



RURAL HEALTH ADVISORY COMMISSION

NEBRASKA OFFICE OF RURAL HEALTH
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DRAFT MINUTES of the

Rural Health Advisory Commission (RHAC)

Friday February 23rd, 2024

1:30 p.m. – 3:32 p.m.

Nebraska State Office Building

“Meadowlark” Lower-Level Conference Room

301 Centennial Mall South

Lincoln, Nebraska

- or -

Virtual Via Webex

1. Call Meeting to Order; Open Meetings Act and Agenda Posted/Available for Download; Adopt Agenda; Approve Minutes from November 17, 2023, Meeting

Chairman Marty Fattig called the quarterly meeting to order at 1:34 p.m. with the following members present: April Dexter, N.P. (remote); Marty Fattig; Michael Greene, M.D.; Jeffrey Harrison, M.D.; Kate Hesser, M.D.; Cherlyn Hunt (remote); Thomas Janousek (on behalf of Tony Green); Kate Kusek, D.D.S. (remote); Rebecca Schroeder, Ph.D; Myra Stoney; Timothy Tesmer, M.D.; Jeffrey Wallman, M.D.; Roger Wells, PA-C.

Mr. Fattig announced that the meeting notice had been posted to the DHHS website and sent out via email and USPS on February 9, 2024.* Handouts and meeting agenda were also posted on the DHHS website, with a link to these given on the agenda itself (<http://dhhs.ne.gov/Pages/Rural-Health-Advisory-Commission.aspx> - under “Documents”). Additionally, the Open Meetings Act and meeting agenda were posted outside the meeting room.

**Sent as usual to: NE Rural Hospital CEOs, NE Certified Rural Health Clinic Directors, NE Local Public Health Departments, NE Community Action Partners, NE Community Health Centers/FQHCs, NE Professional Associations/Organizations, NE State Senators, the Offices of the Governor and Lt. Governor, and other rural interested parties and groups.*

Roger Wells, PA-C moved to approve the February 23, 2024, meeting agenda and Jeffrey Harrison, M.D. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Greene, Harrison, Hesser, Hunt, Kusek, Schroeder, Stoney, Tesmer, Wallman, Wells. ABSTAIN: None. EXCUSED: Green. Motion carried.

Rebecca Schroeder, Ph.D. moved to approve the November 17, 2023, meeting minutes and Timothy Tesmer, M.D. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Greene, Harrison, Hesser, Hunt, Kusek, Schroeder, Stoney, Tesmer, Wallman, Wells. ABSTAIN: None. EXCUSED: Green. Motion carried.

2. Administrative Items

Accountability and Disclosure Forms

Statement of Financial Interests (C-1) due March 1st, 2024, for the reporting period through 12/31/23.

Student Loan Form 1098s

Forms have been sent to student loan recipients by DHHS accounting.

Commission Member Update

Jeffrey Wallman, M.D. will be leaving when he completes his residency in June.

Next Meeting – June 5, 2024, in Kearney

Commission members were advised that the start time is yet to be determined as we are waiting for the Nebraska Rural Health Conference agenda to be finalized.

Other Announcements

Margaret Brockman will be retiring at the end of March. Ms. Brockman stated it's been a pleasure to serve for eleven years. Chairman Fattig and other members thanked her for her leadership over the years and wished her well.

3. Rural EMS Issues

Micheal Dwyer, EMT (Arlington) presented on Rural EMS issues, see report (available with handouts).

Mr. Dwyer stated he was excited and honored to be in front of the commission. He went over his background with Volunteer fire and EMS in Arlington, NE, as well as some work he's done with the Governor's EMS summit report (available in handouts) that was sent to commission members. This report will be updated again in June and send to commission members at that time. Issues with EMS are system-wide issues. Calls are up and responders are down, and there are severe issues in rural and frontier areas. The current system is not sustainable. Mr. Dwyer researched 11 states and remarked any state with a rural presence is struggling. There are general and specific workforce issues, lack of consistent funding model; there's not structural planning/consideration of the volunteer force and how to keep it going. EMS is declared an essential service in Nebraska per statute, but there are no teeth in that. We need material support for EMS as an essential service, need data to show evidence of specific needs, leadership matters, new models.

