

Q & A about the Rural Health Coordinating Council

What is the Rural Health Coordinating Council?

The 18-member Rural Health Coordinating Council (RHCC) was established by the Oregon legislature in 1979 at the same time the Office of Rural Health was created. Its purpose has historically been to advise the Office of Rural Health (ORH) in carrying out its statutory duties. Although this advice is not binding, the RHCC has always been considered a decisive and valuable source of information for the ORH.

How are the members chosen?

There are three types of members: (1) representational; (2) consumer; and (3) nonvoting advisory members.

- (1) Representational. The statute (ORS 442.495) specifies that a number of organizations will be represented on the RHCC. These include the:

- X Oregon Medical Association
- X Oregon Osteopathic Association
- X Oregon Nurses Association
- X State Board of Pharmacy
- X Oregon State EMT Association
- X Coalition of Local Health Officials
- X Oregon Association for Home Care
- X Oregon Health Sciences University
- X Oregon Association of Hospitals and Health Systems
- X Oregon Dental Association
- X Oregon Association of Optometry
- X Oregon Association of Physician Assistants
- X Oregon Association of Naturopathic Physicians.

The purpose of including so many different organizations was to ensure that all provider groups are represented. In recent years, however, efforts have been made to include a chiropractor on the RHCC, as well as an appointee from the Oregon Academy of Family Physicians.

These members are appointed by the organization they represent. Their names are forwarded directly to the governor's office from the organization and the governor makes the official appointment.

2. Consumer members' appointments are accomplished somewhat differently. When the law establishing the RHCC was passed, Oregon (and all other states) used a system of regional health planning that featured Health Service Areas

(HSAs). Oregon had three HSAs - one that was comprised of the Portland Metro area (HSA I, based in Portland), one that extended down the valley as far south as the border and then eastward to the Cascades (HSA II, based in Eugene), and one that included all of Eastern Oregon (HSA III, based in Redmond). The HSAs were governed by nonprofit Health Systems Agencies that were run by community-based boards of directors. These regional boards each made a consumer appointment to the RHCC. Names were submitted to the ORH and were forwarded to the governor's office. HSAs also made recommendations regarding the "at-large" appointees from communities of less than 3,500 people.

When federal health planning laws were repealed in 1987, the HSAs ceased to exist, and this mechanism for consumer appointments to the RHCC also vanished. Currently, the governor's office relies on direct contacts from interested consumers or on the Office of Rural Health for suggestions.

- (3) Non-voting advisory members are appointed at the discretion of the RHCC chairperson. They cannot vote, nor can they hold office or serve as chair of a standing committee. Current members in this category include representatives from the Oregon Health Division and the Oregon Primary Care Association.

How long do members serve on the RHCC?

The term specified in the bylaws is two years. Members can be reappointed indefinitely.

Can members be terminated?

Members can be terminated for failing to attend two consecutive meetings of the council if the majority of the full council votes to do so. Consumer members whose status changes to that of provider can also be terminated. Additionally, members whose appointment is related to residence (e.g., towns of less than 3500 population) must be terminated if they move to a larger town.

How often does the RHCC meet?

The bylaws require the RHCC to meet at least quarterly, but any five voting members can petition for a meeting.

What constitutes a "quorum" for the purposes of a legal meeting?

A majority of voting members (9 or more) must be present.

What officers does the council have?

There is an elected chairperson and a vice-chairperson. Their terms are for two years, and no one can serve more than two consecutive terms.

What are the standing committees?

There are three standing committees, all members of which are appointed by the chairperson annually. The standing committees should be officially reappointed at the annual meeting.

1. Community and Council Development Committee. This committee must have at least seven voting members and its primary responsibilities include coordination with sponsoring organizations and other interested parties; council education and organization, foundation involvement, rules for grants and awards and rural health clinic oversight.
2. Legislative and Planning Committee. Also must have at least seven voting members. Responsibilities include reviewing existing and proposed state and federal legislation, reviewing bylaws and setting goals.
3. Executive Committee. Includes the chair and vice-chair, committee chairs and one member-at-large. (The bylaws are not specific on how the member-at-large is to be appointed.) The Executive Committee is authorized to act on behalf of the full council only when it is impractical to refer a matter to the council because of time constraints.

Executive Committee meetings must be announced to the full RHCC, either by mail or telephone, a full 72 hours before the meeting and all actions must be reported at the next meeting, where the agenda must also be disclosed.

While the bylaws are silent on this issue, other special committees can be appointed by the chairperson.

What are the statutory duties of the RHCC?

ORS 442.495: Rural Health Coordinating Council:

- (1) Advise the Office of Rural Health on matters related to the health care services and needs of rural communities;
- (2) Develop general recommendations to meet the identified needs of rural communities;
- (3) To review applications and recommend to the office which communities should receive assistance, how much money should be granted or loaned and the ability of the community to repay a loan.

The RHCC's role in advising the Office of Rural Health extends to at least the following statutory responsibilities of the office:

OFFICE OF RURAL HEALTH
Statutory Responsibilities

ORS 442.485: The responsibilities of the Office of Rural Health shall include but not be limited to:

- (1) Coordinating statewide efforts for providing health care in rural areas;
- (2) Accepting and processing applications from communities interested in developing health care delivery systems. Application forms shall be developed by the agency.
- (3) Through the agency, applying for grants and accepting gifts and grants from other governmental or private sources for the research and development of rural health care programs and facilities;
- (4) Serving as a clearinghouse for information on health care delivery systems in rural areas;
- (5) Helping local boards of health care delivery systems develop ongoing funding sources;
- (6) Developing enabling legislation to facilitate further development of rural health care delivery systems.

