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SENATE OF WEST VIRGINIA

WEST VIRGINIA LEGISLATURE

REGULAR SESSION, 1995



ENROLLED

COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 161

(By Senator TOMMY M. PRESIDENT AND BOLEY, BY REQUEST OF THE EXECUTIVE)



PASSED MARCH 9, 1995
In Effect 90 DAYS FROM Passage

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COMMITTEE SUBSTITUTE
FOR
Senate Bill No. 161

(BY SENATORS TOMBLIN, MR. PRESIDENT, AND BOLEY,
BY REQUEST OF THE EXECUTIVE)

[Passed March 9, 1995; in effect ninety days from passage.]

AN ACT to amend and reenact sections two, three, four, six and nine, article sixteen, chapter eighteen-b of the code of West Virginia, one thousand nine hundred thirty-one, as amended, relating to creating the West Virginia rural health advisory panel; legislative findings; definitions; continuing the rural health initiative; reports and audit required; and termination date.

Be it enacted by the Legislature of West Virginia:

That sections two, three, four, six and nine, article sixteen, chapter eighteen-b of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended and reenacted to read as follows:

ARTICLE 16. HEALTH CARE EDUCATION.

§18B-16-2. Legislative findings and declarations.

1 (a) The Legislature hereby finds and declares that the
2 health of the citizens of West Virginia is of paramount
3 importance; that the education of health care profession-
4 als must be reshaped; that the delivery of health care
5 services must be improved; that refocusing health
6 sciences education will aid in the recruitment of health
7 care professionals and their retention in the state; that
8 the educational process should incorporate clinical
9 experience in rural areas and provide improved avail-
10 ability of health care services throughout the state,
11 especially in rural areas; and that the state investment in
12 such education and services must be contained within
13 reasonable limits.

14 (b) The Legislature further hereby finds and declares
15 that the vice chancellor for health sciences shall provide
16 an integral link among the advisory panel created in
17 section six of this article, the health sciences programs
18 at the state institutions of higher education, the govern-
19 ing boards of the state's institutions of higher education
20 and the joint commission for vocational-technical-occu-
21 pational education to assure cooperation and the coordi-
22 nation of efforts to effectuate the goals set forth in
23 section four of this article.

24 (c) It is the further finding of the Legislature that the
25 appropriations pursuant to section eight of this article
26 are made with the understanding that the educational
27 and clinical programs existing at the schools of medicine
28 on the effective date of this section, as well as the goals
29 of this article, will be met without requests for increases
30 in the annual appropriations through the fiscal year
31 beginning on the first day of July, one thousand nine
32 hundred ninety-five, with the exception of requested
33 increases in appropriations for the purpose of meeting
34 any increases in the salaries of personnel as may be given
35 to other employees at state institutions of higher educa-
36 tion under the board of trustees.

37 (d) The Legislature further finds that there is a serious
38 need throughout the state for a greater number of
39 primary care physicians and allied health care profes-
40 sionals and a serious need for improved accessibility to
41 adequate health care throughout the state, especially in
42 rural areas; that the state's medical schools are finding
43 it difficult to satisfy the ever increasing demand for
44 qualified persons to deliver these health care services;
45 and that the state's institutions of higher education and
46 rural health care facilities existing throughout the state
47 are a major educational resource for training students in
48 these health care services, as well as a major resource for
49 providing health care to underserved citizens of this
50 state.

51 (e) The Legislature further finds that in order to
52 provide adequate health care in rural communities there
53 must be a cooperative initiative among educators,
54 physicians, mid-level providers, allied health care
55 providers and the rural communities.

56 (f) The Legislature further finds that the rural health
57 initiative and the Kellogg program have together imple-
58 mented a nationally acclaimed, highly successful effort
59 to enable the health professions schools to serve the rural
60 and primary care health needs of the state and should be
61 continued as a single program within the office of the
62 vice chancellor for health sciences.

§18B-16-3. Definitions.

1 For purposes of this article, and in addition to the
2 definitions set forth in section two, article one of this
3 chapter, the terms used in this article have the following
4 definitions ascribed to them:

5 (a) "Advisory panel" or "panel" means the West
6 Virginia rural health advisory panel created under
7 section six of this article.

