

Rural Health Coordinating Council
Draft Minutes
May 15, 2026

Time	Agenda Item	Presenter(s)
10:00 am – 10:13 am	<p>1. Call to order</p> <p>A. Roll call</p> <p>Raymond L. Hino, chair, representing Oregon Hospital Association</p> <p>Jennifer Little, co-chair, representing Conference of Local Health Officials (CLHO)</p> <p>Sharon Davis, communities less than 3500</p> <p>Deb Bartel, Health Service Area (HSA) #2</p> <p>Rebecca Chown, Oregon Optometric Association</p> <p>Brooke Pace, communities less than 3500</p> <p>Nathan Hamm, Oregon Dental Association</p> <p>Mona McArdle, Oregon Medical Association</p> <p>Jaime Daugherty, Oregon Association for Home Care</p> <p>Non-voting members: Katie Caba, Allison Whisenhunt, Joan Watson-Patko</p> <p>Staff: Robert Duehmig Sarah Andersen, Nicole Bales</p> <p>Also present: Casi Wilson, Healthcare Safety Solutions</p> <p>B. Introductions: Robert introduced Nicole as a new ORH staff member supporting communications for the Oregon Rural Health Collaborative</p> <p>C. Approval of agenda Sharon moved, Deb seconded, no discussion, unanimously approved.</p> <p>D. Approval of minutes Sharon moved, Jaime seconded, no discussion, unanimously approved.</p>	Raymond Hino, Chair
10:15am – 10:30 am	2. Public comment	No public comment received

<p>10:13 am – 10:48 am</p>	<p>3. EMS simulations</p> <p>Casi Wilson discussed Healthcare Safety Solutions and how they partner with hospitals, EMS agencies and health care professionals on emergency medical simulation training.</p> <p>Healthcare Safety Solutions was a recipient of Oregon’s Rural Health Transformation Program's (RHTP’s) first Immediate Impact Awards to deliver up to 12 emergency medical services simulations.</p>	<p>Casi Wilson</p>
<p>10:48 am – 11:34 pm</p>	<p>4. ORH updates</p> <p>A. RHTP regional map</p> <p>Sarah gave an update on the RHTP and the aspects ORH is involved with. ORH is contracting with OHA to be the intermediary to provide Direct Awards to rural hospitals and certified rural health clinics (RHCs). Each of the state’s 35 rural hospitals can receive direct grants, with a total of \$35 million expected to be provided this year. Each RHC can receive direct grants, with a total of \$10 million expected to be provided this year. Oregon currently has 100 certified RHCs. Sarah described the rules and caveats that come with these grants. Once budgets are approved by OHA, ORH will enter into scopes of work with each facility and through a larger contracting process to ensure reporting expectations, projects and deliverables are outlined. She noted the difference between the Direct Awards and the Catalyst Awards, which ORH is not helping manage.</p> <p>ORH will also support RHTP by facilitating regional collaboration and providing technical assistance to organizations that are planning or implementing rural health projects.</p> <p>As part of the regional collaboration facilitation, ORH will be responsible for organizing regional convenings at eight loosely defined regions. Each of those regions will have one in-person meeting before the end of September to identify challenges and priorities. There will be four in-person meetings per region, interspersed with virtual meetings in year two that will focus on planning.</p>	<p>Sarah Andersen & Robert Duehmig, ORH</p>

	<p>Below are the counties that have been grouped, but there will be fluidity based on function once scheduling starts for the regional meetings:</p> <p>Region 1: Columbia, Clatsop, Tillamook and Lincoln counties.</p> <p>Region 2: Hood River, Wasco, Sherman and Gilliam counties.</p> <p>Region 3: Wallowa, Union, Umatilla, Morrow, Grant and Baker counties.</p> <p>Region 4: Jefferson, Wheeler, Crook and Deschutes counties.</p> <p>Region 5: Lake, Harney and Malheur counties.</p> <p>Region 6: Curry and Coos counties.</p> <p>Region 7: Douglas, Josephine, Jackson and Klamath counties.</p> <p>Region 8: Lake, Linn, Benton, Polk, Marion, Yamhill, Washington and Clackamas counties.</p> <p>B. RHTP staff hirings Sarah said ORH is in the process of hiring team to support the RHTP work, including a program manager, a technical assistance specialist and a communications specialist.</p> <p>C. Federal updates Robert shared an update on what is happening at the federal level and flagged a variety of factors that may impact rural health funding in Oregon.</p>	
<p>11:34 am – 11:50 am</p>	<p>5. Member updates</p> <p>Raymond Hino: The Hospital Association of Oregon, which he represents, is also hosting regional convenings throughout the year, starting with Eugene a couple of weeks ago. Hospital representatives from the region were invited, and Attorney General Dan Rayfield and Rep. Julie Fahey attended to hear directly from attendees. He noted that he and the association are concerned about the rate controls proposed by the state Committee on Health Care Affordability.</p> <p>Deb Bartel: The Oregon Healthcare Leaders Association is starting to convene smaller health clinics to find ways small employers can access better health insurance plans.</p>	

	<p>Allison Whisenhunt: Allison shared that the unionization of OHSU NPs and PAs has led to concerns about access to primary and specialty care on the North Coast. She also highlighted the billing sustainability work Connected Care for Older Adults in Hood River has been doing around community health workers.</p> <p>Jamie Daugherty: Jamie shared an update on the recent Medicare moratorium on all new hospice and home health facilities in response to the targeted fraud that has been identified. She said the industry is concerned about the impact on a state and national level, particularly in rural communities.</p> <p>Mona McArdle: OMA is addressing maternal health and morbidity, among other priorities, and is reaching out to medical sites to get their input on how recent changes are affecting them. She also said that various groups in Southern Oregon have been working collaboratively to come up with strong, coordinated applications for the RHTP.</p> <p>She also noted that a local hospital system chose not to renew a contract with providers working in a neonatal intensive care unit, opting for more locums. She said it is a disruption for patient care and mirrors a trend, pointing to the recent news about the Eugene emergency physicians' successful legal battle that prevented a corporate takeover of their contract by a national staffing firm.</p> <p>Jennifer Little: Jennifer noted that local public health authorities have received direct awards from the RHTP, which has been top of mind for county health departments and others.</p> <p>Katie Caba: All the Oregon AHEC centers are busy planning pathway programming, including health care career exploration summer camps.</p>	
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