

1 *Be it enacted by the Legislature of West Virginia:*

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3 Virginia, 1931, as amended, be repealed; and that §18B-16-1,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

6 **ARTICLE 16. HEALTH CARE EDUCATION.**

7 **§18B-16-1. Short title; legislative findings and purpose.**

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

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

12 (1) The health of West Virginia citizens is of paramount
13 importance and educating and training health care professionals are
14 essential elements in providing appropriate medical care. The
15 state needs a greater number of primary care physicians and allied
16 health care professionals as well as improved access to adequate
17 health care, especially in rural areas. The state's schools of
18 health science find it increasingly difficult to satisfy the demand
19 for qualified persons to deliver these health care services.

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

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

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

12 (c) The purpose of this article is to continue the Rural
13 Health Initiative and to encourage the schools of health science to
14 strive for improvements in the delivery of health care services in
15 rural areas while recognizing that the state investment in health
16 science education and services must be contained within affordable
17 limits.

18 **§18B-16-2. Definitions.**

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

23 "Allied health care" means health care other than that

1 provided by physicians, nurses, dentists and mid-level providers
2 and includes, but is not limited to, care provided by clinical
3 laboratory personnel, physical therapists, occupational therapists,
4 respiratory therapists, medical records personnel, dietetic
5 personnel, radiologic personnel, speech-language-hearing personnel
6 and dental hygienists.

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

10 "Office of community health systems and health promotion"
11 means that agency, staff or office within the Department of Health
12 and Human Resources which has as its primary focus the delivery of
13 rural health care.

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

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

23 (1) A nonprofit, free-standing primary care clinic in a

1 medically underserved or health professional shortage area; or

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

5 "Schools of health science" means the West Virginia University
6 Health Sciences Center, the Marshall University School of Medicine
7 and the West Virginia School of Osteopathic Medicine.

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

11 **§18B-16-3. Rural Health Initiative continued; goals.**

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

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

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

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

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

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

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

5 (7) Increasing the number of graduates from West Virginia
6 schools of health science, nursing schools and allied health care
7 education programs who remain to practice in the state.

8 **§18B-16-4. Powers and duties of the vice chancellor.**

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

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

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

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

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

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

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

6 **§18B-16-5. Allocation of appropriations.**

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

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

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

23 **§18B-16-6. Accountability; reports and audits required.**

1 (a) The vice chancellor serves as the principal accountability
2 point for the commission and state policymakers on the
3 implementation of this article and the status of rural health
4 education in the state. Under the supervision of the chancellor
5 and the commission, the vice chancellor shall develop
6 outcomes-based indicators including an analysis of the health care
7 needs of the targeted areas and an assessment of the extent to
8 which the goals of this article are being met.

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

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

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

22 (c) The vice chancellor shall provide data on the
23 outcomes-based indicators and other appropriate information to the

1 commission for inclusion in the health sciences report card
2 established by section eight, article one-d of this chapter.

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

11 (e) The Legislative Auditor, upon his or her own initiative or
12 at the direction of the Joint Committee on Government and Finance,
13 shall perform regular fiscal audits of the schools of health
14 science and the Rural Health Initiative and shall make these audits
15 available periodically for review by the Legislature and the
16 public.