## Physician Manpower Training Commission Special Commission Meeting October 17, 2019, 10:00 a.m.

#### MINUTES

The Board of Physician Manpower Training Commission met at 10:00 a.m., on Thursday, October 17, 2019, in the board room of the Oklahoma Osteopathic Association, 4848 North Lincoln Boulevard, Oklahoma City, Oklahoma. Notice of the meeting date had been properly filed with the Secretary of State, and a copy of the notice and agenda was posted by Tuesday, October 15<sup>th</sup> by 10:00 a.m., in prominent public view at the location of the meeting and on the Commission website, <a href="www.pmtc.ok.gov">www.pmtc.ok.gov</a> in compliance with the Open Meeting Act.

### **Commission Members Present**

Pam Spanbauer, Chair Zane DeLaughter, DO Kevin Khoury Jack Beller, M.D. Jason Hill, DO Joe Leverett, MD

## **Commission Members Absent**

Bruce Storms, MD

### **PMTC Staff Present**

Janie Thompson Aneesa Sharp Deborah Butler Michelle Cecil Diane Mickelson

#### Guests

Lana Ivy, Host, Oklahoma Osteopathic Association
Gary Slick, DO, OSU CHS
Matt Robison, Oklahoma State Medical Association
Patti Davis, President, Oklahoma Hospital Association
Tom Anderson, Association American Indian Physicians
DeLynn Fudge, TSET
Joe Ashbaker, Assistant Attorney General
Richard Bryant, OU College of Medicine – Tulsa
Jim Barrett, MD, OU College of Medicine
Joy Mercer, OU HSC
Jana Castleberry, State Department of Health, Office of Primary Care
LeRoy Young, DO, OSU CHS

Ms. Spanbauer thanked Lana Ivy and the Oklahoma Osteopathic Association (OOA) for graciously hosting the meeting.

Before introductions and roll call, Ms. Spanbauer informed the attendees that Executive Director Richard Evans had resigned. His resignation was accepted at an emergency commission meeting effective October 1, 2019. Ms. Janie Thompson was named the Interim Executive Director effective October 1, 2019, her six year anniversary date with PMTC.

# 1. Consideration and Vote to Approve/Disapprove Minutes of the August 22, 2019, Commission Meeting

Dr. Beller made the motion to approve the August 22, 2019, PMTC Commission Meeting minutes as presented with Dr. DeLaughter seconding the motion. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer. None were opposed.

# 2. Consideration and Vote to Approve/Disapprove Minutes of the September 17, 2019, Special Commission Meeting

Dr. Beller made the motion to approve the September 17, 2019, PMTC Commission Meeting minutes as presented with Dr. DeLaughter seconding the motion. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer. None were opposed.

### 3. Interim Director's Report – Ms. Janie Thompson

#### a. Office relocation

Ms. Thompson stated the relocation has been on the agenda for two years. The current landlord is not willing to work with PMTC. There are two locations under consideration:

- 119 N. Robinson Avenue downtown. It belongs to the Office of Land Commissioners. Their mission is to put everything (rent, etc.) received back into education, common education, as well as higher ed with capital improvements. The rent would be going back into Oklahoma.
- The other option is Shepherd Center at 23rd and May. It is \$12 a square foot.
  Those funds would go to a gentleman that lives in California. So it is cheaper
  for us, not the best location, but both places can probably be ready for us to
  move by December 1 which is the goal.

### b. Statute change

Unfortunately the slides that were presented in August indicated that adding general surgery was not going to require a statute change. That was not correct, it requires a statute change. Ms. Thompson included the statute with the line items that will need to be changed. She also gave a couple of options to consider since one is a statute change versus a rule change. We are having to engage the legislators who are willing to write it for us. One of two options; we can go ahead and do exactly what the commission voted for--the change with the rule, and add general surgery. The second option for the purpose of this section, primary care physician shall mean physicians practicing in family medicine, geriatrics, general internal medicine, general pediatrics, obstetrics, gynecology, emergency medicine, general surgery, or other preventive medicine specialties with supportive documentation needed by a community and approved by the Commission. She also noted that in the rules for Physician Community Match, there is a clause that says "Physician Manpower Training Commission shall reserve the right to disapprove an application." So that is in the rule of Physician Community Match. So, once that is approved, that legislative change or is approved when we redo the rules to match it, we can add that clause in there as well.

