

Mark your Calendar!



January 7

- Joint Committee on Rural Emergency Care (3:00 p.m. EST)

January 12

- Workforce Committee (1:00 p.m. EST)
- Development Committee (3:00 p.m. EST)

January 13

- Webinar: *Preparing for the NRHA Policy Institute* (2:00 p.m. EST)

January 19

- Policy Committee (2:00 pm EST)

January 24

- NOSORH Membership Meeting, Capital Hilton, room TBA, Washington, DC (6:00 p.m. EST (time tentative))

January 25

- Educational Exchange Committee (2:00 p.m. EST)

January 28

- FLEX Committee (3:00 p.m. EST)

February 2

- Webinar: *Successful Budget Management — A Few Key Things* (3:00 p.m. EST)

February 3

- Workforce Committee (1:30 p.m. EST)

February 4

- Joint Committee on Rural Emergency Care (3:00 p.m. EST)

Please visit our [News & Events](#) section on the Web to learn about these and additional upcoming events.

The Branch

An Update for State Offices of Rural Health and our Partners

December 2009

Website: <http://www.nosorh.org/> Wiki space: <http://nosorh.wikispaces.com/>



A Holiday Message from Our NOSORH President



Greetings to all,

As the year winds down I would like to thank you all for the honor and opportunity to serve as NOSORH President. This has been an exciting and exceptionally busy year with the American Recovery and Reinvestment Act (ARRA) as well as the challenges and promise of healthcare reform. The Board, staff and members have all worked diligently to stay informed and provide a shared voice on rural health issues. I continue to be inspired by the collaborative spirit and unselfish willingness to share expertise and ideas between rural health colleagues in order to maximize the impact of our work.

With all we have on our “to-do” lists, we are each pulled in multiple directions. This often makes it challenging to balance work, family and friends. We often hear or say “life is short,” and I was recently reminded how very true that is. Therefore, my simple wish for everyone is that you will make time in your very busy schedules for what is important – family and friends – not only during the holidays but throughout the year.

I sincerely thank you for your trust and friendship.

Warmest Regards - All the best in 2010!

Lynette Dickson
NOSORH President

Our Sincere Thanks ...

...to **Scott Daniels** (Hawaii, Region D Representative) and **Gloria Vermie** (Iowa, Region C Representative/Educational Exchange Committee Co-chair) who are stepping down from the positions on the NOSORH Board of Directors. We certainly appreciate your contributions and your willingness to serve NOSORH in this capacity!

Thank you also to current members of the Board who will be wearing different hats next year: **Lynette**

Dickson (North Dakota) who passes the gavel to incoming President **Mark Schoenbaum** (Minnesota) but remains on the Board as Past President; **Caroline Ford** (Nevada), who steps aside as a Leadership Ex-officio to become President-elect; **John Barnas**, who in addition to serving as Policy Committee Co-chair will also serve as a Region C Representative; and **Karen Madden** (New York), who after serving a near-record term on the Executive Committee as Secretary, President-

elect, President and Past President remains on the Board as Communications Ex-Officio.

Last but not least, thanks to **Corie Kaiser** (Oklahoma) for agreeing to serve as the new Region D Representative and to **Shawn Balleydier** (West Virginia) for coming on board as the Educational Exchange Ex-Officio.

Check next month's *Branch* for a list of 2009 committee chairs and co-chairs.

NOSORH Partners with NRHA on This Year's Policy Institute

Change has come to Washington ... and now change is coming to rural America! For that reason, you should plan to attend the 21st annual NRHA and Partners Rural Health Policy Institute taking place January 25-27 at the Capital Hilton in Washington, D.C. Don't miss this opportunity to hear key congressional members, representatives of the Obama administration and national healthcare experts discuss how health reform will change the delivery of health care in rural communities. [Click here](#) to obtain

registration information or download a conference agenda.

