Rural Health Coordinating Council
Draft Minutes
January 17, 2025

I. **Call to order** – Kim Lovato, Chair

a. Roll call and introductions 9:02

John Begert, Oregon Board of Pharmacy;
Kim Lovato, Oregon Society of Physician Associates;
Allison Whisenhunt, HSA 1;
Jennifer Little, Coalition of Local Public Health Officials;
Chuck Wardle, Oregon Optometry Assn
Jamie Daugherty, Oregon Association for Home Care
Melissent Zumwalt sitting in for Eric Wiser, OHSU/AHEC

Ana Velasco joined at 10:32 a.m.

ORH Staff: Robert Duehmig, Laura Potter, Stephanie Sayegh, Joan Field

b. Approval of agenda – no quorum

c. Approval of January/April minutes -no quorum

II. **ORH Updates**

a. Grant Updates

ORH is working on the NCC (non-compete continuation) State Office of Rural Health (SORH) grant, due March 3rd. The SORH grant is our base grant and requires a 3:1 match of non-federal dollars. HRSA has released a grant to expand services in rural; applicants are required to notify ORH. ORH will follow up w/ applicants to talk about their applications and how various groups might be able to work together on future grants. ORH is applying for this grant with the Oregon Coalition for Mobile Integrated Health, with a focus on Wheeler County. The grant will focus on community paramedicine as an approach to care for people before they are in an emergency condition. Currently, the Coalition is all volunteer, and the grant would provide funds for some staff time, as well as CE for volunteers so they can maintain their certifications. We are currently assisting applicants by connecting them with other partners in the state who may be working on similar issues. Training, networking, planning, implementing focus.

Jennifer Little: suggested volunteer firefights who are not working during fire season, could be a potential recruiting target.

SHIP Grant
Stephanie Sayegh, ORH Program Manager, has been working on the NCC (Non-Compete Continuation) SHIP grant (Small Hospital Improvement Grant). There are 31

SHIP qualified hospitals in Oregon, CAH and rural PPS. This year, there are 28 that have agreed to participate. This year, hospitals have the capacity to do pooled options; ORH has reached out to four vendors that offer services that are covered by the grant: Stratis Health, Health Care Safety Solutions (simulations), Wipfli, and Wintergreen (financial health) are the vendors. We will support the hospitals to try to reduce the administrative burden that comes with the grant.

b. Workforce

ORH has begun a new IGA (Intergovernmental Agreement) with the OHA. The new IGA includes expanded loan repayment to include the previously administered Behavioral Health Loan Repayment plan. The Behavioral Health LRP application period is open and to date, 30 applications have been received. It is expected there will be a large applicant pool. We are also opening loan repayment for dental practitioners, including hygienists and another classification. The lower you go in the licensure process, the harder it is to easily track people.

c. Events

i. Quality Workshop - Seaside
ii. Forum on Rural Population Health & Health Equity will be held in Seaside.
iii. Rural Health Conference- October 1-3, 2025, Riverhouse. RFP will be posted. Hoping to have a focus on how health is part of the larger rural community, and looking at k-12 as future of health care provider shortages.

d. Communications

The yearend report will be coming out at the end of January. ORH has been doing calendar year reports. OHSU has asked all departments to do reports by fiscal year. This will be a transitional year.

III. Legislature & Policy update

a. Federal Updates

The week of February 8th, the NRHA Policy Institute will take place in DC. There will be a daylong meeting with federal agency folks, then meetings with the Oregon delegation. Dan Griggs CEO of Wallow Hosptial, Meredith Lair, Director of the NE Oregon AHEC, Sarah Andersen and I will be attending. We give each member of the delegation information on our programs, including impacts on their communities, as well as information on bills that are important for rural health. We include maps to show the health facilities in their district, and we offer to organize town halls for them in their districts.

Rep. Cliff Bentz is now on the Energy & Policy Committee, the House committee that oversees health care. Sen. Wyden is the ranking member of the Senate Finance Comm., which oversees healthcare in the Senate.