Dr. Beller noted that the second option makes it broad, and it would open Oklahoma to any specialty. He stated that as an orthopedist, he could say he does preventative care

for preventing arthritis. He said it would be like a blank check and asked if the commission wanted that?

Dr. Leverett added that it might allow some of the smaller communities to be able to get a hospitalist when they might not be able to get someone else.

Ms. Thompson stated they she wanted to make sure that we left it in the hands of the commission and it would totally be the commission's decision.

Dr. DeLaughter was concerned that without restrictions it could open it up too far. Ms. Spanbauer suggested setting guidelines and parameters for decision making.

Dr. Leverett suggested keeping it broad at the state statute level but make the rules more restrictive. Ms. Spanbauer agreed. Dr. Hill proposed to leave it as it is.

Ms. Spanbauer asked for Ms. Thompson's opinion. Ms. Thompson stated in some cases, they are serving a population that is very broad. There are some demands for some types of specialties that may prevent their community from having to travel great distances. General surgery is going to meet the need of those that put off colonoscopies and will not go because it is a long distance for them to go when they don't see the need for it as others do. By having a general surgeon there, they wouldn't have to travel to Oklahoma City or Tulsa or, as far as the larger areas. So she can see some things coming up, but she would want to make sure the rules are actually laid out for exactly what we're looking for.

### c. Update on rules changes

For Chapters 35 and 45, one is basically changing the population on the Physician Assistant Scholarship as well as Physician Community Match. Chapter 50 is proposing to change from a maximum amount of \$160,000 to \$200,000 as a maximum for Physician Loan Repayment. It would also change the payout to be an even \$50,000 each year for four years. We held the public comment hearings on different dates since money was involved in it, it wouldn't hold up the other two changes.

#### d. December retreat

Retreat planning: Ms. Thompson stated she would like to have the Strategic Planning Committee and the chair, discuss the December retreat. I would like to return to our original retreat format where the commission is able to meet together and have discussions about decisions that need to be made--not making decisions, not voting on them, but an actual working session. This gives the commission the opportunity to review data regarding the decision they're trying to make and set an appointment for someone to come in and be able to ask further questions based on the data that the commission may have. If there is anyone else that you may want to come in to give input, or if there is a mentor who can come in during the retreat time while you conduct a working session where you are able to meet together.

Ms. Spanbauer showed appreciation for returning to the working format so they are really able to delve into some issues and planning and make sure that the commission is continuing on the path with our partners. Dr. Leverett suggested the Department of Commerce be scheduled to attend.

#### e. Budget talks begin

Ms. Thompson had a pre-planning meeting with Cole Stout who is like the clerk for Chairman Mark McBride, and Vice Chair, Toni Hassenback. It was a positive meeting and they are very supportive of what we're doing. She came away from the table feeling encouraged.

f. Recognize Oklahoma Hospital Association's 100<sup>th</sup> Anniversary There is a 100<sup>th</sup> Year Celebration gala being held on November 13<sup>th</sup>. Contact PMTC if you would like to attend.

# 4. Consideration and Vote to Approve/Disapprove the Interim Executive Director's Report

Dr. Leverett made the motion to approve the Interim Executive Director's Report, Dr. Beller seconded the motion. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer.

None were opposed.

# 5. Consideration and possible vote on Title 63, Section 1-2721 Change in definition of Primary Care

Dr. Hill recommended to keep it as it is.

Dr. Beller asked the staff if they had applications for general surgeons.

Ms. Thompson responded that we've had a request and referred to the survey that Andy Fosmire did. There was a high request for general surgery in rural hospitals. That was the reason that the commission voted to add general surgery to the rules, not realizing a change to the statute also needed to be made. So the commission already voted in August to add general surgery. There were about five others on the survey. General surgery was the one that came very strong, and since that time we've had some calls from some recruiters and CEOs that I hope the Commission does add general surgery to the possibility of loan repayment

Dr. DeLaughter stated how difficult it is to recruit general surgery. He stated he was on the fence with it, but could see part of the solution to get physicians into rural Oklahoma.

