

Rural Health Coordinating Council  
Draft Minutes  
January 16, 2026

Time	Agenda Item	Presenter(s)
9:01 am – 9:23 am	<p><b>1. Call to order: roll call, introductions, approval of agenda and minutes</b></p> <p>Raymond Hino Jennifer Little Deb Bartel Jon Cabrera Jamie Daugherty Dr. Nathan Hamm Dr. Nigel Jagoo Yona Koo, PharmD Dr. Mona McArdle Brooke Pace Dr. Eric Wiser</p> <p>Pending members: Amanda Roy, PA-C Dusti Linnell, PhD Sharon Davis</p> <p>Non-voting MSW representative: Allison Whisenhunt, LCSW</p> <p>ORH Staff: Robert Duehmig, Laura Potter, Maggie Tidmore, Sara Mishalanie, Sarah Andersen and Melissa Varnum</p>	Raymond Hino, Chair
9:24 am	<p><b>2. Public comment</b></p> <p>No public comments or written testimony was received for this meeting.</p>	TBA
9:25 am – 10:00 am	<p><b>3. Members gave the following updates:</b></p> <p>Allison Whisenhunt gave an update on the wait time for mental and behavioral health patients and transportation.</p> <p>Jennifer Little gave an update on public health funding: <a href="#">OHA proposed cuts 2026</a>. She also said CLHO's legislative priority is simply asking for no reductions in PH funding.</p>	RHCC members

	<p>Jamie Daugherty gave an update on home health care.</p> <p>Nigel Jagoo gave an update on the responsibilities of physicians when ICE agents come to medical facilities.</p> <p>Mona McArdle referenced CME session by Providence on legal obligations for ICE in medical facilities.</p> <p>Jon Cabrera gave an update on a new facility in Boardman.</p> <p>Nathan Hamm gave an update on the dental plans and suggested modifications, as well as workforce challenges in dentistry, and the administrative burdens for caring for OHP patients.</p> <p>Yoona Koo reported that Medicaid will not cover GLP-1 with a diagnosis of obesity alone, which does not help the many rural patients who are heading toward diabetes and other obesity related conditions.</p> <p>Mona McArdle reported that AI and downcoding have been critical issues for the OMA.</p> <p>Raymond Hino reported that in the short legislative session, they want to make some headway with presumptive eligibility, a law that requires hospitals to qualify patients for financial assistance without their knowledge, which has had a deleterious effect on hospital finances. Most hospitals are losing money or barely breaking even.</p> <p>Deb Bartel reported that in her community, there is a new organization that is adding a payment level and added expense. In the short session, they hope that the legislature can deal with it. No-shows are 30% because of fear of ICE and are also cancelling insurance lest it be used against them.</p>	
10:00 am – 11:24 am	<p><b>4. Oregon Health Authority (OHA) Rural Health Transformation Program (RHTP) updates</b></p> <p>Steph Jarem, director at the Office of Health Policy at OHA, presented on the background of the RHTP and reviewed the role of the RHCC as an advisory body. <a href="#">View the slides here.</a></p> <p>RHCC members' remarks about the role of the RHCC regarding RHTP:</p>	Steph Jarem

	<p>Raymond Hino: Pleased to see OHA's focus on rural health care and on supporting the people who are really doing the work; question about conflicts of interest for members of the RHCC, since they are all in rural health care.</p> <p>Steph: Has discussed with DOJ, and they are very committed to avoiding conflicts of interest.</p> <p>Robert Duehmig: Acknowledging that RHCC normally meets only four times per year, and that we may need to add additional meetings, including perhaps one in person.</p> <p>Jennifer: RHCC could possibly convene people who would be qualified to assess grant applications.</p> <p>Robert Duehmig: The RHCC has the ability to add nonvoting members to the council, which could be helpful in assessing applications.</p> <p>Raymond Hino: Access to primary care providers is a top priority, so rural residencies could make a difference in adding PCPs to rural areas too</p> <p>Eric Wiser: Concerned that when we train medical providers in Portland, where there is also a shortage, it's very difficult to get them to transfer to a rural environment.</p> <p>Deb Bartel: Would like to explore ways to help patients take more control over their health by providing products or services that are not covered by insurance, with an example of diabetes-monitoring products that they can engage with.</p> <p>Mona McArdle: Focus on the grow-our-own approach to getting more kids from rural areas into health care training, since those who grew up in rural are more likely to stay or return there.</p> <p>Amanda Roy: Funding to support rural health tracks for students in health professions could make a very significant difference.</p> <p>Steph Jarem: Cannot use RHTP funds for loan repayment or forgiveness, but possibly there could be no-cost training programs.</p> <p>Jamie: Home health and hospice have shrunk lately, mostly because of federal funding, but also, finding medical directors for hospice are required to see patients in person, which means that it is very challenging in rural areas to get to their homes.</p>	
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	<p>Steph Jarem: End-of-life doulas could potentially be covered by RHTP funding; not the same as hospice, of course.</p> <p>Raymond Hino: School-based centers are on the list; about five years ago, there were no school nurses in Bandon, but due to a partnership between the hospital and the school district, they are there now. This also helps kids learn about health care careers beyond doctors and nurses.</p> <p>Sharon Davis: In Harney County, there are people who already drive 100 miles to get to health care, so they are very hopeful that the RHTP will help them stay afloat.</p> <p>Jennifer Little: There is a new tobacco advisory committee being formed, and the governor's office did a great job helping them find the right people for the committee. Could use similar strategy for reviewers.</p> <p>Steph Jarem: Her biggest worry is about getting the dollars out in time, especially given the likelihood of a large number of applications. OHA cannot review thousands of applications. Supporting and managing the program effectively will be a challenge.</p>	
11:28 am – 11:39 am	<p><b>5. ORH updates</b></p> <p>Legislative session: starts Feb. 2, ends March 8. Revenue forecast due February 4.</p> <p>To meet additional RHTP responsibilities, the RHCC will need to consider monthly meetings. Staff will send Doodle poll.</p> <p>Melissa Varnum, MIH program coordinator was introduced as newest ORH staff member</p>	Robert Duehmig
11:39 am – 11:41 am	<p><b>6. Announcements and future agenda items</b></p> <p>An in-person meeting for the RHCC at the Oregon Rural Health Conference would be a great opportunity to solicit public input.</p> <p>RHCC member emails will come from <a href="mailto:RHCC@ohsu.edu">RHCC@ohsu.edu</a>.</p>	Raymond Hino and RHCC members
11:44 am	<b>Adjournment</b>	