

Rural Health Coordinating Council
Draft Minutes
January 26, 2024

I. Call to order – Kim Lovato, Chair

9:04

a. Roll call, introductions

Present: Kim Lovato, Raymond Hino, Kristen Plunkett, Ana Velasco, Allison Whisenhunt, John Begert; from ORH, Robert Duehmig, Laura Potter, Maggie Tidmore.

New members.

Bob: Brooke Pace is the communications and quality director at Wallowa Memorial Hospital. She is very active in policy work at the local and national level. She will be joining the RHCC as a member of a community with fewer than 3500 members.

We do or will need representatives from:

- Oregon Medical Association
- Oregon Osteopathic Association
- Oregon Nurses Association
- Oregon State EMT Association
- Oregon Association for Home Care
- Oregon Dental Association*
- Oregon Association of Optometry*

Asterisks indicate that the role is filled but the RHCC member is terming out.

We have received a name of a person interested in the EMT role, but have not had a positive response. There will be home health care legislation introduced this legislative year, and we hope that may help us in recruiting a member from that organization.

We can have advisers and people who join us in non-voting ways, and the RHCC is encouraged to submit names and ideas. The Health Service

Areas as constituted are no longer relevant, but we need a statutory change and that will not happen in the near future.

Kristin Plunkett suggests seeing if there are VA representatives from a rural community who could join as advisory members, and Robert confirms that the Federal Office of Rural Health Policy (“FORHP”) encourages us to work with veterans’ organizations.

b. Approval of agenda and previous Minutes tabled for lack of a quorum.

II. ORH Updates 9.20

a. Staffing update: Maggie Tidmore has joined us as Administrative Coordinator.

b. Forum and Conference updates

Forum on Rural Population Health & Health Equity, June 12 – 13, and it will be virtual. We have made a change in the name of the Forum and have broadened its focus. When we have virtual events, they are accessible to a wider pool of people, but of course we lose the personal connection.

41st Annual Oregon Rural Health Conference, October 2-4, 2024, Riverhouse, Bend. The Request for Proposals is going out the week of January 29.

c. Grant Updates

ORH is working on four large grant applications; two are competitive.

- i. The SORH grant is a federal grant with a 3:1 match from the state/nonfederal sources. This year is a noncompetitive grant cycle. It is due in March, and supports our infrastructure, such as salaries, benefits, and some travel. The federal funds are about \$160,000 so with the state match, it comes to \$640,000.
- ii. The SHIP grant is a small hospital improvement grant that has been 100% passthrough; in its current form, we may charge a little overhead to it but not much. It comes out to \$9800 per hospital.
- iii. The FLEX grant is our largest grant. This is a competitive grant with a five-year term; we are hoping to get about \$680,000 per year.

Noncompetitive cycles for HRSA grants are reviewed by internal HRSA staff, who generally understand the impacts of the program and what works is being done. Competitive grant cycles are done with outside grant reviewers, some who do not fully understand the programs or history. This has caused some long-term awardees to lose their grant awards.

- iv. The EMS Supplemental Grant is funded through overall FLEX program structure, but the funds are allocated separately. The grant provides funding up to \$3,000,000; only five will be granted nationwide. ORH did not apply for this in the last cycle because the focus had to be quality improvement, and no Oregon EMS agencies were situated well enough to qualify. We are now well situated to apply for an EMS workforce grant.

If the grant were to be awarded, ORH could bring on a new staff person focused entirely on EMS and EMS workforce for at least three years.

In the framework for the EMS Modernization Act, Oregon is at the bottom, whereas we used to be at or near the top. Representative Dacia Grayber is a paramedic with Tualatin Valley Fire and Rescue; she led the push to start a more coordinated state effort with EMS.

While we applaud the effort, we have concerns: In order to get state money, an EMS agency needs to meet quality standards, but for very small agencies, that sets an unmeetable bar. We are urging the legislature to change the terms, so that an agency can qualify if can show that it is working toward quality improvement.