Dr. Leverett stated he had mixed feelings about it. He stated surgeons generate income for rural hospitals that allow them to support others and the need for primary care physicians. The College of Surgeons has some statistics of how many primary care physicians it takes to support a surgeon. I don't think we're going to be inundated with a bunch of surgeons or orthopedic surgeons or neurosurgeons that want to go out there but he did think it could benefit the rural hospitals.

Dr. Hill said he didn't want to limit the number of scholarships we have available to the increase by diluting the pool.

Ms. Spanbauer said that in the rules we placed stringent limits on how many scholarships, could be awarded to anything outside of family practice. She believes Dr. Storms had talked about the challenges that they were facing, because they had limits and that some facilities were

actually facing closure because they could not offer all services or more services. She certainly doesn't want to dilute, but at the same time, knowing what a general surgeon does and how that can help a community, and be able to sustain.

Dr. Beller stated he believes there are more advantages to adding general surgery than disadvantages. Hel would support general surgery.

Dr. DeLaughter asked if there was a reason why instead of redefining primary care general surgery, could we not create a general surgery scholarship. Simply for general surgery and create just a number of scholarships.

Dr. Hill felt that it did not match the mission of the commission. The Commission's mission is primary care, and that definition of primary care is one of those accepted definitions. He stated he thought the commission would have to ask the legislature to do what is being asked.

Ms. Thompson stated the program she see the most requests for loan repayment is emergency medicine, which our programs cover.

Dr. Leverett made the motion to add general surgery to the definition of primary care and we draft rules to accompany it. Dr. Beller seconded the motion. Voting in favor were: Dr. Beller, Dr. DeLaughter, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer. Dr. Hill was opposed.

Ms. Thompson confirmed that once it passes legislation then we will go into the process of structuring the new rules.

# 6. Discussion and possible vote regarding changes to the Executive Director job description

Ms. Spanbauer confirmed members had received a copy of the Executive Director job description and asked the topic be tabled until the commission goes into Executive Session.

# 7. Consideration and Possible Action regarding Scholarship Concerns/Loan Repayment Committee

Dr. Hill on behalf of the Scholarship Concerns/Loan Repayment Committee reported the following information on Dr. Caitlin Schaede:

Dr. Caitlin Schaede took part in our Rural Medical Education Scholarship Program in April to 2014 during her first year medical school. Actually she did partway through, and got retroactive funding for the entire amount. Over the course of four years, she received \$60,000 to complete her PMTC placement in a rural community. She has asked us if she could sign with Coweta, Oklahoma. Coweta, Oklahoma, at the time she served, signed and continues to be within the Metropolitan Tulsa area. On the map it is a community that does not qualify for PMTC funds. The recommendation from committee was to waive liquidated damages and the interest if the \$60,000 principle is paid for prior to completion of residency. If it is not paid: principal of 50% liquidated plus interest will be set. It would be \$60,000 plus half of the liquidated damages or \$30,000 plus interest.

Dr. Hill made the motion to approve the scholarship repayment for Dr. Caitlin Schaede: waive liquidated damages and the interest if the \$60,000 principal is paid prior to completion of residency, if not paid, principal plus 50% liquidated damages, plus interest. So it would be \$60,000 plus half of the liquidated damages or \$30,000, plus interest, unless she signs in Claremore. Dr. Leverett seconded the motion. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer. None were opposed.

Dr. Hill on behalf of the Scholarship Concerns/Loan Repayment Committee reported the following information on Dr. Erica Benda-McMillian:

Dr. McMillan took part in the Rural Medical Education Scholarship Program. Just a reminder to the commission and visitors, this is the reason we discontinued this particular program, for this very reason why people change their minds, or have life-events that help them change their mindset. Dr. McMillan is one of those. She began the program in May of 2012, the first year medical school. She started funding in July, 2012. She is in the process of completing her emergency medicine residency in Joplin, Missouri. She has intentions of not returning to the state of Oklahoma. She is going to Texas. She realizes that she is out of compliance with the requirements of the scholarship. She is asking if we would reduce her liquidated damages if she paid it prior to completing her residency. After lengthy discussion, we recommend waving interest only if full principal plus liquidated damages are paid for the prior to June 30, 2020, which is her estimated completion date. We are recommending that we waive the interest, which we have the ability to do so, only if the full principal and liquidated damages are paid, in other words it would be \$60,000 plus \$60,000, and are paid in full by June 30, 2020.