As in years past, NOSORH will hold a Membership Meeting in conjunction with the Policy Institute; this year's meeting is tentatively scheduled to take place on at **6:00 p.m. EST on Sunday, January 24** at the Capital Hilton (meeting room to be determined). [Click here](#) to download a preliminary meeting agenda; please contact [Donna Pfaendtner](#) if you have any questions or need more information.

Plans are also being made to offer a “**Preparing for the NRHA Policy Institute**” Webinar at **2:00 p.m. on Wednesday, January 13**. In addition to updating NOSORHs on the ongoing work of NOSORH's Policy Committee, this Webinar will provide useful tips on making the most of your visits to “The Hill.” Details on registering for this important Webinar will soon be available in the [Upcoming Events Materials](#) section of the NOSORH Web site.

Help Us Grow Our Social Networks!

Want to receive NOSORH updates and other pertinent rural health information as soon as it becomes available? Then follow us on Twitter or become one of our fans on Facebook!

Sign up to follow us on Twitter at <http://twitter.com/NOSORH>. On Facebook, search for NOSORH from your home page and then sign up to become a fan. Staying in touch was never so easy!

NOSORH to Conduct SORH Profile Survey

Sometime this week, NOSORH will send SORH directors a link to a brief survey that will provide NOSORH an inventory of SORH leadership roles and other assets. The data collected from the survey will allow NOSORH to develop one-page profiles of each State Office of Rural Health. Directors are asked to complete the survey as quickly as possible so NOSORH can begin assembling a reference/directory of all SORH profiles for use by NOSORH and SORHs. The profiles can also be used to educate constituents, potential partners and state/federal legislators about the work being done by SORHs on behalf of rural citizens.

Please contact NOSORH Communications Coordinator [Bill Hessert](#) if you have any questions regarding the survey.

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Webinar Topics Planned for 2010

“Successful Budget Management — A Few Key Things” will be the topic of the first Webinar hosted by the Educational Exchange Committee in 2010. The Webinar is slated to take place at 3:00 p.m. on Tuesday, February 2; be sure to check our [Calendar of Events](#) section on the Web in the coming weeks for call-in information and additional details.

Thanks to the feedback you provided during the 2009 Annual Meeting in Austin, the Educational Exchange Committees has begun planning Webinars on the following topics for the upcoming year:

Clinical/Community

- Community Health Assessment Processes
- Rural Health Professional Training Models & Steps
- Rural Mental Health Treatment Models

Health Information Technology

- Preparing your SORH to Provide Technical Assistance

SORH Enhancement

- Generating additional revenue for SORHs
- Performance Measurement: Setting up Effective Tracking Systems

Policy

- CMS Policy for Rural CAHs
- EMS Policy Issues
- Converting to a 501(c)3

The committee now needs your help identifying speakers to discuss these issues. Who are the experts among us? Please share your suggestions with NOSORH Education Coordinator [Stephanie Hansen](#) or post them on the Educational Exchange page on the [NOSORH Wikispace](#).

Performance Measures Project Update (from Charles Owens)



A special thank you to the 17 states that donated their time, energy and patience to the NOSORH Performance Measures Project – Arizona, Colorado, Florida, Georgia, Idaho, Iowa, Kansas, Maryland, Michigan, Minnesota, Nevada, New Hampshire, New York, Pennsylvania, Texas, Virginia and Wyoming. Project team members Teryl Eisinger, Matt Chandler, John Gale, Lynda Bergsma and I, your NOSORH colleagues and the Federal Office of Rural Health Policy appreciate your willingness to participate.

Given the uniqueness of each SORH, formulating measures to highlight the awesome work we all do was a daunting task. The project team quickly discovered how important it was to design the measures so they sufficiently illustrate successes across the group. We will soon share a Final Report that highlights our successes, provides an opportunity to evaluate the project so far and seeks to establish the appropriate next phase of the project. As always, your input and direction will be critical!

“Straight from the SORHs”: News from the State Offices

If any new employees recently joined your SORH staff, please contact [Stephanie Hansen](#) so the Educational Exchange Committee can welcome them and let them know about the NOSORH educational exchange opportunities that are available to them. Also, please be sure to contact [Bill Hessert](#) about any staffing changes, awards or other news about your SORH so we can share the news with your NOSORH colleagues!

