

Minutes of the
RURAL HEALTH ADVISORY COMMISSION

Friday, June 22, 2012
1:30 p.m. – 4:00 p.m.

Nebraska Department of Health & Human Services
220 S. 17th Street
Lincoln, Nebraska

Members Present: Scot Adams, Ph.D.; Marty Fattig; Zach Frey, D.O.; Mark Goodman, M.D.; Jenifer Roberts-Johnson, J.D.; Mike Sitorius, M.D.; Rebecca Schroeder, Ph.D.; Sharon Vandegrift, R.N.

Members Absent: Kathy Boswell; Doug Dilly, M.D.; Shawn Kralik, D.D.S.; Roger Wells, P.A.-C. (Note: Peggy Rogers resigned from the Rural Health Advisory Commission. Ms. Rogers was the nursing home administrator representative.)

Office of Rural Health Staff Present: Marlene Janssen, Dave Palm, Tom Rauner, and Deb Stoltenberg

1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of March 16, 2012, Meeting; Introduce Members and Guests

Chairman Marty Fattig called the meeting to order at 1:35 p.m. with the following members present, Scot Adams, Ph.D.; Zach Frey, D.O.; Mark Goodman, M.D.; Jenifer Roberts-Johnson, J.D.; Rebecca Schroeder, Ph.D.; Mike Sitorius, M.D.; and Sharon Vandegrift, R.N.

Mr. Fattig announced that the Open Meetings Act and agenda were posted by the door.

Dr. Mark Goodman moved to adopt the agenda with the following changes: add 3B “Medicaid Meaningful Use” presentation and add to item 7 Closed Session, “Student Loan Recipient Request.” Dr. Mike Sitorius seconded the motion. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Excused: Boswell, Dilly, Kralik, Wells.

Sharon Vandegrift moved to approve the Minutes of the March 16, 2012, meeting. Dr. Mark Goodman seconded the motion. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Excused: Boswell, Dilly, Kralik, Wells.

Mr. Fattig announced that Dave Palm was sitting in for Denny Berens and will be the interim director of the Office of Rural Health after Mr. Berens retires on July 6, 2012. Commission members and staff introduced themselves.

2. Administrative Items

- **Next Meeting – Thursday, September 20, 2012, 6:00 p.m. in Kearney, NE**

Marty Fattig announced that the next Rural Health Advisory Commission (RHAC) meeting is scheduled on Thursday, September 20, 2012, 6:00 p.m. in Kearney, Nebraska. This is the evening following the annual Nebraska Rural Health Conference.

- **RHAC Members' Terms Ending in September**

Marty Fattig announced that the following RHAC members' terms were expiring at the end of September or as noted: Zachery Frey, D.O. (June 30, 2012) – Family Practice Resident; Mark Goodman, M.D. – Creighton Medical School Representative; Peggy Rogers (June 2012) – Rural Nursing Home Administrator; Rebecca Schroeder, Ph.D. – Rural Mental Health Practitioner; Michael Sitorius, M.D. – UNMC Medical School Representative; and Roger Wells, P.A.-C. – Rural Physician Assistant. Applications are available on-line at the Governor's Office website and professional associations will be contacted about the vacancies. Anyone interested in re-applying needs to complete the on-line application.

Marlene Janssen stated that current RHAC members, except those who have submitted their resignations, are still obligated to attend the September RHAC meeting! Applications should probably be submitted by mid-September if not before, but Ms. Janssen said she would check with the Governor's office.

Dr. Mike Sitorius asked if the family practice resident has to come from the Lincoln program. Marlene Janssen replied that the family practice resident can be from any of the family practice residency programs in Nebraska as long as the family practice resident is a Nebraska resident from a rural area.

- **Other Announcements**

No other announcements.

3. A. Webster County Physical Therapists

Marty Fattig stated that there has been a lot happening concerning Webster County Physical Therapists since the last RHAC meeting in March and Jenifer Roberts-Johnson will provide a report.

Ms. Roberts-Johnson reported from the prospective of Department of Health and Human Services (DHHS), Public Health Division. There were some questions and significant conversation with some legislators, Dr. Ethan Evert, and DHHS administration concerning how state shortage areas are determined.

