



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, November 17, 2023
1:30 p.m. – 4:00 p.m.**

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

Or

Virtual via Webex

<https://sonvideo.webex.com/sonvideo/j.php?MTID=mb28f209aa71db24d0d3feb39cb84783f>

Access handouts the week of the meeting 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 August 18, 2023 Meeting; Introduce Members
2. Administrative Items
 - Nominate and Vote for Chair and Vice-Chair
 - Set Meeting Dates for 2024
 - Other Announcements
3. RHAC Strategic Planning Session Follow-Up
 - Loan Repayment Prioritization Matrix
 - Needs Assessment
4. Rural Health Systems and Professional Incentive Act Programs
 - Shortage Area Requests
 - Budget Update
 - RHAC’s 2023 Annual Report and Distribution
 - Dental Checkup – Information on Medicaid Access in Rural NE
 - Annual PRISM Update

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.

5. Review Current Federal & State Legislative Activities Impacting Rural Health
6. Public Comment
7. CLOSED SESSION
 - Review Loan Repayment Applications
 - Accounts Receivable
8. OPEN SESSION
 - Motion(s) on Closed Session Discussion
9. 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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RURAL HEALTH ADVISORY COMMISSION

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

DRAFT MINUTES of the

Rural Health Advisory Commission (RHAC)

Friday August 18th, 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 25th, 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 223 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 is 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	Maier	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	DeGroff	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.

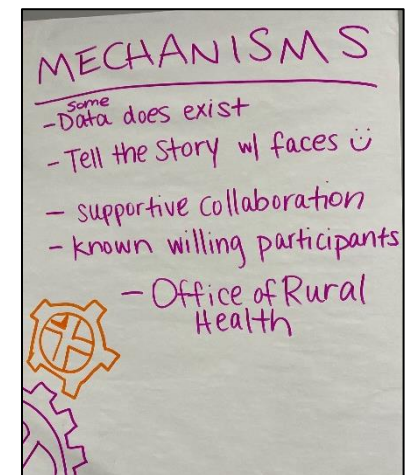
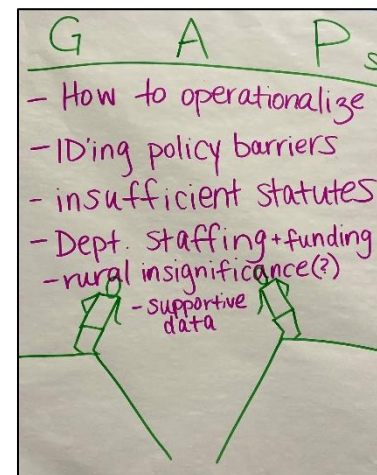
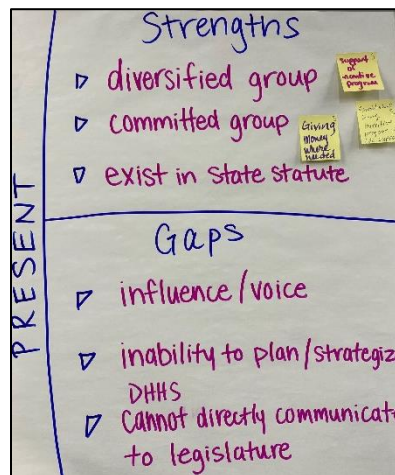
Rural Health Advisory Commission Strategic Planning Session

August 18, 2023
Facilitated by: Catherine Plumlee

Environmental Scan

Focus Question: What context, issues, strengths, and opportunities do we want to acknowledge as we plan for the future of RHAC?

Present		Future		Gaps	Mechanisms
Strengths	Gaps	Opportunities	Risks		
<ul style="list-style-type: none"> Diversified group Committed group Exist in state statute Established, strong incentive program with legislative support Giving money where needed 	<ul style="list-style-type: none"> Influence/Voice Inability to plan/strategize DHHS cannot directly communicate to legislature 	<ul style="list-style-type: none"> To be more proactive To impact public policy To advocate and change legislation Legislative champions 	<ul style="list-style-type: none"> Seen as insignificant to outsiders Lose funding Communicating to local entities the value Create political ill will 	<ul style="list-style-type: none"> How to operationalize Identifying policy barriers Insufficient statutes Department staffing & funding Rural insignificance (?) Supportive data 	<ul style="list-style-type: none"> Some data does exist Tell the story with faces 😊 Supportive collaboration Known willing participants Office of Rural Health



Visioning

Focus Question: What do we want to see in place as a result of our actions?

Vision Elements and Notes	Champions
<p>Optimized rural workforce</p> <ul style="list-style-type: none"> • Improve provider placement in NE • Identify new support systems for rural residents • Incentivize communities/practices to take on student learners 	
<p>Improved health care</p> <ul style="list-style-type: none"> • Make NE the healthiest state • All Nebraskans have access to care • Increase providers' service rates • Physical & mental health parity (x2) 	Jeff
<p>Optimized financial support</p> <ul style="list-style-type: none"> • Stable funding • Support better funding for Office of Rural Health – so many unfunded mandates • Utilize funding in most efficient/effective way 	Myra
<p>Increased relevance & influence</p> <ul style="list-style-type: none"> • Be recognized source of expertise for the Legislature (and administration?) • Make Commission a State Agency • Give recommendations that are acted upon • Education of Commission members • Define our value -Are we only of value if the legislation is listening? • RHAC more Advocacy 	Michael Marty
<p>Strategic & creative collaboration</p> <ul style="list-style-type: none"> • Synthesize recommendations and partner with other groups to amplify voice • Work with other organizations on issues of need • Develop an integration plan of identified issues 	Charity Roger
<p>Prioritized focus</p> <ul style="list-style-type: none"> • Priority of needs and deficits • Strategic planning and data • State agency to predict health care needs, staffing • Effective Education of Policy Representations • Achieve unified strategy and follow through 	Rebecca Linda

Vision Elements and Notes - Continued	Champions
<p>Promote loan program</p> <ul style="list-style-type: none"> Marketing of loan program Increase accessibility to loan repayment (modify match requirements) Equity in loan program Build interest & improve knowledge of NE rural health systems 	<p>Jeff Kate</p>

Optimized rural workforce

- Improve provider placement in rural NE
- Identify new support systems for rural residents
- Incentivize Communities/Practices to take on student learners

Improved health care

- Make Nebraska the Healthiest State (Jeff W.)
- All Nebraskans have Access to Care
- ↑ service rates (providers)
- Physical and Mental Health
- Physical/MH Party
- Make EMS Essential Service

Optimized financial support

- Stable Funding
- Support better funding for Office of R.H. (So many unfunded mandates)
- utilize funding in most efficient/effective way

Increased relevance + influence

- Recognized Source of Expertise for the Legislature (And address the)
- Make Commission A State AGENCY
- Give recommendations that are acted upon
- Education of Commission members
- Define our value. - are we only of value if the legislature is listening?
- RHEC More Advocacy

Strategic creative collaboration

- Synthesize recs + Partner w/ other groups to amplify voice (Charity, Roger)
- Work with other organizations on issues of need
- Develop An integrat. Plan of identified issues

Prioritized focus

- Priority of Needs (deficits)
- Strategic planning + data
- State agency to Predict health Care needs, staffing
- Effective Education of Policy Representation
- Achieve unified strategy and follow through

Promote loan program

- Marketing of loan program (Kate)
- Increase Accessibility to loan rep/ment (modify match reqs.)
- Equity in loan program
- Build interest + improve knowledge of NE rural health systems

Recommended Next Steps to Develop RHAC's Strategic Plan

- Prioritize which Vision Elements to focus on first.
- Using the template below, brainstorm Action Steps to develop Implementation Plans for the Vision Elements.
 - The Vision Elements, combined with their individualized Implementation Plans, become your "Strategic Plan" document.

