



## RURAL HEALTH ADVISORY COMMISSION

NEBRASKA OFFICE OF RURAL HEALTH  
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### **MINUTES of the Rural Health Advisory Commission**

**Friday, February 21, 2020**

**Nebraska State Office Building  
Lower Level Conference Room B  
301 Centennial Mall South  
Lincoln, Nebraska**

Members Present: April Dexter, N.P.; Marty Fattig; Jessye Goertz; Michael Greene, M.D.; Lynette Kramer, M.D. (left at 3:40 p.m.); Mark Pyle; Rebecca Schroeder, Ph.D. (arrived at 1:50 p.m.); Sandra Torres, M.D.; Roger Wells, PA-C (left at 3:42 p.m.); Linda Wittmuss (attending on the behalf of Sheri Dawson).

Members Not Present: Cherlyn Hunt; Ben Iske, D.D.S.; Mike Sitorius, M.D.

Staff Present: Margaret Brockman; Nancy Jo Hansen; Tom Rauner; Deb Stoltenberg; Rachael Wolfe

#### **1. Call Meeting to Order; Open Meetings Act and Agenda Posted; Adopt Agenda; Approve Minutes of November 22, 2019, Meeting; Introduce Members and Guests**

Chairman Marty Fattig called the meeting to order at 1:31 p.m. with the following members present: April Dexter, N.P.; Marty Fattig; Jessye Goertz; Michael Greene, M.D.; Lynette Kramer, M.D.; Mark Pyle; Sandra Torres, M.D.; Roger Wells, PA-C; Linda Wittmuss (attending on the behalf of Sheri Dawson).

Mr. Fattig announced that the Open Meetings Act and today's Agenda are posted by the door. Roger Wells moved to adopt the February 21, 2020, meeting agenda with no changes. Mark Pyle seconded the motion. Motion carried. YES: Dexter; Fattig; Goertz; Greene; Kramer; Pyle; Torres; Wells. NOT VOTING: Wittmuss. NO: None. ABSTAIN: None. EXCUSED: Hunt; Iske; Sitorius; Schroeder.

Lynette Kramer moved to approve the November 22, 2019, Rural Health Advisory Commission meeting minutes. Michael Greene seconded the motion. Motion carried. YES: Dexter; Fattig; Goertz; Greene; Kramer; Pyle; Torres; Wells. NOT VOTING: Wittmuss. NO: None. ABSTAIN: None. EXCUSED: Hunt; Iske; Sitorius; Schroeder.

Members, staff, and guests introduced themselves. Chairman Marty Fattig welcomed Dr. Gary Anthone, who was in attendance to learn more about the commission. As of next quarter's meeting, Dr. Anthone will be serving in place of the current designee for DHHS, Mark Pyle.

## **2. Administrative Items**

Chairman Marty Fattig reminded members that Accountability & Disclosure (A&D) Forms are due March 1, 2020. Appointments and reappointments have been approved by DHHS, and new and current members need to be confirmed by the Legislature. The hearing cannot be scheduled until the A&D Forms are received by the Clerk's Office.

New members and members for reappointment include: April Dexter, Marty Fattig, Jessye Goertz, Michael Greene, Ben Iske, Lynette Kramer, and Sandra Torres.

Deb Stoltenberg remarked that information for the student loan program defaults had been reported to State Accounting and individuals would be receiving an IRS Form 1098 where applicable.

## **3. Rural Health Advisory Commission Recommendations**

Marty Fattig remarked that the next item on the agenda was to discuss the recommendations of the commission, which are published yearly. In November, it was determined to break down these recommendations and look at them one or two at a time in more detail. Behavioral Health and EMS are to be discussed at this meeting.

### Behavioral Health Discussion

Linda Wittmuss began the discussion by mentioning that the document would benefit from some attention to which term is used; Mental and Behavioral Health are both used, and it would be better if standardized. Additionally, substance use treatment needs to be mentioned. The highest waitlist they see is for alcohol and drug treatment. She mentioned that some of this could fall under the workforce shortage section of the recommendations.

