

**Minutes of the**  
**RURAL HEALTH ADVISORY COMMISSION**

**Friday, March 16, 2012**  
**1:30 p.m. – 4:00 p.m.**

**Nebraska Department of Health & Human Services**  
**220 S. 17<sup>th</sup> Street**  
**Lincoln, Nebraska**

Members Present: Kathy Boswell; Doug Dilly, M.D., Marty Fattig, Mark Goodman, M.D., Shawn Kralik, D.D.S., Peggy Rogers, Rebecca Schroeder, Ph.D., Sharon Vandegrift, R.N., Roger Wells, P.A.-C.

Members Absent: Scot Adams, Ph.D.; Zach Frey, M.D., Jenifer Roberts-Johnson, J.D., Mike Sitorius, M.D.

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

**1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of November 18, 2011, Meeting; Introduce Members and Guests**

Chairman Marty Fattig called the meeting to order at 1:31 p.m. with the following members present Kathy Boswell; Doug Dilly, M.D., Marty Fattig, Mark Goodman, M.D., Shawn Kralik, D.D.S., Peggy Rogers, Rebecca Schroeder, Ph.D., Sharon Vandegrift, R.N., Roger Wells, P.A.-C.

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 change: omit item “DHHS Meaningful Use” under Other Business. Dr. Doug Dilly seconded the motion. Motion carried. YES: Boswell, Dilly, Goodman, Kralik, Rogers, Schroeder, Vandegrift, Wells; NO: None; Excused: Adams, Frey, Roberts-Johnson, Sitorius.

Roger Wells moved to approve the Minutes of the November 18, 2011 meeting. Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Boswell, Dilly, Goodman, Kralik, Rogers, Schroeder, Vandegrift, Wells; NO: None; Excused: Adams, Frey, Roberts-Johnson, Sitorius.

Seeing no guests, Mr. Fattig proceeded to agenda item #2.

**2. Administrative Items**

- **Review Membership Lists (in folders)**
- **Next Meeting: Friday, June 22, 2012, 1:30 p.m. in Lincoln**

- **Student Loan Interviews/Interviewers**
- **Other Announcements – Accountability & Disclosure Statements**

Marty Fattig asked commission members to review the 2 membership lists in their folders and explained one is the public list and the other is the non-public list. If there are any corrections, please contact Marlene Janssen or Deb Stoltenberg.

Mr. Fattig announced that the next meeting is Friday, June 22, 2012 in Lincoln and the student loan interviews will take place prior to the meeting. Marlene Janssen stated that we need to have 4 interviewers as a minimum but 6 are best. The following commission members agreed to interview: Doug Dilly, M.D., Marty Fattig, Mark Goodman, M.D., Shawn Kralik, D.D.S., Rebecca Schroeder, Ph.D., Mike Sitorius, M.D. and Roger Wells, P.A.-C.

Marty Fattig reminded commission members that Accountability and Disclosure Statements (Form C1) are due April 1, 2012.

### **3. Primary Care Office**

Tom Rauner reported he recently submitted a couple of mental health and dental, Health Professional Shortage Area (HPSA) updates. The dental HPSAs are Medicaid HPSAs.

Zach Frey, M.D. arrived at 1:39 p.m.

Mr. Rauner stated that he is working on a retention study with Dr. Don Pathman of National Health Service Corps (NHSC) recipients plus about 150 of the Nebraska loan repayment recipients. One of the objectives of this study is to define “retention” for national use. Initial data should be available around September or October 2012.

Commission members received a Frontier Map in their packets. Mr. Rauner discussed the definitions of Frontier Areas. Currently the definition is 7 or less persons per square mile but there is a movement to define Frontier Areas as 20 or less persons per square mile. Marlene Janssen added that some of the state designated shortage area guidelines set by the Rural Health Advisory Commission (RHAC) includes Frontier Area as one of the high need indicators and that is defined as *fewer than 6* persons per square mile.

Tom Rauner left at 1:50 p.m.