DHHS staff began investigating and researching what data are being used to determine, specifically physical therapist (PT) and occupational therapist (OT), shortage areas. According to the statute (Rural Health Systems and Professional Incentive Act §71-5650 - §71-5670), Ms. Roberts-Johnson reported that we are to use the "best reliable data." The data being used for PTs and OTs is the DHHS Licensure data base; however, the licensing process does not collect specific information about where these health professionals practice. The addresses on the system may be a home address in another county but it is the best statewide data available even if it is not reliable.

Jenifer Roberts-Johnson mentioned that she was aware that there had been other communication between PTs and OTs and the RHAC in the past. It was during these conversations and correspondence where the RHAC made the suggestion to have the professional associations contract with the UNMC Health Professions Tracking Service (HPTS) to survey PTs and OTs in order to obtain more reliable practice data for these health professionals. The professional associations were not interested.

Ms. Roberts-Johnson stated that DHHS has a contract with UNMC HPTS to do tracking of certain health professionals for the purpose of emergency preparedness and has started looking at that contract to see about adding 2 more groups of health professionals, i.e., PTs and OTs. According to Ms. Roberts-Johnson, adding an amendment to this contract will allow DHHS to have PT and OT practice data. Ms. Roberts-Johnson stated that this will take time so PT and OT data will not be readily available. In the meantime, Marlene Janssen has spent a significant amount of time collecting information on PTs practicing in Webster County.

According to the information collected, Ms. Roberts-Johnson reported that there are 4 PTs practicing in Webster County; however, these PTs may not be practicing full-time. Under the current RHAC's guidelines, these 4 PTs would be counted, so Ms. Roberts-Johnson also had Marlene Janssen look at how much time each PT practiced in Webster County. Ms. Roberts-Johnson provided a summary of the information collected on PTs in Webster County. Based on the Rural Health Advisory Commission's shortage area guidelines, PT shortage areas are based on the "number of licensed" PTs in the county. If we use the data collected, the population to the number of PTs licensed in the county ratio is $\frac{3,508}{4} = 876$ to 1.

To be designated a state-designated physical therapy shortage area, the population to PT ratio must equal or exceed 5,000/1 or 4,500 – 4,999/1 with a high need indicator. While Webster County has one high need indicator, it still does not qualify because the population to PT ratio is less than 4,500/1.

Ms. Roberts-Johnson also reported that if actual practice time in Webster County could be used the full-time equivalency (FTE) of the PTs practicing in the county would be 1.8 to 2.0 FTE. (FTE is based on a 40-hour work week.) This would lead to a population to PT FTE ratio for Webster County of 1,754 to 1 or 1,948 to 1 which still does not meet the RHAC's guidelines for a shortage area designation.

Ms. Roberts-Johnson stated that no matter which way the numbers were calculated Webster County was not going to be a shortage area for physical therapy. This information will be reported by DHHS to the legislators after the RHAC has a chance to comment at this meeting.

RHAC discussed the fact that, no matter what, the numbers show that Webster County does not qualify as a physical therapy shortage area. Jenifer Roberts-Johnson added that the HPTS survey process is much better now than it was several years ago so adding PTs and OTs at this time is more cost-effective than it would have been. (The funding source will be the federal grant funds for the State Offices of Rural Health.) Secondly, surveying PTs and OTs will be a bit more difficult than other health professions because one of the things learned by surveying PTs in Webster County is that companies contract for services and so the same PT may not always practice at a specific site in the county even though the site contracts for a certain number of PT hours each week.

Dr. Rebecca Schroeder asked what will be the next step in this process. Jenifer Roberts-Johnson replied that through all of this there will be a better process and better data even though it will not affect the

person that has made the inquiry. According to Ms. Roberts-Johnson, we have done all we can do and the facts are the facts. Ms. Roberts-Johnson also noted that she learned through all this research that this individual has never applied for the Nebraska Loan Repayment Program but that may be because he was told Webster County was not a shortage area.

Marty Fattig stated that when the RHAC was first presented with this issue, back in 2009, the PT reported that there was only one other PT in Webster County and that PT was not actually working in the county. We have since found out that this was not the case, and in fact there were more PTs practicing in the county than even the PT that reported this knew.

Dr. Mark Goodman asked to have the record show the RHAC's appreciation to Marlene Janssen and Jenifer Roberts-Johnson for the footwork on fleshing this out and an eye for attempting to favor an applicant. This was a noble thing and the process is now going to be better. Marty Fattig added that he has really enjoyed working with Jenifer Roberts-Johnson on this issue.