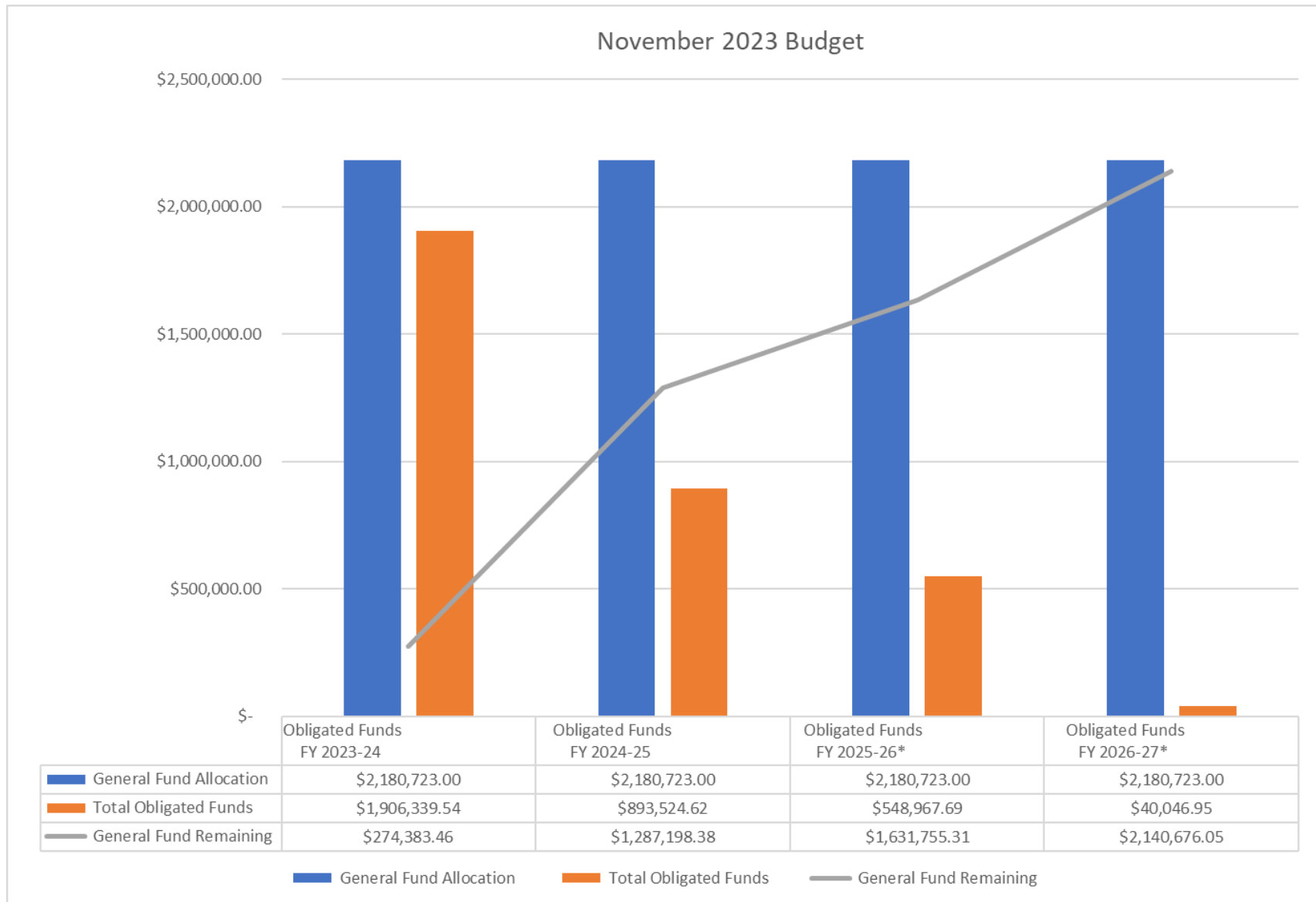
Action Planning Brainstorm Template

1. Define Commitment
 - a. Finish this sentence: We, as a group, are committed to _____.
2. Brainstorm Question
 - a. What are the specific actions we need to take by [date] to move toward this commitment and our intent to _____?
 - b. Brainstorm individually for 10 minutes
3. Cluster individuals' ideas into groups
4. Name the groups
5. Working with one named cluster at a time,
 - a. What is the Victory?
 - b. What is the Launch Activity?
 - c. Sort the remaining actions in order
6. Gantt chart
 - a. Team name
 - b. Activities listed in order
 - c. Victory listed last
 - d. Assign Person(s) Responsible
 - e. Assign due dates

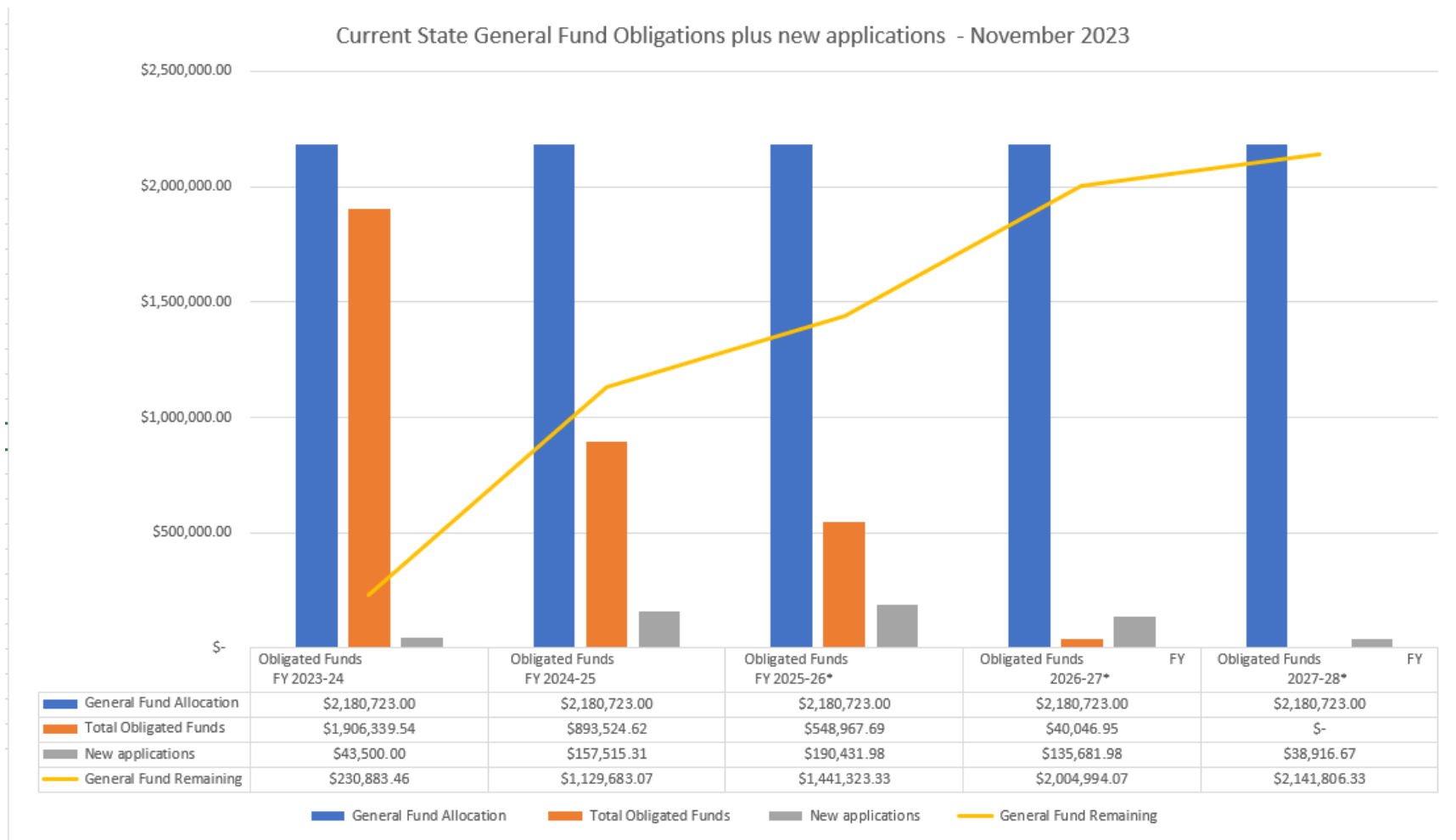
A	B	C	D	E	F	G	H	I
Step 1: Cluster	B	C	D	E	F	G	H	Add more columns as needed.
Step 2: Name	like idea	like idea	like idea	like idea	like idea	like idea	like idea	
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	like idea	like idea	like idea	like idea	like idea	like idea	like idea	
		like idea			like idea		like idea	
		like idea					like idea	
		like idea					like idea	

A	B	C	D	E	F	G	L
Team Name:	2. Launch Activity	3. Sort in order					1. Victory

Team Name	Person(s) Responsible	Mar	Apr	May	Jun	Jul	Aug	Sep
Team Name								
Transpose sorted activities here								
Transpose sorted activities here								
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Transpose sorted activities here								
Victory: List the Victory here.								



*general fund allocation is projected for FY2025-26 and on



* general fund allocation is projected for FY2025-26 and on

Nebraska Rural Health Advisory Commission's

Annual Report

As provided through the
Nebraska Rural Health Systems and
Professional Incentive Act

December 2023

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Nebraska Rural Health Advisory Commission

December 2023

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Name / Location

Appointment Designation

Commission Chairperson:

Marty L. Fattig, C.E.O.
Auburn, NE

Rural Hospital Administrator

Commission Vice-Chairperson:

Rebecca A. Schroeder, Ph.D.
Curtis, NE

Rural Mental Health Practitioner

Tony Green, Interim Director

NE DHHS - Division of Behavioral Health
Lincoln, NE

NE DHHS Representative
Department of Health & Human Services

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April J. Dexter, N.P.
Atkinson, NE

Rural Nurse

Myra Stoney
McCook, NE

Rural Consumer

Michael A.C. Greene, M.D.
Department of Family Medicine – Creighton University
Omaha, NE

Medical School Representative

Cherlyn Hunt
Holdrege, NE

Rural Nursing Home Administrator

Katherine Kusek, D.D.S.
Albion, NE

Rural Dentist

Kate Hesser, M.D.
Crete, NE

Rural Physician

Charity Menefee, Director of Public Health
Lincoln, NE

Division of Public Health
Department of Health & Human Services

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Jeffrey D. Harrison, M.D., Chairman
Department of Family Medicine - UNMC
Omaha, NE

Medical School Representative

Jeffrey J. Wallman, M.D.
Filley, NE

Family Practice Resident

Roger D. Wells, PA-C
Bertrand, NE

Rural Physician Assistant

Nebraska Rural Health Advisory Commission's Annual Report
Of the Nebraska Rural Health Systems and Professional Incentive Act

December 2023

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EXECUTIVE SUMMARY & IMPACT

- Currently, there are ~~192~~¹⁷³ rural incentive program recipients practicing under obligation in Nebraska.
- In small town and rural areas, approximately 40% of family medicine providers have participated in incentive programs. **Economic analysis based on years worked shows a significant economic benefit associated with these healthcare providers. This benefit far outweighs the financial investment in the incentive programs.**¹ See page 9 for an illustration of overall economic impact.
- According to studies on the economic impact of rural health care, "One primary care physician in a rural community creates 23 jobs annually. On average, 14 percent of total employment in rural communities is attributed to the health sector."²
- The rural health incentive programs currently impact over 900,000 people³ living in Nebraska in underserved areas by providing them access to health care professionals.
- The Rural Health Systems and Professional Incentive Act, passed in 1991, created the Rural Health Advisory Commission, the Nebraska Rural Health Student Loan Program and the Nebraska Loan Repayment Program.
- The Nebraska Loan Repayment Program assists rural communities in recruiting and retaining primary care health professionals by offering state matching funds for repayment of health professionals' government or commercial educational debt. This program has a 92 percent success rate.
- The Nebraska Rural Health Student Loan Program has provided forgivable student loans to Nebraska medical, dental, physician assistant, and graduate-level mental health students who agreed to practice an approved specialty in a state-designated shortage area.
- The thirteen (13) members of the Rural Health Advisory Commission are appointed by the Governor and confirmed by the Legislature. The Commission's statutory duties include, but are not limited to, establishing state-designated shortage areas, awarding rural student loans and loan repayment to eligible health professionals, and preparing recommendations to the appropriate bodies to alleviate problems in the delivery of health care in rural Nebraska.