Ms. Wittmuss then mentioned that the Division of Behavioral Health/DHHS would be doing a behavioral health needs assessment, and welcomed participation from commission members. Marty Fattig will be getting an invitation to the kickoff. The contract for facilitating this process is with Open Minds (a consulting group).

Dr. Michael Greene remarked that they hear a lot about access and are working on integrated providers rather than co-locating. Reimbursement is also an issue.

Linda Wittmuss remarked that their parity group has discussed this in relation to network adequacy.

Margaret Brockman asked if the assessment would be looking at Rural versus Urban. Linda Wittmuss remarked that she hoped it would and really welcomed input from commission members during the process.

Lynette Kramer mentioned that in her area, they are locked into the regional unit (having to send people to a particular regional center), and struggle with transport or what to do when that site is full. Law enforcement has been a barrier to getting people into emergency protective custody. She wonders what Critical Access Hospitals (CAHs) do to handle these issues, and would like to look at the issue of law enforcement.

Dr. Kramer also mentioned the potential for solving some of the workforce shortage with mid-level providers. She mentioned that two thousand hours of training are currently required for mental health and asked if this could take place by telemedicine in order to reduce some barriers to certification for rural providers.

Linda Wittmuss remarked that law enforcement would be part of the assessment process. She also mentioned that the goal is to serve individuals as close to their own home as possible.

Roger Wells asked the practitioners of the group how they feel about treating mental health issues. It was remarked that situations where there is a possibility of harm to self can be overwhelming. Lynette Kramer mentioned that they have social workers on call at their ER and rely heavily on them (the social worker goes through a triage process of who to contact and what to do, step-by-step).

Sandra Torres mentioned that her experience has been mostly in the ER, where there doesn't seem to be much of a place for patients with mental health issues. Providers are taught how to prescribe for small issues, but not how to treat more complex mental health issues. Staff and resources are even further limited in rural areas.

April Dexter remarked that behavioral health is its own specialty. General practitioners can manage some things, but need to have specialists in place when more complex issues come up.

Margaret Woepfel (Nebraska Hospital Association) mentioned they are working on the behavioral health concerns as well and a meeting is scheduled in August to discuss some of these issues.

Rebecca Schroeder mentioned the issue of homelessness. There's been an issue of law enforcement picking up homeless individuals with mental health issues; they transport them to the next county and drop them off. April Dexter replied that there needs to be a united front between law enforcement and medical/mental health professionals.

Ms. Schroeder stated that she sees a lot of people at jail. If they are ruled incompetent to stand trial, they get on a waiting list to go to Lincoln. This waiting list can mean 1-3 months sitting in a jail cell. She also mentioned the idea of mental health courts, which would get these people into treatment sooner.

Mark Pyle remarked that part of the idea behind this process was to revise existing recommendations because the existing ones are old. The commission is able to add, delete, and replace as necessary. The timeline for updating them is the end of the year.

Linda Wittmuss would like to see an updated draft and use it for part of their assessment.

Roger Wells wants to see the results of the behavioral health assessment, notes from this conversation, and documentation from the NHA process (they have been updating current doctors who've been out working as part of the opioid disorder increases). He would like that combined and presented at the next meeting.

### EMS

Mark Pyle introduced Tim Wilson, EMS Administrator and paramedic, who was invited to join for the EMS discussion. Mr. Pyle began by mentioning that this is a workforce issue. A majority of EMS providers are volunteers and part of the question is how to make this doable.

Tim Wilson remarked that the EMS board has been looking at the volunteer issue and shortage issues. This is the only health care sector that's free/volunteer-based. According to current numbers, there has been a decline in licensed EMS workers.

Lynette Kramer asked what the educational requirements are.

Tim Wilson replied that it's 150 hours for EMS (about \$1,000) and 80 or 90 hours for First Responder (these are not allowed to transport patients). There are ongoing requirements from year to year to stay current. The EMS board is updating standards for more comprehensive continuing education; currently it's very basic.

Marty Fattig remarked that LB893 was just up for a hearing. Education is important, and it's good that this is being updated. It is a challenging process.