### **4. Policy Committee**

Marty Fattig announced that the RHAC’s Policy Recommendations are in the members packets. These are the same recommendations that were discussed at the November 2011 meeting and in the Annual Report. Mr. Fattig stated that the executive summary of these recommendations was included in the latest ACCESS newsletter.

### **5. State & Federal Legislation Update**

Marty Fattig handed out a summary of current legislative issues that impact rural health. Discussions at the federal level include: (1) reducing from Critical Access Hospital (CAH) reimbursement from 101% to 100% of cost; (2) prohibiting CAH designation for hospitals less than 10 miles apart; (3) reduce bad debt allowance based on Medicare reporting (a) from 70% to 65% for Prospective Payment System (PPS) hospitals, (b) 100% to 65% for CAHs, and (c) 100% to 55% for Certified Rural Health Clinics (CRHC); (4) Substantial Growth Rate (SGR) fix (Medicare physician payments); (5) Affordable Care Act changes, if it's not repealed or found unconstitutional; (6) debt reduction, election, Medicare Payment Advisory Committee (MedPAC) recommendations; (7) first phase of Meaningful Use (4% of doctors and 8% of hospitals, nationally); and (8) Meaningful Use Stage 2 Notice of Proposed Rural Making (NPRM). There was a general discussion about Medicare fraud including international markets.

Marty Fattig reported on the following state legislative issues: (1) Medicaid Managed Care (Medicaid Advantage) is going statewide; (2) changes to Division of Children and Family Services and talk about even taking it out of DHHS; (3) proposed Medicaid cuts from DHHS that were opposed by a lot of people and the Legislature; (4) Medicaid Meaningful Use; (5) sales tax exemption for CRHC (LB 40 on final reading); (6) prenatal coverage for low income women who are ineligible for Medicaid (LB 599 on general file); (7) LB 646 removes "immediate" from scope requirement for Emergency Medical Technicians (EMTs) passed; (8) LB 677 criminal penalty for assault of licensed healthcare provider, passed; (9) establish local offices for access to public benefits (ACCESS Nebraska), LB 825 on general file; (10) LB 831 require licensure of genetic counselors on final reading; (11) LB 834 changes to "407" process, the process used when there are any changes to the scope of practice of licensed health care providers, removes proving public harm if change is not made; (12) LB 835, if passed, establishes insurance exchanges in Nebraska according to the ACA; (13) LB 952 changes appropriations related to Medicaid; (14) LB 960 changes to Health Care Cash Fund, due to low interest rates there is not as much money to distribute without spending principal; and (15) LB 995 changes the county hospital statutes which are outdated.

2:22 p.m. Sharon Vandegrift stepped out.

2:24 p.m. Sharon Vandegrift returned.

## **6. Nebraska Workforce 2020 Project**

Roger Wells reported on the latest activities of the Workforce 2020 Project subcommittee which last met on February 23, 2012 to discuss the initiative of the Workforce, review minutes of past meetings, and develop proposals for potential grants.

There was a discussion about the initiatives by the UNMC College of Public Health, UNL rural health initiatives, and the public policy from the Governor of the State of Nebraska. These initiatives are all integrative and the Workforce 2020 Project subcommittee recommended trying to attach initiatives from the Workforce 2020 group rather than trying to restart new initiatives. The committee also discussed the development of a vision on mission and priorities, memberships, membership support, and development of a website

The Rural Assistance Center offered to put up a website and then link the data for a fee of \$6,900. There were also discussions about the Nebraska Entrepreneur program and the Helmsley Charitable Trust Fund.

The Workforce 2020 subcommittee estimated costs for consultants, labor, etc. to be approximately \$100,000 for the first year. Multiple opportunities may be present if we had additional startup contributions from the Department of Health and Human Services, Nebraska Hospital Association, Nebraska Rural Health Association and Catholic Health Initiatives.

In summary, the committee recommended initiation of a non-profit organization utilizing websites at a new domain, establishment of banking privileges, hiring an employee, developing a logo, and utilization of the present activities of the UNMC College of Public Health, the Nebraska Rural Health Initiative and the Legislative initiatives set forth by the Governor of Nebraska. With this non-profit status, the Workforce 2020 Project would have the greatest opportunity for donation and gifts. The needs assessment will be identified over the next few weeks and then the group will reconvene.