The University of North Dakota School of Medicine and Health Sciences is currently accepting nominations and applications for the next Director of its nationally recognized Center for Rural Health. In addition to a terminal degree in health sciences or a related field, prospective candidates should have experience in rural health policy development and legislative initiatives; managing a health-related research center and in developing funding/research priorities; community engagement and rural health care

delivery systems; and an understanding of the role of health education and information dissemination. [Click here](#) for additional information about the position and search process; a review of applications will commence February 1, 2010.

The 2008-2009 Missouri Office of Primary Care and Rural Health recently completed its 2008-2009 Missouri Office of Rural Health Biennial Report. The report, broken into four sections, includes an overview of healthcare challenges faced by rural Missourians; a summary of health status and health determinants; a listing of health resources, activities and programs; and a snapshot of each county's socio-economic and health profile. [Click here](#) to view or download a copy of the report; contact [Barbara Brendel](#) for additional information.

Northwest Regional Conference Focusing on Recruitment and Retention: The pool of available

physicians is shrinking, and fewer physicians are practicing OB and primary care. The pool of primary care mid-levels is shrinking as well as more PA-C's choose specialties. Graduating residents and practicing physicians today have dozens of opportunities from which to choose.

Don't get discouraged! Instead, plan to attend one or more of the great sessions on healthcare provider recruitment and retention (R&R) being offered during the upcoming annual Northwest Regional Rural Health Conference March 24-25 in Spokane, Washington. The 2010 conference features a plenary address by 3RNet Executive Director Tim Skinner, breakout sessions on healthcare provider loan repayment options and sourcing of potential candidates (focusing on the Northwest region); and a half-day training session on a variety of recruitment and retention topics. [Click here](#) for additional information.

2009 NOSORH Annual Meeting: One Attendee's Experience



(Our thanks to John Hanson, rural health specialist with the Washington State Office of Rural Health, for sharing the following reflection of the NOSORH 2009 Annual Meeting).

NOSORH convened its 2009 Annual Meeting last month in Austin, Texas. I was privileged to represent Washington State's rural health

interests not only as an attendee, but also as a member of the first graduating class of NOSORH's Leadership Institute. Each graduate was given the opportunity to present his or her capstone project to the entire conference.

The conference program featured many knowledgeable experts in rural health from around the county. Topics covered included national healthcare reform, Medicare stimulus, Medicare's new Recovery Audit Contractor program, the medical and financial impact of declining general surgery services in rural areas, recruiting medical professionals and updates from the Federal Office of Rural Health Policy.

For me, the most fascinating (and controversial, depending on which side of healthcare reform one stands)

presentation was delivered by Joseph Jarvis, MD, chair of the Utah Healthcare Initiative. During his presentation, "National Healthcare Reform: Too Much Market, Not Enough Care," Jarvis pointed out that health care at the consumer level is not governed by market forces the way most other items that people buy are. Most healthcare recipients can't make choices based on need or quality because we don't really know what we need and because we don't know if the quality of care we received was good until after the fact. In short, there is no "buyer beware" for healthcare recipients because we don't have the right information. Jarvis also exposed untruths about cost vs. quality; comparing Medicare statistics from all 50 states, he showed that spending more money on health care

on average does not improve quality. In fact, the reverse is true; the state with the lowest quality scores had the highest expenditure rate per Medicare beneficiary. I was pleased to see that Washington ranked near the top (7 out of 50) in terms of lower cost and higher quality.

SORHs are members of NOSORH because this dynamic organization helps SORHs become stronger advocates for, and better partners with, rural health providers and rural communities. It accomplishes this through leadership development, advocacy, education, and partnerships. My thanks to NOSORH's amazing leadership team and its volunteer committee members for pulling together such a worthwhile and relevant conference.