April Dexter shared that as a healthcare provider and the wife of an EMT, she has noted the lack of EMTs all around. Transfer times need to be addressed, as well as lack of access to continuing education. Online education is currently out of pocket. Tim Wilson remarked that they're trying to alleviate some of the costs for these volunteers, and offer an online program through the EMS office.

Marty Fattig echoed that transport is such an important issue, maintaining care during transport. He posited making EMS a public utility like fire fighters and law enforcement services. Tim Wilson stated that it's considered an essential service but not supported in the same way.

Margaret Brockman asked if telemedicine could be used in ambulances. Tim Wilson said there is potential here, but that we're probably not quite there. Internet access/network speed can be an issue.

Lynette Kramer asked if there is anything protecting volunteers from being sued if something goes wrong during transport. Tim Wilson remarked that if they are following state protocol, there is a level of protection. Typically egregious malpractice or deviating from protocol leads to being prosecuted. Lynette then asked if there is any regulation around air ambulance transport. Whether or not these services are in or out of network can result in a difference of tens of thousands of dollars for a person's final bill. Tim Wilson

remarked that this is more of a federal issue. It was then mentioned by a representative of the Nebraska Hospital Association that New York has the pre-eminent law on this issue. Amy Reynoldson (Nebraska Medical Association) mentioned that there's a bill currently going through the process that would hold a patient harmless regarding emergency transport like this. It was just heard in the State Legislature.

Mark Pyle mentioned that the initial recommendation document only had two recommendations for EMS and it is more complex than that. He suggested the commission spend more time developing some additional recommendations. Regarding the second recommendation, Tim Wilson mentioned that their office has cut down on new assessments in favor of doing more follow up. A multi-sector coalition sounds like a great plan. He encourages working with the EMS board.

Marty Fattig and Tim Wilson discussed how the trauma system, CISM, and EMS are all funded by "50 cents for Life." This has been around for 20 years without an increase. The group agreed there should be a recommendation related to funding.

#### **4. Office of Rural Health Activities**

Margaret Brockman reported on a variety of activities within the Nebraska Office of Rural Health (ORH).

##### Upcoming Workshops:

Ms. Brockman shared that on March 24<sup>th</sup>, there will be a HRSA grant writing workshop in Grand Island. There will also be a Telehealth Summit the next day (March 25<sup>th</sup>). There will be a clinics coding workshop this summer. Ms. Brockman agreed to send information on these workshops to commission members.

##### Other Activities:

Ms. Brockman shared that work is continuing on the Maternal Medical Home project. They have a toolkit and are looking for funding to do trainings. They would like to reimburse sites that participate in the pilot program.

The ORH has been working with NeHII for CAHs to get connected; quite a few are currently connected.

Ms. Brockman recently attended a Nursing Home Crisis Conference. There is funding available associated with this (NeHII-type effort), and she's trying to get the word out.

##### Opportunity to Attend Conferences:

There are two upcoming conferences that the Office of Rural Health is able to reimburse commission members for if they would like to attend.

The first is the Annual Rural Health Conference on April 9<sup>th</sup> at the Younes Conference Center in Kearney. Some members are participating in a panel at the conference (Marty Fattig, Lynette Kramer, and Sheri Dawson will be representing RHAC; Nicole Carritt, UNMC, will also take part).

The second conference is the Healthier Rural America Summit, on September 15<sup>th</sup>-17<sup>th</sup>, at the CHI Health Center in Omaha. Contact Rachael Wolfe know if you are interested in attending these meetings. ORH can pay for registration, transportation, and accommodations.

#### Approve Updated State Shortage Area Guidelines:

Rachael Wolfe discussed the possibility that any federal shortage area designation could make a site eligible for state designation. The objective is to allow for greater flexibility and continuity between the federal and state programs. Tom Rauner mentioned that the guidelines for federal designation are generally more difficult to meet than current state guidelines. There was discussion of how many sites this could effect, and the effect is expected to be minimal. The commission would still need to approve any applications resulting from this change.