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¹ Pedley, Andrew J. "Analyzing the Impact of Incentive Programs on Retention of Family Practice Providers in Rural Nebraska," University of Nebraska-Lincoln, <https://dhhs.ne.gov/RH%20Documents/Analyzing%20the%20Impact%20of%20Incentive%20Programs%20on%20Retention.pdf#search=pedley>, July 2018.

² Doeksen, G.A., St. Clair, C. F., and Eilrich, F.C. "Economic Impact of Rural Health Care." National Center for Rural Health Works, www.ruralhealthworks.org, September 2012.

³ Based on county and underserved populations.

History

The Rural Health Systems and Professional Incentive Act (the Act) was passed in 1991 creating the Rural Health Advisory Commission, the Nebraska Rural Health Student Loan Program, and the Nebraska Loan Repayment Program. In 2015, the Legislature added the Medical Resident Loan Repayment Program; however, funding has not been appropriated for this program.

Rural Health Advisory Commission

The Rural Health Advisory Commission is a governor-appointed commission consisting of thirteen members as follows: (1) the Director of Public Health of the Division of Public Health or their designee and another representative of the Nebraska Department of Health and Human Services; and (2) eleven members appointed by the Governor with the advice and consent of the Legislature. These eleven members include one representative of each medical school located in the state involved in training family physicians, one physician in family practice residency training, one rural physician, one rural consumer representative, one rural hospital administrator, one rural nursing home administrator, one rural nurse, one rural physician assistant, one rural mental health practitioner or psychologist licensed under the requirements of section 38-3114 or the equivalent thereof, and one rural dentist. *(NE Revised Statutes Section 71-5654)*

The purpose of the Commission is to advise the Nebraska Department of Health and Human Services – Division of Public Health, the Legislature, the Governor, the University of Nebraska, and the citizens of Nebraska regarding all aspects of rural health care and to advise the Nebraska Office of Rural Health regarding the administration of the Rural Health Systems and Professional Incentive Act. *(NE Revised Statutes Section 71-5655)*

Nebraska Loan Repayment Program

The Nebraska Legislature appropriated funding for the Nebraska Loan Repayment Program for health professionals willing to practice in a state-designated shortage area. Physicians, nurse practitioners, physician assistants, clinical psychologists, masters-level mental health providers, pharmacists, occupational therapists, physical therapists, and dentists are eligible for loan repayment.

The Nebraska Loan Repayment Program requires community participation in the form of a local match and a 3-year practice obligation for the health professional. Communities must do their own recruiting, using the availability of the loan repayment program as a recruitment and retention tool. Once a health professional is recruited a local entity and the health professional must submit a loan repayment application to the Rural Health Advisory Commission. Communities may also use loan repayment to retain a health professional if the area is a state-designated shortage area.

Legislation passed in 2015 increasing the maximum loan repayment award to \$30,000 per year for doctorate-level and \$15,000 per year for mid-level and allied health care professionals. In 2018, the Rural Health Advisory Commission began awarding applicants at the new maximum.

As of summer 2018, health professionals were able to submit applications through a Redcap survey on the Office of Rural Health website. The system was further updated in summer 2022 to combine the application process with the creation of files for recipients. This change allows automated notices to be sent when matching funds, loan documentation, or work verification forms are due. It also maintains

records in a central database so that reports can be run more easily. With an electronic system to track and compile applicant and recipient information, data collection has been further streamlined.

In summer 2021, the State Legislature increased annual funding to the Loan Repayment program by \$1.5 million. This allowed all providers on an existing waiting list to be funded, and annual awards for FY21-22 were more than tripled. Available funding was again increased in FY2022-23 with the addition of \$5 million from the American Rescue Plan Act (ARPA) funds. These funds were available as of July 2022 and intended for new “no match” awards, spanning the usual three-year contract obligation period. Most of these ARPA funds were obligated as of October 2022, with some funds held back for staffing.

Nebraska Rural Health Student Loan Program

The Nebraska Rural Health Student Loan Program awards forgivable student loans to Nebraska medical, dental, physician assistant, and graduate-level mental health students who agree to practice an approved specialty in a state-designated shortage area.

Student loan recipients receive a forgivable educational loan while they are in training in exchange for an agreement to practice in a state-designated shortage area the equivalent of full-time for one year for each year a loan is received. The number and amount of student loans are determined annually by the Rural Health Advisory Commission based on state funding.

Legislation was passed in 2015 increasing the maximum student loan awards to up to \$30,000 and \$15,000 per year. The Rural Health Advisory Commission continued awarding student loans in the amount of \$20,000 for doctorate-level students and \$10,000 for full-time master-level students.

Starting in 2017, the Rural Health Advisory Commission has not awarded any new student loans due to the increased availability of other loan programs, as well as the number of applicants for the loan repayment programs.

State-Designated Shortage Areas

The Rural Health Advisory Commission has the responsibility to designate shortage areas for purposes of the Nebraska rural incentive programs for the professions and specialties defined in the Act. Every 3 years a statewide review of all the shortage areas is completed by the office of Rural Health. If changes occur in an area during the years between the statewide reviews, the community may request a shortage area designation from the Commission. Any data or information submitted for review is verified by the Nebraska Office of Rural Health and University of Nebraska Medical Center – Health Professions Tracking Services. If the area meets the guidelines for state designation, the Commission may designate it. The Rural Health Advisory Commission approved new medical, mental health, dental, pharmacist, physical therapist, and occupational therapist shortage areas in July 2022.

Criteria for the federal and state shortage area designations differ and are used for different federal and state programs. Nebraska Office of Rural Health staff assist with the data requirements and benefits of the various shortage area designations and incentive programs. Guidelines for the state-designated shortage areas and the current federal and state shortage areas are posted on the Nebraska Office of Rural Health webpage.

While the Nebraska rural incentive programs primarily focus on rural shortage areas, specific federally designated sites (Tribal and Community Health Centers) do qualify for family medicine and general dentistry, even if not located in a state shortage area.

Effective September 1, 2014, the Department of Health and Human Services, Office of Rural Health was awarded a 4-year grant of \$300,000 per year for the National Health Service Corps State Loan Repayment Program (NHSC SLRP). This program has the same criteria as the NHSC Loan Repayment Program except a match from the community is required and health professionals can practice in any federal HPSA without regard to the HPSA score. In September 2018, the Office of Rural Health began receiving \$450,000 per year through the NHSC SLRP grant. The Nebraska Office of Rural Health is using the NHSC SLRP to complement the Nebraska Loan Repayment Program. In September 2022, the award was increased to over \$700,000 and matching requirement temporarily lifted. A full-time staff position was added, to be paid for with grant funds. For additional information about the NHSC SLRP, contact the Nebraska Office of Rural Health.

The Nebraska Office of Rural Health works to maximize state funds for areas not eligible for the benefits under the federal incentive programs due to practice site or practice specialty eligibility. Health professionals who are practicing in a federal Health Professional Shortage Area (HPSA), and are eligible, are encouraged to apply first for the National Health Service Corps (NHSC) Loan Repayment Program or are recommended for the NHSC State Loan Repayment Program (NHSC SLRP) before participating in the Nebraska Loan Repayment Program. Depending on the availability of federal funds, the NHSC will often award loan repayment to health professionals based on the HPSA score. The availability and funding for federal loan repayment has an impact on where state loan repayment resources are focused. The demand on state loan repayment programs is increased when federal loan repayment programs are less available. When higher HPSA scores are needed to qualify, there is a greater demand for the Nebraska Loan Repayment Program because HPSA scores in Nebraska tend to be lower when compared to other areas nationally.

Analysis of the Rural Incentive Programs

Chart 1 shows graphically the number of rural incentive recipients by program receiving payments each fiscal year. Several factors influence the number of incentive recipients each year. These factors include the amount of state funds available, the amount of each individual incentive award, and the educational level of the recipients. Based on the current loan repayment recipients' applications, the mean and median student loan debt for a doctorate-level health care professional are ~~\$221,223~~223,594 and ~~\$242,722~~216,795 respectively. The demand for the loan repayment program remains high and total student loan debt is continuing to rise each year. ~~The program receives applications year-round, and if all funding for a fiscal year is allocated, applicants are added to a waiting list. Because of the temporary addition of Federal American Rescue Plan Act (ARPA) funding, t~~he Rural Health Advisory Commission has not yet obligated all of the funds for the current fiscal year (FY202~~32-243~~). ~~The program receives applications year-round, and if all funding for a fiscal year is allocated, applicants are added to a waiting list.~~

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Chart 2 shows the state appropriation for each fiscal year. Comparing Charts 1 and 2 demonstrates the relationship between funding and the number of incentives awarded by the Rural Health Advisory Commission. General funds are set by the legislature, and cash funds (from local match, defaults, interest, and prior infusions when additional funds were made available) have been used for the state's portion of some loan repayment awards. These cash funds were expected to run out before FY 23-24,

but additional general funds provided by the legislature in FY21-22 and FY22-23 have allowed the state to discontinue the use of cash funds for the state's portion at this time. Funds from the American Rescue Plan Act (ARPA) are also included in this chart.

Chart 3 shows cash spending authority, another part of the state appropriation. Cash spending authority must cover matching funds for both the state and federal loan repayment programs, as well as any cash funds used for the state's portion of loan repayment awards. Total cash spending authority has increased in recent years to cover increases in the Federal National Health Service Corps State Loan Repayment Program (NHSC SLRP) budget. The amount was increased again to account for increased general funds as part of the state program's budget increase.

