1. Call Meeting to Order; Open Meetings Act and Agenda Posted; Adopt Agenda; Approve Minutes of April 25, 2019, Meeting; Introduce Members and Guests

Chairman Marty Fattig called the meeting to order at 1:37 p.m. with the following members present: Marty Fattig; Jessye Goertz; Kyle Klammer, M.D.; Lynette Kramer, M.D.; Laeth Nasir, M.D; Mark Pyle; Michael Sitorius, M.D.

Mr. Fattig announced that the Open Meetings Act and today’s Agenda are posted by the door. Dr. Laeth Nasir motioned to adopt the June 21, 2019, meeting agenda with no changes. Jessye Goertz seconded the motion. Motion carried. YES: Fattig; Goertz; Klammer; Kramer; Nasir; Pyle; Sitorius. NO: None. ABSTAIN: None. EXCUSED: Dawson; Dexter; Hunt; Iske; Schroeder; Wells.

Mark Pyle motioned to approve the April 25, 2019, Rural Health Advisory Commission meeting minutes. Dr. Nasir seconded the motion. Motion carried. YES: Fattig; Goertz; Klammer; Kramer; Nasir; Pyle; Sitorius. NO: None. ABSTAIN: None. EXCUSED: Dawson; Dexter; Hunt; Iske; Schroeder; Wells.

Members, staff, and guests introduced themselves.
2. Administrative Items

- Discuss Rescheduling Next Commission Meeting (currently September 20, 2019)

Marty Fattig announced that upon further review, the consensus was not to reschedule the September meeting. The next meeting will be on Friday, September 20th at 1:30 p.m., in Lincoln at the Nebraska State Office Building in Lower Level Conference Room C.

3. Human Trafficking Presentation

- Issues Faced By Nebraska – Anne Boatright, Office of the Attorney General
- NHA Taskforce and Toolkit – Margaret Woeppel, Nebraska Hospital Association

Anne Boatright explained that her job at the Office of the Attorney General was created to set Best Practice Standards around sexual assault, domestic violence, and human trafficking for the state and to help healthcare providers statewide to know what to look for and how to respond. Statewide, what is generally seen is vulnerable youth who are manipulated and lured into human trafficking. The main goal is to help these youth. One of the biggest push is to change the way we interact with victims and to help educate partners who interact with victims, including healthcare providers. If your community has any particular needs, let Ms. Boatright know and training can be arranged. They have been partnering with NHA to roll out a webinar that will be available this fall in order to have some one-on-one training available. The Human Trafficking Toolkit will also be rolled out to help set the Best Practice Standard for hospitals so they know who to contact and what resources are available in their communities.

Most of the time, when a victim comes through a healthcare setting, they are more likely to identify as a domestic violence or a sexual assault patient instead of a human trafficking patient. In terms of screening tools, it is more about observables that staff are going to find versus screening questions. Most victims do not consider themselves to be victims of human trafficking, but rather victims of domestic violence or sexual assault. So changing this paradigm is very important to help identify these patients.

Quite a bit of work has been done with the legislature to increase penalties for human traffickers and providers so they are Class 1B Felonies. Penalties are a mandatory minimum of 20 years.

Human trafficking is happening in every community statewide. No community is immune. It is a population based crime. So the higher the population, the higher the number will be based on demand. However, small communities are seeing human trafficking, but are less likely to identify as human trafficking.

Margaret Woeppel explained that about six months ago the NHA Board appointed a Human Trafficking Task Force, encompassing both sex trafficking and labor trafficking. They are nearing the end of development for the Human Trafficking Toolkit. The toolkit includes how to recognize a victim of human trafficking who comes in to a health care institution; the indicators of human trafficking and the screening tools; the referral pattern; examples of signage and cards; and policies and procedures.

What are the next steps? Human trafficking is a very complex issue and does not stop at identification. It involves working with your community and developing a comprehensive plan as it relates to human trafficking. It includes training, not just front-line staff, but ancillary staff who may spend more time with these patients than the nurses are able on a busy day. Communication needs to be extensive.
The Human Trafficking Toolkit will be out by early fall. They hope to get a paper toolkit to every doctor, clinic, and hospital in Nebraska and then put the toolkit on the website and update it with any new information. There is also an Opioid Toolkit available and work has begun on a Violence Toolkit.

4. **Office of Rural Health Activities**

Margaret Brockman reported on a variety of items pertaining to the Office of Rural Health (ORH).