## **7. Update on National Committee on Rural Health & Human Services**

Roger Wells is a representative on the National Advisory Commission on Rural Health and Human Services which met in Washington DC on February 15-17, 2012. Mr. Wells reported that the meeting focused on updates on the new directions and issues for rural health and the effects of the Affordable Care Act (ACA) of 2010. Several key issues were brought forward:

- The Supervision of OutPatient Services is still undecided and could have a severe negative impact on rural facilities doing routine procedures such as cardiac rehabilitation, nuclear stress testing and radiology procedures. A final ruling is expected around October 2012.
- The IT Broad Band is still limited in access for rural communities and needs to be enhanced; however, the supply of appropriate IT support, excessive cost, etc. is limiting many rural health clinics and hospitals. Little support is being brought forward.
- Demonstration Projects from the Office of Innovation are not attempting to evaluate the effect of the new law or outcomes on rural models of health care. The numbers are small and the interest is low as a few patients can skew the outcomes so severely the investigations are of little value.
- Federal Qualified Rural Health Centers (FQHC's) serve over 10 million people. This is one of every 7 in rural America. Representatives feel this is an adequate service initiative and are not willing to expand on this budget at this time.
- The definition of rural for the establishment (of Rural Health Shortage Determinations) for rural health benefits has been attempted three times since 1988 and finally, a definition is before the Secretary of Health for approval. This should be finalized by July 2012. Nebraska should not be affected by this new definition.
- The new motto for the Center for Medicare and Medicaid Services is "Better Health, Better Care, Better Cost." An alternative by Bill Finerfrock from the Association of Rural Health Clinics proposed: "Accessible, Affordable, A+ Quality." Little is reviewed if the three C's are addressed in any new model or policy.

Roger Wells stated that the National Committee on Rural Health & Human Services accepted his offer to meet in Nebraska in June of 2014.

## 8. Program 175 – Rural Incentive Programs

- Student Loan Recipient & Practice Opportunities

Marlene Janssen reported that Kim Salber, a student loan recipient, sent an email indicating she is having difficulty finding employment in a state-designated shortage area. Ms. Janssen stated that this was an issue about 10 years ago and the RHAC suspending any new physician assistant (P.A.) student loans for a few years because P.A.s are also eligible for the Nebraska Loan Repayment Program. Ms. Janssen asked the commission members to please discuss whether or not to give student loans to P.A. students this coming fiscal year.

Dr. Rebecca Schroeder commented that interviewers have told P.A. students that they may have difficulty finding employment in a shortage area. Dr. Schroeder also noted that Ms. Salber refers in her mail to the student loan “grant” and this is not a grant. Marlene Janssen replied that she has already corrected Ms. Salber on that issue.

Roger Wells and Dr. Doug Dilly asked whether there are jobs in shortage areas or does she not want to take those jobs and we do not know the answer to those questions. Drs. Goodman, Dilly, and Schroeder summed it up best by stating the RHAC should continue what we are doing because applicants are told during the interview process several times that they are responsible for finding employment in a shortage area and that it may be difficult especially if they limit their choices to a specific area. The consensus was to continue P.A. student loans and continue emphasizing the employment issues in shortage areas.

- Review Current Budget

Marlene Janssen stated that there are enough state funds to fund the loan repayment applications that will be reviewed during the closed session. Ms. Janssen pointed out that the Legislature and Governor’s office have continued to support spending down the “student loan” cash account through increased cash spending authority. Based on current projections, the student loan cash account will be spent down significantly by the end of FY2012-13 and additional funding may be necessary to support the rural incentive programs at the current level. Ms. Janssen also added that there are cash funds in the “loan repayment” cash account that are not local match funds so there are some fail-safe funds to maintain rural incentive payments in case there is no additional appropriation of funds.