Chart 4 shows the dollar amount of state rural incentive awards by program by fiscal year. Loan repayment awards are made at each Rural Health Advisory Commission meeting as applications are received and state funds are available. Loan repayment requires a 50-50 local-state match and cash spending authority to spend the local match, except for the one-time exception for ARPA fund awards, where no match is required and the awards are funded entirely with federal ARPA funds. The amounts shown for awards on this graph include only state or federal funds and do not include local match. No new student loan awards were given starting in FY2019-2020.

Chart 5 focuses solely on the loan repayment program and shows the total funding for awards by fiscal year, including both state and local funds. As mentioned previously, loan repayment generally requires a 50-50 state-local match. The State Match for loan repayment is broken down by funding source; general funds and cash funds. The Legislature has granted cash spending authority to use cash funds deposited into the Rural Health Incentive Cash Fund. The Nebraska Loan Repayment Program requires a 3-year practice obligation, so when the Rural Health Advisory Commission awards loan repayment, the obligation of funds is projected over that 3-year period. Loan repayment awards made in FY2022-23 will impact the rural incentive program budget in FY2022-23, FY2023-24, FY2024-25, and possibly FY2025-26; hence the future budget obligations shown on Chart 5.

Charts 6 and 7 show the number of recipients by profession by fiscal year for the Nebraska Loan Repayment Program and Nebraska Rural Health Student Loan Program; respectively. Starting in FY 2019-20, no new or continuation awards were given for the Nebraska Rural Health Student Loan Program.

Chart 8, and [the map on page 17](#), show the financial impact of the state loan repayment program recipients who participated during Fiscal Years ~~2020-19-2020-2021~~ through ~~2021-2022-2022-2023~~. This impact is estimated to be **\$530,310,000 (over 500 million dollars)** which far exceeds the total amount provided to participants who participated during that time period - **\$15,409,921 (just over 15 million dollars, including all state and local funds)**. Financial impact was determined using information from the National Center for Rural Health Works research on financial impacts and the months worked as documented by the Health Professions Tracking Service database. A breakout for each of the disciplines' financial impacts is also listed on the map; only behavioral health providers were not included, as financial impact research is not yet available for these practitioners.

[The map on page 18](#) shows The Nebraska Student Loan and Nebraska Loan Repayment program currently obligated health care providers and the counties they served as of November 1, ~~2022-2023~~.

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The map on page 19 shows the practice location of all rural incentive recipients who have completed the program or are currently under obligation. All three maps are based on data from the University of Nebraska Medical Center Health Professions Tracking Services.

Table A shows the number of student loan awards issued each year from ~~2013-2014~~ through ~~2022-2023~~ (as of November ~~2022-2023~~). Beginning in 2017, the Rural Health Advisory Commission did not award any new student loans and only awarded continuation loans due to the number of loan repayment applicants on the waiting list. This practice was continued in 2018, with 2 continuation awards. No awards were made from 2019-on. There are currently 04 obligated students in training, and 74 practicing.

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Table B provides a summary of the Nebraska Loan Repayment Program from 1994 through ~~2023~~ (as of November 1, ~~2023~~). Since 1994, ~~735-768~~ health professionals have participated in the Nebraska Loan Repayment Program. Ninety-three percent (93%) of loan repayment recipients have completed their practice obligation or are currently serving their practice obligation. Approximately seven percent (7%) of loan repayment applicants have defaulted on their practice obligation. Currently, there are ~~169-185~~ loan repayment recipients in practice under obligation in rural or underserved areas of Nebraska.

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Summary

As a result of both rural incentive programs, there are currently ~~173-192~~ licensed health professionals in practice under obligation providing access to health care services for over 900,000 people living in Nebraska. These two rural incentive programs (student loans and loan repayment) are the only state-funded programs of this type to encourage health professionals to practice in state-designated shortage areas. The only limitation to these programs is the level of the state appropriation. The programs have been an imperative part of recruitment and retention of healthcare providers to the rural communities.

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The following are comments received by the commission regarding the programs:

“Loan repayment programs allow physicians to pursue a practice based on location rather than potential future earnings. The Nebraska loan repayment program made rural practice a sound financial decision for me.”

“Central Nebraska Medical Clinic is located in the center of Nebraska and is a rural area in every way. Broken Bow is the largest town in our county with a population of 3500. Our physicians and mid-level providers serve all of Custer County and surrounding areas, including Loup County, Blaine County and parts of Valley County. We have 2 outreach clinics in Sargent and Arcadia which would be difficult to staff without the help of our PAs and NP....The loan repayment incentive has been instrumental in recruiting these mid-level providers. We have also had physicians in the past that have been participants and we are looking forward to offering the program in our future recruiting needs as well”

“I am a family medicine doctor in Alliance, Nebraska. The Loan Repayment program has been very helpful to me as it opened up more possibilities when looking for jobs. It also helps to recruit other providers into small town Nebraska.”

“This program has helped Sidney Regional Medical Center recruit and retain physicians and physician assistants, just as I am sure it has done all across Nebraska. This program is vital to grow and maintain

health care services throughout the rural parts of our state. The ability for people to receive health care, as close to home as possible, is key to the health and wellness of our state.”

“I recently completed my third year of the state repayment program and I just wanted to say thank you so much....I am so thankful that it was available and I feel fortunate to be a recipient of that assistance. Growing up in Lawrence and now being able to practice in York is something that is very special to me.”

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CHART 1
Nebraska Rural Incentive Programs
Number of Recipients Receiving Payments by Program by Fiscal Year

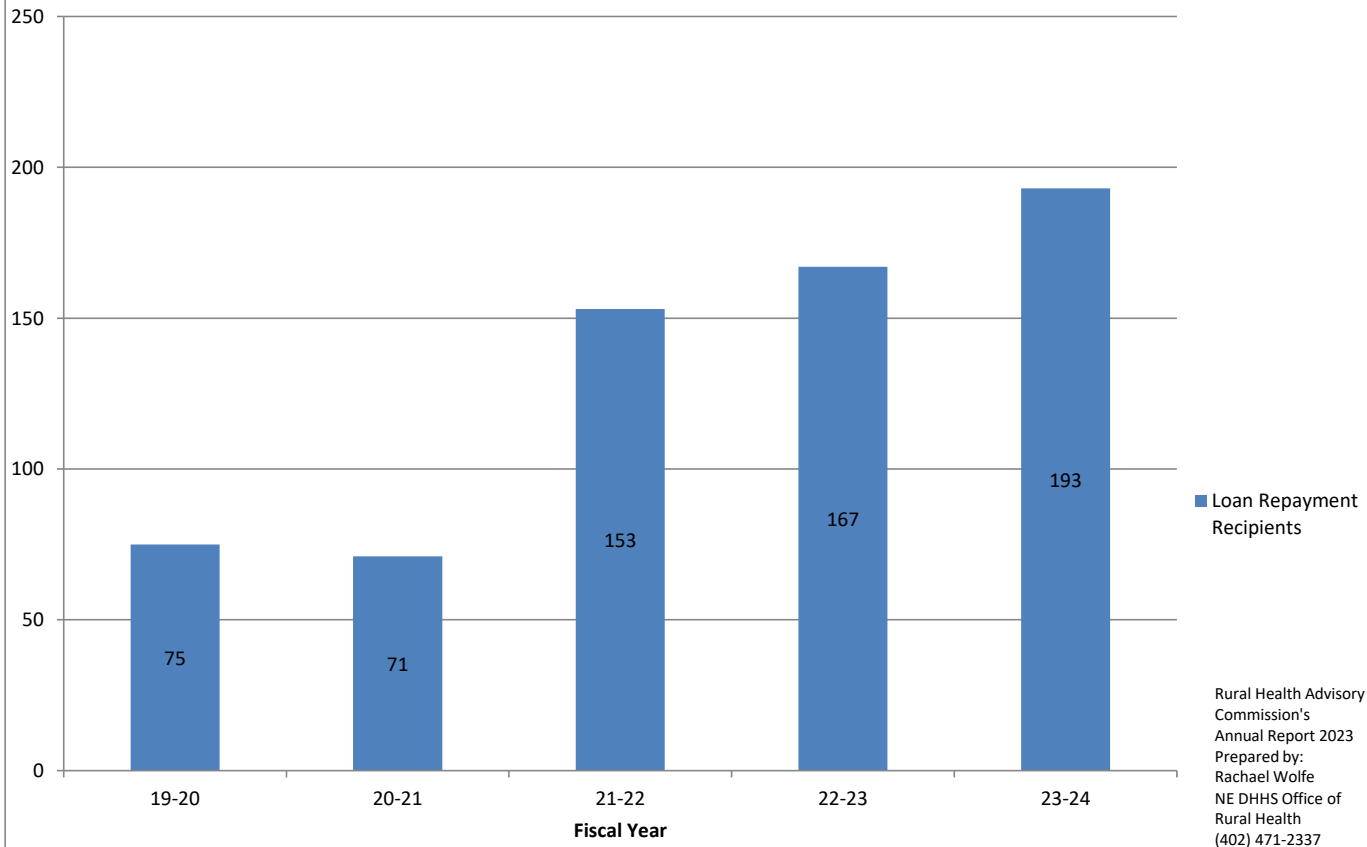
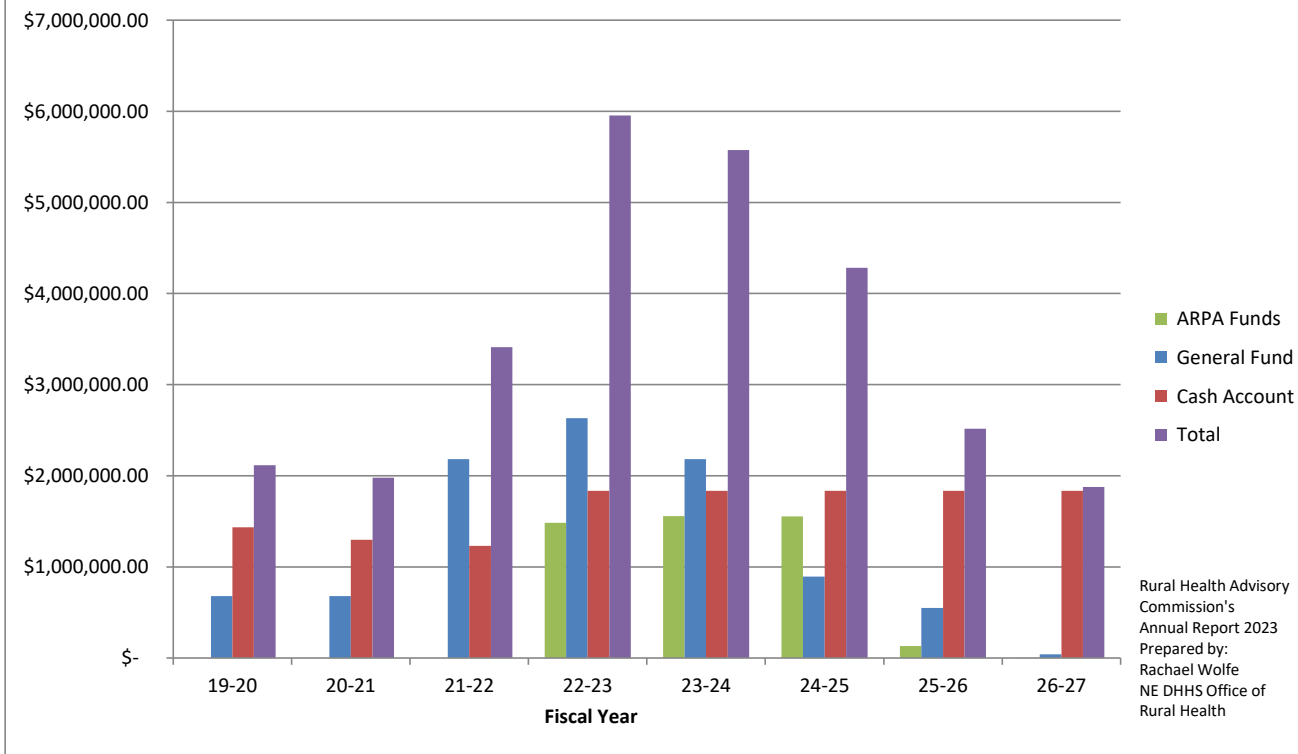