Marlene Janssen reported that through her work with UNMC HPTS and their timeline, the PT and OT FTE data will probably not be available in time for the 3-year statewide review of shortage areas in 2013. This means that the RHAC may have to wait until the September or November 2013 meeting to approve new PT and OT shortage areas. It is anticipated that the other shortage areas will be approved by July 1, 2013.

Marlene Janssen stated that the RHAC may want to revise the PT and OT shortage area guidelines to reflect the FTE data that will be available. This will require a motion.

Dr. Rebecca Schroeder moved to have the RHAC Program Committee review the PT and OT shortage area guidelines to reflect full-time equivalency data and ratios and provide recommendations to the full commission at the next meeting. Dr. Mark Goodman seconded the motion. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Excused: Boswell, Dilly, Kralik, Wells.

Dr. Mike Sitorius left at 1:44 p.m.

Dr. Mike Sitorius returned at 1:49 p.m.

3. B. Medicaid Meaningful Use

Marty Fattig introduced Sarah Briggs, DHHS Administrator for Medicaid IT Initiatives and Michelle Hood, DHHS Meaningful Use Coordinator, to present on Medicaid Meaningful Use.

Sarah Briggs provided an overview of the Nebraska Medicaid Electronic Health Record (EHR) Incentive (payment) Program. Enrollment was launched at the beginning of May 2012. The purpose of the incentive program is to encourage eligible Medicaid providers to adopt and subsequently meaningfully use certified EHR technology. The EHR incentive program is not part of the Affordable Care Act (ACA); it was included in legislation passed prior to the ACA.

Certain types of providers and hospitals are eligible to apply. Hospitals may apply under both Medicaid and Medicare but other providers have to choose either Medicaid or Medicare. Providers first need to register at the federal Centers for Medicare and Medicaid Services (CMS) website and then come to the

Nebraska registration site. Incentive payments are not intended to cover all of the costs involved in EHR adoption, implementation, and practice reorganization. Incentive payments are issued after a provider demonstrates program compliance. DHHS will run the Medicaid encounter numbers to determine Medicaid volume numbers for any provider that contacts DHHS.

Michelle Hood provided information on Meaningful Use. DHHS must be ready to receive lab, immunization, and other health related information in a secure manner. This information will be used to improve the health of Nebraska residents by sharing statistics with providers. The Nebraska State Immunization Information System (NESIIS) was launched in March 2008. NESIIS is a secure, statewide, web-based system developed to connect and share immunization information across the Nebraska. Ms. Hood discussed the various electronic data systems that submit data to NESIIS which is capable of uni-directional and bi-directional data exchange.

Dr. Mike Sitorius commented that he did not understand everything reported about Meaningful Use and EHR but he has a huge fear as a provider that we are losing track of what the purpose of health care is about and that is taking care of patients. While this may be the ultimate goal, we seem to be focusing on how to capture the money, not just in Nebraska but overall, and we are accumulating a lot of data. Michelle Hood and Dr. Sitorius discussed the general benefits of NESIIS for the provider. Dr. Goodman commented that NESIIS will help with children's immunizations because these records are so scattered.

4. Program 175 – Rural Incentive Programs

- **Loan Repayment Updates**

Marlene Janssen reported that Paige Trausch, P.A. and Jennifer Stanton, P.A., both from Holt County, signed loan repayment contracts and then rescinded their contracts because they were leaving the shortage area. Marty Fattig added that they left for different reasons not that there is a big issue going on in Holt County.

- **Review Current Budget and Future Needs**

Marlene Janssen reported that the current budget would allow the RHAC to approve all of the current applications for loan repayment; however, at the student loan interviews today the interviewers will be recommending more student loans than what Ms. Janssen budgeted. Ms. Janssen suggested that the RHAC, after the closed session discussion, only approve loan repayment applicants on the waiting list that will begin practice on or before September 1, 2012 and then re-evaluate the applications at the September meeting.

There was a discussion about future needs and when to request additional funding for the rural incentive programs. Ms. Janssen pointed out that over the last several years the goal has been to “maintain” level funding and this has been accomplished, in part, by spending down cash funds. This only works; however, if cash funds are available. Dr. Scot Adams stated that the Governor is currently working on the next biennium budget (FY2013-14 through FY2014-15).

