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CHAMBER ACTION

1 The Health & Families Council recommends the following:

2
3 **Council/Committee Substitute**

4 Remove the entire bill and insert:

5 A bill to be entitled

6 An act relating to rural health care; amending s.
7 381.0405, F.S.; revising the purpose and functions of the
8 Office of Rural Health in the Department of Health;
9 requiring the Secretary of Health and the Secretary of
10 Health Care Administration to appoint an advisory council
11 to advise the office; providing for terms of office of the
12 members of the advisory council; authorizing per diem and
13 travel reimbursement for members of the advisory council;
14 requiring a report to the Governor and Legislature;
15 amending s. 381.0406, F.S.; revising legislative findings
16 and intent with respect to rural health networks; revising
17 definitions; providing additional functions of and
18 requirements for membership in rural health networks;
19 requiring rural health networks to submit rural health
20 infrastructure development plans to the office by a
21 specified date; revising provisions relating to the
22 governance and organization of rural health networks;
23 revising the services to be provided by provider members

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24 | of rural health networks; requiring coordination among
25 | rural health networks and area health education centers
26 | and health planning councils; establishing performance
27 | standards; establishing a grant program for funding rural
28 | health networks; defining projects that may be funded
29 | through the grant program; requiring the department to
30 | establish rules governing rural health network grant
31 | programs and performance standards; amending s. 395.602,
32 | F.S.; defining "critical access hospital"; revising and
33 | deleting definitions; amending s. 395.603, F.S.; deleting
34 | a requirement that the Agency for Health Care
35 | Administration adopt a rule relating to deactivation of
36 | rural hospital beds under certain circumstances; requiring
37 | that rural critical access hospitals maintain a certain
38 | number of actively licensed beds; amending s. 395.604,
39 | F.S.; removing emergency care hospitals and essential
40 | access community hospitals from certain licensure
41 | requirements; specifying certain special conditions for
42 | rural primary care hospitals; amending s. 395.6061, F.S.;
43 | specifying the purpose of the rural hospital capital
44 | improvement grant program; providing for grant management
45 | by the department; modifying the conditions for receiving
46 | a grant; providing for preferential assistance for
47 | financially distressed rural hospitals; providing purpose
48 | of the program; providing requirements for receiving
49 | certain assistance; requiring a participation agreement
50 | and providing for contents thereof; creating s. 408.7054,
51 | F.S.; establishing the Rural Provider Service Network

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52 | Development Program; providing purposes; authorizing the
53 | agency to provide funding through a grant program for the
54 | establishment of rural provider service networks;
55 | providing eligibility requirements; authorizing
56 | preferential funding to certain providers; authorizing the
57 | agency to adopt rules; amending ss. 408.07, 409.9116, and
58 | 1009.65, F.S.; conforming cross-references; repealing s.
59 | 395.605, F.S., relating to the licensure of emergency care
60 | hospitals; creating s. 381.7366, F.S.; establishing the
61 | Office of Minority Health; providing legislative intent;
62 | providing for organization, duties, and responsibilities;
63 | requiring a report to the Governor and Legislature;
64 | providing an effective date.

65 |
66 | Be It Enacted by the Legislature of the State of Florida:

67 |
68 | Section 1. Section 381.0405, Florida Statutes, is amended
69 | to read:

70 | 381.0405 Office of Rural Health.--

71 | (1) ESTABLISHMENT.--The Department of Health shall
72 | establish an Office of Rural Health, which shall assist rural
73 | health care providers in improving the health status and health
74 | care of rural residents of this state and assist rural health
75 | care providers in integrating their efforts. The Office of Rural
76 | Health shall coordinate its activities with rural health
77 | networks established under s. 381.0406, local health councils
78 | established under s. 408.033, the area health education center
79 | network established under ~~pursuant to~~ s. 381.0402, and with any

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80 appropriate research and policy development centers within
81 universities that have state-approved medical schools. The
82 Office of Rural Health may enter into a formal relationship with
83 any center that designates the office as an affiliate of the
84 center.