ORS 442.500: Technical and financial assistance to rural communities:

- (1) The Office shall provide technical assistance to rural communities interested in developing health care delivery systems.
- (2) Communities shall make application for this technical assistance on forms developed by the office for this purpose.
- (3) The office shall make the final decision concerning which communities receive the money and whether a loan is made or a grant is given.
- (4) The office may make grants or loans to rural communities for the purpose of establishing or maintaining medical care services.
- (5) The office shall provide technical assistance and coordination of rural health activities through staff services which include monitoring, community needs analysis, information gathering and disseminating, guidance, linkages and research.

ORS 442.505: Technical assistance to rural hospitals:

The Office of Rural Health shall institute a program to provide technical assistance to hospitals defined by the office as rural. The Office of Rural Health shall be primarily

responsible for providing:

- (1) A recruitment and retention program for physician and other primary care provider manpower in rural areas;
- (2) An informational link between rural hospitals and state and federal policies regarding regulations and payment sources;
- (3) A system for effectively networking rural hospitals and providers so that they may compete or negotiate with urban based health maintenance organizations;
- (4) Assistance to rural hospitals in identifying strengths, weaknesses, opportunities and threats;
- (5) In conjunction with the Oregon Association of Hospitals, a report which identifies models that will replace or restructure inefficient health services in rural areas.

ORS 442.555 (4)

- (4) The Office of Rural Health by rule shall adopt criteria to be applied to determine medically underserved communities for purposes of ORS 316.143 to 316.146 (tax credit program), 317.142 (tax credit program), 352.095 (Area Health Education Center Program), 442.470 (ORH definitions), 442.503 (eligibility for economic development grants), and 442.550 to 442.570 (Rural Health Services Program and for the purposes of compliance with PL 95-210, establishing rural health clinics.

ADDITIONAL DUTIES ENACTED BY SB 607 IN 1991 BUT NOT CODIFIED:

Chapter 947 (SB 607):

SECTION 3 (7). Consult with State Scholarship Commission to establish rules to allow waiver of all or part of the fees and penalties owed to the commission due to circumstances that prevent the participant from fulfilling the service obligation.

SECTION 3 (9). The Office of Rural Health, in consultation with appropriate persons, including the American Academy of Physician Assistants and Medex Northwest at the University of Washington, shall identify the requirements and opportunities for establishing an Oregon physician assistant program, and report such findings to the Emergency Board no later than July 1, 1992.

SECTION 4 (2). The Office of Rural Health shall seek matching funds from communities that benefit from placement of practitioners under ORS 442.550 to 442.570. The office shall establish a program to enroll interested communities in this program and deposit money proceeds from this effort in the Rural Health Services Fund. In addition, the office shall explore other funding sources, including federal grant programs.

SECTION 8. Appropriation of \$100,000 for the purpose of recruiting physicians and other health care practitioners to practice in rural areas and providing technical assistance in restructuring rural health services.

SECTION 10. ...enter into a Memorandum of Agreement in order to avoid duplication of activities relating to rural health care and insure that available resources are utilized effectively. The memorandum shall include provisions for transfer of responsibilities and funds relating to federal programs that foster provision of primary care in underserved areas of the state. A copy of the completed agreement shall be presented to the Emergency Board in January 1992.

SECTION 20. (1) Subject to the formula set out in subsection (2) of this section, the Office of Rural Health, in consultation with the Oregon Association of Hospitals, shall establish a risk assessment formula to identify the relative risk of a rural hospital, as defined in ORS 442.470.

The manner by which the RHCC advises the ORH in these matters is not specified in either the statutes or the bylaws, but the council is given an opportunity to review and comment on all major policy decisions and activities at its quarterly meetings.

The RHCC has also historically reviewed applications and made recommendations to the ORH regarding distribution of community grant funds. Other ways in which the RHCC has fulfilled its statutory role in the past include:

- Reviewing and analyzing legislative proposals
- Initiating legislative proposals
- Contacting legislators and policymakers on rural health issues
- Making reports to the council on individual communities and their needs
- Forming committees to address special issues.

How much flexibility does the Council have?

The RHCC bylaws can be changed by a majority vote of members present at any meeting. Proposed changes, however, must be published with the meeting notice. The statutory language governing the RHCC is fairly general, and leaves considerable room for additional goal-setting and related rural health activities.

What are the costs associated with the RHCC?

The RHCC's quarterly meetings, plus \$30 per diem for each voting member, cost approximately \$7200 per year. There is no special appropriation or budget category for this expense, which is paid from the Office of Rural Health's operating budget.

What is the Office of Rural Health's annual operating budget?

For fiscal year 2002-2003, the total budget was \$1,908,664. Thirty-six percent was state-funded and 62% was federally funded. Two percent was generated from service

fees.

What can RHCC members do to become more involved in the office's activities?

Frequent contact with RHCC members is welcomed by ORH staff. We invite input from the council and value the advice we receive about the communities and provider groups represented on the RHCC. Any RHCC member who wishes to include an item of interest on the next RHCC meeting's agenda may contact the RHCC chair or Linda Peppler at pepplerl@ohsu.edu.

Office of Rural Health staff:

See website at www.ohsu.edu/oregonruralhealth.

Office of Rural Health staff can be reached at 503.494.4450 or tollfree at 866.674.4376. The fax number is 503.494.4798, and the mailing address is:

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