Chart 2
Nebraska Rural Incentive Programs
State Budget By Fiscal Year



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 Prepared by:
 Rachael Wolfe
 NE DHHS Office of
 Rural Health

Notes: ~~General Funds were reduced in Fiscal Years 2016-17 – 2018-19, then increased in FY2021-22.~~
 General funds for FY2022-23 include carryover from FY2021-22.
 ARPA funds were introduced in FY2022-23 and must be used before they expire in 2026.

Chart 3
Nebraska Rural Incentive Programs
Cash Spending Authority

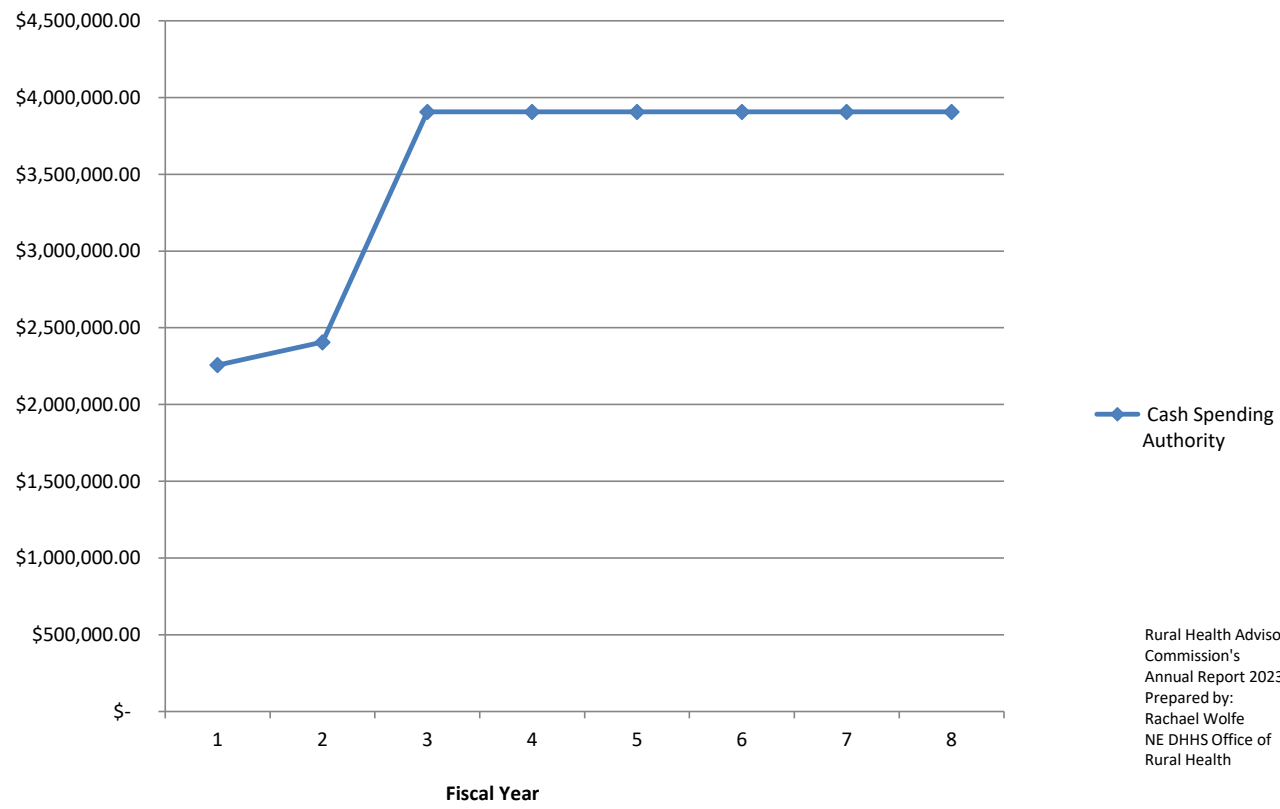
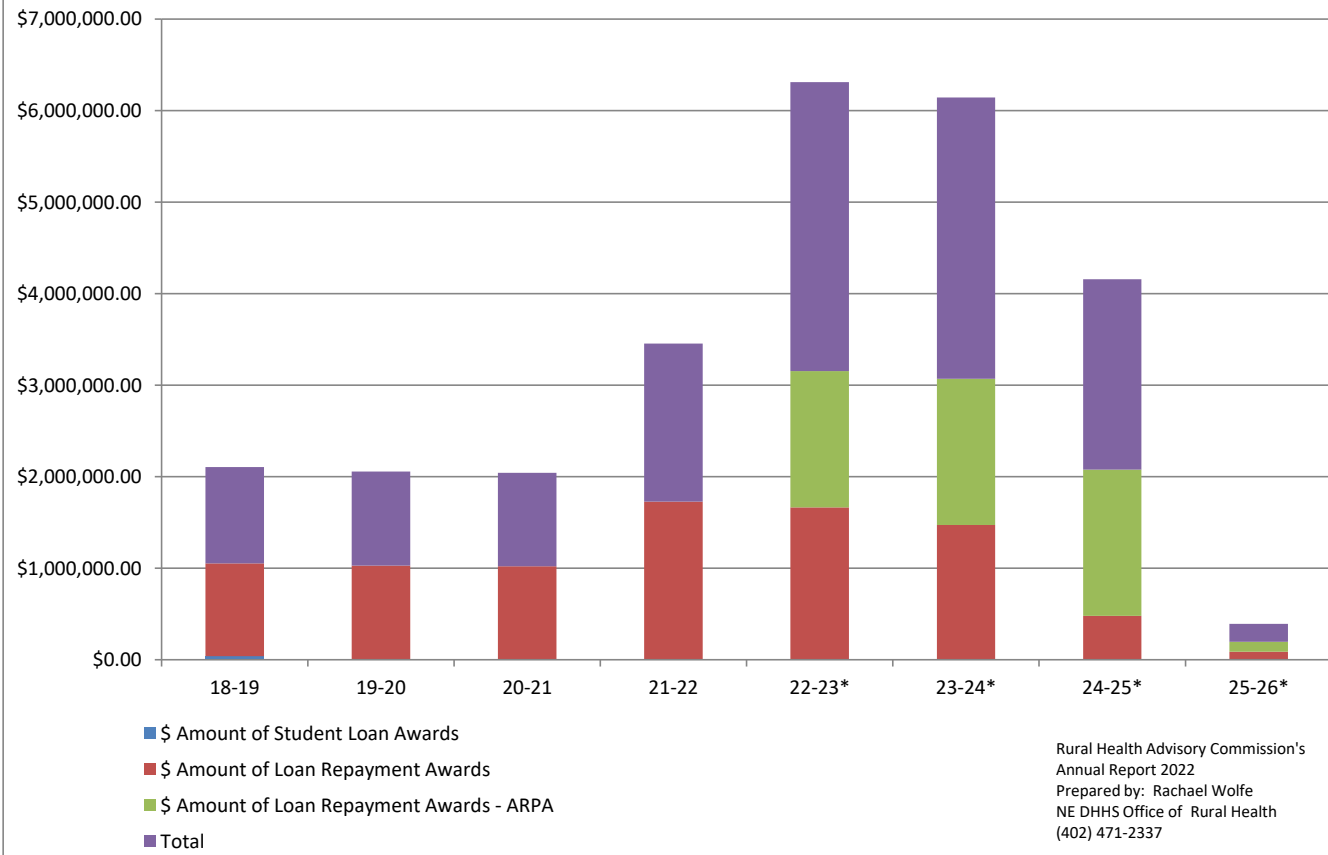