85 (2) PURPOSE.--The Office of Rural Health shall actively
86 foster the provision of high-quality health care services in
87 rural areas and serve as a catalyst for improved health services
88 to residents ~~citizens~~ in rural areas of the state.

89 (3) GENERAL FUNCTIONS.--The office shall:

90 (a) Integrate policies related to physician workforce,
91 hospitals, public health, and state regulatory functions.

92 (b) Work with rural stakeholders in order to foster the
93 development of strategic planning that addresses ~~Propose~~
94 ~~solutions to~~ problems affecting health care delivery in rural
95 areas.

96 (c) Foster the expansion of rural health network service
97 areas to include rural counties that are not served by a rural
98 health network.

99 (d) ~~(e)~~ Seek grant funds from foundations and the Federal
100 Government.

101 (e) Administer state grant programs for rural health
102 networks.

103 (4) COORDINATION.--The office shall:

104 (a) Identify federal and state rural health programs and
105 provide information and technical assistance to rural providers
106 regarding participation in such programs.

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107 (b) Act as a clearinghouse for collecting and
108 disseminating information on rural health care issues, research
109 findings on rural health care, and innovative approaches to the
110 delivery of health care in rural areas.

111 (c) Foster the creation of regional health care systems
112 that promote cooperation, ~~rather than competition.~~

113 (d) Coordinate the department's rural health care
114 activities, programs, and policies.

115 (e) Design initiatives to improve access to primary,
116 acute, and emergency medical services and promote the
117 coordination of such services in rural areas.

118 (f) Assume responsibility for state coordination of ~~the~~
119 ~~Rural Hospital Transition Grant Program, the Essential Access~~
120 ~~Community Hospital Program, and other~~ federal rural health care
121 grant programs.

122 (5) TECHNICAL ASSISTANCE.--The office shall:

123 (a) Assist ~~Help~~ rural health care providers in recruiting
124 ~~obtain~~ health care practitioners by promoting the location and
125 relocation of health care practitioners in rural areas and
126 promoting policies that create incentives for practitioners to
127 serve in rural areas.

128 (b) Provide technical assistance to hospitals, community
129 and migrant health centers, and other health care providers that
130 serve residents in rural areas.

131 (c) Assist with the design of strategies to improve health
132 care workforce recruitment and placement programs.

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133 (d) Provide technical assistance to rural health networks
134 in the formulation of their rural health infrastructure
135 development plans.

136 (e) Provide links to best practices and other technical
137 assistance resources on the office's Internet website.

138 (6) ADVISORY COUNCIL.--The Secretary of Health and the
139 Secretary of Health Care Administration shall each appoint no
140 more than five members with relevant health care operations
141 management, practice, and policy experience to an advisory
142 council to advise the office regarding its responsibilities
143 under this section and ss. 381.0406, 395.6061, and 395.6063.
144 Members must be appointed for 4-year staggered terms and may be
145 reappointed to a second term of office. Members shall serve
146 without compensation but are entitled to reimbursement for per
147 diem and travel expenses as provided in s. 112.061. The council
148 may appoint technical advisory teams as needed. The department
149 shall provide staff and other administrative assistance
150 reasonably necessary to assist the advisory council in carrying
151 out its duties.

152 (7) REPORTS.--Beginning January 1, 2007, and annually
153 thereafter, the Office of Rural Health shall submit a report to
154 the Governor, the President of the Senate, and the Speaker of
155 the House of Representatives summarizing the activities of the
156 office, including the grants obtained or administered by the
157 office and the status of rural health networks and rural
158 hospitals in the state. The report must also include
159 recommendations for improvements in health care delivery in
160 rural areas of the state.

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161 (8)~~(6)~~ RESEARCH PUBLICATIONS AND SPECIAL STUDIES.--The
162 office shall:

163 (a) Conduct policy and research studies.

164 (b) Conduct health status studies of rural residents.

165 (c) Collect relevant data on rural health care issues for
166 use in department policy development.

167 (9)~~(7)~~ APPROPRIATION.--The Legislature shall appropriate
168 such sums as are necessary to support the Office of Rural
169 Health.

