

## **Rural Health Coordinating Council**

Minutes December 15 2023

Virtual Meeting via Webex and Telephone

### **I. Call to Order**

Kim Lovato, Chair, called to order the December 15, 2023, meeting of the Rural Health Coordinating Council (RHCC) at 9:11 am.

#### Roll call, introductions

- *Kim Lovato*
- *Allison Whisenhunt*
- *Raymond Hino*
- *Jennifer Little*

*Oregon Office of Rural Health (ORH) Staff*

Robert Duehmig, Director; Laura Potter, Administrative Manager

**a. Agenda approval – Carried over to January meeting**

**b. Minutes approval – Carried over to January meeting**

### **II. ORH Updates**

#### **a. RHCC Updates**

RHCC has a person for the position for communities of fewer than 3500 people – not quite approved yet, but soon. Also need a DO and someone from the Association for Homecare. OMA – Robert is working on it. Jennifer Little – Dr Liz something from Wallowa County might be good. Also need someone from ONA.

OHSU as an entity is still working on its rural focus and awareness, and Robert is very active in that conversation, as the State Office of Rural Health at OHSU

#### **b. Conference Updates**

Almost 380 people, great energy, rave reviews from partners as well with solid engagement from attendees; did lose money though not as much as we expected to lose. There will be an increase in the registration fee to \$399 for the 2024 conference. Like 2023, RHC sessions will be integrated into the conference rather than having a separate RHC workshop. We will continue to include public health as a component of the conference.

The RFP will go out toward the middle or end of January. Focus on communication among CAHs, and among RHCs and CAHs.

**c. Forum on Population Health and Aging in Rural Oregon**

RFP will be sent out Jan 8, 2024, and proposals are due by February 15. Our target date for opening registration and publicizing the agenda is March 4. The [Rural Population Health Incubator Awards](#) open in January, and proposals must be submitted by May 3; we will announce awards by May 30.

**d. EMS**

EMS equipment grants – ORH was able to utilize some unspent funds for a round of [EMS equipment grants](#). [The Roundhouse Foundation](#) supported our efforts with a contribution of \$100,000. Six awards were made to EMS agencies in Clatsop, Douglas, Klamath, Lake, Lincoln, and Polk counties.

Low frequency EMS agencies struggle to maintain equipment and drugs. While we are excited about these awards, we received over \$1M in requests. We will continue to work to find stable funding.

We are excited about our partnership with the Roundhouse Foundation. The foundation has been looking at housing, education, food insecurity, and staff meets regularly with our staff. We are applying for funding for EMS workforce in Q1 of 2024. The Roundhouse Foundation has been supporting us in our data collection efforts. We are currently surveying EMS agencies. If we are successful with the grant application, our goal is to hire a person to focus on EMS workforce.

Rep. Graber, Oregon House, has put together a workgroup to move develop legislation for the 2024 session to move the EMS

modernization act forward. ORH has been active in these discussions.

Morrow Co Health District, based in Heppner, runs EMS for the county. Fire Chief in Boardman has dedicated some rigs to EMS transport; not licensed by the State of Oregon. Conflict between fire dept and the health district. The Health District has notified the County that it will cease offering EMS services unless there is an agreement in the new Ambulance Service Area. Information on the issues can be found [here](#).

#### **e. Grants**

- i. SORH grant – noncompetitive this year. Grant due in Q1 of 2024.
- ii. SHIP grant – passthrough grant; hospitals did programs as a group last year that helped spend the money efficiently. The grant is only \$9000 per hospital and the paperwork for that is not insignificant. We continue to make it as easy a process as possible.
- iii. FLEX grant – Sarah Anderson is working on this grant due in Q1. This is a competitive five-year grant. Our largest grant, \$600,000 - \$700,000/year, and we can leverage those dollars with SORH matches in some circumstances.
- iv. EMS grant, as described above.

The new FLEX grant will have a stronger focus on outcomes versus outputs. Easy for us to show what we have done, but now we will also need to show the result of what we have done. This means that we need to ask our grantees for outcomes, which increases the administrative burden for them.

Ray Hino agreed that the burden of reporting outcomes from their EMR is indeed significant. Different EMRs make it difficult. They do not have EPIC though that is their goal, but it is expensive.

#### **f. Communications**

[ORH Community Conversations](#) will continue in 2024. Next one will be January 25, 2024, and will focus on the legislature as well as what might happen at the

national level. Sen. Deb Patterson, Senate Health Committee Chair, will join.

[Updated Unmet Health Care Needs Report](#) is linked in the agenda, and we will get our yearend report out before the DC trip.

Looking at our social media operations, we are looking at whether we should continue to utilize X, formerly twitter. Many organizations have dropped it; we have not done that yet, nor has OHSU, but we will look at it in the coming months.

### III. Legislature/Policy

#### A. Legislature

Legislative Walk outs:

The litigation is proceeding about the effect of members walking out in 2023; it should go straight to the Court of Appeals or the Supreme Court, and we should know by early 2024.

