North Dakota Academy of Physician Assistants

The Review

Curt Kroh, PA-C, Editor

April, 2017

2017-2018 Membership Drive

Beginning in 2017, the membership year runs from April 1—March 31. Please be sure to renew your membership at **www.ndapa.net.** You can pay for you membership through PayPal, sending a check, or paying the full conference fee.

Inside this issue:

Mission:

The mission of NDAPA is to promote quality, cost-effective, accessible health care to enhance the health and well-being of the people of North Dakota and to promote the professional and personal development of Physician Assistants.

My Two Cents Worth

By Curt Kroh, NDAPA President

This years Primary Care Seminar promises to be another good one, covering a variety of subjects and I encourage you to sign up and renew your membership in NDAPA. If you can't attend this year's Primary Care Seminar, I encourage you to renew your membership in the NDAPA. Your membership allows us to represent you by educating the Legislators about bills that affect the PA profession within North Dakota.

Remember this May, at the general membership meeting, we will be voting on vice president, secretary, treasurer, and director at large. We will also be voting on Junior Delegate and alternate delegates for the AAPA convention in New Orleans on 19-23 May 2017. I encourage anyone who may be interested in any of these opportunities to contact Terri Lang, terri.lang@med.und.edu or visit with one of the Board members at the conference.

Cindy Renner continues to enjoy her experience in Africa and has another interesting story to tell.

Don't forget to check out the new additions on the NDAPA web site including information about CME and job opportunities in the area.

Silent Auction to be Held at NDAPA 39th Annual Primary Care Seminar

A silent auction will be held to raise money for the **Kathy Ohly Scholarship Fund** at the NDAPA 39th Annual Primary Care Conference being held in Fargo at the Holiday Inn on **May 4-5, 2017.** The funds are used to award $500 scholarships to deserving North Dakota residents who are enrolled in the Physician Assistant Master's Program at UND. The NDAPA Board would like to challenge you to help make the silent auction a huge success by donating items. Some great auction items that have been used in the past include gift baskets; gift certificates to almost anything – stores, movies, a round of golf, etc. Other ideas include clothing, music CDs; golf putters/clubs; books, wine, homemade items including – food, crafts, cards, pictures just about anything goes. You might also consider approaching your employer or local business to donate an item or two. Without the generosity of you, these scholarships would not be available. We hope you will consider bringing an item with you to the **39th Annual Primary Care Conference.**

39th Annual NDAPA Primary Care Seminar
May 4-5, 2017
Holiday Inn, Fargo, North Dakota

The 39th Annual NDAPA Primary Care Seminar is designed to update professional knowledge in primary care for Nurse Practitioners and Physician Assistants. Its purpose is to enhance the performance of providers through the modernization of attitudes, elimination of outdated information and exposure to contemporary theory, practice and knowledge.

Get Updates on the Following Topics:

- Anxiety
- Asthma
- Management of CHF
- Dealing with Families
- Dementia
- Scleroderma
- Thyroid Disorders
- Developing a Personal Mission Statement
- Viral Exanthems
- Diabetic Foot Ulcers
- Gynecologic Surgery: When to Refer
- HPV Related Head and Neck Cancer
- Physician Assistants 50 Years Strong/Syncope Evaluation
- Acid/Base Disorders

Registration Fee:

		After April 20th:
Full Conference Fee	$280	$330
NDAPA Member Full Conference Fee	$230	$280
Thursday Only Fee	$200	$250
Friday Only Fee	$150	$200
Full-time PA or NP Student Fee	$ 65	$115

Follow the link to register today:
www.und.edu/conference-services/primary-care

2017 North Dakota Legislative Session

North Dakota Academy of Physician Assistants board members Curt Kroh, Deb Houdek, Cheryl Ulven, and Jay Metzger attended Physician/Hospital/EMS Day at the Capitol in Bismarck on Tuesday, January 31, 2017. Courtney Koebele, Executive Director of the North Dakota Medical Association, extended the invitation to the NDAPA for this event. Mrs. Koebele was also recently retained by the NDAPA to serve as our lobbyist for the state legislature.