170 Section 2. Section 381.0406, Florida Statutes, is amended
171 to read:

172 381.0406 Rural health networks.--

173 (1) LEGISLATIVE FINDINGS AND INTENT.--

174 (a) The Legislature finds that, in rural areas, access to
175 health care is limited and the quality of health care is
176 negatively affected by inadequate financing, difficulty in
177 recruiting and retaining skilled health professionals, and the
178 ~~because of a~~ migration of patients to urban areas for general
179 acute care and specialty services.

180 (b) The Legislature further finds that the efficient and
181 effective delivery of health care services in rural areas
182 requires:

183 1. The integration of public and private resources;

184 2. The introduction of innovative outreach methods;

185 3. The adoption of quality improvement and cost-
186 effectiveness measures;

187 4. The organization of health care providers into joint
188 contracting entities;

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189 5. The establishment of referral linkages;
 190 6. The analysis of costs and services in order to prepare
 191 health care providers for prepaid and at-risk financing; and
 192 7. The coordination of health care providers.
 193 (c) The Legislature further finds that the availability of
 194 a continuum of quality health care services, including
 195 preventive, primary, secondary, tertiary, and long-term care, is
 196 essential to the economic and social vitality of rural
 197 communities.
 198 (d) The Legislature further finds that health care
 199 providers in rural areas are not prepared for market changes
 200 such as the introduction of managed care and capitation-
 201 reimbursement methodologies into health care services.
 202 (e)~~(d)~~ The Legislature further finds that the creation of
 203 rural health networks can help to alleviate these problems.
 204 Rural health networks shall act in the broad public interest
 205 and, to the extent possible, seek to improve the accessibility,
 206 quality, and cost-effectiveness of rural health care by
 207 planning, developing, coordinating, and providing ~~be structured~~
 208 ~~to provide~~ a continuum of quality health care services for rural
 209 residents through the cooperative efforts of rural health
 210 network members and other health care providers.
 211 (f)~~(e)~~ The Legislature further finds that rural health
 212 networks shall have the goal of increasing the financial
 213 stability of statutory rural hospitals by linking rural hospital
 214 services to other services in a continuum of health care
 215 services and by increasing the utilization of statutory rural
 216 hospitals whenever ~~for appropriate health care services whenever~~

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217 ~~feasible, which shall help to ensure their survival and thereby~~
218 support the economy and protect the health and safety of rural
219 residents.

220 (g) ~~(f)~~ Finally, the Legislature finds that rural health
221 networks may serve as "laboratories" to determine the best way
222 of organizing rural health services and linking to out-of-area
223 services that are not available locally in order, to move the
224 state closer to ensuring that everyone has access to health
225 care, and to promote cost containment efforts. The ultimate
226 goal of rural health networks shall be to ensure that quality
227 health care is available and efficiently delivered to all
228 persons in rural areas.

229 (2) DEFINITIONS.--

230 (a) "Rural" means an area having ~~with~~ a population density
231 of fewer ~~less~~ than 100 individuals per square mile or an area
232 defined by the most recent United States Census as rural.

233 (b) "Health care provider" means any individual, group, or
234 entity, public or private, which ~~that~~ provides health care,
235 including+ preventive health care, primary health care,
236 secondary and tertiary health care, hospital ~~in-hospital~~ health
237 care, public health care, and health promotion and education.

238 (c) "Rural health network" or "network" means a nonprofit
239 legal entity, whose members consist ~~consisting~~ of rural and
240 urban health care providers and others, and which ~~that~~ is
241 established ~~organized~~ to plan, develop, organize, and deliver
242 health care services on a cooperative basis in a rural area,
243 ~~except for some secondary and tertiary care services.~~

244 (3) NETWORK MEMBERSHIP.--

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245 (a) Because each rural area is unique, with a different
 246 health care provider mix, health care provider membership may
 247 vary, but all networks shall include members that provide health
 248 promotion and disease prevention services, public health
 249 services, comprehensive primary care, emergency medical care,
 250 and acute inpatient care.

