

H. B. 3182

(By Delegates Varner, Ashley, Cann, L. Phillips,
Hall, Kominar, White, M. Poling, Boggs and Smith)

[Introduced February 18, 2011; referred to the
Committee on Finance.]

**FISCAL
NOTE**

A BILL to amend and reenact §18B-16-4 of the Code of West Virginia, 1931, as amended, relating to the rural health initiative and ensuring a more thorough analysis of its future; requiring a rural health initiative study be performed; designating those who will perform the study; and requiring a report be made to the Legislature.

Be it enacted by the Legislature of West Virginia:

That §18B-16-4 of the Code of West Virginia, 1931, as amended, be amended and reenacted, to read as follows:

ARTICLE 16. HEALTH CARE EDUCATION.

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

(a) 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

1 the Kellogg program as administered by the vice chancellor before
2 the effective date of this section. The goals of the rural health
3 initiative include, but are not limited to:

4 ~~(a)~~ (1) The development of at least six primary health care
5 education sites;

6 ~~(b)~~ (2) The establishment of satellite programs from the
7 primary health care education sites to provide additional
8 opportunities for students and medical residents to serve under
9 role models in rural areas;

10 ~~(c)~~ (3) The provision of training to all medical students
11 under the direction of primary care physicians practicing in rural
12 areas;

13 ~~(d)~~ (4) The provision of admission preferences for qualified
14 students entering primary care in needed specialties in underserved
15 areas;

16 ~~(e)~~ (5) The creation of medical residency rotations in
17 hospitals and clinics in rural areas and the provision of
18 incentives to medical residents to accept the residencies at these
19 hospitals and clinics;

20 ~~(f)~~ (6) The placement of mid-level providers in rural
21 communities and the provision of support to the mid-level
22 providers;

23 ~~(g)~~ (7) The extension of rural hospital physician respite loan
24 programs to rural primary health care clinics;

25 ~~(h)~~ (8) The development of innovative programs which enhance
26 student interest in rural health care opportunities;

1 ~~(i)~~ (9) The increased placement of primary care physicians in
2 underserved areas;

3 ~~(j)~~ (10) The increased retention of obstetrical providers and
4 the availability of prenatal care;

5 ~~(k)~~ (11) The increased use of underserved areas of the state
6 in the educational process;

7 ~~(l)~~ (12) An increase in the number of support services
8 provided to rural practitioners;

9 ~~(m)~~ (13) An increase in the retention rate of graduates from
10 West Virginia medical schools, nursing schools and allied health
11 care education programs;

12 ~~(n)~~ (14) The development of effective health promotion and
13 disease prevention programs to enhance wellness; and

14 ~~(o)~~ (15) The establishment of primary health care education
15 sites which complement existing community health care resources and
16 which do not relocate the fundamental responsibility for health
17 care from the community to the board of trustees.

18 (b) (1) The state's three medical schools are each responsible
19 for the curriculum of their students and meeting their needs.
20 During the 2011-2012 interim period of the West Virginia
21 Legislature, a study of the rural health initiative shall be
22 performed to determine the most effective manner to provide rural
23 health opportunities in the state, the impact of changing the
24 infrastructure of the consortia, the impact on rural health
25 services, the method of coordination of services between the
26 schools and the communities, the rural health opportunities for

1 mid-level practitioners, and other areas determined by the study
2 participants.

3 (2) The study participants shall include a representative of
4 each of the medical schools, two representatives of the mid-level
5 practitioner programs in the state, two representatives of the
6 existing consortia, two providers of rural health rotations for the
7 medical schools, and two individuals who have participated in the
8 rural health initiative and are current students or recent
9 graduates.

10 (3) The Higher Education Policy Commission shall staff the
11 meetings, provide administrative support for the meetings and chair
12 the meetings. A final report shall be provided to the Legislative
13 Oversight Commission on Education Accountability and the
14 Legislative Oversight Commission on Health and Human Resource
15 Accountability by January 1, 2012 and shall include recommendations
16 for consideration by the Legislature. No restructuring of the
17 current system shall occur prior to the legislative review during
18 the 2012 Legislative Session.

NOTE: The purpose of this bill is to require a rural health initiative study be performed. The bill designates those who will perform the study. The bill also requires a report be made to the Legislature.

Strike-throughs indicate language that would be stricken from the present law, and underscoring indicates new language that would be added.