



## RURAL HEALTH ADVISORY COMMISSION

NEBRASKA OFFICE OF RURAL HEALTH  
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### MINUTES of the Rural Health Advisory Commission (RHAC)

**Friday August 18<sup>th</sup>, 2023**  
**9:30 a.m. – 3:00 p.m.**  
**Nebraska State Office Building**  
**Lower Level Goldenrod Conference Room**  
**301 Centennial Mall South**  
**Lincoln, Nebraska**

#### 1. Strategic Planning Session

Catherine Plumlee, with the DHHS Office of Performance Management, facilitated a three-hour strategic planning session for the commission. A document resulting from this session will be made available soon.

*Commission Members Present:* Marty Fattig; Michael Greene, M.D.; Jeffrey Harrison, M.D.; Kate Kusek, D.D.S.; Charity Menefee; Rebecca Schroeder, Ph.D; Myra Stoney; Jeffrey Wallman, M.D.; Roger Wells, PA-C; Linda Witmuss (attending for Tony Green).

#### 2. Break for Lunch

#### 3. Call Meeting to Order; Open Meetings Act and Agenda Posted/Available for Download; Adopt Agenda; Approve Minutes from May 25<sup>th</sup>, 2023 Meeting

Chairman Marty Fattig called the quarterly meeting to order at 1:30 p.m. with the following members present: Marty Fattig; Michael Greene, M.D.; Jeffrey Harrison, M.D.; Kate Hesser, M.D.; Kate Kusek, D.D.S.; Rebecca Schroeder, Ph.D; Myra Stoney; Jeffrey Wallman, M.D.; Roger Wells, PA-C; Linda Witmuss (attending for Tony Green).

Mr. Fattig announced that the meeting notice had been posted to the DHHS website and sent out via email and USPS on August 4, 2023.\* Handouts and meeting agenda were also posted on the DHHS website, with a link to these given on the agenda itself (<http://dhhs.ne.gov/Pages/Rural-Health-Advisory-Commission.aspx> - under "Documents"). Additionally, the open meetings act and meeting agenda were posted outside the meeting room.

*\*Sent as usual to: NE Rural Hospital CEOs, NE Certified Rural Health Clinic Directors, NE Local Public Health Departments, NE Community Action Partners, NE Community Health Centers/FQHCs, NE Professional Associations/Organizations, NE State Senators, the Offices of the Governor and Lt. Governor, and other rural interested parties and groups.*

Jeffrey Harrison, M.D. moved to approve the August 18th, 2023, meeting agenda and Jeffrey Wallman, M.D., seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Fattig, Greene, Harrison, Hesser, Kusek, Schroeder, Stoney, Wallman, Wells. ABSTAIN: None. EXCUSED: Dexter, Hunt, Menefee.

Rebecca Schroeder, Ph.D., moved to approve the May 25th, 2023, meeting minutes and Kate Hesser, M.D. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Fattig, Greene, Harrison, Hesser, Kusek, Schroeder, Stoney, Wallman, Wells. ABSTAIN: None. EXCUSED: Dexter, Hunt, Menefee.

#### 4. Administrative Items

##### *Commission Member Update*

Current members do not need to reapply until September 2024 or 2025 and will be notified as this time draws near.

##### *Other Announcements*

Margaret Brockman mentioned federal partners with HRSA came and did a site visit last week for the NHSC Nebraska State Loan Repayment Program (SLRP).

#### 5. Rural Health Systems & Professional Incentive Act Program Updates

##### *Updates to Statute*

Margaret Brockman went over updates to the existing statute. LB50/LB352 was passed last session and adds a new option for mental health providers working with the community supervision population (individuals who've come out of prison, etc.). Such providers are eligible to have their entire loan balance paid over the course of five years. All other program requirements remain in place. No additional funding was given as part of this change, and it is unclear how many providers will qualify as they cannot be a state employee, must find match, and must be in a qualifying area and serving that specific population. Staff have been working on a new redcap application and requested a contract template be created for this new program.

Almost the entire state is a shortage area for mental health, but Lancaster County (while federally designated) does not qualify as a state shortage area due to the 25-mile radius rule (see shortage area [guidelines](#)). In order to maximize providers who could qualify for this new program, the commission could decide to designate Lancaster County as a state shortage area. This would require a vote and a change to current shortage area guidelines. Alternately, the commission could create a new shortage area map specifically for this part of the program (those serving the community supervision population).