Marlene Janssen reported that the rural incentive programs have been expanded several times over the years without additional general fund appropriation. State funds currently used for these programs are around \$1.2M plus there is cash spending authority required for the local match funds, around

\$700,000+. The RHAC has had to reduce the number of awards when the maximum amounts were increased by the Legislature. The RHAC has also been creative in staggering awards for loan repayment.

Marty Fattig stated that “cash spending authority” has been explained to the executive and legislative branches of government. Cash Spending Authority for the local match does not cost the State of Nebraska anything but it inflates the program budget so it looks like there is more money than what really is available. Mr. Fattig asked how the RHAC can request an increase in the rural incentive program budget. Marlene Janssen stated that this is done through the legislative process and can be discussed in more detail under the legislative update.

Dr. Zach Frey questioned how the RHAC can approve several general internal medicine physicians and general pediatricians that will be practicing in larger rural areas when family practice physicians are in need in less populated areas. Marlene Janssen responded that this was a good question because some years ago the RHAC established guidelines for approving loan repayment applications within and between specialties and professions. Two of the criteria are the population to FTE ratio and high need indicators.

- **Accounts Receivable Report**

Marlene Janssen reported on the following accounts receivable:

Student Loan Update (Contract Buyout and Defaults)

Ryan Boyd, dental student – in-school buyout, full payment due 5/01/13

Mary Metschke, D.D.S. – current (left shortage area)

Tom Pratt, DDS – current (left shortage area)

Andria Simons, med student – Sent case to DHHS Legal Services for collection

Les Veskrna, MD – current

Nick Woodward, DDS-Ped – current (left Nebraska after graduating)

Loan Repayment (Defaults – left shortage area for non-shortage area or left Nebraska)

Manda Clarke, APRN – current

Michelle Dickes, OT – current

Joseph Kezeor, M.D. – current

Richard Michael, MD – PAID IN FULL 5/2012

Amanda Whitenack, APRN – current

5. Policy Committee Report

Marty Fattig stated that the Policy Committee recommendations are the same as last time (March meeting) and there is nothing new to report.

6. Legislative Updates/Proposals

Marty Fattig reviewed the federal and state legislative issues. The federal issues were the same as reported at the March 2012 RHAC meeting. There was a discussion about the Medicare Payment Advisory Committee (MedPAC) report which is very negative for rural access. According to Dave Palm, MedPAC uses volume data, patient satisfaction, etc. and have concluded that there is not an access problem in rural areas. Marty Fattig stated that according to MedPAC the quality of care in rural hospitals is not as good compared to urban centers.

Dr. Mike Sitorius left at 2:41 p.m.
Dr. Sitorius returned at 2:44 p.m.

Sharon Vandegrift asked how MedPAC gets its information. Mr. Fattig replied that hospitals submit a “public reportable data” card to MedPAC but Critical Access Hospitals are not required to submit this report. Dave Palm added that MedPAC uses some data sources that he, personally, is not familiar with; but they do look at Medicare data and they conclude that Medicare data is comparable between urban and rural. They do not consider the intensity of the care provided so their conclusions are not necessarily accurate. MedPAC has never been pro-rural and does not like cost-based reimbursement. There is only one rural representative on the committee.

Sharon Vandegrift left at 2:54 p.m.
Sharon Vandegrift returned at 2:55 p.m.

Marty Fattig summarized state legislative issues from the 2012 legislative session. The good news includes legislation that passed exempting Rural Health Clinics from sales tax; providing prenatal coverage for low income women who are ineligible for Medicaid; establishing a criminal penalty for assault of licensed healthcare provider; changing the 407 process concerning proving public harm; and removal of “immediate” from scope requirement for EMTs.

Marlene Janssen stated that this would be a good time for the RHAC to make any motions on the budget issues and requests discussed earlier. Marty Fattig reported that when he has visited, on behalf of the RHAC, with legislators and specifically the Legislative Appropriations Committee chair, he has been upfront and honest about the rural incentive cash funds and supported spending down those funds. Mr. Fattig stated that with term limits and the change in legislators, this would be a good time to discuss the financial needs of the rural incentive programs. Dr. Sitorius stated that we need to let the Legislature know that we need funds now for the rural incentive programs because it may take several budget cycles to realize an increase in funding. Dr. Schroeder suggested showing the Legislators the impact the rural incentive programs have had in Nebraska, specifically using visual aids such as maps. There was also some discussion about the student loan debt of health professionals leaving training increasing at an astronomical rate. It is not unusually to see student loan debt around \$250,000 to \$300,000.