- Accounts Receivable Report

Marlene Janssen provided the following report on accounts receivables:

### Student Loan Update (Contract Buyout and Defaults)

Bobbie Augustine, D.D.S. (Ped) – Paid in Full  
Rachel Blake, M.D. – current (rec’d partial forgiveness then left shortage area)  
Ryan Boyd, dental student – in-school buyout, full payment due 5/01/13  
Mary Metschke, D.D.S. – current (left shortage area)  
Nicole Mitchell, M.D. – Paid in Full  
Tom Pratt, DDS – current (left shortage area)

Carrie Ramsey , P.A. – hours in shortage area reduced to less than 20; Paid in Full  
Andria Simons, med student – enrollment cancelled 01/2011; 3<sup>rd</sup> Notice 11/10/11  
Sent case to DHHS Legal Services for collection  
Les Veskrna, MD – current (non-shortage area practice, would have been written off in  
2003 but he agreed to repay the principal)  
Shea Welsh, med student – Paid in Full  
Nick Woodward, D.D.S. 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 – current  
Amanda Whitenack, APRN – current

## **9. State-Designated Shortage Areas**

- **Nemaha County Request (general dentistry)**

Marty Fattig recused himself from the discussion and vote on the Nemaha county request and had Dr. Doug Dilly, vice chair, lead the group. Marlene Janssen reported that Dr. William Bucy submitted a request to have Nemaha County designated as a state-designated general dentistry shortage area. Ms. Janssen stated that she reviewed the changes in Nemaha County with the UNMC Health Professions Tracking Services and confirmed that there are 1.8 full-time equivalent (FTE) general dentists practicing in the county. The population to general dentist FTE meets the guidelines set by the RHAC for designation as a shortage area. Dr. Dilly asked for a motion to approve Nemaha County as a state-designated general dentistry shortage area effective December 1, 2011, since the request was received November 17, 2011.

Dr. Mark Goodman moved to approve Nemaha County as a state-designated general dentistry shortage area effective December 1, 2011. Peggy Rogers seconded the motion. Motion carried. YES: Boswell, Frey, Goodman, Rogers, Schroeder, Vandegrift, Wells. NO: None. Excused: Adams, Roberts-Johnson, Sitorius. Abstained: Kralik. Marty Fattig recused himself from the discussion and vote.

- **Follow-up on Change to Shortage Area Guidelines**

Marty Fattig reported on the request the RHAC made to DHHS legal staff concerning changing the shortage area guidelines to reflect that “state” agencies/facilities are not eligible to be designated as state-designated shortage areas even if they are located in a geographic shortage area. This has to do with the recent legal interpretation that state employees are not eligible for benefits under the Rural Health Systems and Professional Incentive Act. According to DHHS legal staff, the RHAC does not want to exclude the possibility of an individual who is receiving benefits from either of the rural incentive programs from providing professional services *in* a state agency’s facility located in a geographic shortage area. The exclusion of state facilities in the shortage area guidelines is not necessary as long as the health professional is not a state employee. No further motion is needed and the shortage area guidelines will not be changed.

## 10. CLOSED SESSION

- **Request from Student Loan Recipients**
- **Review Loan Repayment Applications**

Dr. Mark Goodman moved to go to closed session at 2:59 p.m. to discuss requests from student loan recipients and review the loan repayment applications at 2:59 p.m. Dr. Doug Dilly seconded the motion. Motion carried. YES: Boswell, Dilly, Frey, Goodman, Kralik, Rogers, Schroeder, Vandegrift, Wells. NO: None. Excused: Adams, Roberts-Johnson, Sitorius.

Marty Fattig stated that the RHAC would go to closed session to discuss requests from student loan recipients and review loan repayment applications at 2:59 p.m. and asked non-essential staff and guests to please leave the room for a few minutes.

3:02 p.m. Dr. Mark Goodman left the meeting.

## 11. OPEN SESSION

Dr. Doug Dilly moved to go to open session at 3:05 p.m. Peggy Rogers seconded the motion. Motion carried. YES: Boswell, Dilly, Frey, Kralik, Rogers, Schroeder, Vandegrift, Wells. NO: None. Excused: Adams, Roberts-Johnson, Sitorius, Goodman.

