

1 **H. B. 4532**

2  
3 (By Delegates Poore, Marshall, Barrett,  
4 Lawrence, L. Phillips, Moore, Diserio, Perdue,  
5 Sobonya, Miller and Guthrie)  
6

7 [Introduced February 14, 2014; referred to the  
8 Committee on Health and Human Resources then Education.]  
9

10 A BILL to repeal §18B-16-7, §18B-16-8 and §18B-16-9 of the Code of  
11 West Virginia, 1931, as amended; and to amend and reenact  
12 §18B-16-1, §18B-16-2, §18B-16-3, §18B-16-4, §18B-16-5 and  
13 §18B-16-6 of said code, all relating to continuing the Rural  
14 Health Initiative; setting forth legislative findings, purpose  
15 and definitions; discontinuing the Rural Health Advisory  
16 Committee and assigning certain of its duties to the Vice  
17 Chancellor for Health Sciences; deleting the requirement for  
18 creation of primary health care education sites; clarifying  
19 certain funding mechanisms and audit and reporting  
20 requirements; strengthening accountability measures; updating  
21 names; making technical corrections; and deleting obsolete  
22 language.

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

24 That §18B-16-7, §18B-16-8 and §18B-16-9 of the Code of West  
25 Virginia, 1931, as amended, be repealed; and that §18B-16-1,

1 §18B-16-2, §18B-16-3, §18B-16-4, §18B-16-5 and §18B-16-6 of said  
2 code be amended and reenacted, all to read as follows:

3 **ARTICLE 16. HEALTH CARE EDUCATION.**

4 **§18B-16-1. Short title; legislative findings and purpose.**

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

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

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

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

21 (3) Schools of health science and rural health care facilities  
22 are a major resource for educating and training students in these  
23 health care fields and for providing health care to underserved  
24 areas of West Virginia. The education process must incorporate

1 clinical experience in rural areas in order to make health care  
2 services more readily available statewide and especially in  
3 underserved rural areas.

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

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

14 **§18B-16-2. Definitions.**

15 For purposes of this article, terms have the meanings ascribed  
16 to them in section two, article one of this chapter or as ascribed  
17 to them in this section unless the context clearly indicates a  
18 different meaning:

19 "Allied health care" means health care other than that  
20 provided by physicians, nurses, dentists and mid-level providers  
21 and includes, but is not limited to, care provided by clinical  
22 laboratory personnel, physical therapists, occupational therapists,  
23 respiratory therapists, medical records personnel, dietetic  
24 personnel, radiologic personnel, speech-language-hearing personnel

1 and dental hygienists.

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

5 "Office of community health systems and health promotion"  
6 means that agency, staff or office within the Department of Health  
7 and Human Resources which has as its primary focus the delivery of  
8 rural health care.

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

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

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

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

23 "Schools of health science" means the West Virginia University  
24 Health Sciences Center, the Marshall University School of Medicine

1 and the West Virginia School of Osteopathic Medicine.

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

5 **§18B-16-3. Rural Health Initiative continued; goals.**

6 The Rural Health Initiative is continued under the authority  
7 of the commission and under the supervision of the vice chancellor.  
8 The goals of the Rural Health Initiative include, but are not  
9 limited to, the following:

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

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

14 (3) Increasing the number of placements of primary care  
15 physicians in underserved areas;

16 (4) Retaining obstetrical providers and increasing  
17 accessibility to prenatal care;

18 (5) Increasing involvement of underserved areas of the state  
19 in the health education process;

20 (6) Increasing the number of support services provided to  
21 rural practitioners; and

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

1 **§18B-16-4. Powers and duties of the vice chancellor.**

2 The following powers and duties are in addition to those  
3 assigned to the vice chancellor by the commission and by 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 allied  
11 health care education programs within the state systems of higher  
12 education;

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

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

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

22 **§18B-16-5. Allocation of appropriations.**

23 (a) The Rural Health Initiative is supported financially, in  
24 part, from appropriations to the commission's control accounts,

1 which shall be made by line item, with at least one line item  
2 designated for rural health outreach and at least one line item  
3 designated for the Rural Health Initiative - Medical Schools  
4 Support.

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

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

15 **§18B-16-6. Accountability; reports and audits required.**

16 (a) The vice chancellor serves as the principal accountability  
17 point for the commission and state policymakers on the  
18 implementation of this article and the status of rural health  
19 education in the state. Under the supervision of the chancellor  
20 and the commission, the vice chancellor shall develop  
21 outcomes-based indicators including an analysis of the health care  
22 needs of the targeted areas and an assessment of the extent to  
23 which the goals of this article are being met.

24 (b) Each school of health science shall submit a detailed

1 proposal and annual updates to the vice chancellor.

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

6 (2) The vice chancellor shall determine the cycle for all  
7 schools of health science to submit new proposals for Rural Health  
8 Initiative funding and shall provide a model for each school to  
9 follow in submitting a comprehensive update each of the years when  
10 a new proposal is not required. The vice chancellor shall require  
11 a new proposal from each school at least once within each  
12 three-year period.

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

17 (d) The vice chancellor shall report annually, or more often  
18 if requested, to the Legislative Oversight Commission on Education  
19 Accountability created by section eleven, article three-a, chapter  
20 twenty-nine-a of this code, to the Legislative Oversight Commission  
21 on Health and Human Resources Accountability, and to the Joint  
22 Committee on Government and Finance regarding the status of the  
23 Rural Health Initiative, placing particular emphasis on the  
24 outcomes-based indicators and the success of the schools of health



1 science in meeting the goals and objectives of this article.

2 (e) The Legislative Auditor, upon his or her own initiative or  
3 at the direction of the Joint Committee on Government and Finance,  
4 shall perform regular fiscal audits of the schools of health  
5 science and the Rural Health Initiative and shall make these audits  
6 available periodically for review by the Legislature and the  
7 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, they have been completely underscored.