COMMITTEE SUBSTITUTE

FOR

Senate Bill No. 457

(By Senators Plymale, Unger, Foster,
Kessler (Mr. President), Jenkins and Beach)

[Originating in the Committee on Health and Human Resources;
reported February 10, 2012.]

A BILL to repeal §18B-16-7, §18B-16-8 and §18B-16-9 of the Code of West Virginia, 1931, as amended; and to amend and reenact §18B-16-1, §18B-16-2, §18B-16-3, §18B-16-4, §18B-16-5 and §18B-16-6 of said code, all relating to continuing the Rural Health Initiative; setting forth legislative findings, purpose and definitions; discontinuing the Rural Health Advisory Committee and assigning certain of its duties to the Vice Chancellor for Health Sciences; deleting the requirement for creation of primary health care education sites; clarifying certain funding mechanisms and audit and reporting requirements; strengthen-

ing accountability measures; updating names; making technical corrections; and deleting obsolete language.

Be it enacted by the Legislature of West Virginia:

That §18B-16-7, §18B-16-8 and §18B-16-9 of the Code of West Virginia, 1931, as amended, be repealed; and that §18B-16-1, §18B-16-2, §18B-16-3, §18B-16-4, §18B-16-5 and §18B-16-6 of said code be amended and reenacted, all to read as follows:

ARTICLE 16. HEALTH CARE EDUCATION.

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

(a) This article is known and may be cited as the Rural Health Initiative Act.

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

(1) The health of West Virginia citizens is of paramount importance and educating and training health care professionals are essential elements in providing appropriate medical care. The state needs a greater number of primary care physicians and allied health care professionals as well as improved access to adequate health care, especially in rural areas. The state's schools of health science find it

increasingly difficult to satisfy the demand for qualified persons to deliver these health care services.

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

(3) Schools of health science and rural health care facilities are a major resource for educating and training students in these health care fields and for providing health care to underserved areas of West Virginia. The education process must incorporate clinical experience in rural areas in order to make health care services more readily available statewide and especially in underserved rural areas.

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

(c) The purpose of this article is to continue the Rural Health Initiative and to encourage the schools of health science to strive for improvements in the delivery of health care services in rural areas while recognizing that the state

investment in health science education and services must be contained within affordable limits.

§18B-16-2. Definitions.

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

(1) "Allied health care" means health care other than that provided by physicians, nurses, dentists and mid-level providers and includes, but is not limited to, care provided by clinical laboratory personnel, physical therapists, occupational therapists, respiratory therapists, medical records personnel, dietetic personnel, radiologic personnel, speech-language-hearing personnel and dental hygienists.

(2) "Commission" means the Higher Education Policy Commission as set forth in article one-b, section eighteen-b.

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

(4) "Office of community health systems and health promotion" means that agency, staff or office within the

Department of Health and Human Resources which has as its primary focus the delivery of rural health care.

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

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

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

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

(7) "Schools of health science" means the West Virginia University Health Sciences Center; the Marshall University School of Medicine and the West Virginia School of Osteopathic Medicine.

(8) "Vice chancellor" means the Vice Chancellor for Health Sciences appointed in accordance with section five, article one-B of this chapter.

§18B-16-3. Rural Health Initiative continued; goals.

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

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

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

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

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

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

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

(7) Increasing the number of graduates from West Virginia schools of health science, nursing schools and allied

health care education programs who remain to practice in the state.

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) The vice chancellor serves as the principal accountability point for the commission and state policymakers on

the implementation of this article and the status of rural health education in the state. Under the supervision of the chancellor and the commission, the vice chancellor shall develop outcomes-based indicators including an analysis of the health care needs of the targeted areas and an assessment of the extent to which the goals of this article are being met.

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

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

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

(c) The vice chancellor shall provide data on the outcomes-based indicators and other appropriate information to the commission for inclusion in the health sciences

report card established by section eight, article one-d of this chapter.

(d) The vice chancellor shall report annually, or more often if requested, to the Legislative Oversight Commission on Education Accountability created by section eleven, article three-a, chapter twenty-nine-a of this code and to the Joint Committee on Government and Finance regarding the status of the Rural Health Initiative, placing particular emphasis on the outcomes-based indicators and the success of the schools of health science in meeting the goals and objectives of this article.

(e) The Legislative Auditor, upon his or her own initiative or at the direction of the Joint Committee on Government and Finance, shall perform regular fiscal audits of the schools of health science and the Rural Health Initiative and shall make these audits available periodically for review by the Legislature and the 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, strike-throughs and underscoring have been omitted.)