Dr. DeLaughter made the motion to approve the scholarship repayment for Dr. Erica Benda-McMillian waving interest only in full principal plus liquidated damages are paid for the prior to June, 30 2020, which is her estimated completion date. We would waive the interest if she pays the full principal and liquidated damages prior to June 30, 2020. It would be \$60,000 plus \$60,000. Dr. Leverett seconded the motion. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer. None were opposed.

Dr. Hill on behalf of the Scholarship Concerns/Loan Repayment Committee reported the following information on <u>Dr. Jacey Cha' Hutchison</u>:

Dr. Hutchison is asking for physician loan repayment. This is an interesting story. Dr. Hutchison is currently in her pediatric residency and scheduled to complete in 2020. She currently has no student loan debt. Her family or a family member paid off all the student loans. She wants us to reimburse her family for paying off her student loans basically is what she's asking. Assistant Attorney General Joe Ashbaker reported the following:

Oddly enough, I happened to have just reviewed this particular case, and so it gets a little more complicated than that in that her parents paid off the loans, but then they are claiming it is a student loan to her. So in essence, in her parent's minds, they've transferred the student loans from the normal student loans from the people that they would normally have to pay them to, federal student loan agencies and such, and now that's been transferred to her parents. There is a loan document that was created by an attorney. At least two of us have reviewed it at the

A/G's office. We've seen it and reviewed it. There is interest on it. Nothing has been paid yet. However, that's part of the loan and it hasn't began yet. So then it seems that the question is, if I'm incorrect, please stop me, in this case though the question seems to be whether or not you, as a commission, are going to allow those types of loans to be considered loans. Do they fall into the definition of loan, according to the statutes and rules that govern us?

We looked at it. We spoke with staff. I don't know that you've ever decided it, however I think in the past it's been determined, when we've looked at past cases, they've never gotten quite this far, but in the past the staff has denied them and told them that was the likely outcome and all of those have been withdrawn in the past and they've never made it to this voting stage. Generally speaking, boards can interpret their own rules, and to a lesser degree their own statutes and what that means is if you decide that a statute means this generally that will be what it means until somebody of a higher authority says otherwise. So for example, an attorney general's opinion could nullify your how you interpreted it. A court can determine in a case, "Yeah, that's not right." In this case, for example, you could do this. She could sue to try to get a court to say that this is incorrect. Your opinion is incorrect. Assuming you deny it. And then that court could say you were wrong or right and I have absolutely no idea what they would do. I have a given an opinion to staff, what we think your authority would be in that respect. I can't tell you how to decide.

Dr. Hill gave an example of someone in his institution. This family member paid off half of their student loans and then they applied for repayment. Had he known that, he wouldn't have done that. I think that if we offer to accept this, we open our door to a lot of stories like this.

Mr. Joe Ashbaker continued: I think their argument is going to be, and I'm not advocating, I just want you to have all the information. I think their argument is this, we have a loan document, and their argument to me was this loan meets the statutory standard of a student loan. That's what they say. For the statute to govern this. I'm not saying they are right and I'm not saying it does, I'm telling you that's what their argument is going to be, and they're going to say, because we have this loan document, created by lawyer, signed by the parties, including the parents, and this is what it is. I think the natural concern is exactly what you said. Is this really a student loan or is she really going to have to pay this back to her parents. Is that going to meet the standard of the student loan for that statue going forward with this board because I think ultimately, if you do this in this case, you're right, you're going to get a whole bunch of them that are going to come after that. And they're going to want the same thing and when you don't give it to one you're going to need to have an answer. I'm not saying you can't do that. But you can't give arbitrary reasons which will be judged by on that decision. Why did you do it here and you didn't do it here if they're identical or are really, really similar cases. And there are reasons to do that. But you would need to have those otherwise you'd be subject, at least possibly to be being determined that that decision is arbitrary and capricious and be overruled.