The primary purpose of Physician/Hospital/EMS Day is to educate the legislators on the role of medical providers within the state of North Dakota. Attendees visited with legislators over lunch, which provided an opportunity to promote PAs in the state. There is still much work to do on this front and it is imperative that legislators are aware of who PAs are and what PAs do.

NDAPA Board Members attended hearings on a few issues during the course of the day. Legislative action is one of the key roles of the NDAPA since state law governs our practices and what we do every day. Without the efforts of the NDAPA past and present, much of what we take for granted in our clinics and hospitals would not exist.

Below you will find a summary of PA pertinent legislative updates that are current through March 24, 2017:

Bills where PAs were amended into the bill:

HB 1323 – increased the age for booster seats from age 7 to 8. PAs were amended into the bill to allow for medical exemptions along with physicians (already in the statute) and APRNs (amended in on the Senate). Amended bill passed the Senate and we are waiting for the house to concur.

HB 1365 - Forced medication in guardianships; House amended APRNs into the allowable treating providers; Senate amended bill to meet statutory requirements and amended PAs as a provider. Amended bill is in the Senate and expected to pass. This issue will likely go to conference committee.

HB 2291 – Forced medication case where PAs were amended into statute to allow for treating provider in guardianships. This or HB 1365 (now they are identical bills) will pass.

HB 2312 – allows emergency medical services professionals who are employed by a hospital to provide patient care under the supervisions of a physician, PA or APRN or nurse. This bill is passed and signed by the governor.

HB 1095 – PAs were amended into the statute to allow them to become an expert examiner in guardianship cases. The bill originally only allowed physicians and clinical psychologists. The term was changed to expert examiner and allows PAs and APRNs to do this work as well. This bill has passed and been signed by the governor.

Medicaid Expansion: Medicaid Expansion, approved by the North Dakota Legislature in 2013, covers 20,000 North Dakota lives under the age of 65 with incomes below 138 percent of the federal poverty level. It provides access to affordable care for working North Dakotans who make too much to qualify for traditional Medicaid, but not enough to qualify for health

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insurance subsidies. Without the state investment in Medicaid Expansion, North Dakota loses this economic generator with trickle-down impacts to communities, businesses, and individuals. The economic impact to ND hospitals and physicians is $190 million per year.

Medicaid Reimbursement: Health care operates on a fixed reimbursement system, meaning providers cannot increase charges to offset increasing labor costs. Reimbursement rates must be equitable to the cost of care. The April 2016 allotment reduced payments to physicians and hospitals by $31 million. That means Medicaid payments to physicians were reduced to 2008 levels.

Medical Marijuana: SB 2344 is the legislative revision of Measure 5, which passed in November authorizing medical marijuana in North Dakota. The revised bill passed out of the Senate 40-6. The bill now goes to the House.

Only physicians licensed in North Dakota will be allowed to certify patients for medical marijuana.

What conditions are eligible?

Cancer;
Positive status for human immunodeficiency virus;
Acquired immune deficiency syndrome;
Decompensated cirrhosis caused by hepatitis C;
Amyotrophic lateral sclerosis;
Posttraumatic stress disorder;
Agitation of Alzheimer's disease or related dementia;
Crohn's disease;
Fibromyalgia;
Spinal stenosis or chronic back pain, including neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity;
Glaucoma;
Epilepsy; and
A chronic or debilitating disease or medical condition or treatment for such disease or medical condition that produces one or more of the following: 1) Cachexia or wasting syndrome; (2) Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects; (3) Intractable nausea; (4) Seizures; or (5) Severe and persistent muscle spasms, including those characteristic of multiple sclerosis.

Medicaid Prior Authorization of Adult ADHD medications - HB 1120 changed the Medicaid prior authorization statute: To allow the state to prior authorize generic when brand name is less expensive; Allow the state to prior authorize ADHD medication in adults AND Require a consult with the department when a child was on five or more psychotropic medications. Based on objections received in the House, the bill was amended to only allow the change from generic to brand name and to require the consultation be with a pediatric psychiatrist.