8 (b) "Allied health care" means health care other than
9 that provided by physicians, nurses, dentists and mid-

10 level providers and includes, but is not limited to, care
11 provided by clinical laboratory personnel, physical
12 therapists, occupational therapists, respiratory thera-
13 pists, medical records personnel, dietetic personnel,
14 radiologic personnel, speech-language-hearing personnel
15 and dental hygienists.

16 (c) "Mid-level provider" includes, but is not limited to,
17 advanced nurse practitioners, nurse-midwives and
18 physician assistants.

19 (d) "Office of community and rural health services"
20 means that agency, staff or office within the department
21 of health and human resources which has as its primary
22 focus the delivery of rural health care.

23 (e) "Primary care" means basic or general health care
24 which emphasizes the point when the patient first seeks
25 assistance from the medical care system and the care of
26 the simpler and more common illnesses. This type of
27 care is generally rendered by family practice physicians,
28 general practice physicians, general internists, obstetri-
29 cians, pediatricians, psychiatrists and mid-level provid-
30 ers.

31 (f) "Primary health care education sites" or "sites",
32 whether the term is used in the plural or singular, means
33 those rural health care facilities established for the
34 provision of educational and clinical experiences pursu-
35 ant to section seven of this article.

36 (g) "Rural health care facilities" or "facilities",
37 whether the term is used in the plural or singular, means
38 nonprofit, free-standing primary care clinics in medi-
39 cally underserved or health professional shortage areas
40 and nonprofit rural hospitals with one hundred or less
41 licensed acute care beds located in a nonstandard
42 metropolitan statistical area.

43 (h) "Schools of medicine" means the West Virginia
44 university school of medicine, which is the school of
45 health sciences; the Marshall school of medicine, which

46 is the Marshall medical school; and the West Virginia
47 school of osteopathic medicine.

48 (i) "Vice chancellor" means the vice chancellor for
49 health sciences provided for under section six, article
50 two of this chapter.

**§18B-16-4. Establishment of rural health initiative; goals of
rural health initiative.**

1 There is hereby established a rural health initiative
2 under the auspices of the board of trustees and under the
3 direction and administration of the vice chancellor. This
4 initiative shall combine the efforts of the rural health
5 initiative as created by this article in the year one
6 thousand nine hundred ninety-one, and the Kellogg
7 program as administered by the vice chancellor before
8 the effective date of this section. The goals of the rural
9 health initiative include, but are not limited to:

10 (a) The development of at least six primary health care
11 education sites;

12 (b) The establishment of satellite programs from the
13 primary health care education sites to provide additional
14 opportunities for students and medical residents to serve
15 under role models in rural areas;

16 (c) The provision of training to all medical students
17 under the direction of primary care physicians practicing
18 in rural areas;

19 (d) The provision of admission preferences for qualified
20 students entering primary care in needed specialties in
21 underserved areas;

22 (e) The creation of medical residency rotations in
23 hospitals and clinics in rural areas and the provision of
24 incentives to medical residents to accept the residencies
25 at these hospitals and clinics;

26 (f) The placement of mid-level providers in rural
27 communities and the provision of support to the midlevel

28 providers;

29 (g) The extension of rural hospital physician respite
30 loan programs to rural primary health care clinics;

31 (h) The development of innovative programs which
32 enhance student interest in rural health care opportuni-
33 ties;

34 (i) The increased placement of primary care physicians
35 in underserved areas;

36 (j) The increased retention of obstetrical providers and
37 the availability of prenatal care;

38 (k) The increased use of underserved areas of the state
39 in the educational process;

40 (l) An increase in the number of support services
41 provided to rural practitioners;

42 (m) An increase in the retention rate of graduates from
43 West Virginia medical schools, nursing schools and allied
44 health care education programs;

45 (n) The development of effective health promotion and
46 disease prevention programs to enhance wellness; and

47 (o) The establishment of primary health care education
48 sites which complement existing community health care
49 resources and which do not relocate the fundamental
50 responsibility for health care from the community to the
51 board of trustees.

§18B-16-6. Creation of the West Virginia rural health advisory panel.