Ms. Thompson interjected something Mr. Ashbaker had shared with the committee: we all know student loan interest besides home loan interest is the only interest you can take off on taxes. So, did they establish themselves as a lending institution and student loans for the purposes of IRS...

Mr. Ashbaker continued: right, and that's really part of it too. I think you'd want to consider is this an arm's length transaction is it really? There are lots of things in the law that often aren't considered like that, it is considered differently when family does it. So as one that maybe you all are often familiar with Medicare and Medicaid and such. When my mother became aged and I had to put her in a nursing home, her assets mattered. If my sister and I bought her house that was considered different than if she just sold it outright to someone. Same thing, bankruptcy is like that. If you sell something to a family member, it is considered different, and these two have to have been done further in advance of your bankruptcy then if you just sold it to someone you didn't know. So those sorts of things are often considered differently. I don't know of any case law that has ever come to this point but those are some things that you'd want to consider. Taxes would be one of those. Are the parents treating this with the IRS the way that a lending institution would treat this and are they reporting it the way that they would need to, are they deducting interest that they didn't get or payments they haven't received, that sort of thing. I'm not a tax attorney, but are there appropriate tax documents back and forth? That normally would happen if this was an arm's length transaction. If Dr. DeLaughter loans me some money he would do things...because it is an actual loan and he actually expects me to pay him back. Well, that might be different if a family member does it and so I don't know that we've gotten any of that information, I don't think that you're required to assume one way or the other.

Ms. Spanbauer stated that we do have some precedent that we have not approved in the past. When someone has been in a similar situation we've only approved, those applications that have come from a set lending agency.

Ms. Thompson confirmed PMTC does have copies of the actual loan documents when asked the question by Dr. Beller. She continued that the original application did not come in with that. It was terminated with a statement of "I owe this much..". It was explained to her in a letter that it was not acceptable. Ms. Thompson confirmed that the date the loans were paid off was shown to be before she started residency, almost four years ago.

Dr. Leverett asked when the loan was dated and when the loan was paid off or is the loan document dated more recently.

Mr. Ashbaker stated it doesn't have a date on every one that was drawn up. There were some other complications. There were the loans that were made. There's a loan document, and then when you look at the banking documents other things were paid off by the parents as well. There is some question that I was unable to discern. I don't know if Janie has looked back at it since then as to whether or not there were things included in that amount in that loan document that was not part of medical school, but rather undergraduate as well. One could argue that that's commingling of debt into this application which would make it incredibly difficult to verify. One could argue that that voids this request.

Ms. Thompson stated an attorney had to clarify part of the debt was her husband's undergraduate.

Mr. Ashbaker stated her parents paid off a lot of stuff. What one concern is that basically you're going to pay back her inheritance and again so it is a way to word it I think it might be unseemly but I mean, but in the interest of time, one might see it that way. I think that's one of the

concerns that you might have. One of this nature comes in and that might be one of the things that give you pause about such a loan.

Dr. Leverett asked if we vote to deny this, and they do sue us in District Court, would Dr. Hill and I be representing ourselves.

Mr. Ashbaker responded there is another attorney, who is in a different section in the Attorney General's office than the one he comes from. I hope this makes you feel better. Before I made any decisions and before I called Janie back I included the attorney that would in fact be the one dealing with such a case. She looked at this simultaneously with me. We both came to the same conclusions and I made sure before I gave her my recommendation to the director. Our second meeting, but because she would be stuck with any decision that I made, or that we made, or any recommendation that I made to you. I ensured that she knew about it first, and that she met in our room and she agreed with me. In fact, some of the things I've suggested to you were things that she brought to my attention. I think their argument is going to be what the statute says, it means this, you shouldn't do it. I'm not saying that's right. I'm not saying it's right. And just because I heard from a lawyer certainly doesn't make it right.

Dr. Hill stated the Scholarship Concerns and Loan Repayment Committee's recommendation is that she not be considered for a loan repayment but recommended for the Physician Community Match, which she still qualifies for at \$50,000.