Marlene Janssen reported that in 1994 student loan debt averaged around \$60,000 then when the maximum amount of loan repayment awards was increased the debt was around \$120,000 and now it is common to see student loan debt over \$200,000. Ms. Janssen stated that this is another issue the RHAC may want to look at to increase the maximum amount of loan repayment and student loans under the rural incentive act. Dr. Sitorius stated we need more for loan repayment because that is where the health professionals know what they are going to do. The student loan side does not have that commitment.

Tom Rauner reflected that the National Health Service Corps (NHSC) Loan Repayment Program received a substantial increase in funding over the past three years so HPSA scores were not being used to qualify health professionals for loan repayment. Nebraska was able to place a significant number of health care professionals using the NHSC Loan Repayment Program. Now, with federal funding limitations, the NHSC is going back to using HPSA scores to qualify health professionals for the NHSC Loan Repayment Program and Nebraska's HPSA scores, especially for primary care, are comparatively too low to qualify. Mr. Rauner commented that mental health professionals in Nebraska may still be able to qualify for NHSC Loan Repayment Program but primary care health professionals will be trying to access state loan repayment programs.

Marty Fattig asked Marlene Janssen to explain the potential state funds needed to approve all the loan repayment applications. Ms. Janssen stated that if all the loan repayment applications were approved that state match obligation for FY2012-13 would be over \$800,000, and that includes the currently obligated loan repayment state match funds.

Dr. Mark Goodman asked Ms. Janssen how she responds to inquiries about the rural incentive programs when state match dollars may not be available. Ms. Janssen responded that when she presents to college students, for example, she states that the rural incentive programs are a fantastic opportunity for rural-minded students to consider; however, funding is not guaranteed. These are competitive programs and while a loan repayment applicant may be placed on a waiting list, in the past 17 years, the longest anyone has had to wait for loan repayment was 18 months and this was due to a legislative glitch. Marlene Janssen also stated that she encourages health professionals to apply for loan repayment early because they can apply up to 18 months prior to being eligible for the program.

Dr. Goodman commented that the Legislature and Governor would probably respond more favorably if constituents would contact them about the rural incentive programs instead of the RHAC making a request. Constituents can tell their representatives what these programs mean to the rural community. Health care is the multiplier on "Main Street!" There was some discussion that the RHAC is an "independent" commission appointed by the Governor to advise the Governor and Legislature on rural health issues. Commission members are representatives from rural areas and this needs to be highlighted in correspondence with the Governor and/or Legislature.

Dr. Mark Goodman moved to have the Office of Rural Health prepare a legislative proposal, on behalf of the RHAC, through DHHS to increase the rural incentive program (Program 175) general funds to \$1.6M and cash spending authority to an equal amount of \$1.6M. Dr. Mike Sitorius seconded the motion. Motion Carried. YES: Frey, Goodman, Schroeder, Sitorius, Vandegrift; NO: None; ABSTAINED: Adams and Roberts-Johnson; Excused: Boswell, Dilly, Kralik, Wells.

Dr. Rebecca Schroeder moved to have the RHAC chair and other RHAC members to be appointed by the chair contact the Legislative Appropriations Committee chair and request an increase in the rural incentive program (Program 175) general funds to \$1.6M and cash spending authority to an equal amount of \$1.6M. Sharon Vandegrift seconded the motion. YES: Frey, Goodman, Schroeder, Sitorius, Vandegrift; NO: None; ABSTAINED: Adams and Roberts-Johnson; Excused: Boswell, Dilly, Kralik, Wells.

7. Closed Session

- **Student Loan Recipient Request**

- **Student Loan Applications**
 - **New**
 - **Continuation**
- **Loan Repayment Applications**

Dr. Mike Sitorius moved to go to closed session to discuss requests from student loan recipients and review loan repayment applications at 3:15 p.m. Dr. Mark Goodman seconded the motion. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Excused: Boswell, Dilly, Kralik, Wells.

Marty Fattig stated that the RHAC would go to closed session to discuss requests from student loan recipients and review student loan and loan repayment applications at 3:15 p.m. and asked non-essential staff and guests to please leave the room for a few minutes.

Dr. Scot Adams left at 3:19 p.m.
 Dr. Scot Adams returned at 3:21 p.m.

