



RURAL HEALTH ADVISORY COMMISSION

NEBRASKA OFFICE OF RURAL HEALTH
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MINUTES of the RURAL HEALTH ADVISORY COMMISSION

Friday, June 24, 2016
Nebraska State Office Building
301 Centennial Mall South
Lincoln, Nebraska

Members Present: Brian Buhlke, D.O.; Andy Craig, M.D.; Sheri Dawson, R.N.; Marty Fattig; Jessye Goertz; Mary Kent; Lisa Mlnarik, MSN, APRN, FNP; Laeth Nasir, M.D.; Noah Piskorski, D.D.S.; Jenifer Roberts-Johnson, J.D.; Rebecca Schroeder, Ph.D.; Mike Sitorius, M.D.; Roger Wells, P.A.-C.

Guests: Patti Schwieder, Wide River; Ted Tucker, M.D., Fairbury Clinic; Nancy Glaubke, Valley County Health System

Staff: Margaret Brockman, Nancy Jo Hansen, Marlene Janssen, Tom Rauner, Deb Stoltenberg

1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of March 11, 2016, Meeting; Introduce Members (if guests are present)

Marty Fattig called the meeting to order at 1:39 p.m. with the following members present: Buhlke, Craig, Dawson, Fattig, Goertz, Kent, Mlnarik, Nasir, Piskorski, Roberts-Johnson, Schroeder, Sitorius, and Wells. Mr. Fattig announced that the Open Meetings Act and Agenda are posted by the door.

Dr. Laeth Nasir moved to approve the agenda. Dr. Brian Buhlke seconded the motion. Motion carried. YES: Buhlke, Craig, Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Roberts-Johnson, Schroeder, Sitorius, and Wells. NO: None.

Roger Wells moved to approve the March 11, 2016, Rural Health Advisory Commission (RHAC) meeting minutes. Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Buhlke, Craig, Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Roberts-Johnson, Schroeder, Sitorius, and Wells. NO: None.

Members and staff introduced themselves.

2. Administrative Items
 - Next Meeting: Friday, September 16, 2016 in St. Paul, Nebraska
 - Commission Members Terms Expiring September 30, 2016 –

- Rural Physician, Rural Hospital Administrator, Rural Consumer, Rural Nurse, Rural Dentist
- Other Announcements

Marty Fattig announced that the next commission meeting will be on Friday, September 16, 2016, at 1:30 p.m. in St. Paul, Nebraska.

Marlene Janssen announced that the following commission members' terms expire as of September 30, 2016: rural physician, rural hospital administrator, rural consumer, rural nurse, and rural dentist. The governor's office is currently accepting applications and current commission members may apply for re-appointment.

Marty Fattig provided an update on the Cherry County Hospital situation from the last Rural Health Advisory Commission meeting in June. The Rosebud Indian Reservation hospital/clinic closed their emergency department. Cherry County Hospital emergency department is being inundated with uninsured or underinsured patients from South Dakota.

At the June meeting, the Rural Health Advisory Commission agreed to have Marty Fattig contact Brent Peterson, CEO Cherry County Hospital, and ask how the commission could help. According to Mr. Fattig, Mr. Peterson asked the commission to send a letter to Senator Deb Fischer and Congressman Adrian Smith. Mr. Fattig stated that Congressman Smith was meeting with South Dakota's delegate and that the Rosebud Indian Reservation was working with a private company to get in compliance with Medicare and Medicaid. Congressman Smith was also meeting with the director of Indian Health Services (IHS) in Maryland. Mr. Fattig reported that the congressional delegates from both Nebraska and South Dakota recognize that the Indian Health Services issue affects more than the Rosebud Reservation, it also impacts the Pine Ridge and Winnebago reservations. South Dakota has offered to reimburse Cherry County Hospital in-state Medicaid rates for the South Dakota patients being treated. Marty Fattig stated that Senator Ben Sasse's office contacted him and asked for all the correspondence concerning the Cherry County Hospital and Rosebud Indian Reservation, which Mr. Fattig provided.

