RURAL HEALTH ADVISORY COMMISSION

P.O. BOX 95026 • LINCOLN, NE 68509-5026 • PHONE (402) 471-2337 • FAX (402) 471-0180

MEETING NOTICE & AGENDA

RURAL HEALTH ADVISORY COMMISSION (RHAC)

Friday, August 15, 2025
1:30 p.m. – 4:00 p.m.

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

This is an in-person meeting, but members of the public are welcome to attend via the link below if unable to attend on-site:
https://sonvideo.webex.com/sonvideo/j.php?MTID=me84874d01de43e8b7976e14c34921645

Access handouts at:
http://dhhs.ne.gov/Pages/Rural-Health-Advisory-Commission.aspx (under "Documents")

1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of June 11, 2025 Meeting; Introduce Members and Guests

2. Administrative Items
   - Commission Member Update
   - Other Announcements

3. Proposal for an LLC to Provide Match for Loan Repayment Recipient

4. Office of Rural Health Update
   - National Rural Health Day

5. Rural Health Systems and Professional Incentive Act Programs
   - Report on ARPA Funds
   - Medicaid Report
   - Medically Underserved Governor's Shortage Areas
   - Shortage Area Requests and Updated Guidelines
   - Budget Update

- continued on next page -

NOTE: All items known at time of distribution are listed; a current agenda is available at the Nebraska Office of Rural Health during regular business hours (8:00 a.m. – 5:00 p.m. CST, Monday through Friday, except holidays), or on the DHHS web site, along with any public handouts. http://dhhs.ne.gov/Pages/Rural-Health-Advisory-Commission.aspx *(under "Documents")*

If auxiliary aids or reasonable accommodations are needed for attending the meeting, please call 402-471-2337. Persons with hearing impairments may call DHHS at 402-471-9570 (voice & TDD) or the Nebraska Relay System at 711 or 800-833-7352 (TDD). Advance notice is needed when requesting an interpreter.

6. Review Current Federal & State Legislative Activities Impacting Rural Health

7. Public Comment

8. CLOSED SESSION
   - Review Loan Repayment Applications
   - Accounts Receivable

9. OPEN SESSION
   - Motion(s) on Closed Session Discussion

10. Adjourn

NOTE: All items known at time of distribution are listed; a current agenda is available at the Nebraska Office of Rural Health during regular business hours (8:00 a.m. – 5:00 p.m. CST, Monday through Friday, except holidays), or on the DHHS web site, along with any public handouts. http://dhhs.ne.gov/Pages/Rural-Health-Advisory-Commission.aspx *(under "Documents")*

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NEBRASKA OFFICE OF RURAL HEALTH
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DRAFT MINUTES of the

Rural Health Advisory Commission (RHAC)

Wednesday June 11, 2025
1:30 p.m. – 3:04 p.m.
Younes Conference Center
Bronze Room #2
Kearney, NE

1. Call Meeting to Order; Open Meetings Act and Agenda Posted/Available for Download; Adopt Agenda; Approve Minutes from February 21st, 2025 Meeting

Chairman Marty Fattig called the quarterly meeting to order at 1:34 p.m. with the following members present: April Dexter, N.P.; Marty Fattig; Jeffrey Harrison, M.D.; Rebecca Schroeder, PhD.; Myra Stoney; Roger Wells, PA-C; Diva Wilson, M.D.

Mr. Fattig announced that the meeting notice had been posted to the DHHS website and sent out via email and USPS on May 28th, 2025.* Additionally, the Open Meetings Act and meeting agenda were posted outside the meeting room.

Myra Stoney moved to approve the June 11th, 2025, meeting agenda with the removal of item 4B "Medically Underserved Governor's Shortage Areas" and Jeffrey Harrison, M.D. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Harrison, Schroeder, Stoney, Wells, Wilson. ABSTAIN: None. EXCUSED: Hesser, Janousek, Kusek, Tesmer. Motion carried.

Myra Stoney moved to approve the February 21st, 2025, meeting minutes, and April Dexter, N.P. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Harrison, Stoney, Wells, Wilson. ABSTAIN: Schroeder. EXCUSED: Hesser, Janousek, Kusek, Tesmer. Motion carried.

2. Administrative Items

Current Members Status Updates
Members with Terms expiring September 2025:
- Marty Fattig
- April Dexter
- Kate Hesser
- Kate Kusek
- Myra Stoney

Roger Wells' work in a rural area will be cut in half soon due to clinic needs. His current term expires in September 2026. Commission members discussed seeking new applicants while he served the remainder of his term.

Update on Applicants for 2 Vacant Positions
Two applications were submitted for the vacant rural resident position last summer. At least one application was submitted for the vacant nursing home administrator position in May. Per contact at the Governor's Office: "We are working on getting appointments made, but I don't know the timeline."

Commission members asked the Office of Rural Health to continue asking for updates on a quarterly basis.

New staff member - Brittany Tran
Brittany Tran (Primary Care Office) is the newest member of the Office of Rural Health team. She was welcomed and then gave a brief overview of her experience.

3. Office of Rural Health Update

Heidi Peirce then gave an update on the Office of Rural Health (ORH) activities.

Summer Marketing Trip
Based on a previous request made by the commission, staff visited hospitals and health centers located in Crete, Friend, Fairbury, Red Cloud, Hastings, Grand Island, and Aurora for the purpose of marketing and outreach. Many contacts were made and information shared. Wabi Sabi in Hastings is a unique behavioral health organization. They have two NE NHSC State Loan Repayment Program (SLRP) recipients. They shared that they're having a lot of difficulty with prior authorizations. There were two cancellations, but Ms. Peirce was able to reschedule these for the week of the NeRHA conference and RHAC meeting, taking Brittany Tran along with her and making the stops on the way to the conference.

Ms. Peirce mentioned that the office may try to do another trip later in the summer.

Announce ORH Intern, Teresa-Linh Tran-Le
ORH has an intern for the summer. She just graduated from UNL and is looking into a Master's of Public Health.

4. Rural Health Systems and Professional Incentive Act Program Updates

Approve Updated State Shortage Areas
This is the statewide assessment done every three years. A 30-day period of public comment was initiated May 22, 2025. The updated maps were posted on the website and emailed out to the following groups: Rural Health Advisory Commission members (RHAC), RHAC interested parties/groups, student loan recipients with forgiveness or in training, loan repayment recipients and community contacts, NE rural hospitals, NE certified rural health clinics, NE professional organizations/associations, NE Public Health Departments, NE community action partnerships (CAPs), and community health centers (FQHC's). After Commission approval, the new maps will be official as of July 1, 2025.

Myra Stoney moved to approve the updated state shortage areas that will go into effect July 1, 2025, Roger Wells, PA-C seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Harrison, Schroeder, Stoney, Wells, Wilson. ABSTAIN: None. EXCUSED: Hesser, Janousek, Kusek, Tesmer. Motion carried.

Medically Underserved Governor's Shortage Areas
This item was moved to the August meeting. A map will be presented for the commission's information, but does not require a vote/approval.

LB 553 Implementation
Legislation adding certified registered nurse anesthetists and registered dietitian nutritionists passed and needs to be implemented. ORH is having the Health Professions Tracking Service (HPTS) sign a new contract to track the new providers. We should have everything implemented before the end of the year. Commission members discussed what the shortage area requirements would be for these new providers.

For CRNAs, OB GYN county-level shortage areas could be used to determine initial eligibility. It looks like (based on a cursory count of providers, cross-referenced with hospitals that deliver babies – using the OB GYN shortage areas would

exclude those counties that currently have the most CRNAs). We may want to do facility-based eligibility with a point system prioritizing facilities with OB GYN services and emergency surgery services, as well as those facilities that have fewer than 2 CRNA's (2 providers are required for OB GYN/Emergency surgery).We would use facility-level prioritization of applicants if we get more applications than we can comfortably fund, and could revisit this idea at the end of the year based on applications received and funding levels.

April Dexter, N.P. remarked that not having CRNAs inhibits her site from delivering babies. She also sees CRNAs working in the pain clinic, which may be something to consider. Marty Fattig asked if we could require applicants to provide a letter discussing what services they provide; ask about OB GYN/emergency surgery, or use a survey to ask. Jeffrey Harrison, M.D., remarked that we may want to avoid giving funding to those who don't live in the community. The intent is to recruit and retain providers to these communities.

Myra Stoney motioned to use the OB GYN shortage area map to determine initial CRNA eligibility with the understanding that additional measures could be added to aid in prioritization based on applications received, and that this would be discussed at a future meeting. Rebecca Schroeder, PhD, seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Harrison, Schroeder, Stoney, Wells, Wilson. ABSTAIN: None. EXCUSED: Hesser, Janousek, Kusek, Tesmer. Motion carried.

For Registered Dietitian Nutritionists, the RHAC must determine the ratio to use, and may also want to include a requirement to work in a hospital. Physical and Occupational Therapy use a population to provider ratio of 5000:1. Commission members remarked that they see these providers being used a lot for outpatient diabetic education. April Dexter, N.P. stated that they don't have anyone on staff providing these services, but there is a contract employee; this provider is used most in the affiliated nursing home.

Roger Wells motioned to use a population-to-provider ratio of 5000:1 to assess shortage areas for registered Dietitian Nutritionists, Jeffrey Harrison, M.D. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Harrison, Schroeder, Stoney, Wells, Wilson. ABSTAIN: None. EXCUSED: Hesser, Janousek, Kusek, Tesmer. Motion carried.

LB 261 and Budget Update (Agenda Item 4D)
Marty Fattig discussed his work advocating for keeping funding and how grateful he is that funding was maintained. Nebraska Hospital Association (NHA) also did a lot of advocacy work. He thanked ORH for sharing information so quickly when requested and thanked commission members for supporting him in advocating on behalf of the commission.

Fiscal Year 2025-26; July 1, 2025-June 30, 2026 – first year of new biennium:
Total allocation = $2,180,723 – funding levels were maintained

General Funds Obligated FY25-26 (total):
$1,466,219.72

General Funds Remaining for FY25-26:
$714,503.28 (can be carried over)

5. Review Current Federal and State Legislative Activities Impacting Rural Health

Marty Fattig remarked that the Offices of Rural Health and Public Health are really under attack at a federal level. FLEX and SHIP programs as well. There's been a lot of discussion about 340B; the State put down rules and regs that said you can't limit the number of providers. Big pharma sued right away, but he's optimistic about keeping the standards in place. There is a Bill to limit capacity and abilities of PBMs to extract money from the system (white bagging, etc). He discussed a program that funds residents and is being zeroed out. Finally, he remarked that there is a lot of support for rural in the legislature.

