

**Rural Health Coordinating Council
Draft Minutes
July 19, 2024**

- I. **Call to order** – Kim Lovato, Chair
- a. Roll call and introductions

Brooke Pace, Wallowa County Health District;
John Begert, Oregon Board of Pharmacy;
Ray Hino, Oregon Hospital Association;
Kim Lovato, Oregon Society of Physician Associates;
Eric Wiser, OHSU/AHEC;
Allison Whisenhunt, HSA 1;
Jennifer Little, Coalition of Local Public Health Officials;
Chuck Wardle; and
ORH Staff: Robert Duehmig and Laura Potter

- b. Approval of agenda – unanimously approved
- c. Approval of January/April minutes - unanimously approved

II. **ORH Updates**

- a. Grant Updates

ORH has received the State Office of Rural Health (SORH) grant and Medicare Rural Hospital Flexibility Grant (Flex) grants that we applied for. SORH is a continuing grant; FLEX was a competitive grant, meaning we are starting a new five-year cycle.

ORH is developing a community health worker (CHW) peer network this year to increase statewide support for CHWs. This is similar to the quality network we have among CAHs throughout Oregon. We will also be developing peer networks with CAH CEOs, CNOs and CFOs to increase sharing of ideas, experiences and increase communication and cooperation.

ORH is also creating a Health Equity cohort, to bring population health and quality together, starting next year. Flex grant can support hospital-owned RHCs, so we will be able to provide some support to those RHCs as well via Flex.

ORH is waiting to hear about the EMS supplemental grant via the Flex program. If awarded, the grant will allow the office to focus on rural EMS workforce. If this grant does not come through, it will require a full review of EMS assistance the office currently provides.

Listening sessions about maternal and child health, focused on the reality that more and more births will be at home and will involve EMS calls.

b. Staff Updates

ORH has signed a new intergovernmental agreement (IGA) with the Oregon Health Authority (OHA) for continued administration of rural provider incentive programs. With this new IGA, ORH will be hiring two additional staff to support the work. A Program Tech-1 and Administrative Coordinator position have been posted. It is hoped to have the positions hired and onboarded no later than Sept. 1.

Stacie Rothwell, Program Manager for Quality has announced her retirement effective August 31. Stacie has been a true asset to the office, and she will be greatly missed. This position should be filled by Sept. 1st.

c. Workforce

Intergovernmental Agreements

ORH has begun a new IGA with the OHA. The new IGA includes expanded loan repayment to include the previously administered Behavioral Health Loan Repayment plan. It also includes new oral health providers as participants. 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.

Also opening incentive programs for dental practitioners, including hygienists and another classification. The lower you go in the licensure process, the harder it is to easily track people.

d. OHSU Financial Situation

OHSU recently laid off around 400 positions. ORH was not directly impacted by the layoffs. It has been a very stressful period for the office and staff.

Jennifer Little inquired about how state offices are set up across the country and if ORH would be better to change its structure.

Robert Duehmig explained that three SORHs were standalone nonprofits (Michigan, Colorado, South Carolina), twelve were housed at universities and the remainder were part of state government. ORH was part of the state government until it was moved to OHSU in 1989. He said that ORH is positively positioned at OHSU with the overall support it receives through administration, grants, management and technology. Additionally, it allows the ORH to work closely with the Oregon AHEC program at OHSU.

Kim Lovato stated that the RHCC is a legislatively mandated advisory body that supports the work of the ORH. She asked the RHCC members to work with her on a letter to OHSU, reminding them of the important work of the ORH for rural Oregon and the importance of continuing to support the office.

The council agreed.

e. Events

i. Quality Conference (Workshop)

Conference was held in Bend in June at St. Charles. Ray Hino and Brooke pace both attended. Each spoke of the great range of speakers and useful conversations among people within the same scope of work. Strong subject matter experts presented on regulatory changes and rules in CAHs and rural facilities.

ii. Forum on Rural Population Health & Health Equity

2024 was a virtual forum with strong attendance, including people from out of state and staff from the Federal Office of Rural Health Policy. 2025 will be held in Seaside. RFPs for sessions will be posted in late fall.

iii. Rural Health Conference- October 2-4, 2024, Riverhouse

Wednesday, Oct. 2 will have CAH CEO specific sessions. These are concentrated on the first day as the Hospital Association scheduled their annual meeting over the conference dates. Sessions will include a CEO network meeting, a focus on challenges and updates by the Federal Office of Rural Health Policy (FORHP). One Thursday session will include a deputy from HUD and USDA presenting on the effect of housing availability on rural health and health care. Michelle Rathman will be facilitating that discussion and part of her Rural Impact! podcast.

f. Communications

Social media for ORH is going well lately, especially LinkedIn. ORH is using it to market provider opportunities in Oregon.

III. Legislature & Policy update

a. Federal Updates

Washington has slowed a bit with party conventions taking place as well as summer break. ORH is working closely with the National Organization of State Offices of Rural Health (NOSORH) and National Rural Health Association (NRHA) on three important topic areas: SORH funding, Flex Reauthorization and RCORP Authorization.

SORH funding: We have requested an increase but believe that funding will remain the same. Considering the current political climate, that is a positive thing.

Flex Reauthorization: We hope to have a bill introduced in the next few weeks. The most likely scenario is it will be included in an omnibus bill at the end of the year.

RCORP Authorization: RCORP was not funded in the House budget but has been in the Senate. There is support for the authorization and we continue to work on sponsors.

b. State Legislative Updates

Currently working with various state legislators on rural health care workforce issues. Over the coming weeks, we will be setting up meetings with legislative members that will be returning to the next sessions. Remaining meetings will be set up after the November elections.