The Senate is working on Cabinet nominations; HHS Secretary nomination, Kennedy, will affect us greatly. The 2025 Budget Continuing Resolution expires on March14th. Congress will have to agree on a budget for the remainder of this year or there could be a government shutdown. 2026 budget negotiations will begin in April.

The Securing Our Rural Schools Act was not included in the CR passed in December. This bill supported rural schools in rural and frontier communities. 30 of Oregon's 36 counties benefited from this legislation. This could mean huge cuts in rural school districts. Our rural schools are key to growing our own health care workforce as well as attracting and retaining providers.

Medicare and Medicaid: The administration is looking to make major cuts and will be looking at ways to save money with the Medicare and Medicaid programs. The hae spoken favorably about Medicare Advantage which is not beneficial for rural, but may be a way for legislators to claim they are supporting Medicare. Medicaid is the primary funder of a lot of elder care. Congress cannot fund the tax credits they intend to extend without cutting Medicare, Medicaid, SNAP benefits, etc. Coverage for undocumented immigrants, issues with Public Charge requirements. Reluctance to seek health care means later diagnoses and results, such as bird flu, which will facilitate spread. Renewing Affordable Care Act subsidies may also affect rural.

Jennifer Little: In the public health realm, people are very concerned about vaccine and reproductive care, maternal care. OHA very aware of the need to prepare for likely changes and their effect. Mifepristone access will be back before the Supreme Court as cuts to other programs supporting public health.

b. State Legislative Updates

Changes in leadership in the Oregon legislature. On the Senate side, Daniel Bonham is the minority leader; Kayse Jama is the new majority leader. On the House side, Julie Fahey, is the speaker of the house, Ben Bowman is the majority leader, and Cristine Drazan is the new minority leader. Interested in corporate takeover of health care systems. Christine Drazen has served as minority leader before, may be challenging partner for Fahey. Dems have supermajority in both chambers, meaning they do not have to have any republicans to pass legislation, including taxes.

Major expenditures are needed this year. Dept of Transportation is requesting a lot of money for the bridge to Vancouver. There is a $1.2 billion education budget and at least $500m for housing. Wildfire expenses are rising, and the budget has not covered it in the past. We have a new State Economist, who has a new method for forecasting.

Rural workforce, not just in health care, will be a big issue. We think we might be able to get an additional $5 – 7 million for mental health initiatives. There are some on-call minimum wage issues coming up, some 340(b) issues, home health, and the provider tax. On the tax credit and medical malpractice insurance subsidies. As you may recall, Grants Pass fell out of "rural" status, and we worked with OHA to revise the

requirements so that they continue in each program. We do not know if this will come up as an issue for the legislature.

IV. RHCC member reports

Jamie Daugherty

Oregon Assn for Home Care updates: at the federal level, MEDPAC ?, the Medicare Advisory Committee, is advising Medicare to reduce reimbursement rates because they think the profits are too high. What's really happening is that corporate home health orgs are really skewing the data; those are urban, not rural. Jamie met with Wyden a couple of years ago to show him what the profit margins (or loss margins) really are. On the state side, there are two bills now, a staffing bill in the Oregon House that is directed at home health. Harder for home health to see as many patients per day as compared to hospitals, because of travel. ONA is pushing the bill; pushing nurse's union agenda into non-union facilities. Jamie is the only home health in her county, so that if they are penalized and fined, the financial and administrative burdens are huge. Likely new lobbyist: Sean Gillens (phon)

Workplace Violence Bill – includes Home Health & Hospice. Swept HHH into the bill and clearly have no idea how HHH works. Background checks on everyone who could be in the home – neighbors, even. Hard enough to get into some homes without asking for SSNs.

CR did include face to face meetings so that is expiring in March as well.

Compact Licensing for Nurses: Oregon Nursing Board does not want this because of the loss of revenue from licensing dues, estimated at $800,000. CA required 30 CE hours; Oregon requires some CE on diversity and suicide prevention, but does not have as extensive requirements.

Certificate of Need for hospice will be coming, and Jamie is trying to get one added for home health.