251 (b) Each county health department shall be a member of the
 252 rural health network whose service area includes the county in
 253 which the county health department is located. Federally
 254 qualified health centers and emergency medical services
 255 providers are encouraged to become members of the rural health
 256 networks in the areas in which their patients reside or receive
 257 services.

258 (c) ~~(4)~~ Network membership shall be available to all health
 259 care providers in the network service area if, ~~provided that~~
 260 they render care to all patients referred to them from other
 261 network members; ~~and~~ comply with network quality assurance, quality
 262 improvement, and utilization-management and risk management
 263 requirements; and, ~~and~~ abide by the terms and conditions of network
 264 provider agreements ~~in paragraph (11)(c), and provide services~~
 265 ~~at a rate or price equal to the rate or price negotiated by the~~
 266 ~~network.~~

267 (4) ~~(5)~~ NETWORK SERVICE AREAS. --Network service areas are
 268 ~~do~~ not required need to conform to local political boundaries or
 269 state administrative district boundaries. The geographic area of
 270 one rural health network, however, may not overlap the territory
 271 of any other rural health network.

272 (5) ~~(6)~~ NETWORK FUNCTIONS. --Networks shall:

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273 (a) Seek to develop linkages with provisions for referral
274 ~~to~~ tertiary inpatient care, specialty physician care, and ~~to~~
275 other services that are not available in rural service areas.

276 ~~(b) (7) Networks shall~~ Make available health promotion,
277 disease prevention, and primary care services, in order to
278 improve the health status of rural residents and to contain
279 health care costs.

280 ~~(8) Networks may have multiple points of entry, such as~~
281 ~~through private physicians, community health centers, county~~
282 ~~health departments, certified rural health clinics, hospitals,~~
283 ~~or other providers; or they may have a single point of entry.~~

284 ~~(c) (9) Encourage members through training and educational~~
285 programs to adopt standards of care, and promote the evidence-
286 based practice of medicine. Networks shall establish standard
287 protocols, coordinate and share patient records, and develop
288 patient information exchange systems in order to improve quality
289 and access to services.

290 (d) Develop quality-improvement programs and train network
291 members and other health care providers in the use of such
292 programs.

293 (e) Develop disease-management systems and train network
294 members and other health care providers in the use of such
295 systems.

296 (f) Promote outreach to areas with a high need for
297 services.

298 (g) Seek to develop community care alternatives for elders
299 who would otherwise be placed in nursing homes.

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300 (h) Emphasize community care alternatives for persons with
301 mental health and substance abuse disorders who are at risk of
302 being admitted to an institution.

303 (i) Develop and implement a rural health infrastructure
304 development plan for an integrated system of care that is
305 responsive to the unique local health needs and the area health
306 care services market. Each rural health infrastructure
307 development plan must address strategies to improve access to
308 specialty care, train health care providers to use standards of
309 care for chronic illness, develop disease-management capacity,
310 and link to state and national quality-improvement initiatives.
311 The initial development plan must be submitted to the Office of
312 Rural Health for review and approval no later than July 1, 2007,
313 and thereafter the plans must be updated and submitted to the
314 Office of Rural Health every 3 years.

315 ~~(10) Networks shall develop risk management and quality~~
316 ~~assurance programs for network providers.~~

317 (6)~~(11)~~ NETWORK GOVERNANCE AND ORGANIZATION.--

318 (a) Networks shall be incorporated as not-for-profit
319 corporations under chapter 617, with articles of incorporation
320 that set forth purposes consistent with this section ~~the laws of~~
321 ~~the state.~~

322 (b) Each network ~~Networks~~ shall have an independent a
323 board of directors that derives membership from local
324 government, health care providers, businesses, consumers,
325 advocacy groups, and others. Boards of other community health
326 care entities may not serve in whole as the board of a rural
327 health network; however, some overlap of board membership with

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328 | other community organizations is encouraged. Network staff must
 329 | provide an annual orientation and strategic planning activity
 330 | for board members.