Roger Well, PA-C mentioned "Cibolo"– new transition; nineteen hospitals are joining this value-based program.

Heidi Peirce mentioned that federal funds are slow right now. ORH is waiting on grant applications and funds that would usually have arrived by now.

6. Public Comment

Emily Royer, Psychiatrist of Columbus, Nebraska would like to inquire whether the commission would consider increasing the telehealth allowance to up to 75% or 100%.

Marty Fattig stated that he is not initially interested in changing this. Other members remarked that the intention of the program is to bring providers to the communities to work and live. Brittany Tran mentioned that the Mental Health shortage areas are distinct, with most of the state qualifying as a shortage area. RHAC members are in favor of recruiting people to these communities. Rachael Wolfe will add this as an agenda item to the next meeting if Dr. Royer is interested in coming to speak more about it.

Roger Wells, PA-C asked if we should look at the percentage of Medicaid patients dentists are treating as part of the shortage area assessment process. Heidi Peirce remarked that Medicaid cases are considered on a federal level to document shortage, and that she gets Medicaid data annually from the state in August. There will be a report shared with the commission at the next meeting.

Myra Stoney mentioned that some of the Local Health Departments are cutting oral health programs due to budget cuts at the state level.

7. CLOSED SESSION

Roger Wells, PA-C moved to go to Closed Session for the purpose of review and discussion of accounts receivable, loan repayment program applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals. Myra Stoney seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Harrison, Schroeder, Stoney, Wells, Wilson. ABSTAIN: None. EXCUSED: Hesser, Janousek, Kusek, Tesmer. Motion carried.

Chairman Marty Fattig announced that the Commission would go into Closed Session at 2:55 p.m.

It was announced that guests should leave the room and the Webex.

8. OPEN SESSION

The Commission returned to Open Session at 3:01pm

Jeffrey Harrison, M.D. moved to approve the 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 the availability of funds for the state match, and also to approve action discussed during the accounts receivable portion. Rebecca Schroeder, PhD. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Dexter, Fattig, Harrison, Schroeder, Stoney, Wells, Wilson. ABSTAIN: None. EXCUSED: Hesser, Janousek, Kusek, Tesmer. Motion carried.

Date application submitted	First Name:	Last Name:	Profession/Specialty	License Number OR Date you will be licensed:	Name of Main Facility	County	Average Hours per Week TOTAL	Average ER Hours Per Week	Date of Practice	Loan Balance	Match Funds	State Start Date:	State Award Amount:	SLRP Start Date:	SLRP Minimum Award Amount:	SLRP Maximum Award Amount:
2/20/2025	Kimberly	Moldenhauer	Nurse Practitioner, Famly Practice	115616	Gordon Memorial Hospital	Sheridan	40	16	10/1/2024	$220,000.00	$15,000.00	7/1/2025	$ 90,000.00			
3/5/2025	Angela	Sucha	Physician Assistant, Family Practice	2176	AMH Family Practice Neligh	Antelope	38	10	3/5/2025	$ 5,132.47	$ 2,500.00	7/1/2025	$ 5,132.47	4/1/2025	$ 5,132.46	$ -
3/7/2025	Brooke	Becker	Physician Assistant, Family Practice	2/20/2026	Valley County Health System	Valley	40	8	1/5/2026	$ 56,327.91	$15,000.00	3/1/2026		3/1/2026	$ 40,000.00	$ 80,000.00
3/21/2025	Raeann	McFadden	Physician Assistant, General Surgery	8/30/2024	Great Plains Health	Lincoln	40	0	10/6/2025	$ 91,854.84	$ 5,250.00	7/1/2025	$ 31,500.00			
4/10/2025	Josiah	McAllister	MD/DO, Family Practice	36713	Tecumseh Family Health	Johnson	40	0	4/10/2025	$ 98,111.89	$30,000.00	7/1/2026	$ 98,111.88	9/1/2025	$ 98,111.84	$ -
4/16/2025	Colleen	Lovett	Licensed Mental Health Professional	4084	Beatrice Community Hospital	Gage	40	0	9/25/2023	$169,080.19	$10,000.00	7/1/2025	$ 60,000.00			
4/21/2025	Jacob	Vasa	MD/DO, Family Practice	36306	OneWorld Bellevue	Douglas	40	0	9/4/2024	$119,586.69	$25,000.00	7/1/2025	$ 119,586.68	9/1/2025	$ 100,000.00	$ 119,586.69
4/28/2025	Emily	Mahon	Physician Assistant, Family Practice	2160	One World Community Health	Douglas	40	0	2/21/2024	$ 89,424.74	$25,000.00			9/1/2025	$ 50,000.00	$ 89,424.74
4/29/2025	Breanna	Fiene	Nurse Practitioner, Famly Practice	8/1/2025	Creighton Avera Hospital	Knox	32	12	8/1/2025	$ 30,062.21	$15,000.00	8/1/2025	$ 30,062.20	9/1/2025	$ 25,000.00	$ 30,062.21
4/29/2025	Allison	Sand	Licensed Mental Health Professional	2436	Beatrice Community Hospital and Health Center	Gage	40	0	9/24/2018	$165,926.17	$10,000.00	7/1/2025	$ 60,000.00	9/1/2025	$ 50,000.00	$ 100,000.00
5/5/2025	Molly	Oertwig	Nurse Practitioner, Famly Practice	111890	Genoa Medical Facilities/Park Street Clinic	Nance	40	10	8/10/2023	$ 55,126.36	$15,000.00	7/1/2025	$ 55,126.36	9/1/2025	$ 37,500.00	$ 55,126.36
5/7/2025	Yi	An	MD/DO, Family Practice	36841	Chase County Community Hospital and Clinic	Chase	40	50	8/1/2025	$287,911.33	$30,000.00	7/1/2025	$ 180,000.00			
5/13/2025	Molly	Skomer	Nurse Practitioner, Famly Practice	112248	Syracuse Area Health	Otoe	40	0	4/27/2020	$ 20,121.25	$ 5,000.00	7/1/2025	$ 20,121.24	9/1/2025	$ 20,121.12	$ 20,121.25
5/21/2025	Rachelle	Reynolds	Nurse Practitioner, Famly Practice	115856	Box Butte General Hospital	Box Butte	40	0	7/1/2025	$ 33,000.00	$15,000.00	7/1/2025	$ 31,685.94			
5/21/2025	Alyssa	Ludwig	Nurse Practitioner, Famly Practice	8/15/2025	Niobrara Valley Hospital	Boyd	40	4	9/1/2025	$ 77,479.86	$15,000.00	9/1/2025	$ 77,479.86	9/1/2025	$ 45,000.00	$ 77,479.86
5/22/2025	Reegyn	Thompson	Nurse Practitioner, Famly Practice	114866	Niobrara Valley Hospital	Boyd	40	4	9/1/2023	$ 33,816.01	$10,000.00	7/1/2025	$ 33,816.00	9/1/2025	$ 33,816.00	$ -
5/27/2025	Mackenzie	Beavers	Licensed Mental Health Professional	5/31/2026	Beatrice Family and Internal Medicine	Gage	40	0	1/6/2025	$ 94,061.94	$10,000.00	7/1/2025	$ 60,000.00	9/1/2026	$ 40,000.00	$ 80,000.00
5/28/2025	Shelby	Liesemeyer	MD/DO, Family Practice	35278	Kearney County Health Services	Kearney	50	10	10/1/2026	$137,952.58	$30,000.00	10/1/2025	$ 137,952.58	9/1/2025	$ 100,000.00	$ 137,952.58
6/2/2025	Joshua	Garza	Physician Assistant, Family Practice	1879	Sidney Regional Medical Center- Walk in Clinic	Cheyenne	40	0	5/21/2025	$ 89,612.32	$15,000.00	7/1/2025	$ 89,612.32	9/1/2025	$ 50,000.00	$ 89,612.32
6/2/2025	Drew	Thompson	MD/DO, General Internal Medicine	36842	Grand Island Regional Medical Center	Hall	40	0	9/1/2025	$274,943.02	$30,000.00	9/1/2025	$ 180,000.00			
6/5/2025	Cathryn	Ward	MD/DO, Family Practice	33152	Valley County Health System	Valley	40	8	8/1/2022	$124,005.78	$30,000.00	11/1/2026	$ 124,005.78			

Note: If award amount is blank for a particular program, provider does not qualify for that program. If $- is listed for State, provider will be added to a waitlist to allow time for them to find a match. If $- is listed for SLRP maximum amount, total award is for two years only.

9. Adjourn

The next RHAC meeting is in Lincoln on August 15th. Final meeting of the year is November 7th, in Lincoln/hybrid. Meetings for 2026 will be scheduled at the November meeting.
The Commission adjourned at 3:04 p.m.

Nate Liberty

Intro & connection

- Worked at Hasselbalch Pharmacy since 2015
- Pharmacy has personal meaning — my grandfather owned it for many years before his passing in 1995

Education

- Studied biochemistry at Peru State College
- Earned Doctor of Pharmacy degree from University of Iowa in May 2025

Career goals

- Purchasing my own pharmacy this fall
- Continuing my grandfather's legacy of community service and patient care

NLRP purpose

- Seeking support to assist with student loan repayment
- Financial relief will allow me to focus on expanding access to pharmacy services in rural Nebraska
- Committed to building a sustainable, patient-centered practice

National Rural Health Association

Rural Health Transformation Program Summary

Background: The One Big Beautiful Bill Act, enacted into law on July 4, 2025, created a $50 billion fund, called the Rural Health Transformation Program, in an attempt to offset losses that rural health providers will experience associated with other health provisions in the legislation.

Amount and Distribution of Funds: The $50 billion will be **distributed to all states between fiscal years (FYs) 2026 – 2030.** $10 billion will be distributed each fiscal year.

Half of the $50 billion will be allocated equally among all states with an application approved by CMS (more information below). The other 50% of funds will be distributed to states with an approved application in an amount determined by the CMS Administrator.

The CMS Administrator will consider the following in determining allotments to each state:

- The percentage of the state's population that is located in a rural census tract of a metropolitan statistical area (MSA);
- The proportion of rural health facilities (defined below) in the state relative to the number of rural health facilities nationwide;
- The situation of hospitals in the state; and
- Any other factors that the CMS Administrator finds appropriate.