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Driver's license renewal issues: Two bills dealt with the license renewal process. HB 1299 lengthened the time between renewals to 8 years. SB 2123 allows the DOT to waive vision screening and renew licenses online every other renewal cycle up to age 65. Therefore, if both bills pass, an individual between the ages of 21 and 65 would only have to come in once every 16 years. NDSEPS and NDMA along with the NDOA opposed both bills vigorously. However, the legislature was intent on online renewal, and the uploading of eye exams was not practical for the administration of the renewal process.

Expansion of Scope for Naturopaths: Naturopaths, licensed in North Dakota in 2011, attempted to expand their scope of practice in 2015 to include prescribing, office procedures and midwifery. This attempt was defeated in 2015 and the identical bill has been filed in 2017. Organized medicine continues its opposition because Naturopaths are not trained adequately to prescribe medications. Naturopaths have no requirement of residency and don't take the same courses or tests as physicians. The Board licensing naturopaths does not have the capability of regulating this type of scope of practice. NDMA vigorously opposed this bill in 2017 and it was changed into a midwife study. This study failed in the House and the bill is dead.

Forced Medication in Guardianship cases. Two bills were filed (HB 1365 and SB 2291) dealing with medication in guardianship cases. The issue to be resolved was when a ward was in the state hospital, because of the state law, medical personnel would have to go to court for every medication that the ward refused. Private facilities generally respected the appointed guardian's decision. The proposed change in the law would allow for the appointed guardian to make those decisions, based on recommendation from the treating PA, NP or physician that the proposed prescribed medication is clinically appropriate and necessary to effectively treat the ward and that the ward requires treatment; the ward was offered that treatment and refused it or that the ward lacks the capacity to make or communicate a responsible decision about that treatment; Prescribed medication is the least restrictive form of intervention necessary to meet the treatment needs of the ward; and the benefits of the treatment outweigh the known risks to the ward.

Malawi Update

Cindy Renner, PA-C

It is nearly 3 years since we left our home and careers in North Dakota to move to Malawi as missionaries in a Rafiki Foundation orphanage! I find myself feeling out of touch with new developments in the modern medical world, since I now live in a different world. My main focus is raising these 99 precious children. We have such high hopes that the good nutrition, excellent education and moral upbringing they are receiving will help them have a bright future.

Over the holidays we took some of them to deliver treats to

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children in the local hospital. The pediatric ward holds about 14 patients per room in 4 rooms, and was completely full. There are no siderails on the beds and parents need to stay there throughout the day and night in addition to bringing in their own food and water for their child, and providing and changing their own bed linens! It's rainy season now and that means mosquitos and malaria. We have access to test kits and malaria drugs at our Rafiki Village, but our neighbors outside the gate frequently put off getting treatment, and many still die of this disease.

Volunteering at the local hospital on diabetes clinic day is something I look forward to each week, but it continues to be very frustrating and disheartening due to the lack of resources. My clinic day begins with a visit to the pharmacy to see what drugs are available so I know what I can prescribe. Imagine choosing B/P medication for your patients based solely on what the pharmacy has that day, and then changing it a few weeks later because that drug is no longer available! Most of these patients cannot afford to purchase their own meds and must rely on the government hospital to supply what they need. If we prescribe something the pharmacy doesn't have the patient just doesn't get it, and goes until their next appointment untreated. There are frequently no syringes for the insulin patients, so I am rationing out my personal stockpile, brought from the US on our last trip. A pediatrician friend in Bismarck bought a supply of glucose test strips which I sparingly allot to Type 1 patients who are having trouble with hypoglycemia or needing data for insulin adjustments, but all the other patients get their meds, including insulin, adjusted solely based on their reports of clinical symptoms.