331 | (c) Network boards of directors shall have the
 332 | responsibility of determining the content of health care
 333 | provider agreements that link network members. The written
 334 | agreements between the network and its health care provider
 335 | members must specify participation in the essential functions of
 336 | the network and shall specify:

- 337 | 1. Who provides what services.
- 338 | 2. The extent to which the health care provider provides
 339 | care to persons who lack health insurance or are otherwise
 340 | unable to pay for care.
- 341 | 3. The procedures for transfer of medical records.
- 342 | 4. The method used for the transportation of patients
 343 | between providers.
- 344 | 5. Referral and patient flow including appointments and
 345 | scheduling.
- 346 | 6. Payment arrangements for the transfer or referral of
 347 | patients.

348 | (d) There shall be no liability on the part of, and no
 349 | cause of action of any nature shall arise against, any member of
 350 | a network board of directors, or its employees or agents, for
 351 | any lawful action taken by them in the performance of their
 352 | administrative powers and duties under this subsection.

353 | ~~(7)~~ ~~(12)~~ NETWORK PROVIDER MEMBER SERVICES.--

354 | (a) Networks, to the extent feasible, shall seek to
 355 | develop services that provide for a continuum of care for all

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356 residents ~~patients~~ served by the network. Each network shall
357 recruit members that can provide ~~include~~ the following core
358 services: disease prevention, health promotion, comprehensive
359 primary care, emergency medical care, and acute inpatient care.
360 Each network shall seek to ensure the availability of
361 comprehensive maternity care, including prenatal, delivery, and
362 postpartum care for uncomplicated pregnancies, either directly,
363 by contract, or through referral agreements. Networks shall, to
364 the extent feasible, develop local services and linkages among
365 health care providers to also ensure the availability of the
366 following services: ~~within the specified timeframes, either~~
367 ~~directly, by contract, or through referral agreements:~~

- 368 ~~1. Services available in the home.~~
- 369 1.a. Home health care.
- 370 ~~2.b.~~ Hospice care.
- 371 ~~2. Services accessible within 30 minutes travel time or~~
372 ~~less.~~
- 373 3.a. Emergency medical services, including advanced life
374 support, ambulance, and basic emergency room services.
- 375 ~~4.b.~~ Primary care, including
376 ~~e.~~ prenatal and postpartum care for uncomplicated
377 pregnancies.
- 378 ~~5.d.~~ Community-based services for elders, such as adult
379 day care and assistance with activities of daily living.
- 380 6.e. Public health services, including communicable
381 disease control, disease prevention, health education, and
382 health promotion.

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383 ~~7.f.~~ Outpatient mental health ~~psychiatric~~ and substance
384 abuse services.

385 ~~3.~~ ~~Services accessible within 45 minutes travel time or~~
386 ~~less.~~

387 ~~8.a.~~ Hospital acute inpatient care for persons whose
388 illnesses or medical problems are not severe.

389 ~~9.b.~~ ~~Level I obstetrical care, which is Labor and delivery~~
390 ~~for low-risk patients.~~

391 ~~10.e.~~ Skilled nursing services and, long-term care,
392 including nursing home care.

393 (b) Networks shall seek to foster linkages with out-of-
394 area services to the extent feasible to ensure the availability
395 of:

396 ~~1.d.~~ Dialysis.

397 ~~2.e.~~ Osteopathic and chiropractic manipulative therapy.

398 ~~4.~~ ~~Services accessible within 2 hours travel time or less.~~

399 ~~3.a.~~ Specialist physician care.

400 ~~4.b.~~ Hospital acute inpatient care for severe illnesses
401 and medical problems.

402 ~~5.e.~~ ~~Level II and III obstetrical care, which is Labor and~~
403 ~~delivery care for high-risk patients and neonatal intensive~~
404 ~~care.~~

405 ~~6.d.~~ Comprehensive medical rehabilitation.

406 ~~7.e.~~ Inpatient mental health ~~psychiatric~~ and substance
407 abuse services.