Rebecca Schroeder moved to approve the updated state shortage area guidelines, by adding the line: “Any federal designation will make a site eligible for state shortage designation.” Dr. Michael Greene seconded the motion. Motion carried. YES: Dexter; Fattig; Goertz; Greene; Kramer; Pyle; Schroeder; Torres; Wells. NOT VOTING: Wittmuss. NO: None. ABSTAIN: None. EXCUSED: Hunt; Iske; Sitorius.

#### Approve Governor Eligible Areas for Medicare Certified Rural Health Clinics Guidelines:

Tom Rauner explained that the designation of Governor Eligible Areas for Medicare Certified Rural Health Clinics is required to be updated periodically (every 3 to 4 years). This type of designation allows a new Medicare Certified Rural Health Clinic to be licensed by Medicare. The guidelines had not changed since the last time they were presented to the commission. Mr. Rauner asked the commission to review the current guidelines. If no changes were requested, he would proceed with getting the updated map approved. Mark Pyle moved to approve the guidelines. Lynette Kramer seconded the motion. Motion carried. YES: Dexter; Fattig; Goertz; Greene; Kramer; Pyle; Schroeder; Torres; Wells. NOT VOTING: Wittmuss. NO: None. ABSTAIN: None. EXCUSED: Hunt; Iske; Sitorius.

### **5. Review Current Federal & State Legislative Activities Impacting Rural Health**

On February 18<sup>th</sup>, Marty Fattig testified in favor of LB778 on behalf of the commission. The bill, which proposes to add an additional \$2 million in general funds for loan repayment, was discussed. An updated fiscal impact map was shown to the commission, along with an estimate of funding needed to avoid having a waiting list for loan repayment.

Marty Fattig mentioned LB997, LB772, LB992, and LB1084 as other bills that would be relevant to commission members.

Roger Wells remarked that there was not much to share on the federal level. All federal legislation must be cost neutral. He will be attending a CMS Quality Conference next week, speaking on rural health policy/reimbursement.

Marty Fattig remarked that the price transparency direction from CMS is still moving forward. Roger Wells mentioned that there is a lawsuit that may slow down enforcement.

## **6. Rural Health Systems & Professional Incentive Act Program Updates**

### Matching Fund Requirement for Behavioral Health and Dentistry:

It can be difficult for Behavioral Health professionals and Dentists to secure matching funds for loan repayment. The matching fund requirement for Behavioral Health and Dentistry was discussed; but the matter was tabled until more is known about future funding for the program.

### Review Budget:

Rachael Wolfe presented on this item. The current budget was discussed, showing active obligations as well as projections for future years that included contracts scheduled to start in July 2020 (with the new state fiscal year). Federal funding for the NHSC SLRP Program was discussed as well.

Two additional projections were shown that included:

1. all approved applications
2. all pending applications (to be reviewed in closed session)

The commission is budgeting at similar levels from year to year, continuing to spend all general funds allocated and using mostly cash funds for the latter part of the year. They have opted to award the maximum amount allowed per statute in order to try and remain competitive with other states. Tom Rauner mentioned a data set showing that the less a health professional owes at the end of the obligation (around \$30,000 or less is optimal), the happier recipients are, and the better retention is.

## **7. CLOSED SESSION**

Rebecca Schroeder moved to go into Closed Session at 3:41 p.m. Jessye Goertz seconded the motion. Motion carried. YES: Dexter; Fattig; Goertz; Greene; Pyle; Schroeder; Torres; Wells. NOT VOTING: Wittmuss. NO: None. ABSTAIN: None. EXCUSED: Hunt; Iske; Kramer; Sitorius.

Marty Fattig announced that the Rural Health Advisory Commission would go into Closed Session at 3:41 p.m. to review loan repayment applications and updates on current recipients. Mr. Fattig asked guests to please wait outside the room.