A second issue was that the program was structured so that all dollars coming into the state for EMS, from any source, would have to be routed through and administered by the state. That is illegal; if ORH obtains a grant through FORHP, for instance, it cannot be mandated by law to turn the money over to the state. It would also be a dealbreaker for funders, who would not make grants if the money were simply sent to the state. We need language that says the statute is in no way intended to prevent other agencies from applying for, receiving, and spending funds to support EMS in Oregon.

d. Communications

We are working on our yearend report and would like to get it finalized in time for the Policy Institute in DC in February, but that is unlikely.

As soon as the tax deadline has passed, we will be communicating to legislators, professional associations, and providers about a change in Grants Pass's population that will change eligibility for several programs. In 2023, the GP population grew over 40,000, which means that it is no longer classified as rural. There will be no effect on grants, because the federal government hasn't classified GP as rural for a while. But in incentive programs, there will be an impact.

In the Primary Care Loan Forgiveness program (PCLF) and the Scholars for a Healthy Oregon program (SHOI), if you are a specialty practitioner and you were awarded a PCLF or SHOI grant before 1/1/24, your position is unchanged. But if you received an award under those programs from 1/1/24 on, you cannot practice in GP and receive the benefit of the programs. Nor will you be eligible for the tax credit program for the 2024 tax year.

We have not told the recipients of the tax credit program yet; we will do so around 4/16/24, so as not to confuse them, since the changes do not affect the 2023 tax year for which they are currently applying. There will be a secondary impact as well, because the tiers around GP are also affected. ORH will reach out to local legislators, because we know they will hear about it and we want them to be prepared. It is unlikely that we would be trying to get them to change the definition of rural, but the legislature could change the qualifications instead.

Kristin Plunkett: This may greatly affect the ability of GP practices to recruit specialists. Providence and Asante already won't take specialist referrals except from their own providers.

We will be holding some Community Conversations in person in GP to gather information and witnesses for the long legislation session in 2025.

[Virtual Community Conversations](#): We have six community conversations planned for 2024; see the link for the list. The first took place on Jan. 25, and focused on the upcoming legislative session. Sen. Deb Patterson spoke; 170 signed up, 78 showed up, which is good attendance percentage.

Regarding legislation and policy: As of Jan 1, Robert Duehmig is

President of NOSORH in 2024, and will be in Washington, DC, three times this year, as well as Charleston, SC, Portland, ME, Anchorage and Omaha.

NOSORH's legislative focus will be on:

- Authorization and appropriations for the [RCORP grant program](#),
- Reauthorization of the Flex program,
- Increased funding for SORH program.

Robert Duehmig was also reelected as vice chair for NRHA policy congress. NRHA has two governing boards: the board of directors oversees the operations of the organization, and the Policy Institute sets the policy direction. The NRHA Scholars program is a part of the Council and you can find the 2023 NRHA Policy Papers on the website.

NRHA Scholars is competitive program that brings together 15 people from all kinds of RH to do policy papers on topics approved by the policy congress. The website lists the [2023 NRHA Policy Papers](#).

Robert Duehmig is also the NRHA Government Affairs Committee Chair for 2024.

III. Legislature/Policy update 10:00
a. [2024 Legislative Session](#)

This year, the legislature has a short session, 35 days, so not a lot gets done. The biggest topics are budgetary and changes to the Drug Addiction and Recovery Act (Measure 110). There will probably be a bipartisan effort to rewrite it, to make public use criminal and increase treatment options.

Robert sent an email this morning with the following links:

- Overview:
<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/279277>
- LC 282
<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/279273>
- LC 283
<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/279274>

Robert welcomes feedback from the RHCC on all of these. Every year, groups lobby to be in the tax credit program, and the legislature tries to figure out ways

to keep costs down; for instance, Optometrists and CRNAs must be on staff at a rural hospital to qualify for the program.

So far, legislators seem to be getting along and not threatening walkouts. March 12 is the filing deadline to run for legislature, and several are unable to run because they had more than ten unexcused absences, and that is in the courts now. This will become a significant issue, as will legislation regarding women's health and gender affirming care.

b. NRHA Policy Institute

The week of Feb. 10, Robert will be in DC with Stepha Dragoon, Allison Whisenhunt, Jennifer Little. They will have meetings on Monday, Feb 12, the policy conference on Tuesday, Feb 13, and Capitol Hill visits Wednesday, Feb 14, with congressional staffers and perhaps some members. The Senate is not scheduled to be in session, but that means we will get more time with their staff.