1 (a) The West Virginia rural health advisory panel is
2 hereby created and the rural health initiative advisory
3 panel is hereby terminated as of the first day of July, one
4 thousand nine hundred ninety-five. The advisory panel,
5 which shall be appointed by the governor after consult-
6 ing with the vice chancellor, shall consist of one commu-
7 nity representative from each of the consortia of primary

8 health care education sites; five members shall be rural
9 health care providers, two of whom shall be representa-
10 tives of rural health care facilities selected from such
11 lists as may be submitted by associations interested or
12 involved in the provision of rural health care, two of
13 whom shall be physicians engaged in the private practice
14 of rural medicine, and one of whom shall be an advanced
15 nurse practitioner or a nurse midwife with experience in
16 rural health care delivery; the dean or designee from
17 each of the participating health sciences schools, ex
18 officio; one representative from private colleges; one
19 representative from the state college system; one site
20 coordinator; the commissioner of public health, ex
21 officio; and the director of the office of community and
22 rural health services, ex officio. Except for the ex officio
23 members, members of the panel shall serve for staggered
24 three-year terms: *Provided*, That one third of the initial
25 appointments shall be designated by the governor for
26 one-year terms and one third of the initial appointments
27 shall be designated by the governor for two-year terms.

28 Members of the advisory panel shall be reimbursed for
29 the cost of reasonable and necessary expenses actually
30 incurred in the performance of their duties: *Provided*,
31 That members of the panel who are employed by the
32 state of West Virginia shall not be reimbursed for their
33 expenses under the provisions of this section.

34 (b) The functions and duties of the panel are to recom-
35 mend policies and procedures to the vice chancellor
36 related to the rural health initiative and to oversee and
37 coordinate implementation of those policies and proce-
38 dures.

39 (c) Pursuant to the provisions of article ten, chapter
40 four of this code, the West Virginia rural health advisory
41 panel shall continue to exist until the first day of July,
42 two thousand one, to allow for the completion of a
43 preliminary performance review by the joint committee
44 on government operations.

45 (d) The advisory panel has the power and the duty to
46 recommend rural health care facilities to be established
47 as primary health care education sites. Such recommen-
48 dation shall be made to the vice chancellor in accordance
49 with the criteria set forth in section seven of this article.
50 After review of the proposals submitted to the vice
51 chancellor by the schools of medicine pursuant to section
52 eight of this article, the panel's recommendation shall
53 include an estimation of the costs to be allocated per site
54 from available funds in the university of West Virginia
55 health sciences account in the line item designated for
56 rural health initiative site support.

57 (e) The advisory panel shall adopt guidelines regarding
58 the application by rural health care facilities for selec-
59 tion as primary health care education sites and shall
60 approve an application form which provides the panel
61 with sufficient information to consider the criteria set
62 forth in section eight of this article. The guidelines and
63 application shall be sent by registered mail to each rural
64 health care facility in the state as soon as practicable
65 after the effective date of this section.

66 (f) The advisory panel shall provide an ongoing evalua-
67 tion of the rural health initiative and shall make the
68 reports required under this article.

§18B-16-9. Accountability; reports and audit required.

1 (a) The vice chancellor, with the assistance of the
2 advisory panel, shall report in detail to the board of
3 trustees on the expenditure and planned expenditure of
4 public funds to the schools of medicine under section
5 eight of this article. The board of trustees shall report to
6 the governor, the president of the Senate and the speaker
7 of the House of Delegates annually prior to the first day
8 of December as a part of the higher education report
9 cards required by section eight-a, article one of this
10 chapter.

11 (b) The vice chancellor, with the guidance and recom-

12 mendations of the advisory panel, shall develop addi-
13 tional performance indicators, including, but not limited
14 to: (1) An analysis of the health care needs of the tar-
15 geted areas; (2) the number of persons served and the
16 nature of the services provided; (3) the number of
17 full-time and part-time faculty, students, interns and
18 residents, by discipline, participating in the health
19 science and allied health care education programs; (4)
20 the number of health providers in each community
21 served by primary health care education sites; (5) the
22 financial, social and health status changes in each
23 community served by primary health care education
24 sites; and (6) the extent to which the plans and policies
25 of the office of rural health and the health care planning
26 commission are being effectuated. The vice chancellor
27 shall provide information on the performance indicators
28 to the board of trustees for inclusion in the higher
29 education accountability report card for health sciences
30 provided for in section eight-a, article one of this chap-
31 ter.

