnecessary?

A simple answer to this question is that, in any given scenario, physicians are held to the medical standard of care. This is generally defined as “what a reasonable and prudent physician with the same or similar training in similar circumstances would be expected to do.” As experienced physicians may know, each situation can have myriad complicating factors so that when there is a judgment call regarding a cognitive medical decision, there actually is a “range of acceptable practices.” However, in our relatively uncomplicated case study, the physician is held to the standard of care to refuse providing unnecessary medical services.

What if the patient is persistently demanding and will not accept my refusal to order a requested test?

Although it is next to impossible to reduce the complexities of how to handle such an encounter to a single piece of advice or a simple algorithm, a physician should understand that, foremost, he or she is an advocate for the best care for their patients. Sometimes, the best care is not necessarily what the patient demands. It is important to understand the patient’s underlying reasoning for wanting the test in the first place since addressing this may put the patient at ease.

For instance, it would be helpful to have a discussion in the above case where you acknowledge that seeing closely occurring cases of cancer in friends would be unsettling and prompt most people to ask if they should be doing more to screen themselves. If the patient persists despite reasonable efforts to educate a patient as to why you decline to order a requested test, then it may be reasonable to refer the patient to another physician for a second opinion.

What if, despite my best efforts to convince a patient that he or she does not need a test, I give in and order a test that I believe is unnecessary?

If it is not obviously harmful and could reasonably be justified that in a particular scenario it is within the “range of acceptable medical practices” to order a particular test, then that might be considered within the standard of care. In such a case, it would be useful to outline your thought process as to why you are ordering the test despite believing it is unnecessary.

An informed consent discussion with a patient where you outline why the test is being done, the potential risks to the patient, your reasons for advising against it, and your reasons for ordering the test anyway might be helpful to have in the patient’s chart in the event of adverse downstream events.

Do any medical organizations have statements regarding unnecessary tests?

The AMA’s Code of Medical Ethics¹ states that “Physicians should not recommend, provide, or charge for unnecessary medical services.”

Information in this article is for general educational purposes and is not intended to establish practice guidelines or provide legal advice.

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