3. Discussion of clinical hours and ER coverage in rural areas – Dr. Ted Tucker, Fairbury, NE

Dr. Ted Tucker provided testimony on how Fairbury's health system functions and asked the Rural Health Advisory Commission to consider changing rural health emergency department coverage for purposes of the rural incentive programs. Dr. Tucker stated that he received a rural health student loan when he was in medical college and began practicing in Fairbury since completing his residency. Jefferson County (Fairbury) currently has four physicians and two physician assistants (PA). They are in the process of recruiting another PA. One of the challenges Fairbury is having with health professionals is creating a work-life balance with call requirement for emergency department coverage.

Dr. Tucker stated that health professionals are on-call one evening plus one night per week and one weekend per month. The desire to even take that amount of call is not there and that impacts physicians' schedules. To improve work-life balance Fairbury is moving PAs to 2.5 days per week in the clinic and 2.5 days per week covering the emergency room (ER). According to Dr. Tucker, coverage of the ER is part of primary care in a rural area. Dr. Tucker stated that he would be reluctant in allowing "ER coverage only" to be eligible for the rural incentive programs (loan repayment). The concern Fairbury is having is due to the Rural Health Advisory Commission's definition of part-time status based solely on clinic hours. Health professionals that split time equally between the clinic and ER coverage are considered full-time by the local entity.

Lisa Mlnarik asked why Dr. Tucker thought exclusive ER coverage in a Critical Access Hospital should not be considered primary care in a rural area. Dr. Tucker stated that it may be primary care in a rural area but some may argue that “only ER coverage” does not provide the longitudinal care that is part of the definition of primary care.

When asked how many patients are seen in the Fairbury ER, Dr. Tucker replied approximately 2,500 per year (6.7 patients per day). Roger Wells asked if the schedule could be changed to have the health professional work in the clinic with extended responsibility to cover the ER. The problem, according to Dr. Tucker, is you are up all night covering the ER and then have to come in to the clinic the next day.

Roger Wells suggested, and Dr. Tucker agreed, that the definition of a primary care practice would be that the practice is responsible for the general well-being of the population in the area for clinical care and ER coverage. Dr. Tucker stated that the practice should not be limited to just clinical time for purposes of the rural incentive programs.

Mr. Wells asked Marlene Janssen how full-time is defined in the statute (Rural Health Systems and Professional Incentive Act). Full-time is defined as “40 hours per week” and according to Mrs. Janssen, this has been interpreted to mean 40 hours per week not an average. Roger Wells then asked “of what” for the 40 hours per week. Marlene Janssen then read the medical specialties defined in the Act, “family practice, general practice, general internal medicine, general pediatrics, general surgery, obstetrics/gynecology, and psychiatry.” That’s what has been interpreted as the practice of these medical specialties over the years but this statute was written 25 years ago and things change.

Lisa Mlnarik stated that rural hospitals are contracting for weekend coverage; basically having health professionals come and sit in the ER from Friday night until Monday morning. This is obviously not primary care but is the reality in rural areas.

Marlene Janssen reported that the intent of the statute (Rural Health Systems and Professional Incentive Act) was to create a primary health care system. Jenifer Roberts-Johnson stated that maybe the commission needs to look at the statute, regulations, and guidelines and determine what needs to be changed to reflect what is actually happening in rural Nebraska. Marty Fattig stated that what the commission needs to consider is separating the *practice* of emergency medicine from the *specialty* of emergency medicine

Dr. Buhlke stated this may need to be a weighted situation. We have a limited amount of money so who benefits, the PA that is going to practice in a clinic setting or the PA that is only covering the ER. Money does not change the work-life balance and solve the problem. It is a huge issue and loan repayment will not help this whole situation. Dr. Buhlke added that four PAs work well for call schedule in Central City.

Dr. Tucker stated that Dr. Buhlke is unnecessarily valuing one type of rural primary care over another. Roger Wells asked if there is an ideal clinic/ER schedule. Fifty-fifty was Dr. Tucker’s response.

Roger Wells moved to put together a RHAC’s subcommittee to review rural health emergency department coverage. Dr. Mike Sitorius seconded the motion. Motion carried. YES: Buhlke, Craig, Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Roberts-Johnson, Schroeder, Sitorius, and Wells. NO: None. The following members volunteered to serve on the subcommittee: Dr. Brian Buhlke, Dr. Mike Sitorius, Roger Wells, Jenifer Roberts-Johnson, and Marty Fattig.