Speaking of 3rd world challenges, have you ever wondered what girls in 3rd world countries do during their menses without access to feminine hygiene products? These are people who routinely go without what we consider the basics – food, shoes, modern healthcare, and adequate shelter, not to mention indoor plumbing, soap and toilet paper. Around the world, many women try to manage by using whatever they can find such as old rags, leaves, corn husks, newspaper, or even tree bark in place of pads when none are available. Use of these items which are dirty, abrasive and full of bacteria can result in serious infections. Women who are lucky enough to have cloth rags must wash them daily, frequently without soap or clean water, and hang them to dry out of sight inside their hut. As you would expect rags hung inside will not fully dry, and therefore become a breeding ground for bacteria. Poor menstrual hygiene practices like this are one of the leading causes of

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reproductive tract infections in women globally. Even if no infections occur these methods are not very effective, which leads to leakage and stains. Schoolgirls who stain the backs of their uniforms may be teased by peers or teachers. This is a huge problem and frequently is the main reason young women stop attending school.

The process of menstruation is also associated with many taboos, and cultures worldwide have developed harmful, destructive ideas and beliefs about it. In Islam, menstruating women are not allowed to touch the Koran, pray or participate in fasting traditions. In India they are not allowed to touch cows. In rural Ghana during their menses women are not allowed to enter a dwelling with a man or cook him food. In Kenya nomadic Masaai women are not allowed to enter a goat pen, milk cows or consume animal products. In some areas they are forbidden to use community water supplies or banished to an isolated hut away from the village for fear of contamination.

There is a critical lack of health education resources available to newly menstruating girls and this lack of knowledge perpetuates the myths which so impact women during their monthly cycles. We make sure our girls at Rafiki have access to disposable sanitary supplies, but our neighbors outside the gate cannot. Recently a good friend from the US who is a retired nurse came here to help us for a few weeks, and brought a crate of washable menstrual kits sewn by volunteers and distributed throughout the world through a group called *Days for Girls*. This organization was founded in 2008 by a woman who had done some humanitarian work in Africa and became aware of the need, but there are several other organizations doing similar work. The DFG kits come in a colorful drawstring bag so it can be carried to school. The bag contains a large Ziploc freezer bag effective for transporting soiled items and soaking and laundering with little water**.** There is a washcloth and travel-sized bar of soap as well as 2 pairs of panties. The kit also contains 2 cloth shields which resemble a disposable winged menstrual pad. The wings have a waterproof interior and snaps so it can be secured around the panties. There are 8 removable absorbent flannel liners which are folded into thirds to fit into the shield. They can be washed and quickly dried to be used again, are designed to be durable, and are expected to last 2-3 years. My friend brought 50 kits, as well as a very well done flip chart explaining female anatomy, the menstrual cycle, how pregnancy occurs, STD's, sexual abuse and even self-defense. We made arrangements to visit a government school near our Rafiki Village and asked to meet with girls who are or will soon be menstruating. We started out with about 15 girls, but as the morning progressed ended up with nearly 40. There were no desks in the school and only a few chairs so most sat on the mud floor. Many of them had no shoes. Curious younger children and several boys kept peeking in the door and windows to see what we were doing. The information had to be translated into Chitumbuka (the local language) so they would be sure to understand it well. After the basic teaching about body changes, menstruation and how to use the kits, we even discussed good hand washing. There is no running water at the school, so they had devised a little hand-washing station outside using inverted plastic bottles. To

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demonstrate how easy it is to pass germs from person to person, we put a dab of glitter into 2 or 3 hands and had them all shake hands with each other. It wasn't long before everyone had glitter on their hands, clothes and even on their faces. What a great visual! We also talked about sexual abuse and rape which is unfortunately something that occurs frequently with many extended family members living under one roof. We showed them some defensive moves and even practiced screaming for help! They were very excited to receive their kits and thankfully there were even a few left over for the younger girls who will soon need them.

If you are looking for a humanitarian project and like to sew, you might check into making kits for one of these organizations. They provide you with the patterns and will make sure the completed kits get to an area where they are needed. Since we are talking about needs, medical supplies are always welcome here - any diabetes supplies, dressing materials, tape for dressings, bandages, ace wraps, hotel soaps and shampoos…

I get a bit nostalgic this time of year as I see NDAPA gearing up for the annual Primary Care Conference. I would love to attend and reconnect with you dear friends, but will most likely have to complete my CME requirements on line since I don't expect to return to the US until October.