Corporatization of home health is happening too: Providence and Signature Home Health are selling to private corporations. This means a membership crisis for her association. The corporations see no need to be part of it, or have no interest. Signature left, Providence renewed for another year.

The Home Health Association is looking for an executive director, so please send possible candidates her way.

John Begert

Board of Pharmacy is also looking for an executive director, ideally a pharmacist from rural or underserved areas.

On the education side, and how curricula can expand patient access, ACPE is coming out with new standards in 2025, in agreement with the national board. One change is for pharmacists to have a larger role in physical assessment and diagnosis. Education of

pharmacists on common conditions so that they can quickly identify and treat common conditions, like an intranasal steroid or vaccines or antibiotics for an infection. Allergies might not be listed in your chart, but might still be a presenting problem.

It is important to consider the CMS perspective, and its recognizing pharmacists as providers, and can practice at the top of their license.

Allison Whisenhunt

Allison has similar concerns about the privatization of health care and its impact in her area.

The Providence strike is having a major impact on their ability to transfer patients, and is a divisive issue in the community.

The safety questions in the CMS questionnaire are very vague, like "Does anyone in your home yell at you?" Once a patient is 65, a positive response triggers reporting issues. There are people over 65 who are offended and put off.

There is an OHA and CCO metric that focuses on codes that providers are not going to want to use, though the intent is good. (Allison, please expand – I was not really following.)

Ana Velasco

In Umatilla and Morrow counties, there are many new immigrants from Guatemala, and they are filming a video about vaccine hesitancy, in English, Spanish, and some other languages that do not use written communications.

Melissent Zumwalt for Eric Wiser

Jamie Montgomery is the new AHEC director in Lebanon. AHEC Oregon recently received a notice of award from OHA for summer programs for pathways programs around the state, and will have a presence at a Portland expo that includes students from around the state.

Upcoming initiatives: this is Oregon AHEC's 35th anniversary, and will be celebrating with outreach to legislators and others. They are in year 3 of 5 of their HRSA grant; applying for another grant to offer scholarships to OHSU MD and PA (?) students.

Jennifer Little

https://oregonclho.org/advocacy/clho-legislative-priorities

CHLO can and will advocate for $25M for upstream prevention, which is the bread and butter of public health. There is also a proposal for an alcohol tax, which would help. Also, WIC and nursing visiting programs are unsustainable and important; and then equity-centered pathways for training in local public health workers, aiming to get a more diverse workforce.

CHLO's lobbyist, McCormick, will be supporting this as well.

On the claimant side, they are having a meltdown at their FQHC, which serves about 11,000 patients, so either Sky Lakes will have to absorb those patients or there will be nowhere for them to go.

There is a major shortage of medical examiners in the state; creates issues with timely death certificates, affecting life insurance claims, utility transfers, and so on. There is a statute that says if the state cannot provide a medical examiner, it falls to public health. We need to educate doctors about how to become a medical examiner and help them through the process. It's a tough job; might have to go out in the middle of the night to complete a certificate and then having your full day in a clinic. Kim: thinks NP or PA can certify cause of death. Joan is an MDI, which she did to support law enforcement department; their DA is also an MDI, and other law enforcement officers are as well. Requires course and continuing education, but you don't have to be an MD, NP, or PA. After MDI does their job, which is the most burdensome, then the Medical Examiner has to have a role as well.

Kim Lovato

Pacific University had a three-year grant for fellowships for PAs in mental and behavioral health; they had three, one of whom stayed in Oregon, in Hillsboro. The grant program has ended. She is working with the PA school so that preceptors can work with Kim. She doesn't handle schizophrenia or bipolar mania, but sees a lot of ADHD, depression, and anxiety. Kim has some truly vulnerable patients with a lot of medical problems, so she is expanding to the PA school, to encourage more behavioral medicine to those focused on becoming PCPs.

V. Old Business

VI. New business

RHCC topics: for the next meeting, what would be the members' priorities – legislative, policy, other?

VII. Announcements

Next meeting: April 18, 2025

VII. Adjourn – 11:25