Application: Many aspects of the application process are left up to CMS and will be announced by CMS at a later date. This includes the application submission period, due date, state entity that must submit the application, and the form and manner of the application.

Each state must apply for funds, and it is **a one-time application** for the whole 5-year program. Applications will be made to CMS. **CMS must approve or deny all applications by December 31, 2025.**

Applications must include the following:

- **A detailed rural health transformation plan.** The plan must outline how the state will:
  - Improve access to hospitals and other providers for rural residents;
  - Improve health care outcomes of rural residents;
  - Prioritize use of new and emerging technologies that emphasize prevention and chronic disease management;
  - Initiate, foster, and strengthen local and regional strategic partnerships between rural hospitals and other providers to promote quality improvement, increase financial stability, maximize economies of scale, and share best practices;
  - Recruit and retain clinicians;
  - Prioritize data and technology driven solutions that help rural providers furnish health care services as close to the patient's home as possible;
  - Outline strategies to manage long-term financial solvency and operating models of rural hospitals; and
  - Identify specific causes that are driving standalone rural hospitals to close, convert, or reduce service lines.
- Certification that funds will not be used for intergovernmental transfers, certified public expenditures, or any other expenditure that finances the non-federal Medicaid share.
- Any other information that the CMS Administrator may require.

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Washington, DC 20001 | 202-639-0550

Allowable Uses of Funds and Conditions: The bill lists several allowable uses of Rural Health Transformation Program funds.

- Promoting evidence-based interventions to improve prevention/chronic disease mgmt.
- Payments to providers
- Promoting technology driven solutions for prevention and mgmt.
- Training/TA for developing and adopting technology-enabled solutions that improve care delivery in rural hospitals
- Recruiting and retaining clinical staff to rural areas with 5-year obligation to stay
- TA, software, hardware for significant tech advances to improve efficiency, cybersecurity, patient outcomes
- Assisting rural communities to right size health care delivery by identifying needed services, facilities, etc.
- Supporting access to OUD/SUD treatment
- Projects that support value-based care
- Additional uses "designed to promote sustainable access to high quality rural health care services" as determined by CMS Administrator

As a condition of receiving funds, states must submit to the CMS Administrator a plan to use the funds to carry out at least 3 of the activities listed above and annual reports on use of funds. Annual reports may include information to be determined by the CMS Administrator.

Funds must be used by the end of the fiscal year following the fiscal year in which the funds were allotted. For example, funds distributed in FY 2026 must be used by the end of FY 2027. By March 31, 2028 CMS will annually determine the amount of funds that are unused by states and redistribute such funds. Any unused funds left as of October 1, 2032 will be returned to the Treasury.

If CMS determines that a state has misused funds, it may withhold payments, reduce payments, or recover payments from the state.

Additionally, no more than 10% of funds can be used for state administrative expenses.

Rural Health Facilities: The bill defines rural health facilities as the following:

- Hospitals:
    - Located in a rural area (which is defined as outside of a Metropolitan Statistical Area per 42 U.S.C. § 1395ww(d)(2)(D))
    - Treated as being located in a rural area
        - *This captures many large, urban hospitals that have "reclassified" to rural for inpatient prospective payment system purposes, i.e. urban located rural reclassified hospitals.*
    - Located in a rural census tract of an MSA
- Critical access hospitals
- Sole community hospitals
- Medicare-dependent hospitals
- Low-volume hospitals
- Rural emergency hospitals
- Rural health clinics

- Federally qualified health centers (FQHCs) and health centers receiving Section 330 grants
- Community mental health centers (CMHCs)
- Opioid treatment programs located in a rural census tract of an MSA
- Certified community behavioral health clinics located in rural census tract of an MSA

Note that some providers listed above as "rural health facilities," such as CMHCs and FQHCs/community health centers do NOT have to be located in a rural area.

An overview of the ARPA
No Match Loan Repayment Program

$5,000,0000 in federal funds was given to the Office of Rural Health in July of 2022 from the American Rescue Plan Act to help with medical staff shortages in rural areas because of COVID-19.

The Office of Rural Health used the funds to give out loan repayment awards to medical professionals in rural shortage areas & to hire a staff member to run the program. With these funds we were able to provide "no match" awards for the first time– allowing the program to be more accessible to professions like dentists and licensed mental health professionals who often can't produce a match from an employer, especially for those who are having to start their own practice.

As shown below in comparison charts and maps, the amount of Licensed Mental Health Professionals and Dentists in the ARPA program is at a much higher percentage than the Standard State program.

There has been discussion among commission members about whether or not the match is necessary to be able to gain the commitment and involvement of the employer and the community, especially with there being 2 defaults in the ARPA program. The professionals who defaulted in the ARPA program were both family practice professionals and the default rate of that program is 3.6%, which is lower than the standard program default rate of 7%.

Funds expire for the ARPA program in December of 2026. We have 2 participants whose awards expire in 2026 and 2 participants who have stopped receiving payments because of loan forgiveness, but are still practicing in shortage areas. The original funding amount was $5,000,000 and we were able to use all but $70,670.41 for this program. The remaining amount was re-obligated to another program.

Total Amount Used for Awards: $ 4,779,329.59

Number of Participants who have completed the program: 26

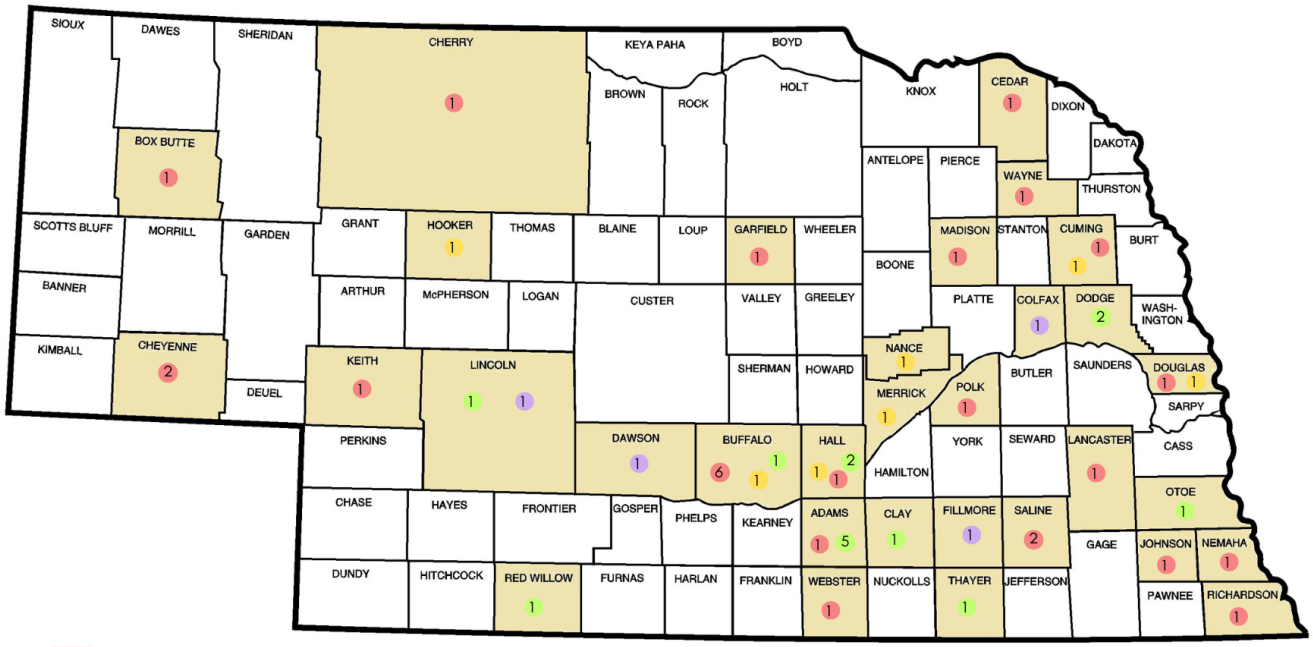
Number of Participants still serving an obligation: 27

Defaults: 2

Total Participants minus defaults: 53

State Loan Repayment Recipients- ARPA funds

(53 Total)



27 MD/DO, Nurse Practitioner, Physician Assistant

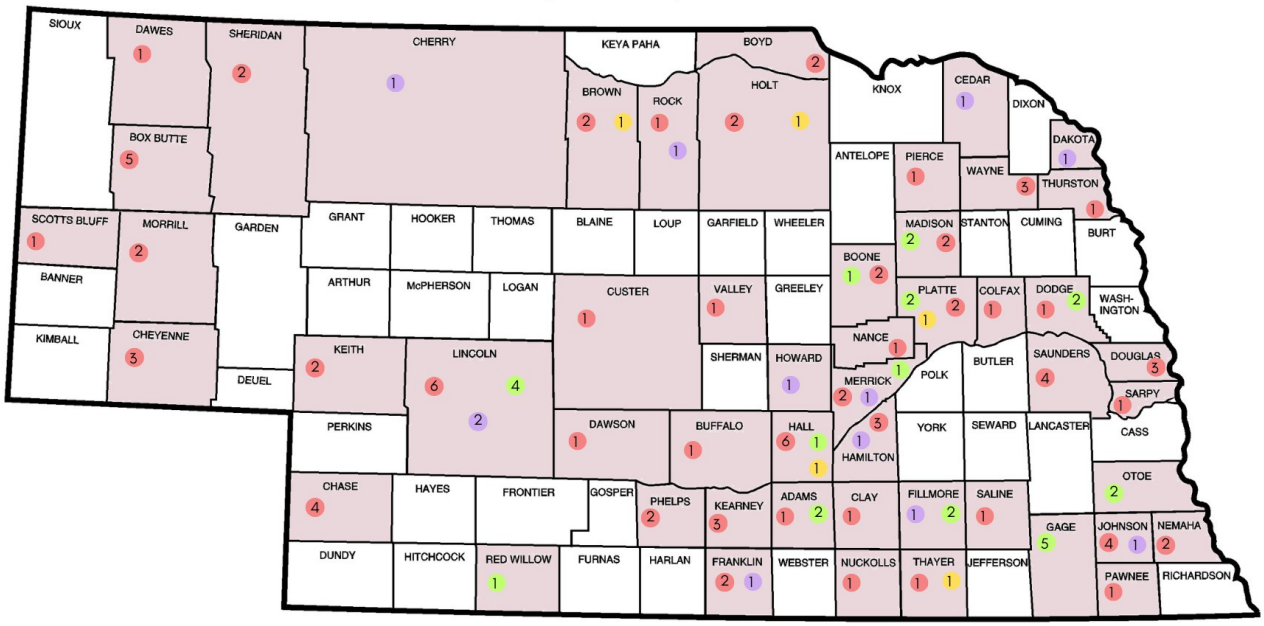
15 Nurse Practitioner (Psychiatry), Psychologist, Licensed Mental Health Professional