Healthcare Reform Update (from NOSORH Legislative Liaison [Bill Finerfrock](#))

On December 19, Senate Majority Leader Harry Reid (D-NV) submitted a "manager's amendment" to the Patient Protection and Affordable Care Act. The Reid Amendment removed the so-called "public option" language from the proposal and made a number of other changes needed to secure the votes to bring an end to the healthcare reform debate in the Senate.

A manager's amendment – modifications or changes to an underlying bill that the sponsor of the bill has agreed to include – is typically intended to secure the votes of senators who otherwise might not have supported the bill. It is also generally the last amendment to be considered before moving a bill to final passage. A manager's amendment also prevents adding any other amendments to a piece of legislation; therefore, once cloture is invoked on a manager's amendment, no further amendments can be considered.

At 1:08 a.m. Monday morning (December 21), the U.S. Senate – by a 60-40 vote along party lines – invoked cloture on the manager's amendment offered by Sen. Reid. Prior to adopting the Reid Amendment, Senator Bennet (D-CO) filed an amendment to include language that would eliminate the SORH grant cap, expand the 340B prescription drug program and make other improvements for rural providers. Sen. Reid did not include any of the Bennet proposal in his manager's amendment; so, when the Reid Amendment was adopted, the Bennet Amendment died.

Senator Mark Begich (D-AK) also attempted to amend the proposal to provide grants to frontier extended care clinics for the purpose of ensuring access to needed emergency care in frontier areas

24 hours a day, 7 days a week. Sen. Reid did not include the Begich proposal in his manager's amendment; therefore, as with the Bennet Amendment, the Begich Amendment died due to inaction.

The Reid Amendment did, however, dramatically expand the money available for Community Health Centers; \$7 billion in "enhanced funding" is available for Community Health Centers between 2011 and 2015. The money is available in increasing amounts, beginning with \$700 million in new money in 2011 and \$2.9 billion in 2015. In addition, an additional \$1.5 billion is included in the Reid Amendment beginning in 2011 and ending in 2015 for Community Health Center construction and renovation.

There were numerous other items included in the Reid Amendment to entice various senators to support the proposal. In most instances, however, the wording of the provisions is such that it is not immediately apparent what state or facility is the beneficiary of the provision.

Monday morning's vote on the Reid Amendment was the first of three cloture votes needed to allow a final "up or down" vote on the healthcare reform bill. A cloture vote is technically not a vote for or against an amendment but rather a parliamentary maneuver to end debate. In order to invoke cloture, 3/5 of the Senate must vote in favor of the motion. Once cloture is invoked, Senate rules allow for 30 hours of debate on the provision; at the end of those 30 hours, the Senate conducts an "up or down" vote on the measure.

That 30-hour clock ended Tuesday morning with the Senate approving the Reid Amendment by a 60-39 majority. Now that this vote has taken place, these next steps will follow:

- Sen. Reid is now seeking to invoke cloture on the Patient Protection and Affordable Care Act. Again, it will take a 3/5 vote to invoke cloture on the measure. Once cloture is invoked on that proposal, there will be 30 hours of debate followed by another "up or down" vote. Again, passage only requires a simple majority.

- Because the Patient Protection and Affordable Care Act was originally offered as an amendment to a previous House bill (H.R. 3590), there will need to be a third cloture vote to end debate on that bill. Once cloture is invoked on H.R. 3590, there will be another 30 hours of debate followed by an "up or down" vote on the bill as amended.

- If, as expected, the Senate uses all 30 hours of debate on each cloture motion, a final vote should occur around 7:00 p.m. on Christmas Eve.

Once the Senate passes the Patient Protection and Affordable Care Act, there will be some process for resolving the differences between the House and Senate versions of healthcare reform. It is unclear whether this will be a formal Conference or a less formal negotiation between House and Senate leaders.

The goal of the Democratic majority is to have a bill ready for the President's signature by the President's State-of-the Union Address in late January. Given the narrow margins by which the House passed its version of the bill and the Senate was able to invoke cloture, and given the significant differences between the two versions, some serious compromising will have to occur in order for the House and Senate to reach agreement.