

Rural Health Coordinating Council

Minutes | May 21, 2021

Virtual Meeting via Webex and Telephone

Call to Order

Wayne Endersby called to order the May 2021 meeting of the Rural Health Coordinating Council (RHCC) at 9:06 am.

Roll Call

RHCC Members

1. **Wayne Endersby, Kim Lovato, Donald Benschoter**, DMD, Oregon Dental Association; **Kathy Otle**, Consumer Member, Health Service Area #2; **Kristen Plunkett**, Oregon Association of Naturopathic Physicians; **Linda Callahan**, Oregon Nurses Association;; **Allison Whisenhunt**, Health Service Area 1.

Oregon Office of Rural Health (ORH) Staff

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

Approval of December 2020 Minutes and January 2021 Agenda & Minutes

Approval of the December 2020 Agenda – unanimously approved, 9:28 AM

ORH reports:

Forum

Continuing with virtual, monthly through the end of the year – none in May but 2 in June, 1 per month after that

Oregon Rural Health Conference

RHC, C Suite, Quality - 1.5 days, Thursday 10/28 – Friday 10/29

MHFA Wednesday, 10/27

Public Health – Th or Th – F

Workforce – 10/27

Helping EMS in Rural Oregon (HERO)

Announcement in June of 4 awards of \$2500, all focused on training for EMS

RHCC member reports

Allison Whisenhunt:

Behavioral Health needs on the rise, anxiety, depression, and SUDs, with people reaching out for help where they never have before. Caregivers at their wits ends because of needy patients whose needs they cannot really meet. Very few beds available, transferring to hospitals in PDX very challenging, had to transfer pt to Idaho b/c no beds that can be staffed are available (beds yes, staff no). More leaves for staff who are burned out and need to take care of themselves. Hard for nurses to do precepting for students, plus students have not had full hands-on clinicals. When they have an ED person with a physical crisis, can transfer without bureaucratic process; with psychiatric cases, very different. No ambulance transfer possible. Life threatening psych should have same access to transport. Kathy Ottele = new senator Deb Patterson seems very interested in healthcare issues. Also when person has no physical medical problems, Sheriff can transport them, in handcuffs and in back of squad car, which takes Sheriff out of the community; or person refuses to go, and goes home where they may hurt themselves or others

Linda Callahan:

Lots of discussion about when students are prepared to go out into the community and do vax; retired nurses without active licenses CAN do that. Big changes coming in Jan to increase competence of RNs – for renewal of license, adding on clinical practice hours. LPS too. Right now, big push to have as many nurses as possible but also to ensure competence. Klamath, hard to get students their hours. Opened second COVID unit a few weeks ago because when things started to open up, COVID numbers up too. Decreasing now. No increase in deaths but up in hosp.

Kristen Plunkett:

Still working on the pay parity bill, SB 772, Joint Committee on Ways and Means, which is where it died last year. They are paid about 40% less than other provider types, and therefore do not get hired. 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.

Kim Lovato:

She is director of Rural Health Care Seminar where they meet every other week and talk about underserved and rural care, and she is getting more and more students involved. They also become AHEC Scholars. Went from 7 or 8 to 19. Much interest in working with Latinx communities, improving their Spanish. Eric Wiser will be talking to them next week. OSPA, Oregon PA Modernization Day Bill – supervision moves from doc to a clinic, senior medical providers. Will take some time to move this forward; WA is more likely to pass before OR

Kathy Ottele:

Marion Co affected by COVID a lot; Salem Health has done a great job at the Fairgrounds, and is now sending vans to more remote parts of Salem and Polk Counties; also AAPI community, large outbreak at a church.

Don Benschoter:

Bill to legislature to create dental therapist provider – ODA not happy with the way it is framed. Don received an email from the ODA telling them about its stance. On COVID, Don looked into giving vaccines; had retired his license 5 years ago, and found that there are significant bureaucratic obstacles to being able to do that.

Wayne Endersby:

EMS agencies have aging equipment, can cost \$10,000 to replace a vehicle, and do not get enough income to replace ambulances. Same with paid ambulance services – Baker City too. \$300,000 for an ambulance, not counting all the stuff to put into it. Trying to write grants for it. Gary Sinise has a grant foundation for rural fire and EMS – trying for that. Fred Meyer trust too. Tried for FEMA grant and it was a nightmare. Needed an AED but it was \$25,000 and that is too little for FEMA. After 10 years, you can use an ambulance as a quick-response unit but not for transport.

ORH Updates

Staffing changes:

Field: Rose Locklear is leaving ORH we have that position opening at the end of June. She has been doing the Forum on Aging, Community Benefit, and Telehealth. New person will focus more heavily on telehealth than the position has in the past. RHC Story Map has been a Rose project – the link we sent out this morning. (ADD LINK) We have learned that the story map is unique; only one in the country. We are getting interest from around the country because it is so innovative.

Workforce:

On March 1, we started accepting applications for the new 2.5M Behavioral Health Loan Repayment Program. Have about \$2,000,000 to give out by the end of June, and will carry it over if we cannot give it all out, but we are trying. QMHAs and QMHPs – no required advanced degree, can give funds to people working toward their licensure, or are just wanting to go into this field but need debt relief to start.

Also have regular PILP cycle that just closed, with 34 awards given – much higher than usual 10 to 15. Of those 34 awards, some also qualified for new Behavioral Health loan program, and we moved them to the new program.