7 General Dentistry

4 Occupational Therapy, Pharmacy, Physical Therapy

State Loan Repayment Recipients- Match Required

(131 Total)

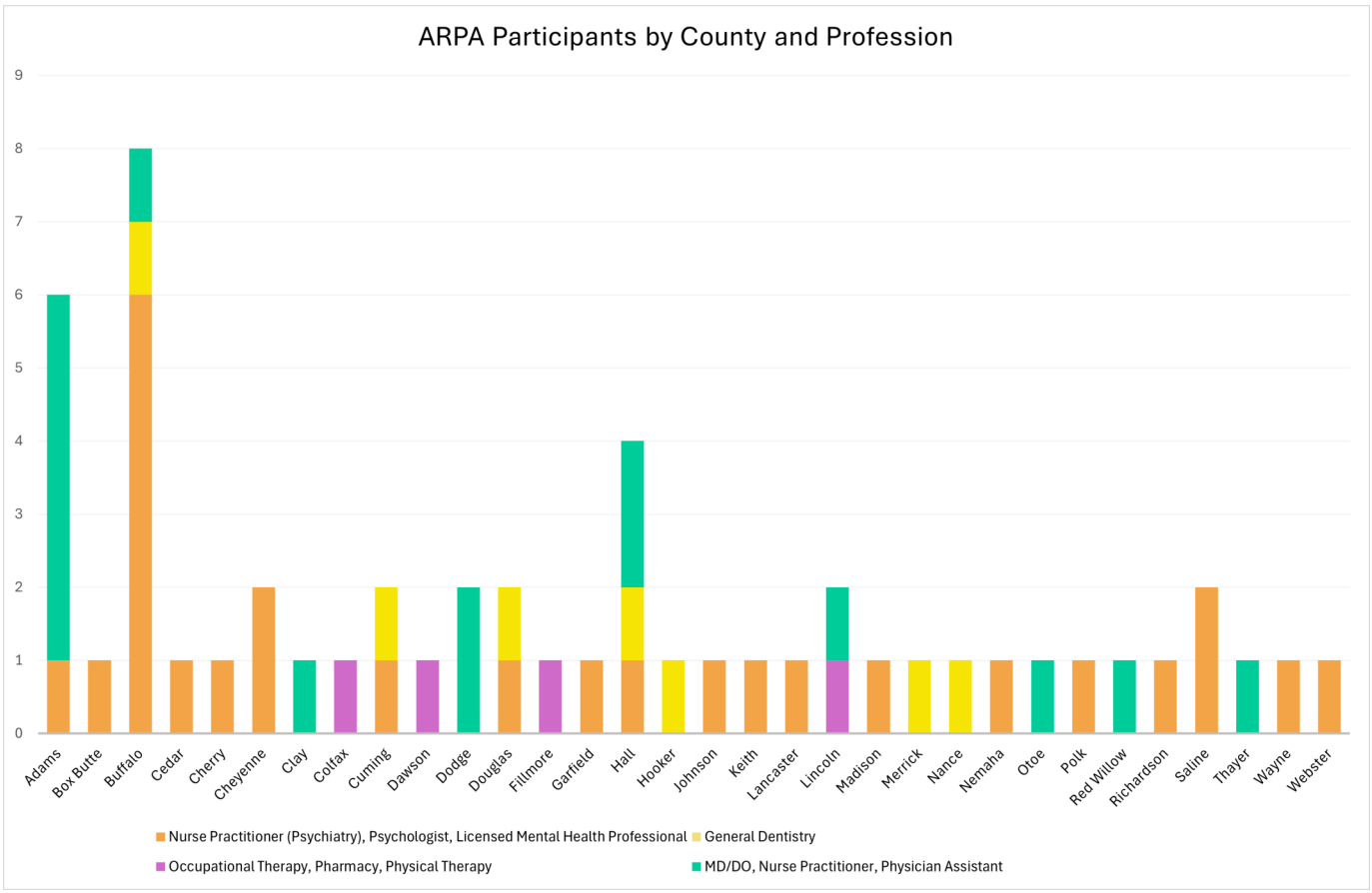


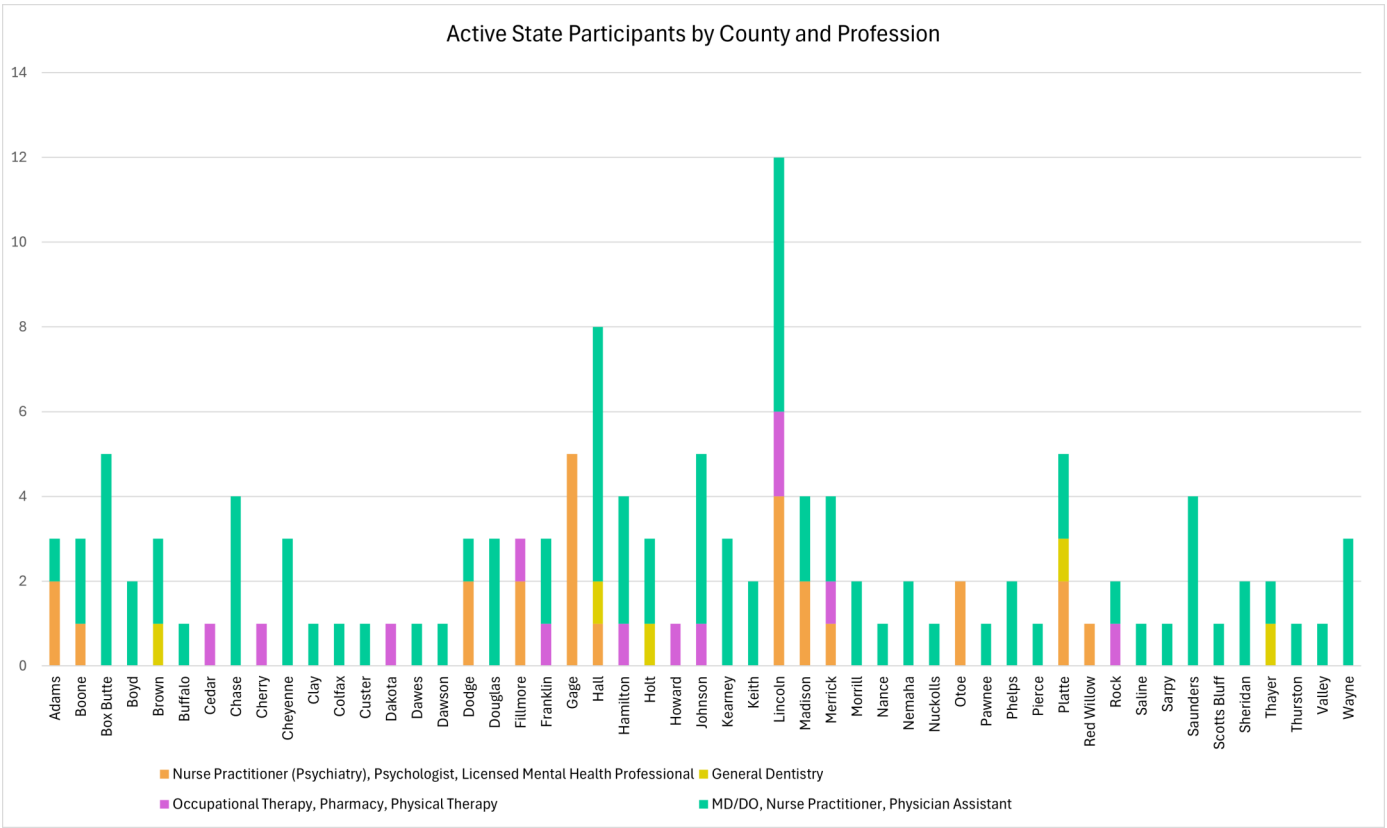
89 MD/DO, Nurse Practitioner, Physician Assistant

