

Physician Manpower Training Commission  
Emergency Commission Meeting  
March 12, 2019, 3:30 p.m.

**MINUTES**

The Board of Physician Manpower Training Commission met for an Emergency Meeting at 3:30 p.m., on Thursday, March 12, 2019, in the conference room at PMTC, 5500 North Western Avenue, Suite, 201, Oklahoma City, Oklahoma. The Emergency Meeting was needed at the advice of the Secretary of State for the board to vote on Title 540, Chapters 35, 45 and 50, to make the previously approved emergency rules permanent. 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, March 10<sup>th</sup> by 3:30 p.m., in prominent public view at the location of the meeting and on the Commission website, <http://pmtc.publishpath.com/default.aspx>, in compliance with the Open Meeting Act.

**Commission Members Present**

Zane DeLaughter, DO, Chair  
Jack Beller, M.D.  
Bruce Storms, MD

Pam Spanbauer, RN BSN, Med  
Jason Hill, D.O.

**Commission Members Absent**

Dr. Joe L. Leverett

**Guests**

Stephanie Grober, Vice President, Plan Operations, BCBSOK

**PMTC Staff Present**

Richard D. Evans  
Michelle Cecil  
Diane Mickelson

Janie S. Thompson  
Aneesa Sharp

**I. Roll Call**

Dr. DeLaughter called the meeting to order at 3:40 p.m. and Roll Call was taken:

The following were present:

Dr. DeLaughter	Ms. Spanbauer	Dr. Beller
Dr. Storms	Dr. Hill	

Dr. Leverett was absent.

Dr. DeLaughter announced a quorum and asked if there was any discussion for permanent rule changes for Title 540, Chapters 35, 45, 50.

Mr. Evans explained that it basically adds "physician assistant" everywhere it says "physician".

Dr. Storms asked if the program would expire if nothing was done.

Ms. Thompson confirmed that the rules are temporary until we act on them and make them permanent. If we don't, they will go away and the PA loan repayment won't exist.

Dr. Storms confirmed that Chapter 50 is regarding loans we give to physicians to get them to go rural, up to \$160,000.

Dr. Hill asked if Chapter 35, the Community Match Intern Resident Program, is for those who we pay while they are in rural residency. Mr. Evans clarified that this program was more like a signing bonus and said they usually don't have loans.

Dr. Hill asked who has the authority to increase the amount: the PMTC board or state legislature.

Ms. Thompson confirmed it is Chapter 50 and it is in our statutes that it has to have legislative approval. Any rule changes still needs legislature approval.

Dr. Hill wondered if it would increase the budget. Mr. Evans said it was more of a shift in the budget.

Mr. Evans asked Janie, under the 50:50 match how many physicians community match we did last year. Janie answered that it was one.

Dr. Beller questioned the different words used in the chapters: primary care physicians, one of them says family practice, one of them says family medicine, one of them says internal medicine, one of them says general internal medicine. One of them says geriatrics and it is not on the other one. One of them says general surgery, and it's not on the other one. He wondered if they should be consistent.

Ms. Thompson explained that Chapter 35 is an older program and that was terminology when this was written.

Dr. Beller mentioned that it also says general surgery, omits geriatrics in one of the chapters and says general pediatrics and the other one just says pediatrics.

Dr. DeLaughter mentioned that Chapter 35 says approved internship "for" residency. He feels that includes general practice so that we would literally allow someone who finished an internship program, and not a residency program, who is a general practice decision to go into a smaller community.

Dr. DeLaughter said a doctor recently went to Frederick, Oklahoma, as a general practitioner but he also includes general surgery and emergency medicine.

Dr. Beller explained that the American Board of Medical Specialties defines Emergency Medicine as both.

Dr. Storms stated that family practice, internal medicine, pediatrics, ob/gyn and emergency medicine are the five that the American Board of Medical Specialties recognizes primary care specialties.

Mr. Evans agreed the wording was a mess and agreed with Dr. Storms who added if we adopt these, we can go back and reword them, and re-present them for next year. Dr. Beller would like consistent wording.

Dr. Storms recommended for residency trained people, we need to include a minimum education and if we do it for one we need to do it for the other.

Dr. Beller cautioned that a statute clean up may open up the entire title to amendments from the legislature.

Mr. Evans stated he has discussed with Ms. Thompson an overhaul project to put all new statutes in correctly. He suggested heightening the focus and going in and make some changes and smaller tweaks without making major changes.

Dr. DeLaughter suggested adding it to the strategic planning agenda.