Dr. Shawn Kralik moved to approve the following student loan recipients' requests due to extenuation circumstances: Dee Bednar's request to extend the time to obtain her non-provisional license and enroll as a Medicaid provider until **June 1, 2012** and Mike Renner's request to extend the time to begin practice in a state-designated shortage area until **June 1, 2012**. Dr. Doug Dilly seconded the motion. Motion carried. YES: Boswell, Dilly, Frey, Kralik, Rogers, Schroeder, Vandegrift, Wells. NO: None. Excused: Adams, Goodman, Roberts-Johnson, Sitorius.

Dr. Rebecca Schroeder moved to approve the following loan repayment applicants with 3-year practice obligations as indicated:

Daniel Leonard IV, D.O., Adams County (Pediatric), December 1, 2011 – November 30, 2014  
Paige Trausch, P.A., Holt County (Family Practice), January 1, 2012 – December 31, 2014  
Jennifer Stanton, P.A., Holt County (Family Practice), February 1, 2012 – January 31, 2015  
Kelly Geweke, APRN, (0.75 FTE), Valley (Ord), Garfield, Sherman Counties,  
February 1, 2012 – January 31, 2015  
Nathan Stec, P.A., Pierce County (Plainview), March 1, 2012 – February 28, 2015  
Kelly Jueden, APRN, Stanton County (Woodland Park Clinic – Norfolk),  
March 1, 2012 – February 28, 2015

and move the following loan repayment applicants to the waiting list:

Riley Eckmann, M.D., Knox County (FP)  
Ryan Banks, M.D., Holt County (FP)  
Terra Drueke, APRN, Holt County (FP) (0.8 FTE)

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

Marty Fattig recused himself from the discussion and vote concerning the loan repayment application from Katrina Conrad, D.D.S. and had Dr. Doug Dilly lead the meeting. Dr. Dilly asked for a motion on the loan repayment application from Katrina Conrad, D.D.S.

Dr. Zach Frey moved to place Katrina Conrad's (dentist, Nemaha County (Auburn)) loan repayment application on the waiting list. Peggy Rogers seconded the motion. Motion carried. YES: Boswell, Frey, Rogers, Schroeder, Vandegrift, Wells. NO: None. Excused: Adams, Goodman, Roberts-Johnson, Sitorius. Abstained: Kralik. Marty Fattig recused himself from the discussion and vote.

## **12. Other Business**

- **Rural Futures Conference at UNL**

Roger Wells and Marlene Janssen provided information about the upcoming "Rural Futures Conference" at the University of Nebraska – Lincoln in May 2012. The conference objectives focus on engaging faculty and partners in a way that informs the development of the Rural Futures Institute (RFI) including initial focal areas; implanting the seeds for a new culture of innovation around the role of higher education in supporting positive rural futures; exciting faculty, staff, students, partners and stakeholders to become involved in the creation and future of the RFI; and providing a setting for attendees to build robust partnerships to address potential RFI objectives. Ms. Janssen stated that this conference is not focused just on health care but on rural culture and "growing your own" rural entrepreneurs. Roger Wells suggested that the RHAC approve someone from the commission to attend the conference and report back to the commission. The discussion that followed concerned who from the commission would be available to attend. The decision was then made to make a motion to have "a RHAC member" but that member must contact Marlene Janssen.

Dr. Doug Dilly moved to approve a RHAC member to attend the University of Nebraska Rural Futures Conference, May 8-10, 2012, on behalf of the RHAC and report back to the RHAC at the June 22<sup>nd</sup> meeting. The RHAC member needs to contact Marlene Janssen in order to receive reimbursement. Dr. Zach Frey seconded the motion. Motion carried. YES: Boswell, Dilly, Frey, Kralik, Rogers, Schroeder, Vandegrift, Wells. NO: None. Excused: Adams, Goodman, Roberts-Johnson, Sitorius.

## **13. Adjourn**

Dr. Doug Dilly moved to adjourn the meeting at 3:16 p.m. (no second necessary). Motion carried. YES: Boswell, Dilly, Frey, Kralik, Rogers, Schroeder, Vandegrift, Wells. NO: None. Excused: Adams, Goodman, Roberts-Johnson, Sitorius.