IV. RHCC member reports 10.23

Kim Lovato: There is not much going on with OSPA so far, though they are meeting next week.

Ana Velasco: Nothing to report

Ray Hino: On Feb 26, the Hospital Association will be meeting in Salem; Robert Duehmig has been invited, and the new director for OHA will be there. Topics are A.I. in healthcare, OHA's vision and goals for behavioral health in Oregon. HB 3320 passed in the last session, concerning hospital financial assistance for patients. Ray is on the Rules Advisory Committee, and on its agenda are prescreening, appeals process, and data collection. The new regulations are intended to require hospitals to screen every patient for financial assistance. Hospitals want an opt out for patients, in which the hospital would tell you that it is required to screen you for financial aid and get into financial history, do you want to opt out?

Allison: An unintended consequence might be that some patients would fear that if they don't opt out, they won't get the same services. Also, as of now, clinical staff do not know about their patients' financial circumstances, and they should not.

Kristin Plunkett: The naturopathic association has no legislation proposed for the short session and is focusing on getting its members to develop relationships with legislators. The big issue in GP is the provider shortage; it takes 12 – 15 months for people to see their provider. Grants Pass passed a law banning unhoused people “from using a blanket, pillow, or cardboard box for protection from the elements.” The Ninth Circuit ruled that the law violates the Constitution’s prohibition of cruel and unusual punishment, and the U.S. Supreme Court has granted certiorari.

John Begert: The Board of Pharmacy considered changing the naming practice for collaborative practice agreements, which raised a concern by pharmacists for whom collaborative drug therapy management is critical to their practice and allows them to practice at the top of their license. Pharmacists have roles with PREP and COVID tests/care/recommendations; they are not “diagnosing” conditions but were able to apply knowledge and skill to make recommendations. So that remains as it has always been.

John teaches AHEC scholars, elective on various areas, and is looking for someone to present about what it is like to work in rural. Ideas? Volunteers? April 14, 3:45 pm. It would be speaking with five students, who generally prefer virtual to live interactions.

Allison Whisenhunt: With the ice storm, no transfers were possible for the record number of fractures, and even after it settled down in Clatsop County, Portland was a mess and Portland hospitals were not accepting transfers.

Clatsop County got government funding for housing, so there has been a lot of activity around temporary shelters and encouraging landlords to give people second chances. Clatsop County has the highest homelessness rate per capita in Oregon. OHA has mandated that screening for SDoH is a new metric, but there is a lot of heartburn about not having resources to refer people to, when needs are identified. Substance use treatment is a real equity issue in rural areas because the facilities that accept Medicare and Medicaid are not in the community. Rather, the community has private pay facilities that take people from outside the area. Last, Oregon does not require nurses to get CEUs, one of the few that has that rule, but it does seem like it would be a good idea to require nurses as well as other providers to keep current with their training.

Ray Hino: requests that Allison send out information about the SDoH screening.

Kristen Plunkett: Kristen has enjoyed serving on the RHCC, but especially since her community will no longer be considered rural, it is time to step down. She is working on finding another naturopath for her position.

V. Old Business - none 10:49

VI. New business/public input 10:49

Robert: wants to make sure that on the topics raised by RHCC members, we bring in some outside folks to address issues, such as representatives from the Governor's Office, or the legislature, after the session? Robert would get specific questions in advance so we can prepare the person for our meeting. As another example, a pharmacists' group worked with the Roundhouse Foundation on a network grant and a [rural pharmacies report](#). Kim Lovato is working on a project with the School of Graduate Psychology and may have useful info to bring.

National Rural Health Day is November 21, 2024, and it would be good to do something as a council this year. Assignment for the RHCC: come back with three ideas for your community to celebrate NRHD. Go big; we can always scale back. There is no reason we don't have city councils in all towns that pass proclamations honoring NRHD. There might be activities at schools that we could support. We could probably get the Oregonian or OPB to highlight activities in rural areas. There may be health care students in non-rural areas who might have a reason to promote it too.

VII. Adjourn 11.08