



1           That §18B-16-7, §18B-16-8 and §18B-16-9 of the Code of West  
2 Virginia, 1931, as amended, be repealed; and that §18B-16-1, §18B-  
3 16-2, §18B-16-3, §18B-16-4, §18B-16-5 and §18B-16-6 of said code be  
4 amended and reenacted, all to read as follows:

5 **ARTICLE 16. HEALTH CARE EDUCATION.**

6 **§18B-16-1. Short title; legislative findings and purpose.**

7           (a) This article is known and may be cited as "The Rural  
8 Health Initiative Act."

9           (b) The Legislature makes the following findings related to  
10 rural health education and provision of health care services:

11           (1) The health of West Virginia citizens is of paramount  
12 importance and educating and training health care professionals are  
13 essential elements in providing appropriate medical care. The  
14 state needs a greater number of primary care physicians and allied  
15 health care professionals as well as improved access to adequate  
16 health care, especially in rural areas. The state's schools of  
17 health science find it increasingly difficult to satisfy the demand  
18 for qualified persons to deliver these health care services.

19           (2) Both national and state predictors indicate that health  
20 care shortages will continue; therefore, there remains a great need  
21 to focus on recruiting and retaining health care professionals in  
22 West Virginia.

23           (3) Schools of health science and rural health care facilities  
24 are a major resource for educating and training students in these

1 health care fields and for providing health care to underserved  
2 areas of West Virginia. The education process must incorporate  
3 clinical experience in rural areas in order to make health care  
4 services more readily available state-wide and especially in  
5 underserved rural areas.

6 (4) The Legislature further finds that in order to provide  
7 adequate health care in rural communities there must be cooperation  
8 and collaboration among educators, physicians, mid-level providers,  
9 allied health care providers and the rural communities themselves.

10 (c) The purpose of this article is to continue the Rural  
11 Health Initiative and to encourage the schools of health science to  
12 strive for improvements in the delivery of health care services in  
13 rural areas while recognizing that the state investment in health  
14 science education and services must be contained within affordable  
15 limits.

16 **§18B-16-2. Definitions.**

17 For purposes of this article, terms have the meanings ascribed  
18 to them in section two, article one of this chapter or as ascribed  
19 to them in this section unless the context clearly indicates a  
20 different meaning:

21 "Allied health care" means health care other than that  
22 provided by physicians, nurses, dentists and mid-level providers  
23 and includes, but is not limited to, care provided by clinical  
24 laboratory personnel, physical therapists, occupational therapists,

1 respiratory therapists, medical records personnel, dietetic  
2 personnel, radiologic personnel, speech-language-hearing personnel  
3 and dental hygienists.

4 "Mid-level provider" means an advanced nurse practitioner, a  
5 nurse-midwife and a physician assistant; however, the term also may  
6 include practitioners not listed.

7 "Office of community health systems and health promotion"  
8 means that agency, staff or office within the Department of Health  
9 and Human Resources which has as its primary focus the delivery of  
10 rural health care.

11 "Primary care" means basic or general health care which is  
12 focused on the point when the patient first seeks assistance from  
13 the medical care system and on the care of the simpler and more  
14 common illnesses. This type of care is generally rendered by  
15 family practice physicians, general practice physicians, general  
16 internists, obstetricians, pediatricians, psychiatrists and mid-  
17 level providers.

18 "Rural health care facility", whether the term is used in the  
19 singular or plural, means either of the following:

20 (1) A nonprofit, free-standing primary care clinic in a  
21 medically underserved or health professional shortage area; or

22 (2) A nonprofit rural hospital with one hundred or fewer  
23 licensed acute care beds located in a nonstandard metropolitan  
24 statistical area.

1 "Schools of health science" means the West Virginia University  
2 Health Sciences Center; the Marshall University School of Medicine  
3 and the West Virginia School of Osteopathic Medicine.

4 "Vice chancellor" means the vice chancellor for health  
5 sciences appointed in accordance with section five, article one-b  
6 of this chapter.

7 **§18B-16-3. Rural health initiative continued; goals.**

8 The Rural Health Initiative is continued under the authority  
9 of the commission and under the supervision of the vice chancellor.  
10 The goals of the Rural Health Initiative include, but are not  
11 limited to the following:

12 (1) Placing mid-level providers in rural communities and  
13 providing support to the mid-level providers;

14 (2) Developing innovative programs which enhance student  
15 interest in rural health care opportunities;

16 (3) Increasing the number of placements of primary care  
17 physicians in underserved areas;

18 (4) Retaining obstetrical providers and increasing  
19 accessibility to prenatal care;

20 (5) Increasing involvement of underserved areas of the state  
21 in the health education process;

22 (6) Increasing the number of support services provided to  
23 rural practitioners; and

24 (7) Increasing the number of graduates from West Virginia

1 schools of health science, nursing schools and allied health care  
2 education programs who remain to practice in the state.