Report from 2017 Leadership and Advocacy Summit

Jay Metzger, PA-C, NDAPA President-Elect

The 2017 AAPA Leadership and Advocacy Summit was held in Arlington, VA, on March 4-5. There were approximately 200 PA leaders from all over the US in attendance. The top two issues addressed during the summit were discussion on Full Practice Authority and Responsibility and PA recertification. Below are some of the highlights:

General Sessions

- Josanne K. Pagel, PA-C, AAPA President and Chair, Board of Directors, and Jennifer L. Dorn, MPA, AAPA CEO, reviewed multiple issues from both national and state standpoints to include recognizing the states that have all of the six key elements for modern PA practice. Highlighted in the presentation was the fact that North Dakota was the first of all 50 states to have this distinction. There are only six states in the U.S. that have all of the key elements. The key elements include:
    1. No PA/physician ratio.
    2. Licensure as a regulatory term in state law.
    3. Scope of practice determined by the practice site.
    4. Adaptable supervision/collaboration requirements.
    5. Full prescriptive privileges for PAs.
    6. No required co-signatures from physicians.
        - Thank you to past and present NDAPA leaders on this achievement. I was not aware that we were the first and one of the few states with all of the key elements.
- PA Pagel made note of the recent legislation Michigan that moved them closer to full practice authority and responsibility for PAs. There are five more states actively pursuing FPAR as well including Wisconsin, Connecticut, Delaware, Illinois, New Mexico, and Nebraska. NPs currently have FPAR practice in 22 states, including North Dakota.
- New Mexico has been actively pursuing changes in legislation for the past 5 years to continue on their pursuit of all six of the key elements. One of the changes had to do with changing "supervision" to "collaboration" in their definition of a PA. Things were going well until the

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NCCPA hired a lobbyist to interject on some other verbiage that would have removed a requirement on certification through the NCCPA in the state. In the process, all advancement towards their goals were ultimately lost because of the issues they (NCCPA) interjected with the legislature.

Full Practice Authority and Responsibility (FPAR)

Reasons for moving forward on FPAR were many. One that I don't think affects us very much, but is a pertinent one, is the fact that fewer physicians own their practices. When physicians own their practices, having a PA meant more revenue for their clinic and subsequently more income for them. When physicians are employed by health systems, the revenues go to the health systems and therefore the physicians get no significant monetary benefit from having a PA.

Generally speaking the sessions on FPAR were positive. Most of those attending the summit were pro-FPAR. There is much work to do and numerous issues to address before moving forward in most states. Some of the chief concerns discussed were: the potential of hurting our relationships with physicians; threatening the "team" dynamic; what to do with new grads; portability between specialties; continuing to achieve the six key elements (jeopardizing efforts); resources needed by state constituent organizations to achieve FPAR; and effectively communicating about FPAR so that it is not misunderstood.

Federal Trade Commission (FTC) Discussion

An attorney for the AAPA discussed antitrust laws that can be beneficial in efforts to achieve FPAR. If anyone (except for a government agency or branch) attempts to limit our ability to see patients within our scope of practice, the FTC can intervene. He specifically cited the North Carolina Dental Board v. the FTC, which is a ruling that is referred to commonly in such cases. Click here for more information on the ruling FTC v. NC Dental Board.

Recertification/NCCPA Issues

The AAPA took up issue with the NCCPA after the NCCPA proposed more changes to the recertification process a couple of years ago. The NCCPA was going to have multiple exams throughout the 10-year recertification process and continue with a high-stakes exam that would be specialty specific. This would have meant a significant increase in the cost for recertification and the AAPA does not feel that additional testing was necessary.

At the House of Delegates meeting in 2016, a resolution was passed tasking the AAPA to look into establishing a new certifying body. They since have completed this charge and the results were a little surprising to many of us. Briefly, it would cost approximately $2.5 million to establish a new certifying body and the timeframe (from the decision to move forward until the first person took an exam) would be about 5 years. Almost every state that requires certification would have to change laws that specifically cite the NCCPA as the only accepted certifying body.

The NCCPA has since changed their stance and have held back on any major changes to the recertification process. At this time, they will continue with recertification every two years with CME, and the PANRE every 10 years. The PANRE will continue to stay as a generalist exam and the NCCPA states that they plan to make it even more generalized in the next couple of years to accommodate those that work in specialties.