CHART 4
Nebraska State-Funded Rural Incentive Programs
\$ Amount of Rural Incentive Awards by Program by Fiscal Year

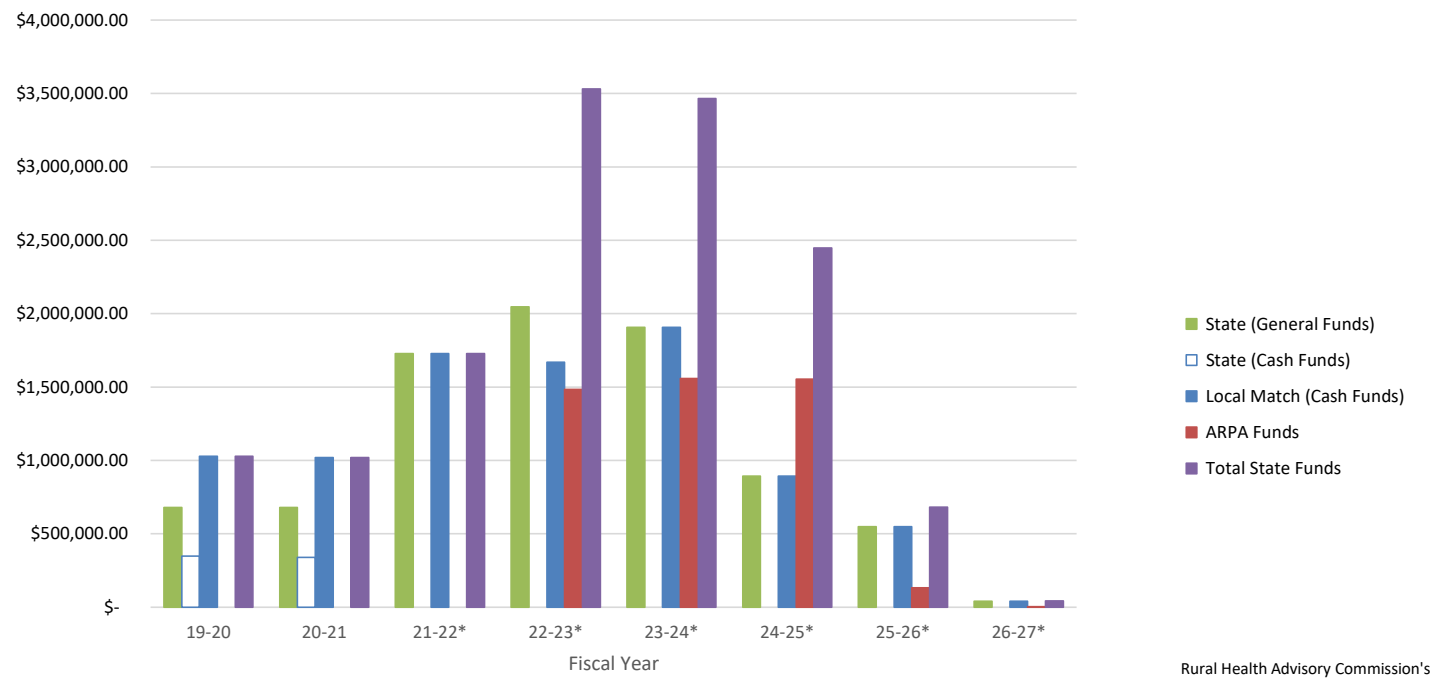


**All funds have not yet been awarded for FY22-23. Amounts for FY23-24 through FY25-26 will increase as applications are received and funds are obligated.*

***This chart shows the state's portion and no local match.*

CHART 5
Nebraska Loan Repayment Program
\$ Amount of Awards by Contribution Source by Fiscal Year

Note: Loan Repayment requires a 3-year practice obligation.
 FY22-23 through FY25-26 are based on obligations as of November 2022.



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 NE DHHS Office of Rural Health

*All funds have not yet been awarded for FY23-24. Amounts for FY23-24 through FY25-26 will increase as applications are received and funds are obligated.

CHART 6
 Nebraska Loan Repayment Program
 Recipients Paid in Fiscal Year by Profession

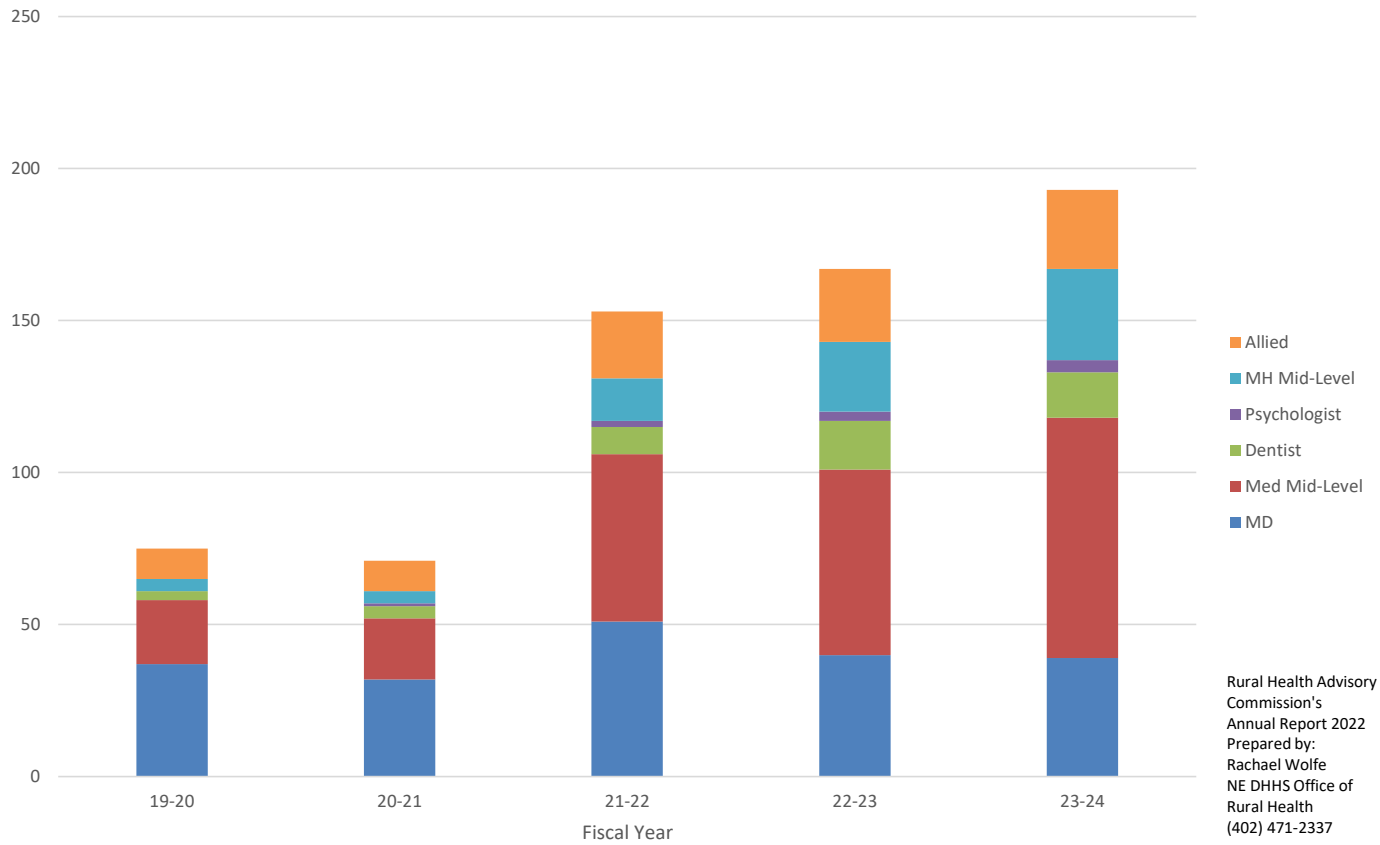
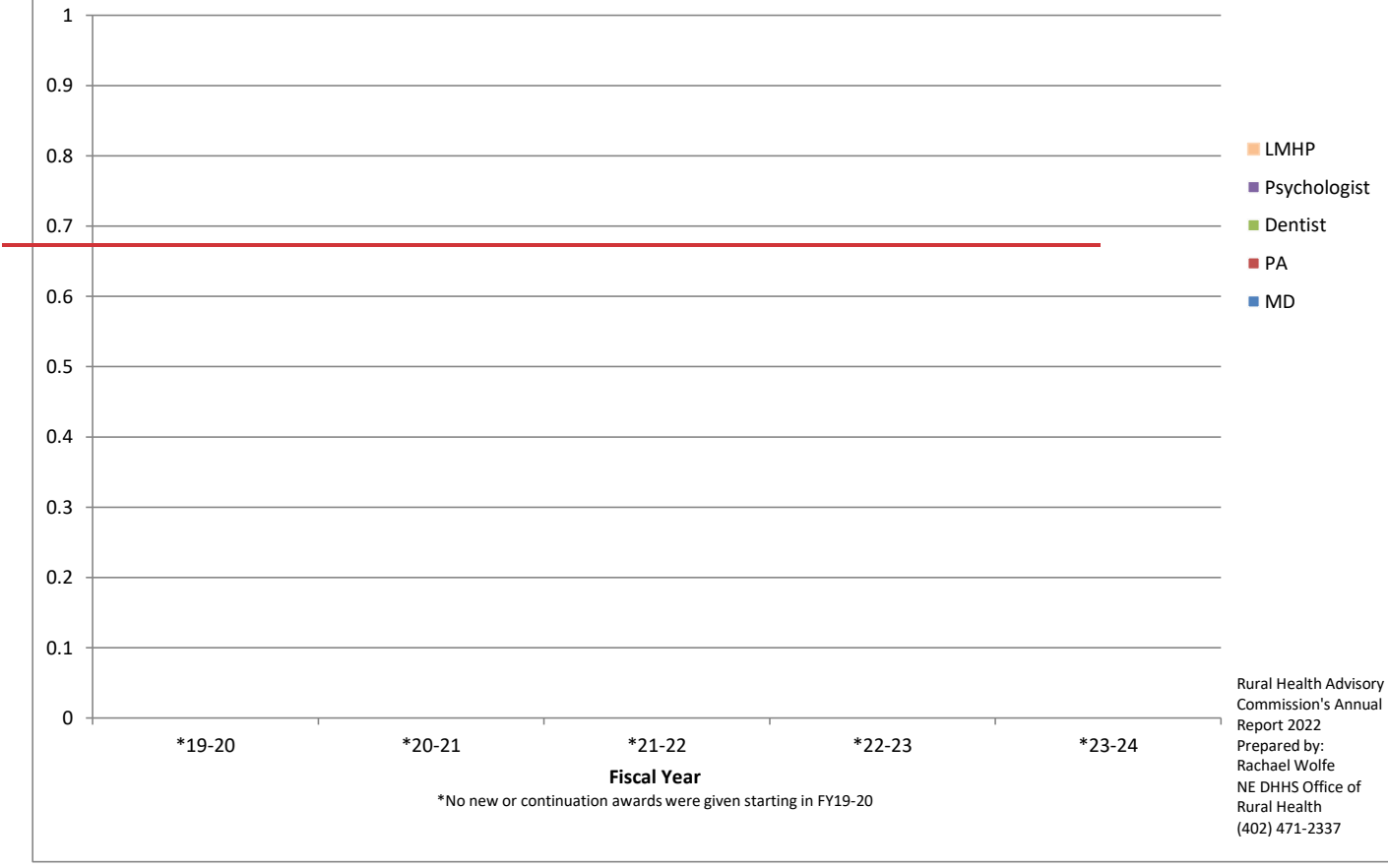