32 (c) The advisory panel shall report at least annually to
33 the joint legislative oversight commission on education
34 accountability created under section eleven, article
35 three-a, chapter twenty-nine-a of this code and to the
36 area health education centers subcommittee of the joint
37 committee on government and finance regarding the
38 status of the rural health care initiative, paying particu-
39 lar attention to the role of the communities.

40 (d) The vice chancellor shall report at least annually to
41 the joint legislative oversight commission on education
42 accountability created under section eleven, article
43 three-a, chapter twenty-nine-a of this code and to the
44 area health education centers subcommittee of the joint
45 committee on government and finance regarding the
46 status of the rural health care initiative, paying particu-
47 lar attention to the role of the schools of medicine.

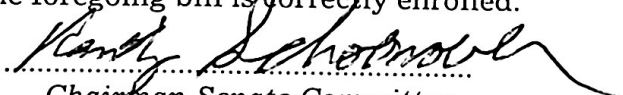
48 (e) The board of trustees shall facilitate a meeting at

49 least quarterly for the chief administrators of each
50 primary health care education site established pursuant
51 to this article and each chief administrator at other rural
52 health care facilities providing educational and clinical
53 experiences to students, interns and residents at the
54 state's schools of medicine. The meetings shall com-
55 mence no later than the first day of July, one thousand
56 nine hundred ninety-two, and shall be for the purpose of
57 discussing the status, efficiency and effectiveness of the
58 various programs and their operation and recommending
59 any changes to the board of trustees, which may include
60 statutory recommendations to be made to the Legisla-
61 ture.

62 In addition to the reports otherwise required and
63 commencing with a report for the fiscal year beginning
64 on the first day of July, one thousand nine hundred
65 ninety-one, the chief administrators shall submit to the
66 board of trustees an annual evaluation of the extent to
67 which the goals set forth in section four of this article
68 and other goals relating to collaborative efforts between
69 the schools of medicine and rural health care facilities
70 are being attained. Such report shall be forwarded
71 annually in its entirety to the governor, the president of
72 the Senate and the speaker of the House of Delegates no
73 later than the fifteenth day of January.

74 (f) The legislative auditor, at the direction of the joint
75 committee on government and finance, shall perform on
76 an ongoing basis a fiscal audit of the medical education
77 components within the university of West Virginia
78 system, the state college system and the rural health
79 initiative for periodic review by the Legislature.


That Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

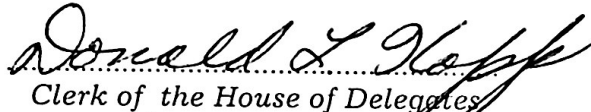

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Chairman Senate Committee



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Chairman House Committee

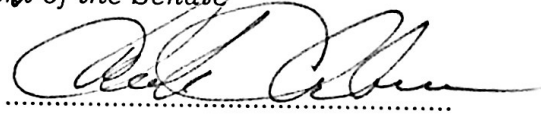
Originated in the Senate.

In effect ninety days from passage.

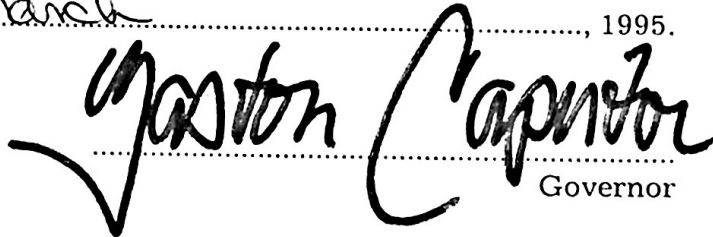

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Clerk of the Senate


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Clerk of the House of Delegates


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President of the Senate


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Speaker House of Delegates

The within is approved..... this the 21st.....
day of March....., 1995.


.....
Governor

... TO THE

GOVERNOR

Date 3/17/95

Time 3:17 pm