8. Open Session

- **Motions on Closed Session Discussion**

Dr. Mark Goodman moved to go to open session at 3:29 p.m. Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Excused: Boswell, Dilly, Kralik, Wells.

Dr. Mark Goodman moved to approve Anitra Warrior’s request to extend the time period to obtain her doctorate degree to an August 2014 graduation date. Dr. Mike Sitorius seconded the motion. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Excused: Boswell, Dilly, Kralik, Wells.

Dr. Rebecca Schroeder moved to approve student loans at the maximum level of \$20,000 for doctorate level students and \$10,000 for full-time master’s level students. Dr. Mark Goodman seconded motion. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Excused: Boswell, Dilly, Kralik, Wells.

Dr. Scot Adams moved to approve the following continuation student loan applicants:

Connor Christensen – D	Jason Grant – D	Kathryn Griess – PA
Ashley Maxon – M	Greg McClanahan – M	Kate Wolford Wawrzynkiewicz – D

Dr. Mike Sitorius seconded motion. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Excused: Boswell, Dilly, Kralik, Wells.

Dr. Mark Goodman moved to approve the following new student loan applicants:

Jordan Erickson (MH)	Dana Kubo (MH)	Michael Powell (Medical)
Thomas Florez (MH)	Kelli Means (MH)	David Seger (Dental)
Danial Hanlon (Dental)	Alyssa Olsen (PA)	Janice Sherman (MH)

Dr. Rebecca Schroeder seconded motion. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Excused: Boswell, Dilly, Kralik, Wells.

Marty Fattig recused himself from the discussion and vote on the loan repayment applications on the waiting list because one applicant will be practicing in Nemaha County.

Dr. Mike Sitorius moved to approve the following loan repayment applicants with practice obligation dates as indicated:

Isaac Berg, M.D. (IMS, Hall County)	August 1, 2012 – July 31, 2015
Michael Donner, M.D. (IMS, Hall County)	August 1, 2012 – July 31, 2015
Adam Pentel, D.O. (Gen'l Surgery, Dodge County)	August 1, 2012 – July 31, 2015
Gary Lehn, D.D.S. (Ped DDS, Adams & Hall Cos.)	August 1, 2012 – July 31, 2015
Terra Drueke, APRN (FP, Holt County)	July 1, 2012 – June 30, 2015
Katrina Conrad, D.D.S. (Gen'l DDS, Nemaha Co.)	July 1, 2012 – June 30, 2015

and move the following loan repayment applications to the waiting list to be reviewed at the September 2012 meeting: Haley Haymart, O.T; Jessica Leibhart, D.O. (FP); Jonathan Jessen, D.D.S.; Tara Borsh, Psy.D.; Jordan Hanson, Pharm.D.; Amy Borchert, Pharm.D.; Bryan Felker, P.T.; Jenna (Thiele) Jacob, APRN (FP); Matthew Weingart, Pharm.D.; Joleen Griess, P.T.; Cassandra Brader, APRN (FP); and Zane Zimmerman, D.O. (FP). Dr. Scot Adams seconded the motion. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Abstain: Fattig; Excused: Boswell, Dilly, Kralik, Wells.

Dr. Scot Adams left at 3:35 p.m.

9. Primary Care Office Report

Tom Rauner reiterated that due to fewer NHSC Loan Repayment awards available for Nebraska there will be more requests for the Nebraska Loan Repayment Program.

Mr. Rauner reported that the Nebraska PCO is working with Dr. Don Pathman (North Carolina) on a retention study of NHSC Loan Repayment recipients. There are eleven states involved in this project. Mr. Rauner said he will also be surveying Nebraska Loan Repayment Program recipients. It is anticipated that some information will be available by the end of 2012.

10. Other Business

Marty Fattig announced that Denny Berens, Director of the Nebraska Office of Rural Health, is retiring on July 6, 2012. An envelope and card are being passed around for anyone that wants to contribute to a Cabela's gift certificate for Mr. Berens. There will be a retirement open house at DHHS on Tuesday, July 3, 2012 from noon to 2:00 p.m.

11. Adjourn

Dr. Mike Sitorius moved to adjourn at 3:38 p.m. Motion carried. YES: Adams, Frey, Goodman, Roberts-Johnson, Schroeder, Sitorius, Vandegrift; NO: None; Excused: Boswell, Dilly, Kralik, Wells.