WEST VIRGINIA LEGISLATURE
REGULAR SESSION, 1995

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ENROLLED
Committee Substitute for
SENATE BILL NO. 161

(By Senators [Names of Senators]
BURK URBAN, PRESIDENT PRO TEMPORE, BY REQUEST OF THE EXECUTIVE)

PASSED March 9, 1995
In Effect 90 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.

(a) The Legislature hereby finds and declares that the health of the citizens of West Virginia is of paramount importance; that the education of health care professionals must be reshaped; that the delivery of health care services must be improved; that refocusing health sciences education will aid in the recruitment of health care professionals and their retention in the state; that the educational process should incorporate clinical experience in rural areas and provide improved availability of health care services throughout the state, especially in rural areas; and that the state investment in such education and services must be contained within reasonable limits.

(b) The Legislature further hereby finds and declares that the vice chancellor for health sciences shall provide an integral link among the advisory panel created in section six of this article, the health sciences programs at the state institutions of higher education, the governing boards of the state's institutions of higher education and the joint commission for vocational-technical-occupational education to assure cooperation and the coordination of efforts to effectuate the goals set forth in section four of this article.

(c) It is the further finding of the Legislature that the appropriations pursuant to section eight of this article are made with the understanding that the educational and clinical programs existing at the schools of medicine on the effective date of this section, as well as the goals of this article, will be met without requests for increases in the annual appropriations through the fiscal year beginning on the first day of July, one thousand nine hundred ninety-five, with the exception of requested increases in appropriations for the purpose of meeting any increases in the salaries of personnel as may be given to other employees at state institutions of higher education under the board of trustees.
(d) The Legislature further finds that there is a serious need throughout the state for a greater number of primary care physicians and allied health care professionals and a serious need for improved accessibility to adequate health care throughout the state, especially in rural areas; that the state's medical schools are finding it difficult to satisfy the ever increasing demand for qualified persons to deliver these health care services; and that the state's institutions of higher education and rural health care facilities existing throughout the state are a major educational resource for training students in these health care services, as well as a major resource for providing health care to underserved citizens of this state.

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

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

§18B-16-3. Definitions.

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

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

(b) "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 therape-
usts, medical records personnel, dietetic personnel,
radiologic personnel, speech-language-hearing personnel
and dental hygienists.

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

(d) "Office of community and rural health services"
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.

(e) "Primary care" means basic or general health care
which emphasizes the point when the patient first seeks
assistance from the medical care system and 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, obstetri-
cians, pediatricians, psychiatrists and mid-level provid-
ers.

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

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

(h) "Schools of medicine" means the West Virginia
university school of medicine, which is the school of
health sciences; the Marshall school of medicine, which
§18B-16-4. Establishment of rural health initiative; goals of rural health initiative.

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

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

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

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

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

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

(f) The placement of mid-level providers in rural 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 advis-
ory 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
health care education sites; five members shall be rural health care providers, two of whom shall be representatives of rural health care facilities selected from such lists as may be submitted by associations interested or involved in the provision of rural health care, two of whom shall be physicians engaged in the private practice of rural medicine, and one of whom shall be an advanced nurse practitioner or a nurse midwife with experience in rural health care delivery; the dean or designee from each of the participating health sciences schools, ex officio; one representative from private colleges; one representative from the state college system; one site coordinator; the commissioner of public health, ex officio; and the director of the office of community and rural health services, ex officio. Except for the ex officio members, members of the panel shall serve for staggered three-year terms: Provided, That one third of the initial appointments shall be designated by the governor for one-year terms and one third of the initial appointments shall be designated by the governor for two-year terms.

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

(b) The functions and duties of the panel are to recommend policies and procedures to the vice chancellor related to the rural health initiative and to oversee and coordinate implementation of those policies and procedures.

(c) Pursuant to the provisions of article ten, chapter four of this code, the West Virginia rural health advisory panel shall continue to exist until the first day of July, two thousand one, to allow for the completion of a preliminary performance review by the joint committee on government operations.
(d) The advisory panel has the power and the duty to recommend rural health care facilities to be established as primary health care education sites. Such recommendation shall be made to the vice chancellor in accordance with the criteria set forth in section seven of this article. After review of the proposals submitted to the vice chancellor by the schools of medicine pursuant to section eight of this article, the panel's recommendation shall include an estimation of the costs to be allocated per site from available funds in the university of West Virginia health sciences account in the line item designated for rural health initiative site support.

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

(f) The advisory panel shall provide an ongoing evaluation of the rural health initiative and shall make the reports required under this article.

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

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

(b) The vice chancellor, with the guidance and recom-
mendations of the advisory panel, shall develop additional performance indicators, including, but not limited to: (1) An analysis of the health care needs of the targeted areas; (2) the number of persons served and the nature of the services provided; (3) the number of full-time and part-time faculty, students, interns and residents, by discipline, participating in the health science and allied health care education programs; (4) the number of health providers in each community served by primary health care education sites; (5) the financial, social and health status changes in each community served by primary health care education sites; and (6) the extent to which the plans and policies of the office of rural health and the health care planning commission are being effectuated. The vice chancellor shall provide information on the performance indicators to the board of trustees for inclusion in the higher education accountability report card for health sciences provided for in section eight-a, article one of this chapter.

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

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

(e) The board of trustees shall facilitate a meeting at
least quarterly for the chief administrators of each primary health care education site established pursuant to this article and each chief administrator at other rural health care facilities providing educational and clinical experiences to students, interns and residents at the state's schools of medicine. The meetings shall commence no later than the first day of July, one thousand nine hundred ninety-two, and shall be for the purpose of discussing the status, efficiency and effectiveness of the various programs and their operation and recommending any changes to the board of trustees, which may include statutory recommendations to be made to the Legislature.

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

(f) The legislative auditor, at the direction of the joint committee on government and finance, shall perform on an ongoing basis a fiscal audit of the medical education components within the university of West Virginia system, the state college system and the rural health initiative for periodic review by the Legislature.
That Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originated in the Senate.

In effect ninety days from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker House of Delegates

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

Governor