3 **§18B-16-4. Powers and duties of the vice chancellor.**

4 The following powers and duties are in addition to those  
5 assigned to the vice chancellor by the commission and by law:

6 (1) Providing an integral link among the schools of health  
7 science and the governing boards to assure collaboration and  
8 coordination of efforts to achieve the goals set forth in this  
9 article;

10 (2) Soliciting input from state citizens living in rural  
11 communities;

12 (3) Coordinating the Rural Health Initiative with the allied  
13 health care education programs within the state systems of higher  
14 education;

15 (4) Reviewing new proposals and annual updates submitted in  
16 accordance with section five of this article, preparing the budget  
17 for the Rural Health Initiative and submitting the budget to the  
18 commission for approval;

19 (5) Distributing funds appropriated by the Legislature for the  
20 Rural Health Initiative in accordance with section five of this  
21 article; and

22 (6) Performing other duties as prescribed or as necessary to  
23 implement the provisions of this article.

24 **§18B-16-5. Allocation of appropriations.**

1           (a) The Rural Health Initiative is supported financially, in  
2 part, from appropriations to the commission's control accounts,  
3 which shall be made by line item, with at least one line item  
4 designated for rural health outreach and at least one line item  
5 designated for the Rural Health Initiative - Medical Schools  
6 Support.

7           (b) Notwithstanding the provisions of section twelve, article  
8 three, chapter twelve of this code, any funds appropriated to the  
9 commission in accordance with this section that remain unallocated  
10 or unexpended at the end of a fiscal year do not expire, but remain  
11 in the line item to which they were originally appropriated and are  
12 available in the next fiscal year to be used for the purposes of  
13 this article.

14           (c) Additional financial support may come from gifts, grants,  
15 contributions, bequests, endowments or other money made available  
16 to achieve the purposes of this article.

17 **§18B-16-6. Accountability; reports and audits required.**

18           (a) The vice chancellor serves as the principal accountability  
19 point for the commission and state policymakers on the  
20 implementation of this article and the status of rural health  
21 education in the state. Under the supervision of the chancellor  
22 and the commission, the vice chancellor shall develop outcomes-  
23 based indicators including an analysis of the health care needs of  
24 the targeted areas and an assessment of the extent to which the

1 goals of this article are being met.

2       (b) Each school of health science shall submit a detailed  
3 proposal and annual updates to the vice chancellor:

4       (1) The proposal shall state, with specificity, how the school  
5 will work to further the goals and meet the criteria set forth in  
6 this article and shall show the amount of appropriation which the  
7 school would need to implement the proposal.

8       (2) The vice chancellor shall determine the cycle for all  
9 schools of health science to submit new proposals for Rural Health  
10 Initiative funding and shall provide a model for each school to  
11 follow in submitting a comprehensive update each of the years when  
12 a new proposal is not required. The vice chancellor shall require  
13 a new proposal from each school at least once within each three-  
14 year period.

15       (c) The vice chancellor shall provide data on the outcomes-  
16 based indicators and other appropriate information to the  
17 commission for inclusion in the health sciences report card  
18 established by section eight, article one-d of this chapter.

19       (d) The vice chancellor shall report annually, or more often  
20 if requested, to the Legislative Oversight Commission on Education  
21 Accountability created by section eleven, article three-a, chapter  
22 twenty-nine-a of this code and to the Joint Committee on Government  
23 and Finance regarding the status of the Rural Health Initiative,  
24 placing particular emphasis on the outcomes-based indicators and

1 the success of the schools of health science in meeting the goals  
2 and objectives of this article.

3 (e) The Legislative Auditor, upon his or her own initiative or  
4 at the direction of the Joint Committee on Government and Finance,  
5 shall perform regular fiscal audits of the schools of health  
6 science and the Rural Health Initiative and shall make these audits  
7 available periodically for review by the Legislature and the  
8 public.

NOTE: The purpose of this bill is to continue the Rural Health Initiative; discontinue the rural health advisory committee and assign certain of its duties to Vice Chancellor for Health Sciences; delete the requirement for creation of primary health care education sites; clarify funding mechanisms and auditing and reporting requirements; strengthen accountability; and delete obsolete language.

§18B-16-1, §18B-16-2, §18B-16-3, §18B-16-4, §18B-16-5 and §18B-16-6 have been completely rewritten; therefore, strikeouts and underscoring have been omitted.