

# Rural Health Coordinating Council

Minutes | January 22, 2021

Virtual Meeting via Webex and Telephone

## Call to Order

Robert called to order the January 2021 meeting of the Rural Health Coordinating Council (RHCC) at 9:06 am. Lacking a quorum, we will defer approval of the Minutes and Agenda until the next meeting.

## Roll Call

### *RHCC Members*

**Donald Benschoter**, DMD, Oregon Dental Association; **Kathy Ottele**, Consumer Member, Health Service Area #2; **Kristen Plunkett**, Oregon Association of Naturopathic Physicians; **Linda Callahan**, Oregon Nurses Association; **Charles Wardle**, Oregon Optometric Physicians Association; **Allison Whisenhunt**, Health Service Area 1.

### *Oregon Office of Rural Health (ORH) Staff*

Robert Duehmig, Interim Director; Sarah Andersen, Director of Field Services; Rebecca Doherty, Program Manager, Field Services; Laura Potter, Administrative Manager

## Approval of December 2020 Agenda & Minutes

Approval of the December 2020 Agenda – unanimously approved at 9.05.

Approval of December 2020 Minutes carried over to May 2021 meeting.

## ORH reports:

### **Forum**

This year, the Forum will again be virtual. It will be scheduled the Third Thursday of every month.

### **Oregon Rural Health Conference**

We normally send out RFP in January; we still have a contract for October with the Riverhouse. This year, if vaccinations proceed optimally, we could get together in October. Do we want to have an entirely virtual Conference or an entirely live or hybrid event this year? Kathy has heard that the ACS CAN org is going ahead with a National Lobby Day in DC in September, and ACS is holding events from June on. CME system different: we have a yearlong CME program now.

### **Hero of the Year**

Great Hero of the Year in Orion Falvey; call will go out in May. Please start to think about who you might nominate for 2021 Hero of the Year.

### **National Rural Health Day (NRHD)/Oregon Rural Health Month**

Might not try for Oregon Rural Health Month again; NHRD is in November and the Conference, if it is live, will be in October. It's hard to get people involved in NHRD, so if the RHCC has ideas about how to improve that, it would be wonderful. The better we do there, the better off we are two months later when rural health issues come up in the legislature.

Kristen Plunkett: In Grants Pass usually has a health parkway, with streets shut down in the summer, with health booths, health assessments, and a strong focus on child health, exercise. Bob: please take lots of photos and we will promote that for NRHD.

Allison: Find all the ways that rural health differs from urban health – focus on the perks of living in rural communities

Kristen: Blue Zone focus, perhaps, since several communities.

Bob: We need to tie activities into public health; the pandemic has shone a light on the fact that there is only so much any healthcare institution can do on its own. Strong public health has been the most effective tool in the pandemic, and there will be other pandemics, other health challenges. In coming years, deferred cancer screenings, other deferred concerns, will show up as problems.

RHCC Action Item: Suggestions to improve NRHD

Staff Action Item: Tie public health into NRHD

### **Helping EMS in Rural Oregon (HERO)**

Had an education grant applications come in from EMS agencies hit hard by the fires, and we were able to make some small awards. Detroit/Idanha Agencies receiving much help replacing lost vehicles/large equipment, but training costs and small equipment need remains unmet. Support of training costs provides high impact with small dollar amount, to provide advanced EMT training. Requests from EMS specific to HERO have slowed in late fall 2020-early 2021 as EMS remains in pandemic response mode.

## **ORH Updates**

Staffing changes: Annalee Venneri is leaving ORH to move to Montana to work with the primary care office out of Helena, so we have that position opening. This will be our second COVID hire, after Brittney's hiring in September.

On March 1, we will begin to take applications for the new 2.5M Behavioral Health Loan Repayment Program. Some applicants will have bachelor's degrees, some will have master's degrees; some will be seeking licensure, and others not. We will work to get them into qualified sites in the hardest hit areas. There is such a demand for Behavioral Health across the state that it will be a challenge to be sure we get them into rural as well as urban areas. Because there will be more BA/BS candidates, tracking the loans will be more complicated, and as we work to expand our programs, hopefully all the way to CHWs, the program needs to accommodate that complication.

Allison has a personal and professional interest in this area, and offers her assistance.

Sarah Andersen: We are now a well-oiled machine for getting Binax tests out to RHCs and FQHCs, working with the Oregon Primary Care Association (OPCA). We are now leveraging that experience to work on getting vaccines out to those organizations. Challenges: billing, coding, access to the vaccine. OHSU has a van to supplement testing at healthcare systems and public health departments, and the van will be used to help with vaccines as well. Re billing and coding challenges: we are putting together a billing and coding guide for the clinics so they know they will be reimbursed.

For the conference: sessions on how to pull a community together to deliver things like testing and vaccination; the importance of having bilingual capacity for such efforts.

Vaccine Advisory Committee: 27-member group talking about priorities after groups 1A and 1B, which is looking more and more like an equity-based approach, with respect to diversity and \_\_\_\_\_. The group is also focusing on the educational materials to cope with distrust of the vaccine, or distrust of those administering it. For instance, there are concerns about Latinx populations not trusting vaccine administration by the National Guard.