4. Federal & State Legislation
 - Current Legislative Issues

- Federal
- State
- Telemedicine, clean-up legislation, tele-pharmacy
- Rural Health Systems and Professional Incentive Act - Regulations

Roger Wells has been working with the National Rural Health Association and other groups concerning the new value-based purchasing model that is coming in 2017. MACRA is the Medicare Access & CHIP Reauthorization Act of 2015. MACRA changes how Medicare pays providers caring for beneficiaries. Providers will be paid based on giving *better care not just more care*.

Basically a patient comes into the health care system, a diagnosis is made, and the payment for the service is reimbursed. Under the value-based payment system someone will be looking at that diagnosis to determine how many times the patient has had that diagnosis over the year. The clinic patient is more difficult to treat so reimbursement is higher. The problem is starting in 2017, all of the patient's conditions will have to be coded and looked at. For example, if a patient with heart disease and diabetes is in a car accident and comes to the ER, the patient's heart disease and diabetes will have to be coded along with the accident injuries. This may not be an issue in a large urban setting where electronic health records (EHRs) may be accessible between the clinic and the hospital but in a rural setting, EHRs may not be available or accessible for the micro-coded conditions of the patient. In addition, the patient's chart review must be updated every year.

Providers will be scored on their patients' well-being and the following year's payments will be determined based on these scores. The problem is it takes a team of individuals and technology support to accomplish this. Rural areas may not be equipped with staff or have the technology to do what is being required.

Marty Fattig added that the MACRA Quality Payment Program has two alternatives, the Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Models (APM). MIPS is essentially the way providers are reimbursed now and the reimbursement is based on 50% quality, 10% resource use, 15% clinic practice improvement activities, and 25% on advancing care information (meaningful use). The concern is payments based on this method may have a plus or minus 9% on the following year's reimbursement rate.

The Alternative Payment Models have not been defined but providers may receive a 5% bonus for signing up and 5% increase in payments next year. Dr. Buhlke and others expressed concern that too much time is being spent by providers on the administrative issues and not enough time on patient care. The new payment models being proposed add yet another administrative requirement. By 2018, all of the diagnosis codes for all of a provider's patients will be scored and payments will be based on those scores for the following year.

Roger Wells discussed the issue of tele-pharmacy and getting ER patients take-home prescription medications until the local pharmacy opens on Monday. Prior to this commission meeting, Mr. Wells requested that Marlene Janssen gather information from a Kansas-based tele-pharmacy company and present it to the Rural Health Advisory Commission to discuss.

Marlene Janssen reported that she did a conference call with the Kansas-based company and provided the following information to the commission:

- Robotic pharmacy is not the same as tele-pharmacy. The Nebraska Automated Medication Systems Act is about robotic pharmacy (automated medication distribution machines).

- Tele-pharmacy is “remote dispensing of prescription drugs.” The pharmacist is connected by video-conferencing with the patient and/or pharmacy technician. The prescription drug inventory is on-site at the rural location where the pharmacist technician is located. Currently Nebraska law states that the pharmacist must be present for dispensing prescription drugs, to consult with the patient, and review the patient’s medications.
- Nebraska does not have legislation for the out-patient side of dispensing prescription drugs.
- Tele-pharmacy increases access to care. Twenty-four (24) other states are working on this issue or have legislation that has passed.

Dr. Buhlke commented that this is a real issue in rural areas. They see patients periodically who are in town for the weekend but forgot their medication from home. In order to provide the patient with the medication just for the weekend, the patient has to be checked in to the ER so the physician can then dispense the medication. Mr. Fattig said the reason this is necessary is because you have to have a retail license to dispense medication. Jenifer Roberts-Johnson asked Marlene Janssen to share this information with the DHHS licensure unit.

Marty Fattig reported that the Nebraska Legislature passed the “direct primary care” bill and the prescription drug monitoring program. The motorcycle helmet law was not repealed and the Medicaid expansion bill did not pass.