CHART 7
Nebraska Student Loan Program
Recipients Paid in Fiscal Year by Profession



*No new or continuation awards were given starting in FY19-20

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NE DHHS Office of
Rural Health
(402) 471-2337

Delete chart 7 – no student loan recipients

Chart 8
Projected Return on Investment for Loan Repayment Recipients
July 2019-June 2022



■ Funds Provided for Loan Repayment*

■ Economic Impact**

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(402) 471-2337

*Loan Repayment Funding includes all State and Local Match funds for the length of the contract.

** Economic Impact is based on provider type and three years of service.

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Insert 3 new maps total – Currently Serving, All time, and economic impact

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TABLE A

Nebraska Rural Student Loan Program								
Number of Student Loans by Type & Outcome by Fiscal Year								
Fiscal Year	Total Amount Awarded	Student Loan Awards			In Training As of 11/2023 22	In Practice As of 11/2023 22	Outcomes As of 2022	
		New	Continuation	Total			Contract Buyout	Buyout Rate
2013-14	\$230,000	11	4	15			1	6.7%
2014-15	\$240,000	7	7	14			5	35.7%
2015-16	\$220,000	5	6	11			4	36.4%
2016-17	\$260,000	8	9	17			2	11.8%
2017-18	\$130,000	0	8	8			1	12.5%
2018-19	\$40,000	0	2	2			NA 2	NA 100%
2019-20	\$0	0	0	0			NA	NA
2020-21	\$0	0	0	0			NA	NA
2021-22	\$0	0	0	0			NA	NA
2022-23	\$0	0	0	0	4	4	NA	NA
2023-24	\$0	0	0	0	0	0		
							5-Year Average Buyout Rate	39.220.6%

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Footnotes:

~~1994.~~ ~~1~~— Student loan recipients may receive up to four annual loans. This means a recipient will be counted as "~~New~~" the first year and then as "~~Continuation~~" in subsequent years.

Summing the "~~Total~~" student loan awards over several years will result in duplication of individuals receiving awards.

2. "~~In Training~~" means in school, residency, or provisionally licensed.

3. "~~Buyout Rate~~" is the number of recipients who buyout their contracts without ever practicing a primary care specialty in a shortage area divided by total student awards for each year. Buyout rates are not applicable for 2018-2022 since most recipients are still in training.

4. In 2017, the Rural Health Advisory Commission did not award any new student loans due to the number of loan repayment applications on the waiting list. This practice continued to present.

Historical Notes:

* In 2000, dental students became eligible to apply for the Nebraska Student Loan Program. The maximum student loan award amount was increased to \$20,000

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* In 2004, graduate-level mental health students became eligible for the Nebraska Student Loan Program.

* In 2009, the Rural Health Advisory Commission began awarding student loans at the maximum amounts: \$20,000 for doctorate level students and \$10,000 for full-time master's level students.

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TABLE B

**Nebraska Loan Repayment Program
Number of Awards by Status
1994-202~~32~~**

Status	Awards
In Practice Under Obligation as of 11/1/202 32	<u>469186</u>
Completed Practice Obligation	<u>509522</u>
Default	<u>5249</u>
Other	8
Total	<u>735768</u>

Email from ORH:

I'm sending this note to check in. Dentistry has been in the news lately, with patients struggling to access care and Dentists struggling with reimbursement rates. As you are all obligated to accept Medicaid patients per contract (we do periodically check with Medicaid to ensure this), I wondered if you had anything you'd like to share with the Rural Health Advisory Commission at their next meeting November 17th. Any information about what you're seeing on the ground would be helpful; if you're having to turn away patients, maintain a lengthy waiting list, etc. If you have anything to share, please reply to this email and I will present it to the commission on November 17th. You are also always welcome to attend (in person or via webex), should your schedule allow - <https://dhhs.ne.gov/Pages/Rural-Health-Advisory-Commission.aspx>

Response 1 from Dentist in Program:

I just wish each county would at least take their own Medicaid patients! My neighboring county to the west dropped all Medicaid patients several years ago and MNIS staff have to transport all of their MNIS (disabled) patients over 40 minutes to my office. Several times they have incontinence accidents in that time so it is an inconvenience for their staff also.

I just found out yesterday that the dentist in the county to the east of me is dropping all Medicaid starting January 1st so I will be taking over their Region V patients (again, they will have to transport them several miles). My office is not equipped (we don't physically have the room or the staff) to accommodate all of their Medicaid patients that they will be dropping so hopefully they will find a place to go! I do what I can with the limited time in the schedule I have, and often times feel like my own county's self-pay or non-Medicaid insurance patients are neglected so that I can help other county's Medicaid patients out.

I don't have a solution to this issue...but it is a worsening problem for sure. Every time the state changes something with Medicaid, dentists take that opportunity to bow out (ie when they switched over to MCNA and now starting next year with the 3 Medicaid companies....which will be a nightmare for staff to submit/check claims/check eligibility etc)

Response 2 from Dentist in Program:

Hello, I maintain a rural practice in Laurel, Nebraska, population approximately 1000. The practice is owned by Family First Dental. I have been at the practice for over 9 years and have pushed very hard to continue seeing Medicaid patients. My community and the area counties of Cedar, Dixon, and Wayne seem to have an increasing need for Medicaid funded services. I believe that health care providers shouldn't be "in it for the money," and I feel strongly that providers are called to treat all members of their community. However, dentistry is also a business. The costs of running a dental practice have continually increased while reimbursement has failed to reciprocate. I currently have 263 active Medicaid patients and the reimbursement rates are so poor that I am being forced by corporate management to no longer accept new Medicaid patients. This kills me because I know there are people that will suffer. I want to help more but I just can't. I am sure there are other dentists like me who want to serve their communities but we can't be asked to give our time, talents and resources with nothing in return. The only solutions I see are that reimbursement rates must drastically increase, or more state funded community dental centers, not just in the big cities, with capable general dentists and surgeons must be made available.

Yearly PRISM Review of Nebraska State Loan Repayment Program

--What is PRISM?