**Dr. Storms made the motion to adopt Title 540, Chapter 35 as presented. Dr. Hill seconded the motion. Voting in favor were: Dr. DeLaughter, Ms. Spanbauer, Dr. Beller, Dr. Hill & Dr. Storms. None were opposed.**

**Dr. Storms made the motion to adopt each Title 540, Chapter 45 as changed. Dr. Hill seconded the motion.**

Dr. Hill clarified the only changes were adding Physician Assistants where it said Physicians previously. Ms. Thompson added the only change on 45 is allowing out of state.

**Voting in favor were: Dr. DeLaughter, Ms. Spanbauer, Dr. Beller, Dr. Hill & Dr. Storms  
None were opposed.**

**Dr. Storms made the motion to adopt each Title 540, Chapter 50 as presented. Dr. Beller seconded the motion.**

Dr. Hill asked for a summary of Chapter 50 in which Mr. Evans explained that it is to extend loan repayment to physician assistants as well as physicians and it spells out the amounts. Ms. Thompson noted that the two year obligation was removed as well. Dr. Hill mentioned that they get the money at the end of each year that they complete. Dr. DeLaughter reminded that the portion in the contract where the spouse co-signs has been struck out as well.

**Voting in favor were: Dr. DeLaughter, Ms. Spanbauer, Dr. Beller, Dr. Storms & Dr. Hill  
None were opposed.**

Dr. DeLaughter passed the floor to Mr. Evans for his Director's Report.

## **II. Director's Report:**

### **1. Commission Meeting dates for the next year:**

Mr. Evans will give two Meeting Dates Options for FY19-FY20

### **2. Office lease**

Mr. Evans is looking at space at the Ag Building, which is state owned space and cheaper than PMTC's currently space. He is looking at the Stiles Building, which is state-owned space but he does not think we will be able to afford it. The space at the Physician/Surgeon's Building down on 12th and Shartel is good space, and cheap, but it is not state-owned. He thinks PMTC will wind up in the AG Building which is a good location. He stated the Ag Building is just north of the capital on the east side of Lincoln Blvd.

Ms. Spanbauer stated that Mr. Evans had previously expressed concern over one of the places PMTC was looking at, because it was a cubicle type of structure. Mr. Evans confirmed it has appropriate office space to maintain confidentiality.

### **3. Legislation, House Bill 1336**

Mr. Evans talked about House Bill 1336, which was PMTC's nurse practitioner bill for loan repayment. He explained that he was told several times that there was a slot for the bill, but as it turned out the representative who was going to run the bill was over the bill limit. It was transferred to a new legislator, but the bill did not get out of committee..

Mr. Evans indicated that he didn't have much confidence that the bill would pass and had decided not to spend a ton of time at the Capitol pushing the bill. Ms. Spanbauer thought it was smart not to push it since there were other issues with nursing and scope of practice. She said it was a very touchy subject so it was probably best to not have it lumped with all things nursing because it's totally different.

Dr. DeLaughter explained the problem came when an amendment was put on the scope of practice bill.

Ms. Spanbauer said there was a fraction of the nurse practitioner group that are hung up on scope of practice, and they don't want anything else. She explained that she felt they were shooting themselves in the foot.

Dr. Hill described a hiring situation recently where he tried for a year and a half to hire a physician for Hugo. He advertised on the PMTC website and his website only, for two years and I had only 15 to 18 nurse practitioners apply for one position. He said of the seven he interviewed, five had no experience. He explained what it means is they're looking, but there are more applicants than there are positions for nurse practitioners.

Dr. Storms said they use nurse practitioners in Chickasha. He has recently hired three since September, all just right out of school. He said they have them spend time with physicians and he has spent time with two of them. They are in clinics in Tuttle, Rush Springs and Chickasha. He explained they like that they don't have to supervise them in the same way as PAs. He said that a lot of the nurse practitioners want supervision.

Ms. Spanbauer elaborated that the nurses are a small, very vocal group, and, unfortunately, even has ONA upset with them. She said they're very vocal and then they get lumped together even though there are excellent nurse practitioners out there. Pam said next year will be a new year and we will have to see what happens because they are starting to lose their effectiveness and are putting a negative spin on things. Mr. Evans said this bill is not going anywhere this year.

#### **4. House Bill re: \$25,000 tax exemption**

Mr. Evans said this bill was still alive. It is the \$25,000 tax exemption bill. He stated that some of the board has written him back the other day when he asked to please support it. He explained that OKAFP had gotten upset with him because they read something in the paper about PMTC's support of the psychologist bill and using Project ECHO to do training for diagnosis and treatment of Alzheimer's for primary care physicians in rural Oklahoma only. Both bills are dead this year.