## **8. OPEN SESSION**

Mark Pyle moved to go into Open Session at 3:49 p.m. April Dexter seconded the motion. Motion carried. YES: Dexter; Fattig; Goertz; Greene; Pyle; Schroeder; Torres. NOT VOTING: Wittmuss. NO: None. ABSTAIN: None. EXCUSED: Hunt; Iske; Sitorius; Kramer; Wells.

Rebecca Schroeder motioned to approve the following loan repayment applications with estimated loan repayment start dates and loan repayment amounts as indicated or as determined by the 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.

WL	Status	Date Complete App Received	License	Name	Actual Practice Date	Expect/Eligible Start Date	Specialty	County (Community) of Practice	Total Loan Repayment (State and Local)
WL	recommend federal funds	11/21/2019	27696	Cristina Hurlbut	3/31/2020	9/1/2020	MD/DO (FP)	Otoe (Nebraska City)	\$55,688.00
WL	Application - State	11/26/2019	30697	Kendal Laux	8/19/2019	7/1/2021	MD/DO (FP)	Morrill (Bayard, Bridgeport)	\$180,000.00
WL	recommend federal funds	12/3/2019	14962	Kristen Lange	9/29/2015	9/1/2021	PharmD	Rock (Bassett)	\$100,000.00
WL	recommend federal funds	12/19/2019	pending	Jennifer Schiemeyer	11/1/2019	3/1/2021	NP (FP)	Brown (Ainsworth)	\$50,000.00
WL	recommend federal funds	12/20/2019	pending	Mara Peters	4/6/2020	9/1/2021	PA (FP)	Keith (Ogallala)	\$41,964.55
WL	Application - State	1/7/2020	pending	Sandra Torres	8/1/2021	8/1/2021	MD/DO (FP)	Dawson (Lexington)	\$154,000.00
WL	Application - State	1/13/2020	111534	Traci Ellis (Part Time)	7/8/2019	7/1/2021	NP (FP)	Morrill (Bayard)	\$45,000.00
WL	recommend federal funds	1/13/2020	provisional	Melissa Laferty	12/15/2015	9/1/2021	Psychologist	Lancaster (Lincoln), Gage (Beatrice)	\$100,000.00
WL	recommend federal funds	1/15/2020	pending	Hwan-shyr Ding	5/1/2020	9/1/2021	DO (Psy)	Lincoln (North Platte)	\$100,000.00
WL	Application - State	1/16/2020	pending	Kevin Johnson	8/2/2021	9/1/2021	MD/DO (FP)	Morrill (Bayard, Bridgeport)	\$100,942.00
WL	Application - State	1/17/2020	pending	Sabra Peetz	3/2/2020	7/1/2021	PA (FP)	Cheyenne (Sidney)	\$77,646.00
WL	Application - State	1/20/2020	pending	Lindsey Howell	4/1/2020	7/1/2021	PA (FP)	Nemaha (Auburn)	\$90,000.00
WL	Application - State	1/28/2020	pending	Tanner Griffith	6/15/2020	7/1/2021	PharmD	Hamilton (Aurora)	\$71,546.08
WL	Application - State	2/1/2020	pending	Madison Nutter	3/1/2020	7/1/2021	PA (FP)	York (York)	\$90,000.00
WL	recommend federal funds	2/11/2020	provisional	Meredith Weber	7/27/2020	9/1/2021	Psychologist	Gage (Beatrice)	\$100,000.00

And Jessye Goertz seconded the motion. Motion carried. YES: Dexter; Fattig; Goertz; Greene; Pyle; Schroeder. NOT VOTING: Wittmuss. NO: None. ABSTAIN: Torres. None. EXCUSED: Hunt; Iske; Sitorius; Kramer; Wells.

## **9. Other Business**

This will be Mark Pyle's last meeting. Dr. Anthonie, accepted his resignation effective February 26, 2020, and will be taking his place on the commission. Dr. Anthonie and Marty Fattig are meeting in March for an orientation.

Mr. Fattig thanked Mr. Pyle for his service over the past year, stating that his presence would be missed. Everyone wished him well in the future.

## **10. Adjourn**

April Dexter motioned to adjourn the meeting at 3:52 p.m. Meeting adjourned.