Jeffrey Harrison, M.D. asked if there are young EMTs in Nebraska. Mr. Dwyer replied that it depends on your zip code; in Arlington he has some individuals he's mentoring.

Mr. Dwyer mentioned LB1108 – “Why Not EMS” \$1.27 million – would replace antiquated ENARSIS system, do recruiting/retention. He remarked he has testified on seven different bills this session, some not even related to EMS but to get the issue on their minds.

Chairman Fattig remarked he thought the federal government should create a cost-based reimbursement model to fund EMS.

Mr. Dwyer stated that he would like to hear from commission members on what they think should be done and welcomed members to reach out to him.

Item 5 “Rural Health Systems and Professional Incentive Act Program Updates” was moved up as Jessica Meeske, DDS was available online to speak about a specific bill.

4. Rural Health Systems and Professional Incentive Act Program Updates

LB 1015

Additional proposed legislation for Dentists/Medicaid -

<https://nebraskalegislature.gov/FloorDocs/108/PDF/Intro/LB1015.pdf>

Dr. Jessica Meeske is a previous recipient of loan repayment funds and voiced appreciation for the program. She spoke about her experience as a rural provider serving Medicaid clients, remarking that there is an issue with dentists not accepting new Medicaid clients. It's difficult to find a dentist to refer to. The waitlist at Heartland Clinic in Grand Island is 4,000 people. Dr. Meeske is also the Nebraska Dental Association president. She is working with the American Dental Association on new models that would incentivize providers to see Medicaid clients and working on ramping up fees on the Medicaid side. LB 935 would result in a 25% Medicaid fee increase. It's in legislature now. This would bring reimbursement up closer to the lowest reimbursing private dental plans.

LB 1015 is a proposal is to fund new dentists (out less than five years) with loan repayment via a separate appropriation. They have a similar program in Mississippi. The intention is for this to be a new loan repayment model, including five years of service (rather than three) and having graduated payments (rather than the same quarterly amounts throughout) to incentive providers staying on throughout the length of the contract. Continuing education was intended to be built into this program (was in draft but not final bill language); ideally the provider would partner with a Medicaid champion/mentor to help troubleshoot issues with that system. The goal is that by end of five-year contract, these providers would be unlikely to stop seeing Medicaid clients as it is built into their practice. Dr. Meeske mentioned needing UNMC College of Public Health (COPH) to look at the numbers and determine if this investment makes sense. Would want to follow up and see if people kept accepting Medicaid.

Dr. Meeske asked the commission if they had feedback for her.

Margaret Brockman asked what they're asking for in appropriation.

Dr. Meeske stated \$300,000 per year for five years. This would be a pilot program to fund five providers and they don't want it to compete with the existing state loan repayment program.

Chairman Fattig mentioned that there was not initially an appropriation for either LB 1015 or LB 1062. He, as a private citizen, worked with the Nebraska Medical Association to add funding and staff.

There was some discussion of how loan repayment funding had varied over years, increased to about 2 million just in the past few years. Currently ~ \$250,000 is remaining, but if we add a \$300,000 program without funding it, we're looking at a waiting list. Before recent funding increases, there were fifty qualified providers sitting on a waiting list at any given time waiting for funding, so we want to be cognizant of that.

LB 1062

Additional proposed legislation Adding Rural Veterinarians to the program -

<https://nebraskalegislature.gov/FloorDocs/108/PDF/Intro/LB1062.pdf>

Discussion then continued to LB 1062.

Chairman Fattig remarked that veterinary care is a worthy cause, but he's not sure this is the area to add it. Dr. Harrison remarked he would rather see it expand to EMS. Dr. Kate Kusek agreed and remarked that EMS is more tied to health professionals and the veterinarian bill would need its own appropriation. Dr. Kate Hesser remarked that when she thinks rural health, she thinks people.