Dr. Hill questioned if the tax credit limit was dead but Mr. Evans didn't think so and that McCall was running it and that was a really good sign.

Dr. Hill mentioned the fact that not being able to cross county lines is bad idea. He said he thinks what they're trying to do is make sure they live in the community where they work.

Mr. Evans said he had talked to Andy Fosmire about the bill, and had voiced concerns about limiting it to only physicians who live in the county where they practice, and those who graduated from an Oklahoma medical school.

Dr. Hill thought the percent that go to residency here but didn't graduate from an Oklahoma medical school are only about 15% or 20%. He believes the majority of them want to stay here of those who went to school here. But the bigger problem is a physician who might live close, but over the county line.

Dr. Storms explained that he has a family practice physician who, when she finishes her residency this year in Wichita, wants to come back and be close to Oklahoma City. She wants to be in a rural setting. She went to high school in Moore, and her family lives there. She is very smart--went to M.I.T. for undergraduate and Vanderbilt for medical school.

Mr. Evans whole heartedly agreed at 100% from an OSU perspective. Dr. Hill said it was good to know if we are getting foreign medical schools or Caribbean medical schools who are doing residency in their country and then come here.

Ms. Spanbauer said we should never turn away a good doctor in Oklahoma it would be crazy.

Dr. Storms expressed how our hospital bylaws used to say you had to live in the county and then we amended it to be within a certain driving distance.

#### **5. Mental Health Bill regarding Psychiatric Medicine**

Mr. Evans said he had mentioned that the Primary Care Association had mentioned that they might run a bill to add mental health, or to change our statutes and make psychiatric medicine, one of our primary care types. They didn't do that but they did run a bill to add a mental health Loan Repayment Program to ODMHSAS--The Department of Mental Health and Substance Abuse Services.

#### **6. Senate Bill 434 and 437**

Mr. Evans said Senate Bill 434 and 437 that were shell bills for the neurologists using Echo, were both dead.

#### **7. Nursing Program**

Mr. Evans said that the nursing program hasn't had a lot of activity since the last meeting on January 31<sup>st</sup> but gave a few updates.

Refining the facility types: We tell them what type of facility they can practice in, not where that facility is. We may revisit it and look at the facility types. They can't be physician owned. It can't be a research facility. He thinks it steers many LPNs to nursing homes. Also asking for a commitment to practice in a rural location. Mr. Evans said most of the nursing scholarship awards and sponsors are rural. He wants to be more consistently rural.

Mr. Evans stated we are going to add rules to the master's degree in nursing or higher. The current scholarship only has two master's degrees. The present program does not have anything for those that are going for their doctorate, or with emphasis on degrees of BSN or above so we are fewer LPN more and more regular nurses.

Dr. Beller stated there is a category of RNs that does not have a BSN. And wondered if this can be included in this?

Ms. Spanbauer added APNs.

Ms. Thompson added that it is one that we are continuing to look at.

Mr. Evans stated that there are certain jobs that RNs can do that LPNs can't do. We do not want to flood the market with people who are qualified to go to work in a nursing home but not really qualified to help us solve the problem in rural Oklahoma.

Ms. Spanbauer said the ADN nurses that OMA and ANA are a part of a national push toward a BSN as a minimum education level.

Dr. Storms explained that there are ladder programs where they earn an associate degree and then they can get their BSN.

Ms. Spanbauer confirmed that is how she had earned her degree.

Dr. Storms explained an article that he had read where someone was looking at the idea if a student has an associate RN degree and they have a bachelor's degree in something else then that would work. For example bachelor's in accounting and an associates in nursing.

Mr. Evans stated he wants to give fewer awards, larger payment amounts as well as a larger commitment obligation.

Ms. Thompson mentioned that paying after the fact is up for discussion. For example, they are awarded a scholarship but they do not get the funds for the first semester, until after they produce, and we would make a decision of what the minimum GPA would be. So the first semester is on them. After the last semester they get funding. It would help pay for boards, etc.

Ms. Spanbauer reminded members that many drop out after the first semester. She said there is nothing like going through a clinical to help you know if you want to do that job.