- Funding has been received for the ORH Grant which starts this July. The FLEX Grant and SLRP Grant applications have been submitted.

- The Maternal Medical Home Toolkits have been completed. ORH has applied for a grant to receive funding to implement this project. ORH should know by September if the grant was received. If ORH doesn’t receive the grant, there are other avenues to obtain funding to implement the toolkit. ORH has been working with Medicaid and others to see what kind of reimbursement can be provided to those practices that utilize the toolkit and are distinguished as a Maternal Medical Home establishment.

- Under the FLEX Grant, ORH is implementing another project. NEHII is building a database for MBQIP quality measures. As part of the FLEX Grant, all 64 Critical Access Hospitals participate in MBQIP quality measures. Many facilities are gathering this information by hand. The goal is to automate this process to save staff time as well as be able to access real-time data instead of data from the federal office which is three to four quarters old. Three hospitals partnered in the pilot project with the initial funding, Wahoo, Sidney, and Auburn. New secured funding is available for the remaining 61 hospitals to participate in the next year. The FLEX Grant Reverse Site Visit is in July and it will be a great opportunity to talk about how this project can be replicated nationally. It was suggested to add a presentation by NEHII to the September RHAC meeting agenda.

- Nebraska is one of two states that has either not applied or been awarded any of the opioid funding for rural healthcare areas. Nebraska has been strongly encouraged to look at how we might utilize some of that funding.

- ORH put HRSA in communication with the Behavioral Health Division. They will be putting on the Adult Mental Health First Aid training in Norfolk on August 19th. This is in conjunction with Interchurch Ministries of Nebraska. Particularly, they are looking at the flood victims to identify signs and symptoms of mental health issues that may be occurring since the flooding in March. Information regarding the training will be sent out to hospitals and communities.

Tom Rauner explained that there has always been challenges getting information out to people regarding the Student Loan Repayment Program and determining eligibility. Mr. Rauner and Chanhyun Park are developing an intuitive on-line application process where an individual can enter their name/address information to find out if they are eligible or not for the Student Loan Repayment Program. If they are eligible, they would be able to click a link and apply for the program. This would work for individuals looking for student loan repayment and entities that provide matching funds. Hopefully by the next Commission meeting, the process can be demonstrated.
5. Review of Current Federal and State Legislative Activities Impacting Rural Health

- NRHA Report – Roger Wells

Marty Fattig noted that in the meeting materials, there was a letter from Roger Wells (refer to Agenda Item #4), who does a lot of work on the national level, depicting what he has been doing. Members were encouraged to read the letter.

Mr. Fattig provided a handout of national legislative issues that was published by NRHA, Regulatory Relief for Rural Providers to Ensure Access to Care. There are several items mentioned that would bring regulatory relief to small rural hospitals as they continue to struggle.

Mr. Fattig provided an additional handout of state legislative issues being worked on.

- Request for additional general funds appropriation for Medical Student Loan Repayment Program:
- Mr. Fattig has been sending emails and visiting with Senators about the importance of increasing the general allocation for our programs. The Student Loan Repayment Program is a tremendous recruiting tool to be able to offer.

- Increasing Medical Provider Rates: This session in the budget, Senator Stinner put to increase provider rates and no one took it out.

- Long Term Care Medicaid Provider Rates: There is concern as to what is happening with long term care and what is happening with the Medicaid reimbursements. There has been a little improvement this year, but there have been a lot of nursing home closures. The pressure needs to continue.

- Payment for Medicaid Expansion: The payment was left in the General Fund.

- Human Trafficking: Mr. Fattig did testify before the Health and Human Services Committee on LB518. LB518 dealt with Human Trafficking and putting some resources together for victims of Human Trafficking. LB518 did not pass, but raised attention to the issue.

In regards to the Medical Student Loan Repayment Program, Mark Pyle mentioned that the Division of Public Health has put together a DHHS Business Planning Initiative to support additional funding. It has been proposed, but is unknown if it will be adopted.