Roger Wells mentioned that in Colorado rural rotations for PAs are becoming difficult to find. Preceptors are paid so Colorado passed a bill to provide tax relief for preceptors. Lisa Mlnarik said it is also difficult for nurse practitioners. Dr. Piskorski stated rural rotations are not an issue for dentists. According to Dr. Sitorius, rural rotations are not a problem now but could be in the future due to encroachment from other health care professions.

Marlene Janssen reported that the regulations were moved to the bottom of the “to-do” list due to other priorities. However, Mrs. Janssen stated that Dr. Nasir, Dr. Schroeder, and Lisa Mlnarik agreed to serve on the subcommittee to review regulations for the rural incentive programs.

5. State-Designated Shortage Areas Update

Concerning the state-designated shortage areas, Mrs. Janssen reported that the review was going along just fine but around May 1st, an error in the data was discovered. This error happened at the UNMC Health Professions Tracking Services so the raw data reports had to be re-run and the review started over again. Mrs. Janssen stated that she will continue working on the shortage areas and provide the commission members the draft before it is released to the public for the 30-day public comment period. This means that the shortage areas will not be available for approval until later this year, possibly around October 1, 2016.

6. Rural Health Systems and Professional Incentive Act

- Updates on Student Loan/Loan Repayment
- Accounts Receivable
- Review Budget

Marlene Janssen reported that there are no updates on the student loan and loan repayment recipients.

The accounts receivables are:

Student Loan Update (Contract Buyout and Defaults)

Emory Dye, medical student – in-school buyout notified 06/2015, current, Due May 1, 2017
Kimberly Schroeder, LIMHP – non-shortage area practice; began repaying 1/1/2016; current
Andria Simons, med student – court judgment; continues making payments
Nick Woodward, DDS Ped – (left Nebraska after graduating...moved back to Nebraska and is now practicing in the Omaha metro area), payments current

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

Adam Ladwig, P.T. – not meet minimum of 20 hours/week in shortage area; current
Paul Willette, M.D. (general surgeon) – left Nebraska, default 7/1/2013, Legal staff working on collecting

Marlene Janssen stated that the Rural Health Advisory Commission has or will award approximately \$2.3M in loan repayment and approximately \$240,000-\$260,000 in new and continuation student loans for FY2016-17. The loan repayment amount includes both the state and local match. There is still approximately \$205,000 in cash spending authority that could be used for loan repayment awards in FY2016-17. Since cash spending authority must be used for both the state and local match, this amount needs to be divided by 2 to determine the funds available for loan repayment awards during the rest of FY2016-17. There also needs to be cash available for the state match in the cash fund.

Marlene Janssen stated that the Office of Rural Health staff reviewed the loan repayment applications eligible for the National Health Service Corps State Loan Repayment Program (NHSC SLRP). Nancy Jo Hansen is contacting those applicants and moving them to the NHSC SLRP. Mrs. Janssen explained that she then went through the waiting list applications and identified ones that will begin practice on or before September 1, 2016, for the commission to review and approve at this meeting.

7. Closed Session

- New and Continuation Student Loans
- Review Loan Repayment Applications
- Student Loan Request
- Loan Repayment Request

Dr. Brian Buhlke moved to go to Closed Session at 2:47 p.m. Dr. Noah Piskorski seconded the motion. Motion carried. YES: Buhlke, Craig, Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Roberts-Johnson, Schroeder, Sitorius, and Wells. NO: None.

Marty Fattig announced that the RHAC would go into Closed Session at 2:48 p.m. to review new and continuation student loan applications, review loan repayment applications, discuss a student loan request, and discuss a loan repayment request. Mr. Fattig asked guests to please wait outside the room.

Sitorius left 3:04 p.m.

Nasir left 3:05 p.m.

8. Open Session

- Motion(s) on New and Continuation Student Loans
- Motion on Review Loan Repayment Applications
- Motion on Student Loan Request
- Motion on Loan Repayment Request

Dr. Brian Buhlke moved to go to Open Session at 3:05 p.m. Roger Wells seconded the motion. Motion carried. YES: Buhlke, Craig, Dawson, Goertz, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells. NO: None. Excused: Nasir and Sitorius.