--Types of Surveys

--J-1 Visa Waver Recipient Study

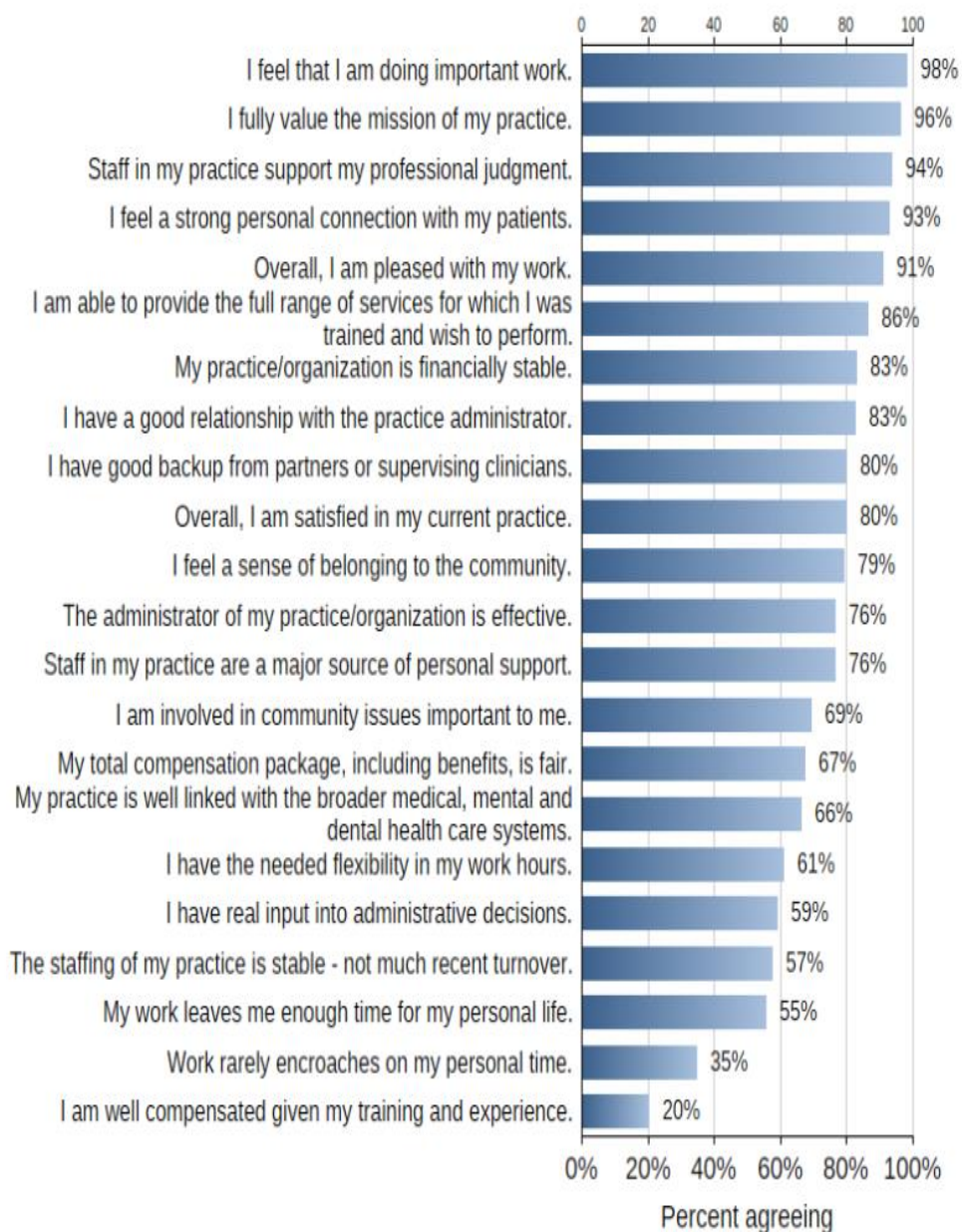
--Date Ranges

--Surveys in Contract – Demographics, Characteristics of Jobs Worked

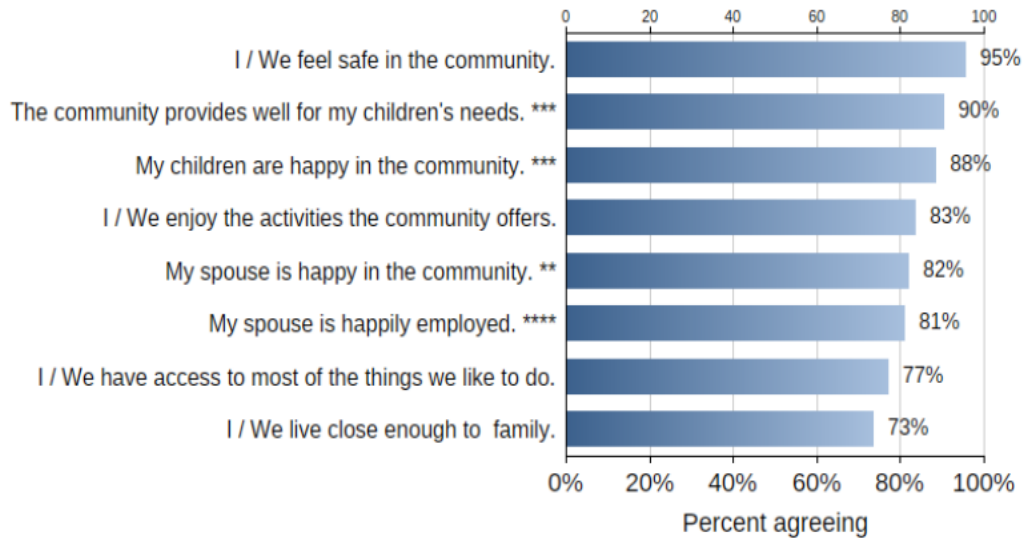
--Alumni Surveys—Demographics, Characteristics/Forecasting Into the Future

--Key Indicators of Overall Feeling About the Program and Their Interaction with Administration

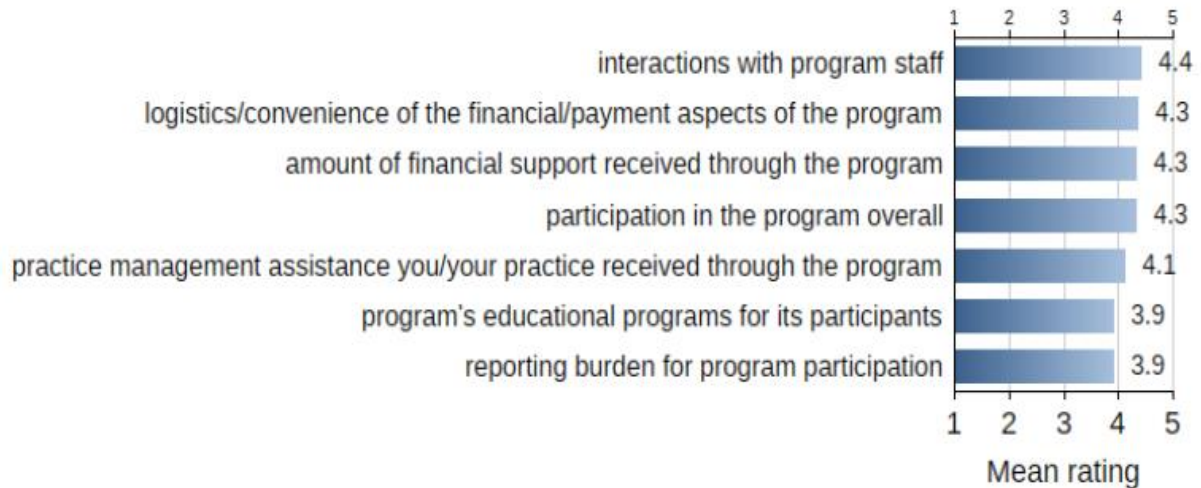
Percentage of clinicians who agree with various positive statements about their work and practices
(vs. are neutral or disagree) *



Percentage of clinicians who agree with various positive statements about how they and their families are faring in the community (vs. feel neutral or disagree) *



Mean ratings of various aspects of the Nebraska Loan Repayment Program [1=Poor, 2=Fair, 3 Good, 4=Very good, 5=Excellent]



Suggestions for staff of the service program to help make the clinician's participation in the program and work in their practice better

"I love the program and that it is available! It has helped my loan total significantly!"

"Help with better insurance plans"

"Nothing. I have been very satisfied and am grateful for this program to help with student loan debt."

"Though not necessarily the responsibility of the Nebraska Loan Repayment Program staff, it would be beneficial for their participants if they worked with rural practices, and practices in underserved areas, to develop employee retention plans to keep providers in these areas beyond their Loan Repayment contracts. For example, my loan repayment makes it worth it to practice in my current location, but once my loan repayment ends, I would be tempted to leave my current workplace for a practice with a higher salary and better benefits."

"They did a great job."

"I've enjoyed everything, and I feel well supported."

"Nothing comes to mind."

"The Nebraska Loan Repayment Program and staff have been very helpful and supportive. I would like more information on how to apply or extend my contact when this term completes including when I should start the process of applying."

"No recommendations - the program has been very helpful and informative. The program staff have regularly made contact with me."

"Staff have been really helpful. They could provide information on other loan repayment programs if available."

"The staff has been great, efficient, and timely in answering any questions I have had regarding the program. I am grateful to be a part of the program!"

"More efficiently pay off my loan sums in an effort to not accrue taxes, it would help so much to honor the contract from a work standpoint but have the loans paid off immediately. Also providing support for establishing private practices in areas of need/underserved areas."

"This repayment program has been great, but currently in Broken Bow and needing to relocate to Holdrege to be closer to family. This unfortunately would disqualify me from further support. Holdrege is no longer considered a designated high need area. It would be helpful if they would allow at least a portion, if not all, of the benefits. Holdrege is still a rural area and serves many small communities."

"I would like to do this program. I had hoped Chase County would count for my PSLF. In the end I got nothing for my loans and neither program, so it's been financially challenging and I'm looking for a new job."

"no issues"

"My career here at GPH is going well and I look forward to continuing my work here."

"Respond as quickly and concisely as possible to questions."

"I haven't received any communication about how I should be reporting my payments to NLRP."

"I would say giving a mentor to participants would be really helpful. Another potential would be adding more protection for participants in the case that if a site that you signed on with becomes an unhealthy work environment. I do not feel comfortable in my practice but I am too scared to consider leaving due to my loan repayment commitment."

"Everything is good! One idea is to advertise (if you do this) the providers you support, could do by region, or advertise the rural health clinics where the providers you support work!"

"None has been great thus far. Would gladly extend if it meant more student loan reimbursement after the 3 years and was available"

"The Nebraska Loan Repayment Program staff has been informative and helpful"

"Nothing that I can think of currently. I'm very grateful for the loan repayment program and truly enjoy my current job and where I live."

"Nothing, the program has been great, it has been very well run."

"I don't require a lot of assistance so it has been just right. The staff is very responsive and helpful the few times I have needed guidance."

Suggestions for staff of the service program to help alumni continue to serve needy populations

Continue to offer loan repayments

continue to offer incentives, advertise to prospective doctors, present to medical schools, etc.

no recommendations at this time.

Offer renewal option

Better advertise to premedical students, medical students, and residents.

Unsure

The extension is a nice incentive, that I wish I could take advantage of at this time. I am so happy this program is offered and I thank you!

Find alternative funds, instead of the match. There are very few organizations that have the funds or are willing to match.