25 Nurse Practitioner (Psychiatry), Psychologist, Licensed Mental Health Professional

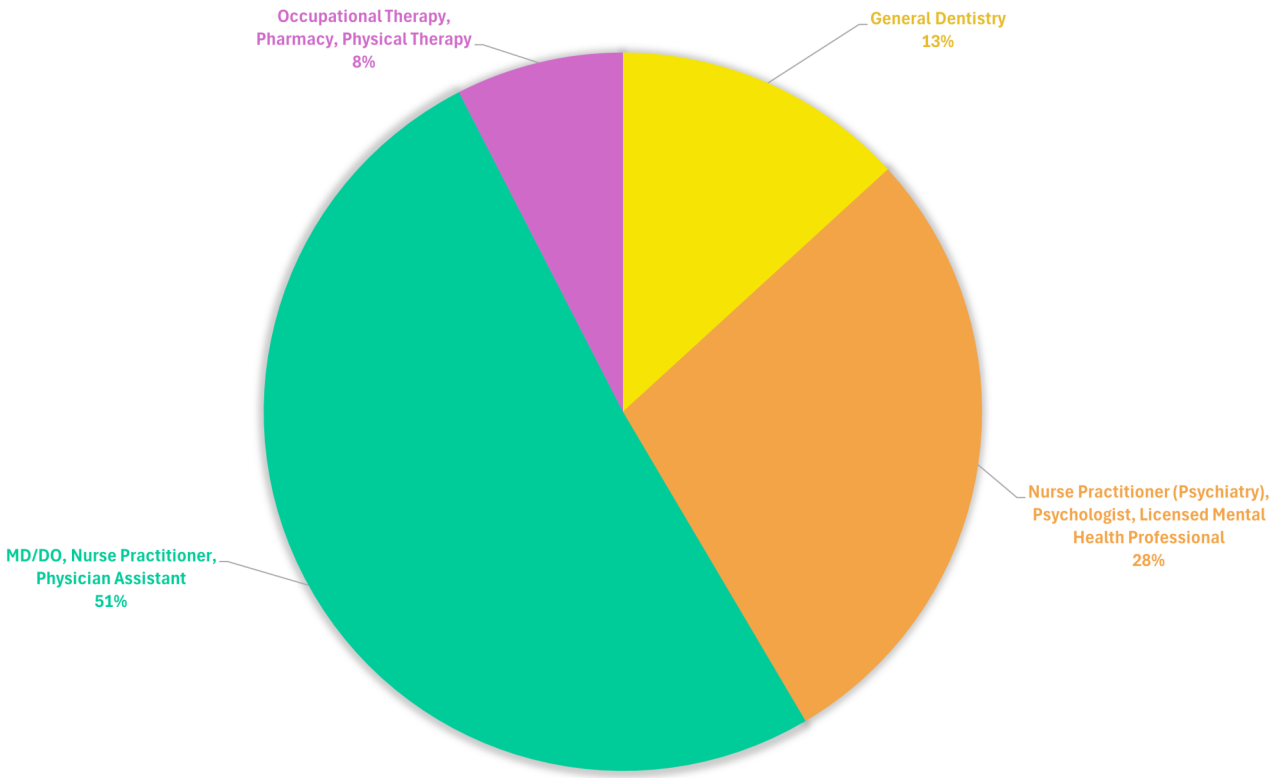
5 General Dentistry

12 Occupational Therapy, Pharmacy, Physical Therapy

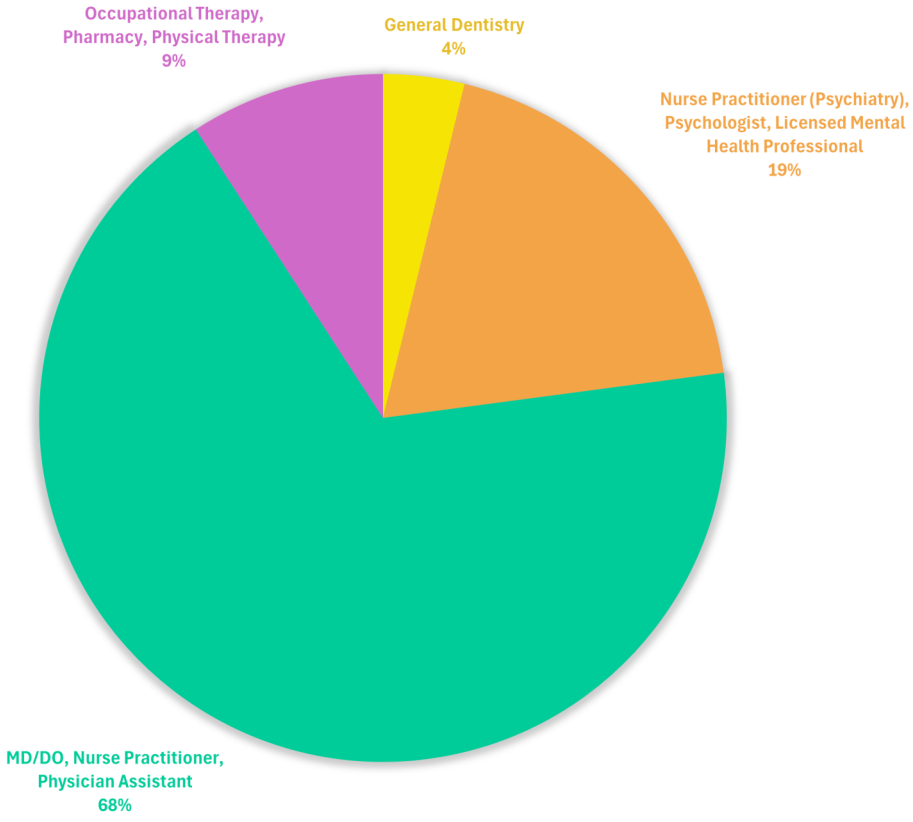

ARPA Participants by County and Profession
9
8
7
6
5
4
3
2
1
0
Adams
Box Butte
Buffalo
Cedar
Cherry
Cheyenne
Clay
Colfax
Cuming
Dawson
Dodge
Douglas
Fillmore
Garfield
Hall
Hooker
Johnson
Keith
Lancaster
Lincoln
Madison
Merrick
Nance
Nemaha
Otoe
Polk
Red Willow
Richardson
Saline
Thayer
Wayne
Webster
Nurse Practitioner (Psychiatry), Psychologist, Licensed Mental Health Professional
General Dentistry
Occupational Therapy, Pharmacy, Physical Therapy
MD/DO, Nurse Practitioner, Physician Assistant

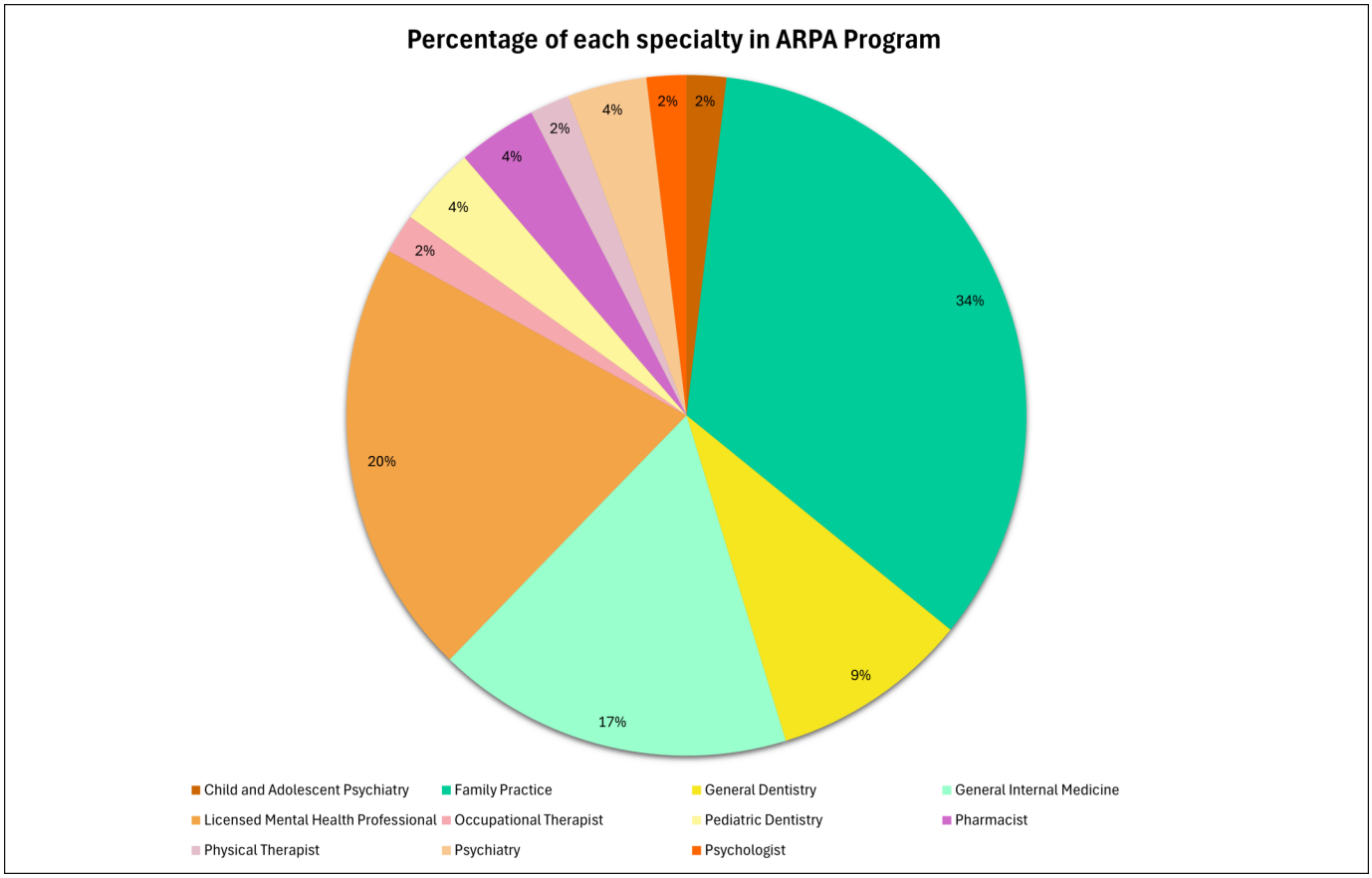

Active State Participants by County and Profession
14
12
10
8
6
4
2
0
Adams
Boone
Box Butte
Boyd
Brown
Buffalo
Cedar
Chase
Cherry
Cheyenne
Clay
Colfax
Custer
Dakota
Dawes
Dawson
Dodge
Douglas
Fillmore
Franklin
Gage
Hall
Hamilton
Holt
Howard
Johnson
Kearney
Keith
Lincoln
Madison
Merrick
Morrill
Nance
Nemaha
Nuckolls
Otoe
Pawnee
Phelps
Pierce
Platte
Red Willow
Rock
Saline
Sarpy
Saunders
Scotts Bluff
Sheridan
Thayer
Thurston
Valley
Wayne
Nurse Practitioner (Psychiatry), Psychologist, Licensed Mental Health Professional
General Dentistry
Occupational Therapy, Pharmacy, Physical Therapy
MD/DO, Nurse Practitioner, Physician Assistant