408 ~~8.f.~~ Magnetic resonance imaging, lithotripter treatment,
409 oncology, advanced radiology, and other technologically advanced
410 services.

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411 9.g. Subacute care.

412 (8) COORDINATION WITH OTHER ENTITIES.--

413 (a) Area health education centers and health planning
414 councils shall participate in the rural health networks'
415 preparation of development plans. The Department of Health may
416 require a written memorandum of agreement between a network and
417 an area health education center or health planning council.

418 (b) Rural health networks shall initiate activities, in
419 coordination with area health education centers, to carry out
420 the objectives of the adopted development plan, including
421 continuing education for health care practitioners performing
422 functions such as disease management, continuous quality
423 improvement, telemedicine, long-distance learning, and the
424 treatment of chronic illness using standards of care. As used in
425 this section, the term "telemedicine" means the use of
426 telecommunications to deliver or expedite the delivery of health
427 care services.

428 (c) Rural health networks shall contract with local health
429 planning councils to support the preparation of development
430 plans through data collection and analysis in order to assess
431 the health status of area residents and the capacity of local
432 health services.

433 (d) ~~(b)~~ Networks shall actively participate with area
434 health education center programs, whenever feasible, in
435 developing and implementing recruitment, training, and retention
436 programs directed at positively influencing the supply and
437 distribution of health care professionals serving in, or
438 receiving training in, network areas.

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439 ~~(c) As funds become available, networks shall emphasize~~
440 ~~community care alternatives for elders who would otherwise be~~
441 ~~placed in nursing homes.~~

442 ~~(d) To promote the most efficient use of resources,~~
443 ~~networks shall emphasize disease prevention, early diagnosis and~~
444 ~~treatment of medical problems, and community care alternatives~~
445 ~~for persons with mental health and substance abuse disorders who~~
446 ~~are at risk to be institutionalized.~~

447 (e) (13) TRAUMA SERVICES.—In those network areas having
448 which have an established trauma agency approved by the
449 Department of Health, the network shall seek the participation
450 of that trauma agency must be a participant in the network.
451 Trauma services provided within the network area must comply
452 with s. 395.405.

453 (9) (14) NETWORK FINANCING.--

454 (a) Networks may use all sources of public and private
455 funds to support network activities. Nothing in this section
456 prohibits networks from becoming managed care providers.

457 (b) The Department of Health shall establish grant
458 programs to provide funding to support the administrative costs
459 of developing and operating rural health networks.

460 (10) NETWORK PERFORMANCE STANDARDS.--The Department of
461 Health shall develop and enforce performance standards for rural
462 health network operations grants and rural health infrastructure
463 development grants.

464 (a) Operations grant performance standards must include,
465 but are not limited to, standards that require the rural health
466 network to:

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467 1. Have a qualified board of directors that meets at least
468 quarterly.

469 2. Have sufficient staff who have the qualifications and
470 experience to perform the requirements of this section, as
471 assessed by the Office of Rural Health, or a written plan to
472 obtain such staff.

473 3. Comply with the department's grant management standards
474 in a timely and responsive manner.

475 4. Comply with the department's standards for the
476 administration of federal grant funding, including assistance to
477 rural hospitals.

478 5. Demonstrate a commitment to network activities from
479 area health care providers and other stakeholders, as described
480 in letters of support.

481 (b) Rural health infrastructure development grant
482 performance standards must include, but are not limited to,
483 standards that require the rural health network to:

484 1. During the 2006-2007 fiscal year prepare a development
485 plan and, after July 1, 2007, have a development plan that has
486 been reviewed and approved by the Office of Rural Health.

487 2. Have two or more successful network-development
488 activities, such as:

489 a. Management of a network development or outreach grant
490 from the federal Office of Rural Health Policy;

491 b. Implementation of outreach programs to address chronic
492 disease, infant mortality, or assistance with prescription
493 medication;

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494 c. Development of partnerships with community and faith-
495 based organizations to address area health problems;

496 d. Provision of direct services, such as clinics or mobile
497 units;

498 e. Operation of credentialing services for health care
499 providers or quality assurance and quality improvement
500 initiatives that, whenever possible, are consistent with state
501 or federal quality initiatives;

502 f. Support for the development of community health
503 centers, local community health councils, federal designation as
504 a rural critical access hospital, or comprehensive community
505 health planning initiatives; and

506 g. Development of the capacity to obtain federal, state,
507 and foundation grants.