OHA has been doing some polling on vaccination uptake, which will be distributed to healthcare organizations.

The SORH grant is in the submission process, and will be completed next week. It's a 5-year grant. This year, because of additional funding, we were able to:

- Innovation grants to strengthen independent RHCs
- Additional grants for practice assessments
- Roundtable where RHCs can go to share solutions
- Sharing billing and coding education learnings
- Innovation grants for EMS
- Cultural Competency work
- Telehealth trainings for independent RHCs

TAO gave us a special grant for a project to map all the telehealth services in Oregon, including interviewing them about the challenges they confront, which will inform the trainings we are able to provide.

Kristen Plunkett: Her board is curious about whether insurance will continue to cover telehealth after the emergency is over. Sarah: All indications are positive, for Medicare and Medicaid, but we are still working on it. Rep. Prusack was going to introduce legislation on the Medicaid side, but we are not sure where that effort is. Bob: the feds have extended coverage through June. He expects some pushback from insurance companies then, so what becomes very important is the voices of healthcare providers on the value of telehealth services for patients and for keeping the providers able to continue. There are multi-state compacts for providers in some areas; pending legislation would require it. The concern is that by doing that, you are taking the consumer protection piece away from local State licensing boards. Hard to know whether that will go anywhere this legislative session. If it goes through, I could be sitting in another state and see patients in Oregon. Compact is an agreement that says if Idaho,

Oregon, Washington, Montana are all part of a compact, then Montana practitioner could practice in Oregon.

## Communications and Strategic Planning

Michelle Rathman, of Impact Communications, is a contractor we are working with to inventory our current communications strategies, February through September, roughly, and we will keep you updated.

## Legislative/Policy Updates

Virtual NRHA Policy Institute this year – updates to come.

Oregon Healthcare Workforce Board is what approves our programs; RHCC members could attend and we will email a link to you.

Special session:

- There is a big push to give liability protection to providers for COVID claims; last minute amendments by the unions were deal-killers during December, so it will come up again.
- Eviction moratorium extended and funding for landlords affected by that.
- Hospitals need to start posting the cost of some procedures on their websites, with a deadline in January 2021. CMS will start doing reviews/audits of sites to see if that info is there.
- There are about 4000 bills before the legislature; we work with our partners at TAO, OHSU, OHA, to pull information together to give the RHCC a review. A big piece for us is the provider tax credit that sunsets at the end of 2021, and while we have not been optimistic about its continuance, we are now cautiously optimistic, because our fiercest critics have dialed down their criticism. People do not want to take away an incentive from rural providers. There is also a push to remove the income cap and the other restrictions, which would make the program very expensive for Oregon.
- Health Committee: chaired by Rep Salinas, but she has turned it over to Rep Prusack, a NP out of West Linn, a second term legislator. She is a provider, so she understands, but it's a pressure cooker of a position for a new legislator.
- Legislature is limited to one session per week. Following Marion County's guidance, allowing gatherings based on Marion County's rules. They may push things into the summer to have floor sessions when more people have been vaccinated.

- ORHA is putting together a Friday update for their members, and we will try to keep the RHCC updated as well.
- There remains the possibility of legislator walkouts. We hope that healthcare can be an area in which we can all come together and get our bills through. If you are meeting with legislators in your area, and have questions, Bob happy to work with RHCC members and their organizations.
- Rebecca: EMS Modernization Bill, HB 2076, was introduced; Robert also referenced the Public Health Modernization bill.

## RHCC member reports

### Kristen Plunkett:

There is a bill through OANP for pay parity, since they are paid about 40% less than other provider types. Naturopaths can do all that medical professionals can do, and should have pay parity. Also working to get OHA to approve vitamin D at 5000 IUs/day.

### Allison Whisenhunt:

Behavioral Health needs on the rise, anxiety, depression, and SUDs, with people reaching out for help where they never have before. There seems to be a substantial difference between docs who used to get in trouble for not treating pain, and who now get in trouble for treating pain with opioids, and newer providers who were trained to avoid opioids. Patients are caught in the middle, with concerns about medication being removed or tapered. Therapies such as aquatic therapy have become unavailable through COVID; mask fatigue and social distancing fatigue is real; there are many concerns about schools reopening or not.

### Don Benschoter:

Got an email from the ODA that highlights what they are working toward; private practice dentist are having a difficult time getting vaccinated, unless they work with hospitals. On legislative issues, they are working on the rural tax credit extension; trying to extend dental insurance for kids to age 26; and defer repayment if treat Medicaid patients. There has never been a state dental director, and they are working toward that. Last, working to create a tribal dentistry program through OHSU.

Bob will elevate the COVID vax issue re dentists; Don also urges allowing retired dentists to be able to give vaccine injections. He cannot now, since he retired his license, but giving an injection in a deltoid is a simple procedure that he could easily perform.

### Kathy Ottele:

No news; Kathy is among the people who are over 70 and sitting at home, hoping to be vaccinated in the near future. At the Salem Fairgrounds, where vaccinations are being given, anyone can show up at the end of the day and get vaccinated.

#### Old business:

No old business.

#### New business:

No new business.

Meeting adjourned at 10:23 am