<https://www.opb.org/article/2023/12/14/oregon-anti-walkout-measure-clarity/>

<https://www.courthousenews.com/federal-judge-rules-against-absentee-state-senators-in-oregon/>

December 31 is the deadline for filing bills to be considered in the short session.

May/June – hoping to have a legislator on the health committee come to the RHCC, but do not want just a report from that legislator; would like to have the RHCC's questions and comments prepared in advance. Send them to Bob as you think of them, and we will discuss them at our Q1.

[Link](#) in agenda to pending legislation and legislative calendar.

Federal level: budget issue has been kicked down the road so that next shutdown may happen in January. The new rural health caucus on the House side, brainchild of representatives from Hawaii and Alabama, has been started. They caucus sponsored the NOSORH National Rural Health

Day reception at the capital. Caucus is helping to find what issues may be supported in the House for rural health issues.

Reauthorization of the FLEX program is one of the pending pieces of legislation. FLEX authorization expired two years ago; it still receives funding, but if Congress decides to defund all unauthorized programs, then FLEX would be gutted. Other program: [RCORP](#) grant, which has never been authorized; Oregon has not yet taken advantage of it other than in Klamath Co. As of now, there is no mechanism for publicizing it and helping people access it.

NRHA Policy Institute will be the second week in February and includes a conference and Capital Hill visits. We have several people attending; Bob, Stepha Dragoon, Allison Whisenhunt, currently registered. Jennifer Little has expressed interest. We will put together packets for all attendees that will be shared with the congressional delegation. Govt shutdown could derail, so get refundable fix. Congress does not shut down.

## **B. RHCC member reports**

**Kim Lovato:** No updates from the PA; Oregon Medical Board needs all collaborative agreements to be completed by December 31. Instead of Physician Assistant, the name will be Physician Associate. Kim has noticed that with NPs, she's seeing a lot of Advanced Practice Physicians. And then there is the debate about DNPs and whether they can be referred to as "Doctor." A new Doctor of Medical Education is in the offing, perhaps in response to what is going on with the NPs.

Also seeing increase in behavioral health problems in young people; covid, social media, politics.

Ray Hino: on the terminology changes, has heard "mid-level" is considered offensive. Allison Whisenhunt: doctors don't like "provider," because that could make them sound like a NP or other licensure. Bob: send us this information, so that we use appropriate terms in our R & R efforts.

**Ray Hino:** Hospital Association has gone through a rebranding; no more OAHHS. Now the Hospital Association of Oregon (HAO) with a new logo.

Last February, OAHHS had a leadership summit in February, with C Suite leadership meeting in Salem, listening to legislator panels, discussions of the staffing bill. Assn planning on doing it again, February 26 at Salem Convention Center; keynote is Dr. Steve Berkowitz, Quality Management expert, on AI in QI. Ray will see whether non-hospital CEOs can attend;

Bob: working with Katie Harris on the conflict with the HAO and Oregon Conference in October. Ray will be sending other folks to the Oregon Rural Health Conf.

**Jennifer Little:** CHLO is hiring a communications person to work with several health depts, so if anyone knows someone who is a good communications person and knows rural, it's a remote position. Working on a permission slip for their coalition to be able to lobby. Public Health Modernization is funding for all public health locations to be able to provide standardized level of service. Funding distribution is very uneven, so it is a struggle to achieve the goals. Now there is a false narrative that local public health doesn't want to collaborate with community-based organizations, so they are working on a statement to clarify.

Bob: would it be of use to put on a webinar about rural public health and community organizations? Someone from CLHO and from a community org that have a good collaboration to share with others. And is it a good session for the conference in the fall?

Amendment to my CLHO update: the shared PIO/comms person is shared between specific counties, and then there's a workforce development/recruiter position with CLHO. Posted here: <https://oregonclho.org/about/opportunities-with-clho>

Jennifer just met with Liz James, Chair of Oregon LGBT+ Aging Population, bill to protect people in long term care facilities from discrimination. Bill passed, and now AARP is taking her show on the road. Forum topic?

There will be an In-person Vaccine Financing meeting on January 25, at the Doubletree in Portland; Jennifer will attend and can report back out. Suggestion: vaccine finance as Conference topic.

**Allison Whisenhunt:** Transportation out of the county continues to be a struggle, and transport of patients with mental health crises, not covered by Medicare. Primary care provider access is a continuing issue; even when you do have a provider, you can't get in to see them except for wellness visits. Struggles with gender-affirming care; kerfuffle in Seaside about the library carrying the book "And Tango Makes Three," regarding male penguins who hatched an egg.

CMH is still hemorrhaging money paying for locums. Clatsop County Community College is at risk of losing its accreditation for the nursing program, which will exacerbate the program.

**C. Old Business**

No old business

**D. New business/public input**

No new business

**E. Meeting adjourned**

**10:46**

DRAFT