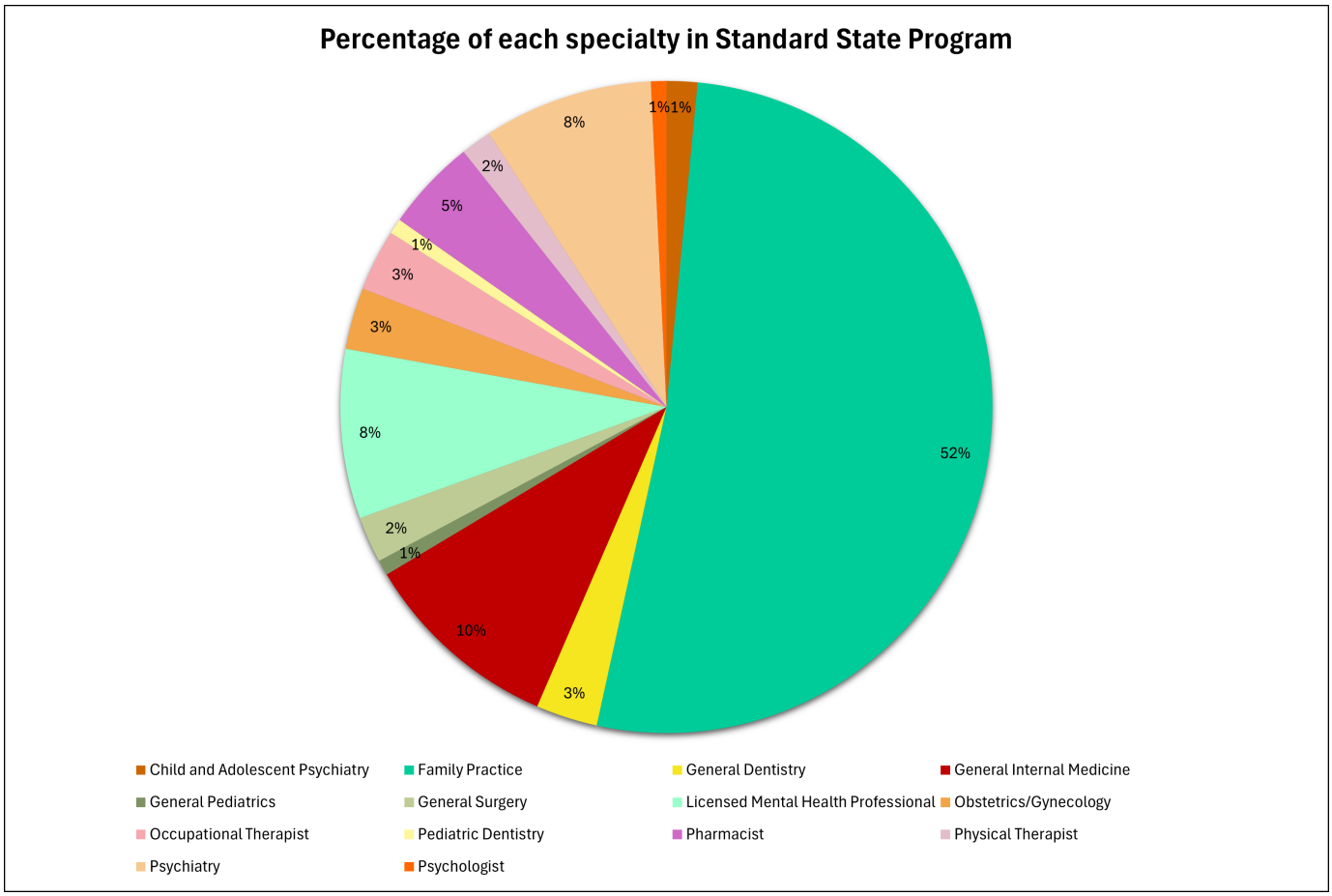
PERCENTAGE OF PARTICIPANTS OF EACH PROFESSION IN THE ARPA PROGRAM

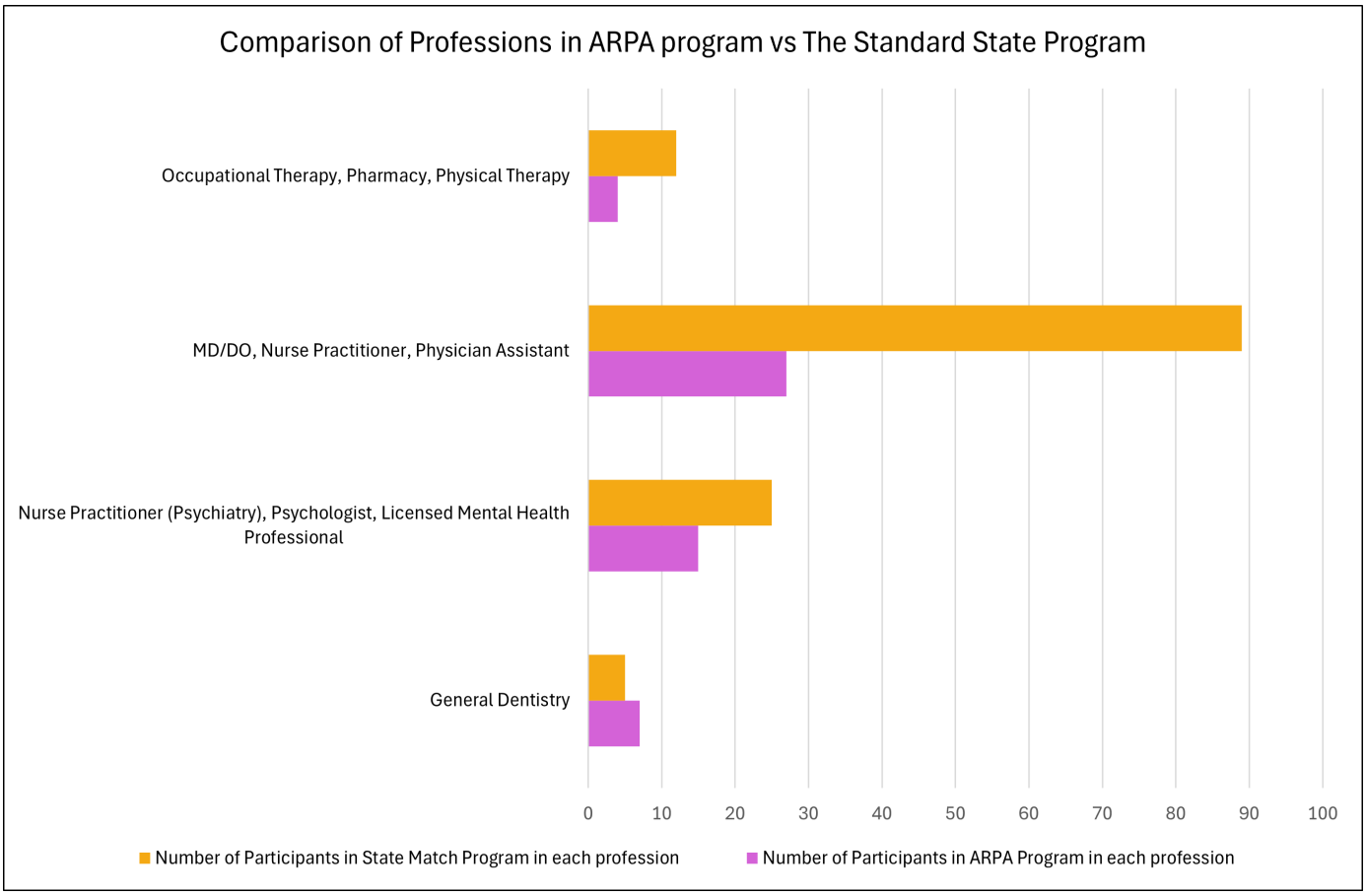


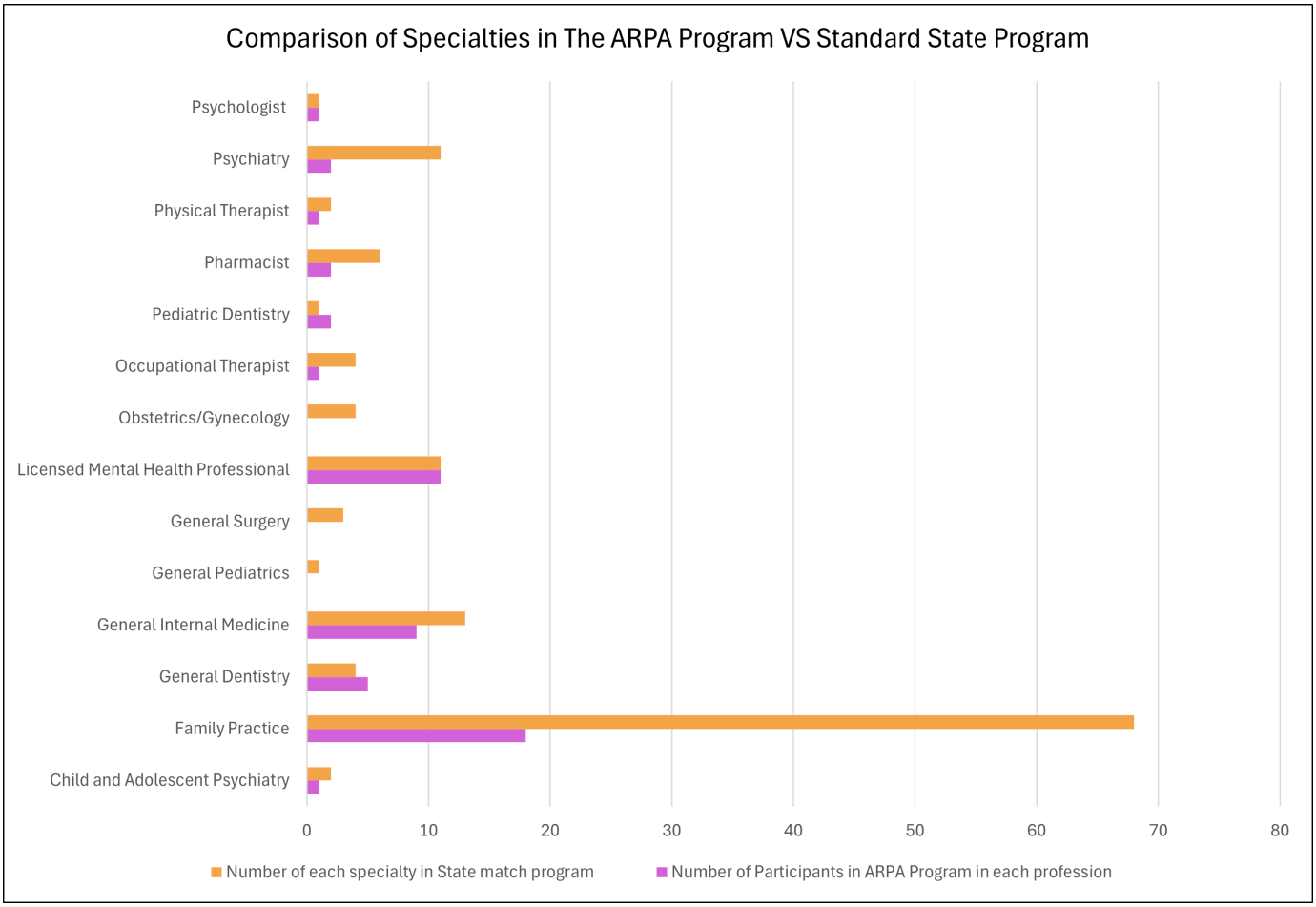
PERCENTAGE OF PARTICIPANTS OF EACH PROFESSION IN THE STANDARD STATE PROGRAM



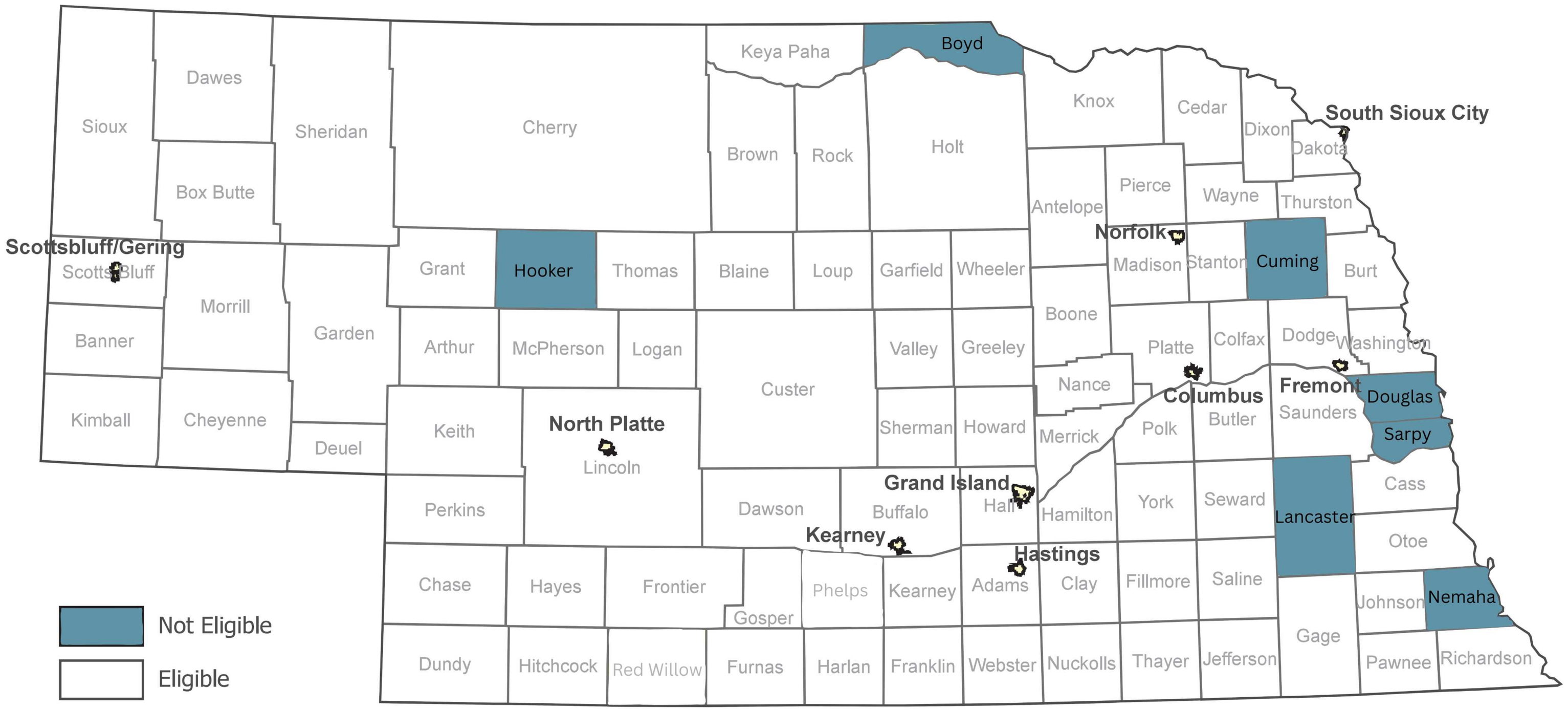

Percentage of each specialty in ARPA Program
2%
34%
9%
17%
20%
2%
4%
4%
2%
4%
2%
Child and Adolescent Psychiatry
Family Practice
General Dentistry
General Internal Medicine
Licensed Mental Health Professional
Occupational Therapist
Pediatric Dentistry
Pharmacist
Physical Therapist
Psychiatry
Psychologist


Percentage of each specialty in Standard State Program
1%
1%
52%
3%
10%
2%
1%
8%
3%
3%
1%
5%
2%
8%
Child and Adolescent Psychiatry
Family Practice
General Dentistry
General Internal Medicine
General Pediatrics
General Surgery
Licensed Mental Health Professional
Obstetrics/Gynecology
Occupational Therapist
Pediatric Dentistry
Pharmacist
Physical Therapist
Psychiatry
Psychologist


Comparison of Professions in ARPA program vs The Standard State Program
Occupational Therapy, Pharmacy, Physical Therapy
MD/DO, Nurse Practitioner, Physician Assistant
Nurse Practitioner (Psychiatry), Psychologist, Licensed Mental Health Professional
General Dentistry
0
10
20
30
40
50
60
70
80
90
100
Number of Participants in State Match Program in each profession
Number of Participants in ARPA Program in each profession


Comparison of Specialties in The ARPA Program VS Standard State Program
Psychologist
Psychiatry
Physical Therapist
Pharmacist
Pediatric Dentistry
Occupational Therapist
Obstetrics/Gynecology
Licensed Mental Health Professional
General Surgery
General Pediatrics
General Internal Medicine
General Dentistry
Family Practice
Child and Adolescent Psychiatry
0
10
20
30
40
50
60
70
80
Number of each specialty in State match program
Number of Participants in ARPA Program in each profession

Governor-Designated Eligible Areas for Medicare Certified Rural Health Clinics 2025



The communities of Columbus, Fremont, Grand Island, Hastings, Kearney, Norfolk, North Platte, South Sioux City, and Scottsbluff/Gering are not eligible.

Sources:
U.S. 2020 Census, Low Birth Weight and Infant Mortality Rate data from
Nebraska Department of Health and Human Services, and University of Nebraska Medical Center,
Health Professions Tracking Service,

State of Nebraska
Guidelines for Designation of
Registered Dietitian Nutritionist Shortage Areas

1. A service area may be a single county or a group of contiguous counties.

2. In computing the population-to-registered dietitian nutritionist (RD) ratio, RDs will be counted on a full-time equivalent (FTE) basis, with four hours counting as 0.1 FTE. RDs will not be counted if they are practicing under Medicare, Medicaid, or licensure sanction, or if they have documented plans to discontinue practice within one year.

3. A service area is designated as a Registered Dietitian Nutritionist Shortage Area if there is no registered dietitian nutritionist practicing in the service area or if the population-to-RD ratio equals or exceeds **5000/1**.

4. Service areas with a population-to-RD ratio at or between **4500/1 - 4999/1** will be designated if at least one of the following high need indicators is present:

    a. The area is a frontier area (fewer than six persons per square mile);

    b. The proportion of the service area population 65 and older ranks in the highest quartile of the state;

    c. The proportion of the service area population below the poverty level ranks in the highest quartile of the state; or

    f. Fifty percent or more of the RDs practicing in the county are 60 or older.

5. Except as defined in 1 above, areas within a 50-mile radius of Lincoln and Omaha will not be designated.

6. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

State of Nebraska
Guidelines for Designation of