Likely to be a tighter budget in this biennium than the last and we do not yet know the Governor's priorities. OHSU and state agencies do include a proposed budget, but of 10-20% as part of our budget submission to the state. This is a regular part of the budget process and we do not expect to receive a cut at this time.

IV. RHCC member reports

Kim Lovato

Oregon has formally changed the name of PAs from physician assistant to physician associate. This is the first in the nation and became effective in June. This does not change the scope of practice for PAs.

Eric Wiser

Oregon AHEC is more fully staffed now than it has been in the last four years. The AHEC Scholars Program requires 80 hours of didactics. AHEC is using a program that lets them track which students are taking advantage of the curriculum offerings and will also be putting this on our website so anyone can see what AHEC Scholars have available.

Katie Caba is the new Education Director. Melissent Zumwalt came to AHEC from the VA's rural programming, and Nicole Bales is the new Administrative Coordinator. Gabe Andine is an MD/MPH and the faculty lead for the evaluation team for grants, like the HRSA grant that AHEC applied for but did not receive this year. There isn't a lot of public information about AHECs, which has probably affected the funding levels for AHECs.

AHEC partnered with OHSU Geriatric Department for a grant to help providers become more competent in the field of geriatrics; there will be an AHEC Scholars track and stipend focused on geriatrics and the age-friendly approach.

Andrew Jansen is a family physician who came from John Day, then taught medicine in Ethiopia, and is now in Hillsboro. AHEC may deploy him to pre-health societies in rural Oregon universities and schools. Andrew's mission is to keep Oregon students in Oregon for their health care training to maximize the chances that they will stay in Oregon.

Planning annual education day, Saturday, Sept. 21. Culturally specific diabetes care will be a focus.

Ray Hino

Oregon Hospital Association announced the 2025 Public Policy Agenda. Their first priority is to stabilize funds by focusing on Medicaid reimbursement; second to improve hospital checkout times. Katie Harris just sent out a bulletin about Narcan dispensing and listening

session. You can find registration information here: [OHA Listening Session on SB 1043: Dispensing Two-Doses of Opioid Reversal Medication at Discharge.](#)

Ray has been appointed to the Association Small and Rural Hospital Committee; Bay Area Hospital, the largest hospital on the coast, recently announced that they had hired a consultant to evaluate partnerships with health systems. They are concerned about financial viability unless they have a health system partner. Ray participated in a meeting with Brian Moore, Bay Area CEO, and they are optimistic that they will end up stronger through this process. His hospital is working with a consulting firm that works with hospitals on traditional and non-traditional partnerships, specifically a 35-year lease with Coast Community Health Center. Coast Community has had a lot of turnover recently. Ray believes a partnership will make both stronger, potentially sharing admin functions like accounting, IT, as well as supporting each other clinically.

Ray shared the following information:

The Hospital Association is hosting a listening session with OHA to provide technical assistance for implementation of SB 1043, which requires hospitals to dispense two-doses of an opioid reversal medication for those experiencing opioid use disorder upon discharge. The event will take place on Thursday, Aug. 1 from 12 p.m.– 1 p.m.

Those who would like to participate in this conversation will need to register at the following link:

[OHA Listening Session on SB 1043: Dispensing Two-Doses of Opioid Reversal Medication at Discharge.](#)

Allison Whisenhunt

Wants to support LCSW licensing reciprocity across states to help increase access to care. This would need to be done legislatively and while there is no current legislative to do so, we will continue to move the discussion forward. Columbia Memorial Hospital (CMH) has started MSW program and is currently mentoring students. State housing funding has come into the region and has funded two shelters; a year ago they had none. New nurse staffing law is challenging –trying to figure out tracking breaks and meals, varying daily census. Oregon Paid Leave is extending time off, along with staff shortage, is making it difficult for the hospitals meet requirements. Clatsop County will have a summit around STIs, testing and trauma-informed language. Developmental disabilities and health care decision-making are an issue; state-provided assistance is not helpful. Social Drivers of Health workflows are in process and are quite challenging; reporting requirements are painful to reconcile, federal and state.

Brooke Pace

In Eastern Oregon, working with small district hospitals to put together Oregon Ready research grant to address recruitment issues statewide.

Jennifer Little

OHA named its new PH Director, Naomi Adeline-Biggs. Public health directors are very pleased. Naomi was the CHLO chair and understands the challenges. CHLO is searching

for a new chair to replace Naomi. CHLO is working on a workforce development report; wages, positions most difficult to fill, to use in preparation for the next legislative session. Just participated in listening session with Representative Rob Nosse on improvements to CCO operations. He is collecting ideas for how CCOs can be more efficient or effective. If anyone has ideas and suggestions, please direct comments to him.

CHLO is also part of opioid settlement funds agreement for prevention. OHA money is going to treatment and recovery, but also prevention. Jennifer is an ambassador for determining where the money should go. Not all public health departments have opioid prevention programs. Focusing on rural equity – every county should have two FTEs for opioid prevention. Harm reduction is not prevention; this is further upstream.

Malheur County is hosting a rural health equity summit on Sept. 26, Dr. Hathi is their keynote speaker. Information can be found here: <https://malheurhealth.wordpress.com/2024/04/05/save-the-date-eastern-oregon-health-equity-conference/>

Fire season and smoke issues: different departments have pieces of the problem

It is fair season. Avian flu is spreading from birds to cows. Departments are working with local fair boards to help educate attendees of the importance of washing hands around animals. Also working with hospitals to continue testing for subtypes of flu to track the avian flu.

V. Old Business

VI. New business

Topics for future meetings:
Respective legislative agendas for associations
Discussion of rural population changes

VII. Announcements

Next meeting is: October 18, 2024

VII. Adjourn