508 (11)-(15) NETWORK IMPLEMENTATION.--As funds become
509 available, networks shall be developed and implemented in two
510 phases.

511 (a) Phase I shall consist of a network planning and
512 development grant program. Planning grants shall be used to
513 organize networks, incorporate network boards, and develop
514 formal provider agreements as provided for in this section. The
515 Department of Health shall develop a request-for-proposal
516 process to solicit grant applications.

517 (b) Phase II shall consist of a network operations grant
518 program. As funds become available, certified networks that meet
519 performance standards shall be eligible to receive grant funds
520 to be used to help defray the costs of rural health network
521 infrastructure development, patient care, and network

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522 administration. Rural health network infrastructure development
523 includes, but is not limited to: recruitment and retention of
524 primary care practitioners; enhancements of primary care
525 services through the use of mobile clinics; development of
526 preventive health care programs; linkage of urban and rural
527 health care systems; design and implementation of automated
528 patient records, outcome measurement, quality assurance, and
529 risk management systems; establishment of one-stop service
530 delivery sites; upgrading of medical technology available to
531 network providers; enhancement of emergency medical systems;
532 enhancement of medical transportation; formation of joint
533 contracting entities composed of rural physicians, rural
534 hospitals, and other rural health care providers; establishment
535 of comprehensive disease management programs that meet Medicaid
536 requirements; establishment of regional quality improvement
537 programs involving physicians and hospitals consistent with
538 state and national initiatives; establishment of specialty
539 networks connecting rural primary care physicians and urban
540 specialists; development of regional broadband
541 telecommunications systems that have the capacity to share
542 patient information in a secure network, telemedicine, and long-
543 distance learning capacity; and linkage between training
544 programs for health care practitioners and the delivery of
545 health care services in rural areas ~~and development of~~
546 ~~telecommunication capabilities~~. A Phase II award may occur in
547 the same fiscal year as a Phase I award.

548 ~~(12)-(16)~~ CERTIFICATION.--For the purpose of certifying
549 networks that are eligible for Phase II funding, the Department

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550 of Health shall certify networks that meet the criteria
 551 delineated in this section and the rules governing rural health
 552 networks. The Office of Rural Health in the Department of Health
 553 shall monitor rural health networks in order to ensure continued
 554 compliance with established certification and performance
 555 standards.

556 ~~(13)~~ ~~(17)~~ RULES.--The Department of Health shall establish
 557 rules pursuant to s. 120.536(1) and 120.54 that govern the
 558 creation and certification of networks, the provision of grant
 559 funds under Phase I and Phase II, and the establishment of
 560 performance standards ~~including establishing outcome measures~~
 561 for networks.

562 Section 3. Subsection (2) of section 395.602, Florida
 563 Statutes, is amended to read:

564 395.602 Rural hospitals.--

565 (2) DEFINITIONS.--As used in this part:

566 (a) "Critical access hospital" means a hospital that meets
 567 the definition of rural hospital in paragraph (d) and meets the
 568 requirements for reimbursement by Medicare and Medicaid under 42
 569 C.F.R. ss. 485.601-485.647. ~~"Emergency care hospital" means a~~
 570 ~~medical facility which provides:~~

- 571 ~~1. Emergency medical treatment; and~~
- 572 ~~2. Inpatient care to ill or injured persons prior to their~~
 573 ~~transportation to another hospital or provides inpatient medical~~
 574 ~~care to persons needing care for a period of up to 96 hours. The~~
 575 ~~96-hour limitation on inpatient care does not apply to respite,~~
 576 ~~skilled nursing, hospice, or other nonacute care patients.~~

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577 ~~(b) "Essential access community hospital" means any~~
578 ~~facility which:~~