Certified Registered Nurse Anesthetist Shortage Areas

1. A service area may be a single county or a group of contiguous counties.

2. Service areas will be designated as certified registered nurse anesthetist (CRNA) shortage areas if there is no CRNA practicing in the service area or if the population-to-physician ratio equals or exceeds the guideline for the specialty of obstetrics and gynecology.

3. Except as defined in item 1 above, areas within a 25-mile radius of Lincoln and Omaha will not be designated.

4. Service areas designated as federal primary care shortage areas or federal maternity care target areas (MCTAs) will be designated as state shortage areas for purposes of the Nebraska Rural Health Incentive Programs.

5. The designation of an area will not be withdrawn if a loan repayment applicant has chosen the area as a future practice site.

Nebraska Department of Health and Human Services
Office of Rural Health
L:$NLRP Program/SHORT AREA GUIDELINES

Rural Health Advisory Commission
Adopted August 15, 2025

8/5/25

Hello,

My name is Abbie Eggleston. I'm a new grad CRNA at Methodist Fremont Health (MFH). I saw the statement release regarding Rural CRNAs having the opportunity to participate in the student loan repayment program. Would I qualify with working rural at MFH? Before I reach out to my manager, I wanted to see if I could get more information on if I can even participate in the program or not. I wasn't sure which one of you I should email so I'm sending this to you both.

I'd appreciate any guidance you can provide!

With the current shortage area designations, you would not, but I'll take this info to the Rural Health Advisory Commission at their meeting next Friday, and you are welcome to attend as well (it's in Lincoln but there is a virtual option). With the designation being so new, it's possible they would decide to add other factors into the shortage area considerations

Here is a link to the agenda with Webex link as well

- https://dhhs.ne.gov/RH%20Advisory%20Commission/RHAC-Meeting-Notice-Agenda.pdf

Rachael Wolfe, BA, Certificate in Public Health
State Loan Repayment Program Manager
PUBLIC HEALTH - OFFICE OF RURAL HEALTH
Nebraska Department of Health and Human Services
OFFICE: 402-471-0778 | CELL: 402-314-4733 | FAX: 402-471-0180
DHHS.ne.gov | Facebook | Twitter | LinkedIn

Okay! Thank you for the information.

I do know there has been turnover here. There is an anesthesiologist and three CRNAs that have all been here less than a year. So we are fully staffed right now but as I'm sure you're aware, this can change so quickly!

Abbie

8/5/25

Hi Rachael,

Hope you're doing well. I Wanted to follow up with you. I have been reading about the new legislation that passed with loan reimbursement being offered to rural CRNAs. This makes me so happy and optimistic about our profession serving rural communities. I'm so proud of everyone who has worked so hard on this!

But I wanted to gain more insight on how they decided what is considered "rural" and what is considered short staffed.

I live in Hamilton County, married to a farmer, but work in Grand Island NE as a CRNA, and provide anesthesia to surrounding rural communities - Albion, Broken Bow, Aurora, Hampton, Giltner, Loup City, Central City, etc.

I would be interested in working as a CRNA in Aurora, NE, but they are fully staffed (yet considered rural and "in need" according to this legislation). Therefore, forced to work in GI. My student loans solely from CRNA school are over $200k, and being eligible for this would be appreciated tremendously. Especially since this is where my roots are planted, and will serve rural NE as a CRNA for the rest of my life.

Please let me know who else I need to talk to in order to advocate for the CRNAs in Hall County as well. :)

Thank you! Cami Oswald

Are you providing services at least 20 hours a week in currently designated shortage areas?