Chairman Fattig remarked that the chances of these bills passing this year are slim to none, but that at this point, the funding would all be coming from the same pot.

Shortage Area Requests

York County requested re-assessment as a shortage area for General Surgery. Upon review by Office of Rural Health staff (verified by HPTS), they do qualify.

Jeffrey Harrison, M.D. moved to approve the designation of York County as a shortage area for General Surgery and Roger Wells, PA-C seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Greene, Harrison, Hesser, Hunt, Kusek, Schroeder, Stoney, Tesmer, Wallman, Wells. ABSTAIN: None. EXCUSED: Green. Motion carried.

Budget Update

Fiscal Year 2023-24; July 1, 2023-June 30, 2024 – first year of new biennium:

Total allocation = \$2,180,723
\$1,913,398.50 obligated
\$267,324.50 remaining

New applications will obligate some of the remaining funds (remaining amount of ~\$250,000 can be carried over to FY24-25).

Members then went back to item four "RHAC Strategic Planning Session Follow Up" from the original agenda.

5. RHAC Strategic Planning Session Follow Up

Loan Repayment Prioritization Matrix

Rachael Wolfe reported that the plan to have a needs assessment done by Dave Palm has fallen through. However, she and Heidi Peirce have discussed the potential to use the Federal Health Professional Shortage Area (HPSA) scores for prioritization of applicants to the programs.

If a county or site is in a rural area but doesn't have a HPSA score, it could automatically be prioritized (to avoid more rural areas falling through the cracks with that method). There is a map on the RHAC page of counties with population under 15,000 (the definition of rural mentioned in the statute) -

<https://dhhs.ne.gov/Pages/Rural-Health-Advisory-Commission.aspx>

Here is a link to the map that shows which counties currently have a Primary Care HPSA (pink counties):

<https://gis.ne.gov/portal/apps/experiencebuilder/experience/?id=e3bbcc604b72448582d83843cf7eb494&page=All-In-One-3-31-2023&views=Primary-Care%3A-BSN-Registered-Nurse>

There are also Dental HPSAs

<https://gis.ne.gov/portal/apps/experiencebuilder/experience/?id=e3bbcc604b72448582d83843cf7eb494&page=All-In-One-3-31-2023&views=Dentistry%3A-Dental-Hygienist>

and Mental Health HPSAs

<https://gis.ne.gov/portal/apps/experiencebuilder/experience/?id=e3bbcc604b72448582d83843cf7eb494&page=All-In-One-3-31-2023&views=Mental-Health%3A-MS-LADC%2FLCSW>

Heidi Peirce discussed what goes into HPSA scores; there is quite a bit. The score runs from 0-25, with a higher score being better. To qualify for federal programs, 16-18 is generally required. Many sites in Nebraska (particularly in rural areas) don't go higher than 15. It's not a perfect system, doesn't capture everything.

Chairman Fattig remarked that the commission was created based on HPSA scores not being a perfect system.

No prioritization matrix will be implemented at this time.

Marketing of Program

Rachael Wolfe then remarked that commission members discussed next steps and determined they should choose two to three of the strategic goals identified in the planning session in August 2023 to focus on. They would then have a subcommittee meet and discuss. Marketing of loan programs, optimizing financial support, and optimized rural workforce were the three areas discussed. Subcommittees were not determined. She asked if RHAC members would like to set up a marketing subcommittee or any other subcommittees.

Chairman Fattig remarked he would like to have a call to discuss with at least a few volunteers. Jeffrey Harrison, M.D., Michael Greene, M.D., and Roger Wells, PA-C volunteered.