The program changes must be implemented by the end of September (90 days after being passed), so if more discussion is desired, convening a subcommittee to create any new guidelines or maps is recommended. Applications can be taken in the interim, and the full body can vote on these items at the next meeting.

Margaret Brockman mentioned that for psychiatrists - if they have over \$300,000 in loans – they would receive more than the current annual maximum. If they have under \$180,000 – their annual award will be less than current maximum. Dr. Greene mentioned that the average debt coming out of Creighton is \$385,000.

Margaret Brockman then discussed developing a priority matrix which would identify which professions and areas have priority. She also asked the commission the following questions: do you want to use funds to match SLRP (at least for mental health/dentists/nurses), do you want to limit use of funds for LB50, do you want to limit amount of providers at any certain facility (2 per site for example), do you want to see/review a map of where people have been in the past? Approvals have been going on first come first served basis but may need to think differently going forward as some of the extra funds we've been given go away.

Rebecca Schroeder, PhD. asked who would qualify for the new program if state employees don't. Emily Lux mentioned that they could be contracted workers, but may have difficulty finding match if so. Margaret Brockman agreed that if Bryan contracts with the penitentiary, those providers may qualify. Heidi Peirce remarked that if shortage areas remain as they currently are, the women's facility in York and the facility in Tecumseh are the only ones that will qualify.

Roger Wells, P.A. believes we need a subcommittee and that the legislation may need to be modified. One problem is ensuring 50% of patients are of that population, in conjunction with state employees not qualifying. Dr. Greene agreed and remarked that all programs need to be considered in conjunction – consider a matrix and then comment on LB50.

Jeffrey Harrison, M.D. moved to maintain current shortage areas, using mental health shortage area map for LB50 applicants and Roger Wells, P.A. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Fattig, Greene, Harrison, Hesser, Kusek, Schroeder, Stoney, Wallman, Wells. ABSTAIN: None. EXCUSED: Dexter, Hunt, Menefee.

Rebecca Schroeder, PhD. mentioned there is a federal program where your entire loan is forgiven if you serve ten years in a public facility. She asked if this addition to the act is necessary in conjunction with that.

Commission members seemed to agree that a priority matrix is the most important thing to focus on - evaluate statute as a whole and develop a priority matrix. Gather data about which programs have been successful and how these funds could best be used.

A question was asked about the source of the guidelines handout; these were developed by the commission to create shortage area maps and can be updated by the commission if needed. Margaret Brockman mentioned that the Office of Rural Health (ORH) has data and can provide whatever the commission needs to make a new assessment (who has participated in which programs, how long they stayed past their obligation, etc.).

Roger Wells, P.A. remarked that what we don't know is the need. It was mentioned that Emily Lux has collected census data and could provide some of that at the next meeting. Mr. Wells wants to do a needs assessment of some kind, remarking "should we focus on physicians, dentists, support staff? We don't know. We're spending money based on who is applying, but need data to help us prioritize state need."

Kate Hesser, M.D. remarked that Grand Island is a 50% diverse population but they're not showing up with those markers on the current maps. Discussion on how to write the state shortage area guidelines to reflect social determinants/diversity in communities. Heidi Peirce discussed the federal designation process and how that info is taken into consideration as part of that process. Rachael Wolfe added that state designations are generally easier to attain than federal ones.

Michael Greene, M.D. asked if there is any literature out there that designates ideal ratios of providers to population (areas with high Somali population for example). Roger Wells, P.A. mentioned Kate Hill, remarking that she may have a scoring sheet she can share and stating he would reach out to her.

#### *Shortage Area Requests*

Lincoln County requested re-assessment as a shortage area for General Surgery. Upon review by ORH (verified by HPTS), they do qualify.

Jeffrey Harrison, M.D. moved to approve the designation of Lincoln County as a shortage area for General Surgery and Roger Wells, P.A. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Fattig, Greene, Harrison, Hesser, Kusek, Stoney, Wallman, Wells. ABSTAIN: Schroeder. EXCUSED: Dexter, Hunt, Menefee.

Lincoln County also requested re-assessment as a shortage area for OB/GYN. Upon review by ORH (verified by HPTS), they do qualify.

Roger Wells, P.A. moved to approve the designation of Lincoln County as a shortage area for Obstetrics and Gynecology Myra Stoney seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Fattig, Greene, Harrison, Hesser, Kusek, Stoney, Wallman, Wells. ABSTAIN: Schroeder. EXCUSED: Dexter, Hunt, Menefee.