On a side note, the NCCPA recently released data on pass rates for PANRE. Around 92% of PAs pass the PANRE on their first attempt. According to their statistics, about 3% of PA's fail the exam and do not recertify after multiple attempts (PAs can take the PANRE up to 4 times to pass).

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After much deliberation, many of those who were considering this as something they would support, seemed to changed their minds. I do not think it is currently dead in the water, but I'm not sure that there is enough support to move forward. Stay tuned, there is still more discussion on this to follow.

Interstate Licensure Compact

Richard L. Masters, JD, Special Counsel, National Center for Interstate Compacts, The Council of State Governments, presented on interstate licensure compacts. Interstate licensure compacts allow providers to be more rapidly licensed in states that are a part of a compact. Having such a compact can increase access to health care by expediting the licensure process and subsequently allowing providers to practice in more than one state without having to go through rigorous credentialing in each state.

North Dakota currently has legislation for nursing and a bill for physicians recently failed in the legislature.

We will have more to come on these issues following the AAPA Annual Conference and House of Delegates meeting in Las Vegas, May 15-19. If you have any questions, please let me know at jay.metzger@med.und.edu.

North Dakota Professional Health Program
http://www.ndphp.org/

The North Dakota Professional Health Program (NDPHP) is a confidential resource that assists with the identification, intervention, referral, monitoring and recovery of physicians and physician assistants who may be affected by substances use or mental health disorders impacting their health and well-being.

Our philosophy includes care of the whole person, focusing on the special needs of health care professionals. Early intervention and evaluation offer the best opportunity for a successful outcome and preventing the health condition from interfering with medical practice.

Our goal is to promote patient safety and care by improving the health, well-being and effectiveness of healthcare professionals. We do this by offering confidential support and advocacy for physicians, physician assistants, whose performance may be compromised.

The NDPHP strives to facilitate and promote the health and well-being of licensees of the ND Board of Medicine by effectively addressing any difficulties such as substance use issues, depression, anxiety, etc., in addition to a host of physical ailments that may adversely affect their private or professional lives. This is accomplished in several ways:

- **Screening and referral:** Screening for health concerns and referral to appropriate resources familiar with the specialized needs of licensed health care professionals.
- **Consultation and guidance:** Assisting anyone who is concerned about the health and functioning of a healthcare professional residing or practicing in North Dakota.
- **Support:** Supporting healthcare professionals so they may be able to sustain meaningful life changes for the sake of their health while also maintaining the trust and confidence of those whom they serve.
- **Accountability:** Monitoring compliance with recommended treatment and/or behavioral plans for healthcare professionals.
- **Advocacy:** Compliance documentation is used for advocacy with employers, regulatory, or administrative agencies.

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Recovery Trek:

For Prospective Participants If you find yourself on this page you are likely considering referring yourself to the NDPHP or you are someone who is thinking about referring someone you believe may benefit from our services. Perhaps you have decided it is time to enroll, or perhaps your employer or a treatment provider has strongly recommended that you call us, or you have noticed some behaviors in someone you believe may benefit from our services. In any case, welcome. The following is a general description about what happens when you enroll in NDPHP. For more specific information, we encourage you to contact us. You may remain anonymous until you have decided to enroll.

Enrolling in the NDPHP Whatever the reason you have decided to report yourself, or someone else, at an earlier stage in your illness, participation in NDPHP means that you do not have to report your illness to the ND Board of Medicine. Important for your health and your career, your participation helps to ensure long term success in recovery from your illness. NDPHP serves persons licensed by the ND Board of Medicine.

Self-referrals Call us at (701) 751-5090 and state that you would like to enroll. If you have received a letter from the NDPHP asking you to call us, received a letter from the ND Board of Medicine or referred by a treatment facility, the process is the same.