6. Review Current Federal and State Legislative Activities Impacting Rural Health

Roger Wells, PA-C reported on Federal matters, remarking that the Federal Office of Rural Health Policy (FORHP) – put out some webinars recently. Mental health is perceived as the biggest problem by patients, while access to care is the biggest problem as perceived by administrators. Access is multi system and includes affordability and transportation and pain. Rep. Bacon is putting forward a bill trying to reimburse hospitals for time residents spend with patients. There is also a focus on a national minimum wage/wage competition; states need to compete with other states for provider wages.

Mr. Wells then gave a state update, remarking that there was a colorectal bill, lung cancer screening bill, and a pharmacy bill along with a PA interstate compact bill (providers would be able to do telehealth in 4-5 states, echoing M.D. bill). Telehealth provisions would require all insurance to cover telehealth in Nebraska. He remarked it can be difficult to get things through on a federal level and that when there is a chance for movement on the state level, folks should jump on it.

Chairman Fattig remarked on LB 1087 – provider assessment/tax – all hospitals in the state would be assessed. He also remarked that Friend is the first and only Rural Emergency Hospital in Nebraska. He then mentioned the Epic tax (consumption tax), stating it would get rid of all taxes in state, but that everything else becomes taxable. He remarked that people should do their research and that things aren't always as they appear.

7. Public Comment

Dr. Gary Ensz – physician in Auburn, NE present along with his office manager Christy, spoke to thank the commission for the loan repayment programs. He initially went to Auburn as a National Health Service Corps Scholar and the programs have been important for their health clinic to remain strong. His son and daughter-in-law recently participated and were able to avoid a long waiting list due to recent funding increases. Dr. Ensz stated that this was very helpful in bringing them back home. They have 3 PAs taking advantage of the program who work in their ER doing primary care work. Making the designation that ER is primary care was very important to their clinic. He does think the program needs to be publicized more. Graph showing financial impact of the providers in communities needs to be shared more as well.

Amy Reynoldson with Nebraska Medical Association (NMA) then spoke. NMA initiated the process for ARPA funding and got that headed to the loan repayment program. In regard to LB1015, she stated that they will be advocating for expanded funding to go along with any program expansions. Anyone wanting to expand the program needs to bring money to the table. NMA is doing work on integrated healthcare, working with division of behavioral health. Dr. Todd Stull would be great to present to the commission about this project and the work. The PA interstate compact hearing was yesterday – physicians have a compact, PAs having one would be great. They're making sure there's compliance and oversight. Lung cancer screening bill – came out of committee today. Looking at increasing provider reimbursement rate in outpatient clinic setting.

Micheal Dwyer, EMT remarked that healthcare shortage areas seem to match ambulance deserts. He would like to look at ways we can be collaborating more.

8. CLOSED SESSION

Jeffrey Harrison, M.D. moved to go to Closed Session for the purpose of review and discussion of accounts receivable, loan repayment program applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals at 3:25 p.m.

Kate Hesser, M.D. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Greene, Harrison, Hesser, Hunt, Kusek, Schroeder, Stoney, Tesmer, Wallman, Wells. ABSTAIN: None. EXCUSED: Green. Motion carried.

Chairman Marty Fattig announced that the Commission would go into Closed Session at 3:26 p.m.

It was announced that guests should leave the room and the Webex.

9. OPEN SESSION

The Commission returned to open session at 3:07 p.m. (no vote required per legal).

Rebecca Schroeder, Ph.D. moved to approve the loan repayment applications with estimated loan repayment start dates and loan repayment amounts as indicated or as determined by Office of Rural Health staff, based on issuance of license and/or loan documentation, practice time in the shortage area, and the availability of funds for the state match, and also, to approve action discussed during the accounts receivable portion. Jeffrey Wallman, M.D. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Greene, Harrison, Hesser, Hunt, Kusek, Schroeder, Stoney, Tesmer, Wallman, Wells. ABSTAIN: None. EXCUSED: Green. Motion carried.