Loan forgiveness: struggling. We have seen a rather large fall-off in people applying for or accepting loan forgiveness. We think that there are many causes. People applying for loan forgiveness have inchoate plans, hard to commit when that is true. Uncertain times as well. PCLF program has been going for 5 to 6 years, so just now getting MDs. Of those, some are notifying us that they are going to repay the loans themselves and get out of their obligation, even with penalties. They are deciding to

stay where they did their residencies. Some large facilities are offering to pay off that debt if they stay. We are now giving out more money, so cost of buying out the commitment will rise, too. Penalty is maybe 10%, plus market rate interest.

Most people coming out of the programs are finding jobs, but new PA's have a harder time; clinics really looking for experience.

Stacee has been doing a great job finding places for people, but will be working more closely with job applicants on the career development piece, versus their medical competence. Giving sufficient support to students as well as sites is a big challenge for Stacee.

KH MHFA training

COVID:

Kristen Plunkett: Lots of anti-maskers in her community, so unvaccinated people taking off their masks

Sarah: As we move into June, goal of OHA is to move from a push model to a pull model, meaning that vaccines are sent more to PCPs and pharmacies, and hope that rather than the peer pressure that goes with big sites, your provider will convince you to get vaccinated. There is some funding that will be available for RHCs to work on vaccine confidence for COVID and other vaccines. They anticipate that any RHC that applies will be funded. Minimum is \$15,000, we don't know the cap. We have distributed 12,000 rapid tests around the state (some efficacy problems with testing non-symptomatic patients); on the rise in Umatilla and Clatsop Co). Covid Response and Recovery Unit (CRRU) has been doing covid testing events and supporting LTC facilities. OHA reached out to us for ideas for how to support LTCs quickly and painlessly; we thought to involve RHCs because LTCs overlap with RHCs. RHCs will be on call and will be able to test staff and residents when there is a positive case and will be compensated for it. Bridge gap in revenue lost from no shows, which is as high as 20%. Engaging a contractor to help coordinate; \$4.2 m over the coming year.

Kristen – how do they learn? We are reaching out but may be able to use RHCC's help

OPCA is helping to identify FQHCs in metro areas as well

OHA partnership has had little connection to CAHs and RHCs, but is learning now, and RD is hopeful that this will improve b/c of pandemic

SORH – expect new 5 year award in next few weeks

Flex – starts in fall

SHIP COVID grants will be \$200,000 each – testing and mitigation, which last is a wide-open category

RCHs will get \$100,000 directly – also for testing and mitigation

Communications and Strategic Planning

Michelle Rathman, of Impact Communications, has been very helpful. Website, newsletter, social media, targeted communications, to help us increase our presence in rural so that we can tell the rural stories that need to be heard. Also, build our support in communities, therefore legislature, therefore funding. Further updates in July.

Legislative/Policy Updates

- Closing session in June (18?); not meeting in person
- PA Bill – ever-evolving
- Dental Therapist – same
- For both, legislators need to understand that it's not just a policy, but it's about their own communities – same for EMS – important to get a legislator on a rural EMS call
- Hope Amendment – SJR12 – 2022 Constitutional Amendment – every resident has access to cost-effective affordable health care. If passes, will be complicated to implement
- Public Health Modernization Act – do not yet know details
- Last week was the deadline for bills to be scheduled for work session in the second chamber; bills must be passed out of committee by the 28th.
- Politics being played in the legislature – refusal to have bills read by title only, insisting on reading aloud. Have a machine that does it too. Slows everything down.
- Budget: budget revenue forecast is rosier than expected. We expected to be in a world of hurt because when incomes go down, income taxes go down. There were a lot of higher income people in Oregon who could continue to work, plus the federal money coming into the state, and projections for pent-up consumption spending, means we may have a billion more than expected. Next biennium might be rosy as well. Lots of uncertainty around this projection; could be inflation; delayed tax collection because date pushed to May 17. Key assumptions: that pandemic will subside; pent up demand fuels near term growth; employment gains in service sectors. Risks: possibility for runaway inflation; businesses who deferred costs in 2020 will have to spend it now; reliant on continued increase in personal income tax withholding; big kicker this time. But it should replenish our education fund. For us: should be revenue to help with fire season; limit cuts to Medicaid services; funding tax credits that were in line to be reassessed.
- Legislature will have some input on redistricting – we're getting a new congressional district in Oregon, borders will be subject to much negotiation. Probably biggest changes in 1st, 3rd, 5th Districts.

Old business:

No old business.

New business:

No new business

Next meeting:

For July meeting, Bob hopes to have a meeting that is a bit like a retreat, and we could talk about ways for the RHCC to do further work with the legislature, within the parameters of the RHCC charter. RHCC has been around since 1979, changed a bit in 1989 when ORH under OHSU, but we would love to strengthen the role of the RHCC so that you are feeling a real contribution, and helping ORH. Bob will send out questions soon, with the legislation, so they can think about what will make the RHCC most useful to members and communities, and so RHCC is the voice we need with Governor's Office.

Also would be nice to bring in outside speakers; if they have ideas for topics, tell us. Dental issue was going to be highlighted before, will bring that back. RHCC members should feel free to let Bob know their ideas informally.

Adjourned at 11:23 am