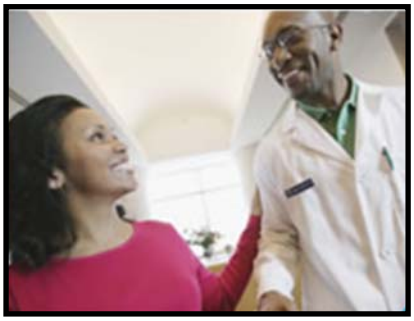
Referring someone who would benefit from your services Call us at (701) 751-5090 and state you would like to make a referral or click here for the on-line referral form.

Enrollment process You will speak to the Executive Director who will conduct a telephone interview about your situation. At the conclusion of the interview, the Executive Director will discuss the next steps. For example, you may need a time and location for an assessment to determine if you have a current illness. It may also be necessary to obtain medical records. A Demographics form and Authorization forms will be sent to you to complete and return.

During your enrollment interview, the Executive Director will explain how the NDPHP uses the data that is collected about you. The NDPHP does not inform the board of your enrollment and participation when you self-refer or are referred by a third party, other than your licensing board.

After necessary assessments and/or medical records are received the NDPHP will determined whether you have an illness, and whether your illness warrants participation in NDPHP monitoring. If monitoring is warranted, we will ask you to sign an Intent to Participate and a Monitoring Agreement explaining the terms of the contract between you and NDPHP. The agreement will contain the length of time you will be participating and the terms under which the licensing board would be notified should there be substantial non-compliance. If monitoring is not warranted because we have determined there is not a current illness, your file will be closed, and the ND Board of Medicine will not be notified. The exception to this is when there is an apparent practice act violation not related to any illness that would obligate us to inform your licensing board.

Program fees The cost of NDPHP services is $250 per year. You are responsible for the cost of your assessments, treatment, and if required, toxicology screens.



Length of monitoring The length of monitoring depends on your diagnosis and is usually 60 months.

For further information contact NDPHP at http://www.ndphp.org/ ; 919 S. 7th St., Suite 305; Bismarck, ND 58504; 701-751-5090.

the review

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We're on the Web:
NDAPA.net

2017 PA of Year to be Announced

On Friday, May 5, 2017, the 2017 PA of the Year will be announced during the **NDAPA 39th Annual Primary Care Conference** which will be held in Fargo, North Dakota. Ten Physician Assistants were nominated for this award.

- **Judy Anderson**, Sanford Health Valley City, ND—nominated by Dr. Genevieve Goven;
- **Amanda Brown**, Sanford Orthopedics & Sports Medicine, Fargo, ND — nominated by Darla Dobberstein;
- **Kristen Carr,** Sanford Southpointe Clinic, Fargo, ND — nominated by Dr. Jennifer Raum;
- **Howard Carver,** Fargo VA, Fargo, ND — nominated by Dr. Leslie Rainwater;
- **Brian Cooper,** West River Health Systems, Hettinger, ND — nominated by Matthew Shahan;
- **Ashton Hedger,** Cavalier County Memorial Hospital & Clinics, Langdon, ND — nominated by Dr. Lynne Didrikson;
- **Curt Kroh,** Bismarck VA Clinic, Bismarck, ND — nominated by Jami Falk
- **Stephanie Nottestad,** Sanford OB/GYN, Bismarck, ND — nominated by Andrea Berger, Lisa Axtman, and Shirley Kokkeler;
- **Lisa Peterson,** CHI St. Alexius Williston, ND — nominated by Dr. Theresa Hegge; and
- **Megan Vetsch,** Fargo VA, Fargo, ND — nominated by Dr. Charles Hartz.

Congratulations to all the outstanding nominees.

President

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Elections

TBD

Legislative/Government Affairs

Cheryl Ulven—Ray
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Deb Houdek — Bismarck
Jay Metzger — Grand Forks

Membership

Shelly Bartow—Lignite

Newsletter

Curt Kroh—Bismarck

NDAPA Awards

LuAnna Graeber—Garrison
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PA Program Liaison

Jay Metzger—Grand Forks

Professional Wellness

Luanna Graeber—Garrison

Public Relations

Jackie VanderLinden—Bismarck
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Reimbursement

Kayla Olson—Beulah
Cheryl Ulven — Ray

Scholarship

Cheryl Ulven—Ray

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2017 AAPA House of Delegates, Las Vegas, NV

Chief Delegate

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