

Rural Health Coordinating Council
Draft Minutes
February 20, 2026

Time	Agenda Item	Presenter(s)
10:00 am – 10.10 am	<p>1. Call to order</p> <p>A. Roll call</p> <p>Raymond L. Hino, Chair, Oregon Hospital Association Mona McArdle, Oregon Medical Association Nathan Hamm, Oregon Dental Association Brooke Pace, Representative of Communities Less than 3500 Amanda Roy, Oregon Society of Physician Assistants Deb Bartel, Health Service Area 2 Dusti Linnell, Health Service Area 1 Sharon Davis, Representative of Communities Less than 3500 Yoona Koo, Oregon State Board of Pharmacy Katie Caba, Oregon Health & Science University Joan Watson-Patko</p> <p>ORH Staff: Robert Duehmig, Sarah Andersen, Laura Potter, Maggie Tidmore, Sara Mishalanie</p> <p>Also present: Steph Jarem and Yudi Liu, Oregon Health Authority (OHA)</p> <p>B. Introductions C. Approval of agenda - unanimous D. Approval of minutes - unanimous</p>	Raymond L. Hino, Chair
10:10 am	<p>2. Public comment</p> <p>No public comment was submitted for this meeting</p>	Members of the public
10:11 am – 11:30 am	<p>3. Rural Health Transformation Program (RHTP) Updates</p> <p>OHA staff presented on updates to the RHTP. The slides can be found here. Yudi Lui concluded the update with five discussion questions for the RHCC to respond to:</p>	Steph Jarem and Yudi Liu, OHA

	<p>What should RHTP consider when determining eligibility, award limits, and other parameters?</p> <p>How can RHCC raise awareness and share information about Catalyst Awards within their networks and communities?</p> <p>Should there be a collective statewide vision for rural healthcare, or should it be determined region-specific?</p> <p>How can participants and communities be aligned and held accountable to that vision?</p> <p>How might RHTP leverage RHCC's statutory obligations to guide regional conversations and planning?</p> <p>Raymond Hino commented that he was pleased to see that OHA had included the RHCC in an advisory role, as his hope was that the RHCC could help to ensure that the RHTP funds went to rural providers and rural communities as opposed to urban centers and large medical centers. He said his preference on the eligibility, award limits and parameters was that OHA would consider awarding smaller award amounts to as many rural communities as possible, instead of a fewer number of large awards.</p> <p>Deb Bartel suggested that perhaps the applications could include a question discussing whether projects are transferrable to other areas after implementation.</p> <p>Raymond Hino mentioned that ORH has done a great job of creating awareness of the Catalyst awards.</p> <p>Nathan Hamm talked about pathway programs at Umpqua Community College and with the Cow Creek Tribe, that are excellent, and that should be shared with other communities.</p> <p>Raymond Hino said that he thought that the vision should be both statewide and region-specific.</p> <p>Yoona Koo: For smaller communities, smaller grants might be more appropriate and effective.</p> <p>Sharon Davis: Only 4% of rural high school students go into medical fields</p>	
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	<p>Katie Caba suggested that she would like to see accountability, listening to communities, and being culturally humble.</p> <p>Deb Bartel: It is easier to come up with an application if you are a huge hospital system, so grant TA needed for smaller entities</p> <p>Amanda Roy suggested a way to think about accountability: organizations often get money in phases upon proof of accomplishment before additional funding is released. Counterpoint: for small organizations, it's important to get all the funding released early, for effective hiring and implementation.</p> <p>Robert Duehmig said that there is no RHCC statutory obligation to provide regional conversations. It is more of a statewide body, but that does not mean that RHCC cannot create a mechanism for regional conversations.</p> <p>From Joan Watson-Patko: How much is being looked at/weighed with these projects to sustain beyond the 5 years? It may be very challenging for certain projects and organizations to sustain beyond the RHTF, and therefore to really do something transformational in these rural communities.</p>	
11.40 am – 11:45 am	<p>4. EMS/Mobile Integrated Health Program Presentation</p> <p>Sarah Andersen gave a presentation on mobile integrated health. The slides can be found here.</p>	Sarah Andersen, ORH
11:55am – 12:00 am	<p>5. Member updates & discussion</p> <p>No member updates for this meeting</p>	RHCC Members
12:00 pm	Adjourn	