#### *Medicaid Report*

Heidi Peirce presented about Medicaid information available through PRISM, explaining that ORH subscribes to a service called PRISM (along with about 20 states); they poll all loan reimbursement folks in all our programs and assess retention. They ask many other questions as well.

Per reporting in PRISM (reporting period: 7/1/22-6/30/23), only 28% of patients seen by all loan repayment providers are using private insurance; 29% use Medicaid and 32% Medicare.

For Dentists specifically, private insurance is used by 38% of patients; 27% are uninsured and Medicaid remains 29% of those seen. (Medicare advantage would be the only qualifying Medicare coverage for dental and providers who accept this are few and far between in rural areas)

Kate Kusek, D.D.S. remarked that dental coverage is a benefit system rather than insurance and not a lot is covered; more and more dentists are opting out of insurance, not just Medicaid. She believes the split reflected here is accurate. One member remarked that you can't find dentists who take Medicaid, especially in rural areas. Health departments try to help out, but exams and fluoride don't take care of abscessed teeth.

Heidi Peirce remarked that they visited five locations through central and eastern Nebraska with the SLRP team during the site visit last week; three of these facilitates had dental services. All had huge waitlists and they are struggling to recruit as well.

There was then discussion of Medicaid reimbursement rate being 39% lower than the average cost of the procedure.

Marty Fattig remarked that there are 23 Federally Qualified Health Centers (FQHCs) in South Dakota. Discussion of reimbursement at FQHCs being higher than it is in private dental practice. Heidi Peirce remarked that FQHCs in Nebraska are full and mostly on the eastern side of the state. Kate Hesser, M.D. asked how South Dakota got that many FQHCs and Marty Fattig replied he thinks it has something to do with reservations. Kate Kusek, D.D.S. mentioned FQHC presentation at the November 2022 RHAC meeting; Health Center Association of Nebraska (HCAN) has looked into areas that could benefit from an FQHC and may be primed for placement.

#### *Budget Update*

Fiscal Year 2023-24 - July 1, 2023-June 30, 2024 - first year of new biennium:

Total allocation = \$2,180,723  
\$1,865,849 obligated  
\$314,874 remaining

New applications will obligate an additional \$67,250 this year, leaving \$247,624 total remaining for potential awards next quarter (remaining amount can be carried over to FY24-25).

Margaret Brockman remarked that we haven't spent all the money allocated this year, because of ARPA funds; but again we didn't do much marketing. We could look at using some of it as no match with SLRP, or hold onto it and try to figure out next year when other funds start to go away.

### **6. Review Current Federal and State Legislative Activities Impacting Rural Health**

Marty Fattig remarked there is not a lot going on with the body in recess, though 340B is always a big issue. New CEO of DHHS has been appointed and needs to be confirmed by the legislature.

Roger Wells gave an update from Washington, DC (FORHP). He was invited as a provider (part of the "issues" group). He discussed 340B 20% reduction in costs of medications to rural areas. Community health workers are a hot topic, and there is an emphasis on social determinants of health. Providers are going into homes and finding out what people need and what their limitations are, and this results in better outcomes. Medicaid reimbursement has decreased 1% with end of health emergency. Maternity deserts are impacting birthing risk, statewide assistance program needed. By end of 2023, 45% of rural workforce in healthcare will have either resigned retired or moved. Burnout remains an issue and is defined as excessive amount of demand without ability to change your environment. 66% of those in ICU don't need to be there anymore but they can't find a step down unit to place them in. Discussed farm bill priorities and how they align with commission/rural priorities – recommendation to partner with USDA. Quoted a provider 'Not since WWII have we had such devastation in the world or made such advancements as we have in the past two years.'

Myra Stoney discussed an upcoming legislative hearing she is keeping an eye on, discussing covid response, nursing home needs, and other matters. It was noted that the nursing home representative was not present at this meeting or the last meeting, and that her input was needed. Myra Stoney remarked that rural health departments had no say in directed health measures, as they all come from the governor. There will be discussion of TEST Nebraska at the hearing, which Ms. Stoney thinks was helpful for rural areas.

### **7. Public Comment**

*No comments.*

## 8. CLOSED SESSION

Michael Greene, M.D. 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 at 2:50 p.m.

Jeffrey Harrison, M.D. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Fattig, Greene, Harrison, Hesser, Kusek, Schroeder, Stoney, Wallman, Wells. ABSTAIN: None. EXCUSED: Dexter, Hunt, Menefee. Chairman Marty Fattig announced that the Commission would go into Closed Session at 2:50 p.m.