Mr. Evans expressed that he is looking to make significant changes and not just tweak the current system. He wants to really go in and not only modernize and update things but make it more effective as far as getting more nurses trained in Oklahoma. He said in the future he would like to reopen the topic of nurse practitioner loan repayment. Mr. Evans also included that he would like them to fulfill their obligation through teaching. He said it was something that

we'd like to continue to talk about based on some of the things that the group has recommended that would help the nursing problem.

### **8. Governor's Meeting March 26<sup>th</sup>**

Mr. Evans explained we received an email that said PMTC had been selected to meet with the governor and education cabinet secretary to discuss the agency's profit and loss financial statement, budget performance, and review the key performance measures research, how the agency is tracking performance.

Dr. Beller suggested to Richard that we use the AMA statistics that a single physician in rural Oklahoma, because of all the employees and business and everything that he or she generates, is worth \$62,000 in state and local taxes per year.

Mr. Evans requested Dr. Beller send him the updates on the economic impact of a physician on the community, so he can update his slides that he used for the budget hearings for the hour and a half meeting with the Governor.

Ms. Spanbauer suggested having one of the physicians on the commission go with to the meeting. Her thoughts are that it might carry weight coming from an actual physician that has experience with this and being able to have them articulate when those questions come firing. She mentioned he is a new governor and this is a great opportunity to show what PMTC does and what they can do with the right support behind it. She said that anytime a new person comes in, they're going to look at each agency, especially in Oklahoma right now since there has been a lot of waste, the health department, for example. Dr. Beller agreed to attend the meeting.

### **9. Rural Placement Analyst**

Mr. Evans stated on our website we have 111 rural physician and PA openings which is current and all vacancies have been updated in the last two weeks. He explained how we have 100 physician openings, 11 PA openings 42 counties, in 46 communities, and all of them are outside of the MSA of Oklahoma City and Tulsa. He mentioned we have 15 to 20 PAs that are going to graduate in a couple of years that will need a place to go. He said there have been five physicians that have been placed on loan repayment since January. Mr. Evans believes much of it is a result of changes the agency has made to increase participation.

Ms. Thompson said some of them are coming up for board approval at the next commission meeting.

Dr. Beller asked which specialties they were.

Ms. Thompson answered that there is one ob/gyn and the other is family medicine.

Dr. Hill stated he had not been on the PMTC website but could add three openings today.

Mr. Evans said he had been in Tulsa recently for their resident fair where he told everyone that our website is up-to-date if they want to know what openings are available in rural Oklahoma. He stated he wants our website to become a place where people go and depend on it.

Ms. Thompson stated Debbie is receiving one-page fliers from hospitals and clinics looking to hire. The flier states what the hospital or clinic is offering, the salary range, the loan repayment information, and demographics about the community. We have this available to give at

residency programs visits and presentations. Doing this has produced a doctor for Fairview who was in Lawton Residency in Comanche County. We spoke to him after a visit and answered questions about the position. Mr. Evans concluded that he feels like Debbie is serving the role of a recruiter. The agency has gone from saying that if you can find a physician we can help you with financial incentives, to actually finding a physician or PA for the vacancy

Mr. Evans and Ms. Thompson is scheduling some time with TSET to talk about bridging as well as Mid-level funding.

#### **10. FY20 Budget**

Mr. Evans has asked for a flat budget. He said PMTC was unaware whether the State supplemental from the legislature would be available this year.

Ms. Spanbauer asked Ms. Mickelson if she would send the commissioners the link to the website so they can look at it before the next board meeting.

**IV. Vote to convene into Executive Session** – Pursuant to 25 O.S. § 307 (B)(1), the Commission may convene in Executive Session to discuss upcoming commission issues not limited to but including upcoming additions and changes.

**Dr. Beller made the motion with Dr. Storms seconding.**  
**Voting in favor were: Dr. DeLaughter, Ms. Spanbauer, Dr. Beller, Dr. Storms & Dr. Hill**  
**None were opposed.**

#### **V. Vote to Return to Open Session**

**Dr. Storms made the motion to return to Open Session with Ms. Spanbauer seconding.**  
**Voting in favor were: Dr. DeLaughter, Ms. Spanbauer, Dr. Beller, Dr. Storms & Dr. Hill**  
**None were opposed.**

Dr. DeLaughter stated that the Executive Committee had determined no action would be taken on the item(s) discussed in Executive Session.

#### **VI. Vote to Adjourn**

**Dr. Storms made the motion to adjourn. Ms. Spanbauer seconded.**  
**Voting in favor were: Dr. DeLaughter, Ms. Spanbauer, Dr. Beller, Dr. Storms & Dr. Hill**  
**None were opposed.**