Dr. Brian Buhlke moved to approve the following new and continuation student loans for FY2016-17 in amounts shown or as determined by Office of Rural Health staff:

NAME	COLLEGE	2016-17 SPECIALTY & YEAR	2016-17 STUDENT LOAN STATUS	2016-17 LOAN AMOUNT
Kindred, Erin	UNMC	M4	Cont	\$20,000.00
Mangus, Carissa	UNMC	M2	New	\$20,000.00
Marshall, Derek	UNMC	M3	Cont	\$20,000.00
Peters, Shelby	UNMC	M1	New	\$20,000.00
Peterson, Danika	CREIGHTON	M4	Cont	\$20,000.00
Thomas, Kaleb	UNMC	M2	Cont	\$20,000.00
Zenter, Cathryn	UNMC	M2	Cont	\$20,000.00
Boutwell, Justin	Union	PA1	New	\$10,000.00
Clapper, Kaelyse	UNMC - K	PA1	New	\$10,000.00
Dierks, Chelsey	UNMC - K	PA1	New	\$10,000.00
Gray, Michael	UNMC - O	PA1	New	\$10,000.00
Janata, Kaitlyn	Union	PA2	Cont	\$10,000.00
Marsh, Michaela	UNMC - K	PA1	New	\$10,000.00
Wehrman, Natasha	UNMC - O	PA1	New	\$10,000.00
Schock (Sackschewsky), Melissa	UNMC	D4	Cont	\$20,000.00
Sjuts, Alexander	UNMC	D2	Cont	\$20,000.00
Aschoff (Flood), Allison	Wayne State	MH2	Cont	\$10,000.00
Clyde, Gina	Bellevue Univ.	MH1	New	\$10,000.00

and to approve one alternate, Sara Mason, UNMC PA1, if one of the students offered a rural health student loan declines the offer. Dr. Rebecca Schroeder seconded motion. Motion carried. YES: Buhlke, Craig, Dawson, Goertz, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells. NO: None. Excused: Nasir and Sitorius.

Roger Wells moved to approve the following 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 if funds are available for the *state* match:

Applicant's Name	Loan Repayment Start Date	Specialty	County (Town) of Practice	Total LR Amt. State & Local
Craig, John	8/1/2016	M.D. (FP)	Kearney Co. (Minden)	\$120,000.00
Klug, Benjamin	8/1/2016	M.D. (OB/GYN)	Lincoln County (North Platte)	\$120,000.00
Fickenscher, Brady	9/1/2016	M.D. (FP)	York & Polk Cos. (York)	\$120,000.00
Godina, Gabriel	7/1/2016	M.D. (FP)	Keith County (Ogallala)	\$119,862.00
Krajewski, Alexa	7/1/2016	P.A. (FP)	Keith County (Ogallala)	\$60,000.00
Kiichler, Kady	7/1/2016	M.D. (OB/GYN)	Platte County (Columbus)	\$120,000.00
Mauer, Kendall	7/1/2016	P.A. (FP)	York & Polk Cos. (York)	\$60,000.00
Wulf, Nicholas	7/1/2016	M.D. (OB/GYN)	Platte County (Columbus)	\$120,000.00
Wilson, Amanda Pending NE License	8/1/2016	M.D. (OB/GYN)	Platte County (Columbus)	\$120,000.00
Wehrman, Douglas	7/1/2016	P.T.	Nuckolls County (Superior)	\$20,779.00
Fox, Colby	7/1/2016	P.T.	Nuckolls County (Superior)	\$60,000.00
DeMuth, Katie	7/1/2016	P.A. (FP)	Knox County (Creighton)	\$57,998.00
Folks, Brittany Pending NE License	9/1/2016	M.D. (IMS)	Scotts Bluff County (Scottsbluff)	\$120,000.00
Crockett, Libby	8/1/2016	M.D. (OB/GYN)	Hall County (Grand Island)	\$120,000.00
Matta, Melissa 0.75 FTE; local match=\$2,500/yr	7/1/2016	O.T.	Box Butte County (Alliance)	\$15,000.00
Spangler, Chelsea 0.8 FTE (school contract)	7/1/2016	O.T.	Wayne (Wayne), Dixon, Ceder Cos.	\$48,000.00
Barjenbruch, Leah	7/1/2016	P.A. (FP)	Cheyenne (Sidney) & Deuel Cos.	\$60,000.00

and move the following loan repayment applications to the Waiting List:

Applicant's Name	Loan Repayment Start Date	Specialty	County (Town) of Practice	Total LR Amt. State & Local
Gregg, Ayla pending license	8/1/2016	NP (Psyc)	Buffalo County (Kearney)	\$60,000.00
Wiegman, Jarrod pending license	10/1/2016	MD (FP)	Holt County (Atkinson)	\$120,000.00
Kulwicki, Karinne pending license	8/1/2016	PA (FP)	Furnas County (Cambridge)	\$60,000.00

Brandt, Stacy	7/1/2016	NP (FP)	Madison County (Norfolk-FQHC)	\$60,000.00
Wiegman, Katherine pending license	12/1/2016	MD (FP)	Holt County (Atkinson)	\$29,973.00
Trapp, Spencer pending license	8/1/2017	PT	Nuckolls County (Superior)	\$60,000.00
Kroenke, Jon pending license	8/1/2017	MD (PED)	Platte County (Columbus)	\$120,000.00
Egbarts, Margaret pending license	8/1/2017	MD (PED)	Platte County (Columbus)	\$120,000.00
Oakeson, Dacia pending license	7/1/2016	NP (Psysc)	Adams County (Hastings)	\$60,000.00
Thies, Ashley pending license & add'l loan documentation	7/1/2016	NP (FP)	Antelope County (Neligh)	\$60,000.00
Williams, Chelsea pending license	10/1/2017	MD (FP)	Custer County (Callaway)	\$120,000.00
Surber, Scot pending license	8/1/2016	Pharmacist	Wayne (Wayne)	\$60,000.00
Badertscher, Lindsey pending license/SL obligation ends 7/31/17	8/1/2017	PA (FP)	Antelope County (Neligh)	\$60,000.00
Reynolds, Stacy	7/1/2016	O.T.	Dawson County (Lexington)	\$60,000.00
Foster, Keri	7/1/2016	NP (FP)	Dundy & Hitchcock Cos. (Benkelman)	\$60,000.00
Howard, Angela	7/1/2016	NP (FP)	Furnas County (Cambridge)	\$42,000.00
Pigg, Jessica pending license	7/1/2016	Pharmacist	Cedar & Wayne Cos. (Laurel)	\$60,000.00

Lisa Mlnarik seconded motion. Discussion: Marlene Janssen reported that the Office of Rural Health (ORH) works to maximize state and federal funds. When loan repayment applications are received for the Nebraska Loan Repayment Program, ORH staff reviews the applications and identifies the ones that may be eligible for one of the National Health Service Corps (NHSC) loan repayment programs (NHSC Loan Repayment Program or NHSC State Loan Repayment Program). If an applicant is eligible for one of the NHSC programs, ORH staff contacts the applicant and local entity to explain the different options. Applicants always have the choice of which program they want to participate in because there are differences in practice obligation periods, shortage areas, and default provisions. All loan repayment applications are presented to the Rural Health Advisory Commission as previously directed by the commission. Motion carried. YES: Buhlke, Dawson, Goertz, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells. ABSTAINED: Craig. NO: None. Excused: Nasir and Sitorius. Dr. Craig recused himself from the motion and discussion and abstained from the vote.

Dr. Brian Buhlke moved to approve Jessie Johnson's request to extend the time period to complete her master's degree under the Nebraska Student Loan Program due to family medical issues with the stipulation that she provide a progress report on or about December 31, 2016. Her anticipated graduation will be May 2017. Lisa Mlnarik seconded motion. Motion carried. YES: Buhlke, Craig, Dawson, Goertz, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells. NO: None. Excused: Nasir and Sitorius.