Rachael Wolfe, BA, Certificate in Public Health
State Loan Repayment Program Manager
PUBLIC HEALTH - OFFICE OF RURAL HEALTH
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I work full time 40hr in Hall County, which isn't designated as a shortage area. However, we are short staffed at our hospital and struggle to recruit additional anesthesia providers. We need 2 more anesthesia to run efficiently and open up more ORs at our facility.

Right now I don't have time to locum on the side at other places considered rural/shortage area because of the call needs at my current position.

8/5/25

Good morning Rachel and Jok,

My name is Lexi Askey and I'm a CRNA who resides and farms in Hamilton county and I practice anesthesia in Hall county. I'm excited to hear about the launch of your new CRNA loan repayment program. I was very surprised to see that Hall county is not listed as a shortage area but neighboring counties with more CRNAs practicing at those facilities are listed as shortage areas. Last year, myself and two other CRNAs provided more anesthetics at our facility than the neighboring facility did with more than double the number of providers. While Grand Island does not count as "rural" in the eyes of many, the area we serve most definitely is. We provide anesthesia for many rural communities in the area and so many rural residents either travel by private car or come to us via emergency services for our services. I am ultimately wondering if there is something I can do to advocate for myself and fellow CRNAs practicing at my facility to become eligible for the loan repayment program. Thank you!

Sincerely, Lexi Askey CRNA

I will present your email to the Rural Health Advisory Commission at their meeting next Friday, and you are welcome to attend as well (it's in Lincoln but there is a virtual option). With the designation being so new, it's possible they would decide to add other factors into the shortage area considerations

Here is a link to the agenda with Webex link as well -
https://dhhs.ne.gov/RH%20Advisory%20Commission/RHACMeeting-Notice-Agenda.pdf

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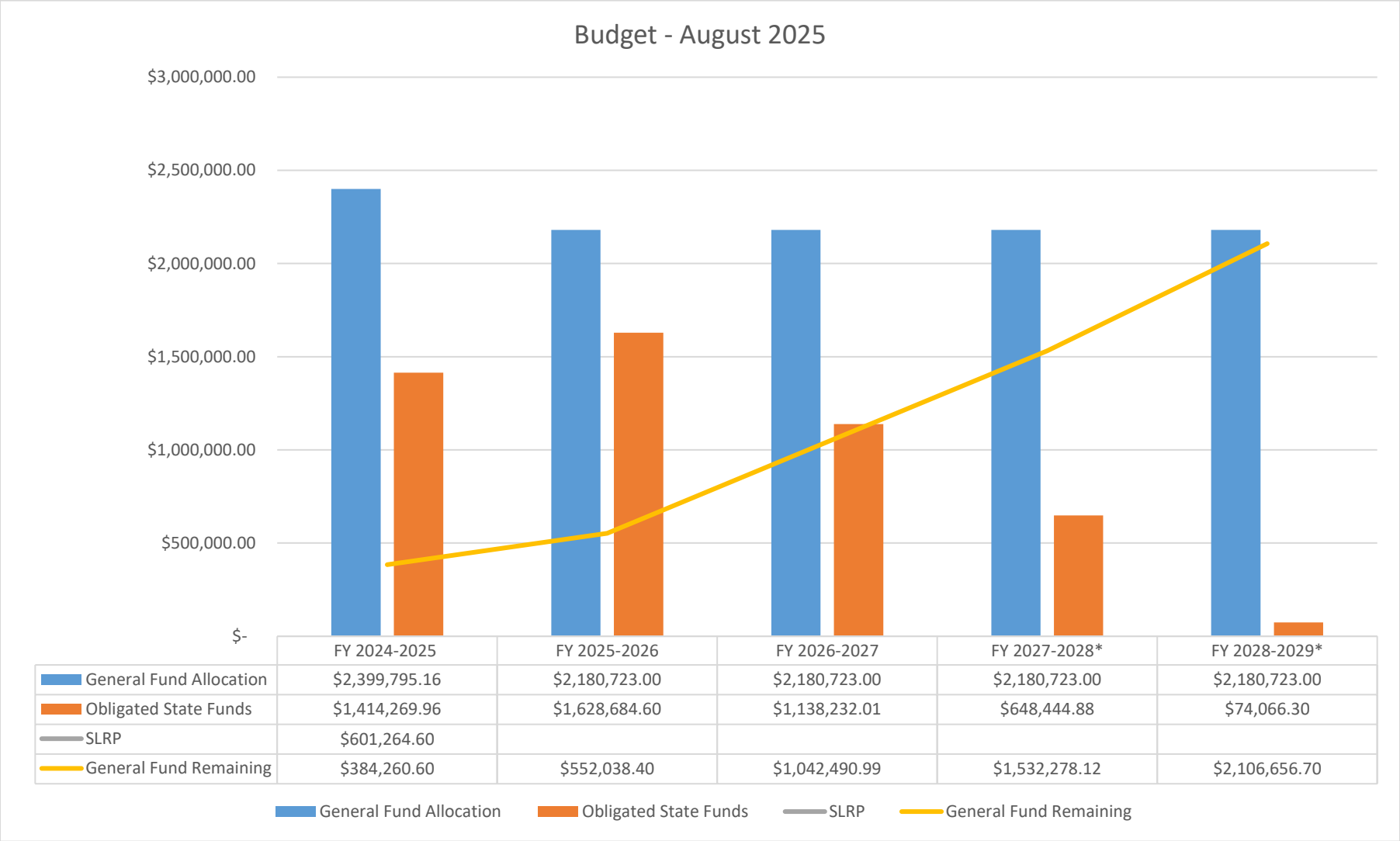
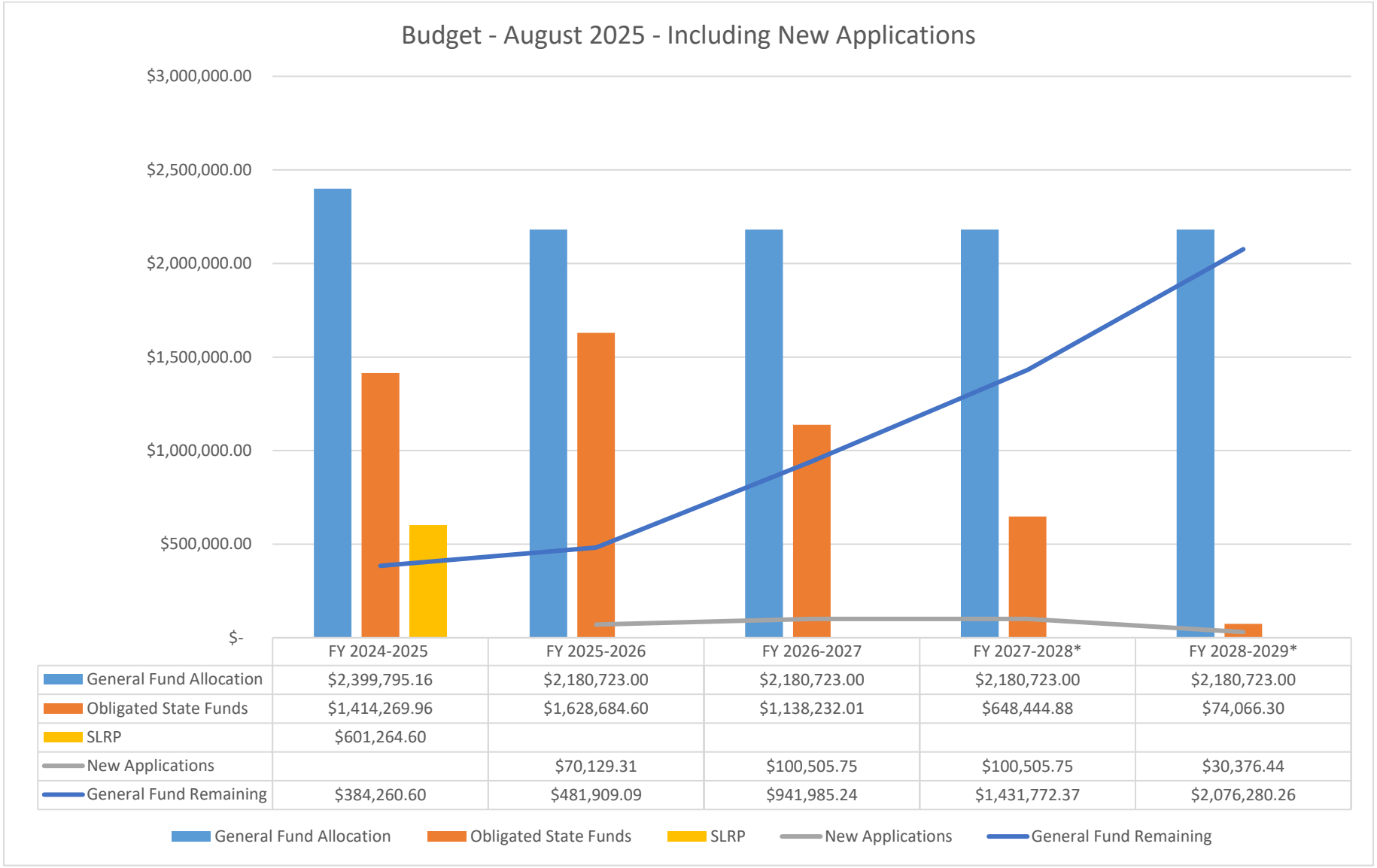


	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028*	FY 2028-2029*
General Fund Allocation	$2,399,795.16	$2,180,723.00	$2,180,723.00	$2,180,723.00	$2,180,723.00
Obligated State Funds	$1,414,269.96	$1,628,684.60	$1,138,232.01	$648,444.88	$74,066.30
SLRP	$601,264.60				
General Fund Remaining	$384,260.60	$552,038.40	$1,042,490.99	$1,532,278.12	$2,106,656.70

*FY 2025-26 began July 1st. General fund allocation is projected for FY 2027-28 and on.



	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028*	FY 2028-2029*
General Fund Allocation	$2,399,795.16	$2,180,723.00	$2,180,723.00	$2,180,723.00	$2,180,723.00
Obligated State Funds	$1,414,269.96	$1,628,684.60	$1,138,232.01	$648,444.88	$74,066.30
SLRP	$601,264.60				
New Applications		$70,129.31	$100,505.75	$100,505.75	$30,376.44
General Fund Remaining	$384,260.60	$481,909.09	$941,985.24	$1,431,772.37	$2,076,280.26

* FY 2025-26 began July 1st. General fund allocation is projected for FY2027-28 and on. New applications add funds through FY 2028-29.