Date application submitted	First Name:	Last Name:	Profession:	License Number OR Date will be Licensed	Name of Facility:	County:	Average hours per week TOTAL:	Average ER hours per week:	Date provider began or will begin practice in the shortage area:	Loan balance	Matching Funds	State Start Date:	State Award Amount:	SLRP Start Date:	SLRP Minimum Award Amount:	SLRP Maximum Award Amount:
11/16/2023	Lindsay	Kvols	Nurse Practitioner, Family Practice	113661	Providence Medical Center	Wayne	40	0	9/1/2023	\$ 64,972.91	\$10,000.00	4/1/2024	\$ 60,000.00			
11/29/2023	Samantha	Fletcher	Licensed Mental Health Professional	1/1/2024	Blue Valley Behavioral Health	Otoe	35	0	5/3/2021	\$ 113,915.69	\$ 4,000.00	4/1/2024	\$ 24,000.00			
11/30/2023	Andrew	Brown	Physician Assistant, Family Practice	2031	Johnson County Hospital/Tecumseh Family Health	Johnson	56	40	11/12/2018	\$ 43,500.00	\$15,000.00	4/1/2024	\$ 43,383.66			
12/4/2023	Michelle	Claussen	Licensed Mental Health Professional	2759	Heartland Counseling Services	Dakota	40	0	9/6/2022	\$ 24,887.60	\$ -	4/1/2023	\$ -	9/1/2025	\$ -	\$ -
12/4/2023	Melinda	Cole	Licensed Mental Health Professional	2801	Methodist Fremont Health	Dodge	40	5	2/28/2022	\$ 63,129.62	\$ 6,000.00	4/1/2024	\$ 36,000.00			
1/5/2024	Katelyn	Christensen	Registered Nurse (Bachelor's level or higher)	6/1/2024	Brodstone Healthcare	Nuckolls	40	0	5/30/2021	\$ 16,694.13	\$ -			9/1/2025	\$ 16,694.13	\$ 16,694.13
1/5/2024	Whitni	Rust	Registered Nurse (Bachelor's level or higher)	84417	Brodstone Healthcare	Nuckolls	40	0	7/22/2013	\$ 17,277.57	\$ -			9/2/2025	\$ 17,277.57	\$ 17,277.57
1/8/2024	Darcie	Kennedy	Licensed Mental Health Professional	4/30/2024	Ambience Counseling	Red Willow	40	0	1/8/2024	\$ 57,873.93	\$ 6,667.00	5/1/2024	\$ 40,002.00			
1/18/2024	Mitchell	Hervert	MD/DO, General Internal Medicine	2209	Grand Island Regional Medical Center	Hall	40	0	6/1/2024	\$ 392,755.05	\$30,000.00	6/1/2024	\$180,000.00			
1/19/2024	Makayla	Garcia	Nurse Practitioner, Family Practice	112436	Providence Medical Center	Wayne	40	40	11/1/2023	\$ 62,180.89	\$10,000.00	4/1/2024	\$ 60,000.00			
2/12/2024	Alex	Becker	DDS/DMD, General Dentistry	7/19/2024	Heartland Health Center	Hall	40	0	8/1/2024	\$ 251,289.49	\$30,000.00	8/1/2024	\$180,000.00	9/1/2024	\$100,000.00	\$200,000.00
2/13/2024	Abby	Richardson	MD/DO, Family Practice	33840	Franklin County Memorial Hospital	Franklin	20	2	2/1/2024	\$ 95,312.04	\$ 30.00	4/1/2024	\$ 90,000.00			

Note: If award amount is blank for a particular program, provider does not qualify for that program. If \$- is listed, funds for that program were already obligated and provider will be added to a waitlist to allow time for them to find a match or to potentially be funded in the case of another provider's withdrawal.

10. Adjourn

Kate Hesser, M.D. moved to adjourn at 3:32 p.m., and no second is necessary. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Greene, Harrison, Hesser, Hunt, Kusek, Schroeder, Stoney, Tesmer, Wallman, Wells. ABSTAIN: None. EXCUSED: Green. Motion carried.