Dr. Rebecca Schroeder moved to have Marty Fattig, RHAC Chairman, write a letter on behalf of the RHAC advising DHHS and ORH to not pursue collection of Dr. Sybil Pickard's loan repayment contract in order to allow her time to receive a determination from the Social Security Administration of total and permanent

disability and to request that Dr. Pickard submit progress reports to the ORH every six (6) months. Dr. Brian Buhlke seconded motion. Motion carried. YES: Buhlke, Craig, Dawson, Goertz, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells. NO: None. Excused: Nasir and Sitorius.

9. Office of Rural Health Updates

- *“Plan to Strengthen & Transform Rural Health in Nebraska”*
- Other

Margaret Brockman reported that the *“Plan to Strengthen & Transform Rural Health in Nebraska,”* prepared by Dave Palm through a contract with the Office of Rural Health, is under review by DHHS. Dave Palm, UNMC College of Public Health, is planning to attend the September commission meeting to discuss this report. The Office of Rural Health used this report, which includes many of the Rural Health Advisory Commission’s recommendations, for a strategic planning meeting in March. ORH staff identified objectives and areas of work for the next few years. The plan includes objectives on workforce issues, integration of health care (MH, dental, medical), how to assist with or prevent rural hospital closures, etc.

Ms. Brockman stated that planning workshops are set up for this summer using grant carryover funds. These workshops will focus on budget strategies for rural hospitals, hospital leadership, financing, credentialing providers, patient-centered medical homes, and MACRA and using EHRs for registries.

Ms. Brockman reported that the SHIP funding was awarded. The SHIP (Small Hospital Improvement Program) provides funding to small hospitals in various categories for training or equipment.

The State Offices of Rural Health (SORH) grant was approved. This year (2016) marks the 25th anniversary of State Offices of Rural Health.

Nancy Jo Hansen reported that the National Health Service Corps State Loan Repayment Program (NHSC SLRP) project officer and supervisor met with Office of Rural Health staff in June. They also did a site visit in Beatrice and met with the first Nebraska SLRP recipient. During the visit, ORH was informed that the SLRP grant is on a 4 year funding cycle and that Nebraska received \$100,000 in year one, \$200,000 in year two, and will be receiving \$300,000 in each of the last two years of the grant. Nine new recipients will be funded this year.

Margaret Brockman mentioned that having the Nebraska Loan Repayment Program really helped us obtain the SLRP grant because we had a program running that involved a local match. We were also able to show the need through the waiting list for loan repayment. Marlene Janssen explained that when the Nebraska Loan Repayment Program was first funded in 1994, it took approximately 18 months to get the program up and running because local entities were not aware of the program and the cash spending authority was not appropriated in the initial budget bill. It took additional legislation to get the Legislature to understand the need for cash spending authority for the local match. When the ORH applied for the SLRP grant in 2014 it was easy to explain the additional need for cash spending authority. Historically, the ORH had looked at the SLRP program about 15 years ago but at that time certified rural health clinics were not eligible because they did not have a HPSA score so the HPSA sites in Nebraska were very limited.

Dr. Buhlke asked what the default provisions are for the NHSC SLRP. Nancy Jo Hansen stated that the SLRP recipient must repay \$7,500 for each month not served or \$31,000 whichever is greater.

10. Other Business

Lisa Mlnarik reported that LB 710 passed this year. LB 710 defines hazing and makes hazing illegal in middle and high schools in addition to college. Organizations that do not address hazing issues will be held liable and may be fined up to \$10,000. Providers are required to report hazing to DHHS and are encouraged to call their county attorney.

There was then a discussion about mandatory reporting by health care providers. There is no timeline on reporting abuse or neglect.

Dr. Buhlke asked if chiropractors are eligible for loan repayment. Marlene Janssen replied that chiropractors are not listed as one of the medical specialties eligible for the rural incentive programs. A legislative change would have to happen to include chiropractors.

11. Adjourn

Hearing no other business, Marty Fattig asked for a motion to adjourn. Dr. Brian Buhlke moved to adjourn at 3:44 p.m. (no second necessary, vote immediately). Motion carried. YES: Buhlke, Craig, Dawson, Goertz, Kent, Mlnarik, Piskorski, Roberts-Johnson, Schroeder, and Wells. NO: None. Excused: Nasir and Sitorius.