

Senate Bill No. 52

(By Senators Plymale, Jenkins and Stollings)

[Introduced February 13, 2013; referred to the Committee on Education; and then to the Committee on Finance.]

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That §18B-16-7, §18B-16-8 and §18B-16-9 of the Code of West Virginia, 1931, as amended, be repealed; and that §18B-16-1, §18B-16-2, §18B-16-3, §18B-16-4, §18B-16-5 and §18B-16-6 of said code be amended and reenacted, all to read as follows: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

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

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

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

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

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

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

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

31 (c) The purpose of this article is to continue the Rural
32 Health Initiative and to encourage the schools of health
33 science to strive for improvements in the delivery of health
34 care services in rural areas while recognizing that the state
35 investment in health science education and services must be
36 contained within affordable limits.

§18B-16-2. Definitions.

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

5 “Allied health care” means health care other than that
6 provided by physicians, nurses, dentists and mid-level
7 providers and includes, but is not limited to, care provided by
8 clinical laboratory personnel, physical therapists,
9 occupational therapists, respiratory therapists, medical
10 records personnel, dietetic personnel, radiologic personnel,
11 speech-language-hearing personnel and dental hygienists.

12 “Mid-level provider” means an advanced nurse
13 practitioner, a nurse-midwife and a physician assistant;
14 however, the term also may include practitioners not listed.

15 “Office of community health systems and health
16 promotion” means that agency, staff or office within the
17 Department of Health and Human Resources which has as its
18 primary focus the delivery of rural health care.

19 “Primary care” means basic or general health care which
20 is focused on the point when the patient first seeks assistance
21 from the medical care system and on the care of the simpler
22 and more common illnesses. This type of care is generally
23 rendered by family practice physicians, general practice
24 physicians, general internists, obstetricians, pediatricians,
25 psychiatrists and mid-level providers.

26 “Rural health care facility”, whether the term is used in
27 the singular or plural, means either of the following:

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

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

34 “Schools of health science” means the West Virginia
35 University Health Sciences Center, the Marshall University
36 School of Medicine and the West Virginia School of
37 Osteopathic Medicine.

38 “Vice chancellor” means the Vice Chancellor for Health
39 Sciences appointed in accordance with section five, article
40 one-b of this chapter.

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

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

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

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

- 9 (3) Increasing the number of placements of primary care
10 physicians in underserved areas;
- 11 (4) Retaining obstetrical providers and increasing
12 accessibility to prenatal care;
- 13 (5) Increasing involvement of underserved areas of the
14 state in the health education process;
- 15 (6) Increasing the number of support services provided to
16 rural practitioners; and
- 17 (7) Increasing the number of graduates from West
18 Virginia schools of health science, nursing schools and allied
19 health care education programs who remain to practice in the
20 state.

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

- 1 The following powers and duties are in addition to those
2 assigned to the vice chancellor by the commission and by
3 law:
- 4 (1) Providing an integral link among the schools of health
5 science and the governing boards to assure collaboration and

6 coordination of efforts to achieve the goals set forth in this
7 article;

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

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

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

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

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

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

1 (a) The Rural Health Initiative is supported financially,
2 in part, from appropriations to the commission's control
3 accounts, which shall be made by line item, with at least one

4 line item designated for rural health outreach and at least one
5 line item designated for the Rural Health Initiative - Medical
6 Schools Support.

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

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

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

1 (a) The vice chancellor serves as the principal
2 accountability point for the commission and state
3 policymakers on the implementation of this article and the
4 status of rural health education in the state. Under the
5 supervision of the chancellor and the commission, the vice

6 chancellor shall develop outcomes-based indicators including
7 an analysis of the health care needs of the targeted areas and
8 an assessment of the extent to which the goals of this article
9 are being met.

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

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

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

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

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

37 (e) The Legislative Auditor, upon his or her own
38 initiative or at the direction of the Joint Committee on
39 Government and Finance, shall perform regular fiscal audits
40 of the schools of health science and the Rural Health
41 Initiative and shall make these audits available periodically
42 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.)