*It was announced that guests should leave the room. No guests remained at this time.*

## 9. OPEN SESSION

Myra Stoney moved to go into Open Session at 2:55 p.m. and Rebecca Schroeder, Ph.D., seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Fattig, Greene, Harrison, Hesser, Kusek, Schroeder, Stoney, Wallman, Wells. ABSTAIN: None. EXCUSED: Dexter, Hunt, Menefee.

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. Michael Greene, M.D. seconded the motion. Deb Stoltenberg initiated roll call vote. YES: Greene, Harrison, Hesser, Kusek, Schroeder, Stoney, Wallman, Wells. ABSTAIN: Fattig. EXCUSED: Dexter, Hunt, Menefee.

| Date application submitted | First Name: | Last Name:  | Profession:                            | Name of Facility:                         | County             | Average hours per week | Average ER hours per week | Date provider began or will begin practice in the shortage area: | Loan Balance  | Matching Funds | State Start Date: | State Award Amount: | SLRP Start Date: | SLRP Minimum Award Amount: | SLRP Maximum Award Amount: |
|----------------------------|-------------|-------------|--|---|--------------------|------------------------|---------------------------|--|---------------|----------------|-------------------|---------------------|------------------|----------------------------|----------------------------|
| 6/20/2023                  | Nicole      | Maher       | Licensed Mental Health Professional    | Blue Valley Behavioral Health             | Richardson; Nemaha | 40                     | 0                         | 6/21/2018  | \$ 135,637.00 | \$ 3,000.00    | 10/1/2023         | \$ 18,000.00        | 9/1/2025         | \$ 12,000.00               | \$ 24,000.00               |
| 6/12/2023                  | Desire      | Christensen | MD/DO, Child and Adolescent Psychiatry | Great Plains Health                       | Lincoln            | 40                     | 0                         | 8/14/2023  | \$ 216,794.70 | \$ 30,000.00   | 8/1/2024          | \$ 180,000.00       | 9/1/2025         | \$ 100,000.00              | \$ 200,000.00              |
| 7/3/2023                   | Joshua      | Coyle       | Pharmacist                             | Rock County Pharmacy                      | Rock               | 40                     | 0                         | 6/1/2023   | \$ 120,527.64 | \$ 25,000.00   | 10/1/2023         | \$ 90,000.00        |                  |                            |                            |
| 7/19/2023                  | Chea        | Sok         | MD/DO, General Internal Medicine       | Great Plains Health                       | Lincoln            | 40                     | 0                         | 9/25/2023  | \$ 426,352.70 | \$ 30,000.00   | 10/1/2023         | \$ 180,000.00       |                  |                            |                            |
| 7/20/2023                  | Alyssa      | Wewel       | Pharmacist                             | Franklin County Memorial Hospital         | Franklin           | 40                     | 0                         | 2/13/2023  | \$ 240,235.68 | \$ 25,000.00   | 10/1/2023         | \$ 90,000.00        |                  |                            |                            |
| 8/2/2023                   | Kerri       | DeGross     | Physician Assistant, Family Practice   | Chase County Community Hospital & Clinics | Chase              | 40                     | 34                        | 11/15/2023   | \$ 145,699.00 | \$ 15,000.00   | 12/1/2023         | \$ 90,000.00        |                  |                            |                            |
| 8/7/2023                   | Matthew     | Roesner     | Physician Assistant, Family Practice   | Auburn Family Health Center               | Nemaha             | 40                     | 40                        | 9/1/2023   | \$ 156,833.00 | \$ 15,000.00   | 10/1/2023         | \$ 90,000.00        |                  |                            |                            |
| 8/10/2023                  | Alyxandra   | Wurster     | MD/DO, Family Practice                 | Memorial Community Health, INC            | Hamilton           | 40                     | 10                        | 7/1/2024   | \$ 333,316.80 | \$ 30,000.00   | 7/1/2024          | \$ 180,000.00       |                  |                            |                            |

*Note: If award amount is blank for a particular program, provider does not qualify for that program. If \$0 is listed, funds for that program were already obligated and provider will be added to a waitlist to allow time for them to find a match or to potentially be funded in the case of another provider's withdrawal.*

## 10. Adjourn

Roger Wells, P.A., moved to adjourn at 2:58 p.m., and no second is necessary. Deb Stoltenberg initiated roll call vote. YES: Fattig, Greene, Harrison, Hesser, Kusek, Schroeder, Stoney, Wallman, Wells. ABSTAIN: None. EXCUSED: Dexter, Hunt, Menefee.