Dr. Hill made the motion to deny the loan repayment for Dr. Jacey Cha' Hutchison but recommend her for Physician Community Match for \$50,000.

Dr. Beller seconded the motion. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill,

Mr. Khoury, Dr. Leverett, and Ms. Spanbauer.

None were opposed.

# 8. Consideration and Possible Action regarding Physician Assistant Scholarship Program

Kalin Heaton

Dr. Leverett made the motion to approve Kalin Heaton. Dr. DeLaughter seconded the motion. Voting in favor were: Dr. Beller, Dr. DeLaughter, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer.

None were opposed.

Dr. Hill was absent from the room for the vote.

# 9. Consideration and Possible Action on Resident Rural Program

Lawrence Cook

Dr. DeLaughter stated he knows Dr. Cook and spoke of him with high regard. He noted Dr. Cook had a life-altering event and left practicing medicine for a time. He decided to return to practicing medicine. He was offered just to do residency and skip the intern year but he said he wanted to do the intern year which speaks of his good character.

Ms. Spanbauer stated we may want to pick him up as a "success story" in the future.

Dr. Leverett made the motion to approve Dr. Lawrence Cook. Dr. Beller seconded. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer.

None were opposed.

# 10. Consideration and Possible Action regarding Physician Loan Repayment Program

Bradley E. Cross, DO

Ms. Thompson will, after the emergency rule goes into effect to grant \$200,000 for Physician Loan Repayment, look at those approved and backdate a few recipients.

Dr. Hill made the motion to approve Dr. Bradley E. Cross for Physician Loan Repayment of \$160,000. Dr. Leveret seconded. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer. None were opposed.

Voting on Jacey Cha' Hutchison, DO was tabled due to having discussed her situation earlier.

# 11. Consideration and Possible Action regarding Physician Community Match

Jacey Cha' Hutchison, DO

Ms. Thompson recommended Physician Community Match in the amount of \$50,000 with a three year commitment beginning September 1, 2020, through October 31, 2023.

Dr. DeLaughter made the motion to approve Jacey Cha' Hutchison, DO, Cross for Physician Community Match for \$50,000. Dr. Leveret seconded. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer. None were opposed.

### 12. Physician Placement Report

Ms. Sharp and Ms. Thompson presented their Physician Placement Report and distributed charts and graphs depicting placed physicians and physician assistants in rural Oklahoma

### 13. Vote to go into Executive Session

Dr. DeLaughter made the motion to go into Executive Session with Dr. Leverett seconding. Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer. None were opposed.

#### 14. Vote to return to Open Session

Dr. Beller made the motion to return to Open Session with Dr. DeLaughter seconding. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer.

None were opposed.

Ms. Spanbauer asked for the minutes to reflect only that no voting or decisions were made in the executive session.

Dr. Leverett made the motion to change the current director's salary to \$100,000 a year retro-active to October 1. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer.

None were opposed.

Ms. Spanbauer stated that the commission was going to continue reviewing the job description for the executive director position, and they will make a final decision on it at the December meeting. We want to allow time during the December, Strategic Planning, which we would like that to be called that. During that time to be able to review the duties and functions, and we would also like the input from the PMTC staff on that job description, at that time. She asked Ms. Mickelson to make sure everyone has a copy of that.

### 15. New Business

Dr. Beller asked to bring attention to commission a Washington Post study that he printed off that demonstrates how much more difficult, our job is going to be in the future. The article said that the federal government now designates nearly 80% of rural America as medically underserved such regions are home to 20% of the US population that you put fewer than 10% of the doctors and the ratio is worsening each year. It's called the Grave Wave, physicians and rural areas are three years older than urban doctors, on average, with half over 50, and more than a quarter over 60. Health officials predict that the number of rural doctors will decline by 23% over the next decade as the number of urban doctors remains flat. So our job is about to get even more difficult than it has been.

## 16. Vote to Adjourn

Dr. Leverett made the motion to adjourn. Dr. Beller seconded the motion. Voting in favor were: Dr. Beller, Dr. DeLaughter, Dr. Hill, Mr. Khoury, Dr. Leverett, and Ms. Spanbauer.

None were opposed.

The meeting adjourned at 11:55 a.m.

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