6. Rural Health Systems and Professional Incentive Act – Program Updates

- Shortage Area Designations
  - Share Public Comments, Discuss, and Make Final Recommendations

Rachael Wolfe noted that updated maps of the State-Designated Shortage Areas and a summary of the public comments ORH received were included in the meeting materials (refer to Agenda Items #6A). In regards to Lincoln County, Tom Rauner explained that the West Central District Health Department had a dentist working in the clinic. Prior to that, Lincoln County had a Federal-Designated Shortage Area determination for General Dentistry. The Commission approved Lincoln County as a State-Designated Shortage Area for General Dentistry as well. What happened is when the West Central District Health Department hired a
dentist to work in the clinic three years ago, Lincoln County lost their Federal and State designation as a Shortage Area for General Dentistry. Now, three years later, the dentist is leaving and Mr. Rauner is trying to get Lincoln County designated as a Federal Shortage Area once again in order to help with recruitment and retention. It is a cyclical pattern that is being seen.

Ms. Wolfe explained that the Nebraska State-Designated Shortage Area Guidelines have been changed and the Community Health Centers and Indian Health Service Sites are included on the State-Designated Shortage Areas Maps. Ms. Wolfe asked the Commission if the Rural Health Clinics, that automatically have a Federal Health Professional Shortage Area Designation, should be included on the maps as well. Mr. Rauner explained that a Federal Shortage Area Designation qualifies them to be designated a State Shortage Area. In order for the clinics to maintain their designation of Federal Health Professional Shortage Area status, they need to apply to the National Health Services. Mr. Rauner is in the process of notifying clinics of this. The clinics will need to submit some additional information thru an on-line portal to a regional office in Kansas City. Mr. Rauner will review the information and approve it. Then the regional office will review the information and hopefully approve it too. This helps to maintain compliance with the NHSC State Loan Repayment Program ORH operates.

Mr. Rauner mentioned a goal ORH has is to get rid of the static State-Designated Shortage Areas Maps on the website and to have a single place where individuals can select by discipline to find out if they qualify or do not qualify. This can be maintained and updated without having to add or subtract different sites and facilities and would be linked to the data set. He hopes by the next Commission meeting to have the timelines. Ms. Wolfe explained that the ratio guidelines were determined by the Commission as well as some of the high need indicators by discipline.

- Review Budget
  - General Fund Allocation

Ms. Wolfe reviewed the program budget (refer to Agenda Item #6B). The state allocation for FY19/20 remained the same as last year’s, $680,723. The SLRP funds are staying the same as well, $450,000. We are on schedule to spend less than what was spent last year, $1,060,895.77.

7. CLOSED SESSION

Dr. Laeth Nasir motioned to go into Closed Session at 2:35 p.m. Dr. Kyle Klammer seconded the motion. Motion carried. YES: Fattig; Goertz; Klammer; Kramer; Nasir; Pyle; Sitorius. NO: None. ABSTAIN: None. EXCUSED: Dawson; Dexter; Hunt; Iske; Schroeder; Wells.

Marty Fattig announced that the Rural Health Advisory Commission would go into Closed Session at 2:35 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

Dr. Kyle Klammer motioned to go into Open Session at 2:45 p.m. Jessye Goertz seconded the motion. Motion carried. YES: Fattig; Goertz; Klammer; Kramer; Nasir; Pyle; Sitorius. NO: None. ABSTAIN: None. EXCUSED: Dawson; Dexter; Hunt; Iske; Schroeder; Wells.

Dr. Sitorius 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 and to move Kimberly Schroeder’s Loan Repayment Application up on the list and start her on loan repayment as of July 1, 2019.

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<tr>
<th>Status</th>
<th>Date Complete App Received</th>
<th>License</th>
<th>Name</th>
<th>Actual Practice Date</th>
<th>Expect/Eligible Start Date</th>
<th>Specialty</th>
<th>County (Community) of Practice</th>
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<td>1397</td>
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<td>3/6/2019</td>
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And Dr. Nasir seconded the motion. Motion carried. YES: Goertz; Klammer; Kramer; Nasir; Pyle; Sitorius. NO: None. ABSTAIN: Fattig. EXCUSED: Dawson; Dexter; Hunt; Iske; Schroeder; Wells.

9. Other Business

This was Dr. Kyle Klammer’s last Commission meeting. He will no longer be in residency after June 30, 2019.

This was Dr. Laeth Nasir’s last Commission meeting as well. He has been awarded a Fulbright Scholarship to work overseas for a year. His team will be nominating someone in his place.

Mark Pyle mentioned that DHHS Division of Public Health is actively recruiting a Chief Medical Officer.

The next meeting of the Rural Health Advisory Commission will be Friday, September 20, 2019, in Lincoln, Nebraska.

10. Adjourn

Dr. Laeth Nasir motioned to adjourn the meeting at 2:48 p.m. Meeting adjourned.