- 579 ~~1. Has at least 100 beds;~~
- 580 ~~2. Is located more than 35 miles from any other essential~~
581 ~~access community hospital, rural referral center, or urban~~
582 ~~hospital meeting criteria for classification as a regional~~
583 ~~referral center;~~
- 584 ~~3. Is part of a network that includes rural primary care~~
585 ~~hospitals;~~
- 586 ~~4. Provides emergency and medical backup services to rural~~
587 ~~primary care hospitals in its rural health network;~~
- 588 ~~5. Extends staff privileges to rural primary care hospital~~
589 ~~physicians in its network; and~~
- 590 ~~6. Accepts patients transferred from rural primary care~~
591 ~~hospitals in its network.~~

592 (b)(e) "Inactive rural hospital bed" means a licensed
593 acute care hospital bed, as defined in s. 395.002(14), that is
594 inactive in that it cannot be occupied by acute care inpatients.

595 (c)(d) "Rural area health education center" means an area
596 health education center (AHEC), as authorized by Pub. L. No. 94-
597 484, that ~~which~~ provides services in a county with a population
598 density of no greater than 100 persons per square mile.

599 (d)(e) "Rural hospital" means an acute care hospital
600 licensed under this chapter, having 100 or fewer licensed beds
601 and an emergency room, that ~~which~~ is:

602 1. The sole provider within a county with a population
603 density of no greater than 100 persons per square mile;

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604 2. An acute care hospital, in a county with a population
605 density of no greater than 100 persons per square mile, that
606 ~~which~~ is at least 30 minutes of travel time, on normally
607 traveled roads under normal traffic conditions, from any other
608 acute care hospital within the same county;

609 3. A hospital supported by a tax district or subdistrict
610 whose boundaries encompass a population of 100 persons or fewer
611 per square mile;

612 4. A hospital in a constitutional charter county with a
613 population of over 1 million persons that has imposed a local
614 option health service tax pursuant to law and in an area that
615 was directly impacted by a catastrophic event on August 24,
616 1992, for which the Governor of Florida declared a state of
617 emergency pursuant to chapter 125, and has 120 beds or fewer
618 ~~less~~ that serves an agricultural community with an emergency
619 room utilization of no less than 20,000 visits and a Medicaid
620 inpatient utilization rate greater than 15 percent;

621 5. A hospital with a service area that has a population of
622 100 persons or fewer per square mile. As used in this
623 subparagraph, the term "service area" means the fewest number of
624 zip codes that account for 75 percent of the hospital's
625 discharges for the most recent 5-year period, based on
626 information available from the hospital inpatient discharge
627 database in the State Center for Health Statistics at the Agency
628 for Health Care Administration; or

629 6. A hospital designated as a critical access hospital, as
630 defined in s. 408.07(15).

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632 Population densities used in this paragraph must be based upon
633 the most recently completed United States census. A hospital
634 that received funds under s. 409.9116 for a quarter beginning no
635 later than July 1, 2002, is deemed to have been and shall
636 continue to be a rural hospital from that date through June 30,
637 2012, if the hospital continues to have 100 or fewer licensed
638 beds and an emergency room, or meets the criteria of
639 subparagraph 4. An acute care hospital that has not previously
640 been designated as a rural hospital and that meets the criteria
641 of this paragraph shall be granted such designation upon
642 application, including supporting documentation to the Agency
643 for Health Care Administration.

644 (e)~~(f)~~ "Rural primary care hospital" means any facility
645 that meeting the criteria in paragraph (e) or s. 395.605 which
646 provides:

- 647 1. Twenty-four-hour emergency medical care;
- 648 2. Temporary inpatient care for periods of 96 ~~72~~ hours or
649 less to patients requiring stabilization before discharge or
650 transfer to another hospital. The 96-hour ~~72-hour~~ limitation
651 does not apply to respite, skilled nursing, hospice, or other
652 nonacute care patients; and
- 653 3. Has at least ~~no more than~~ six licensed acute care
654 inpatient beds.

655 (f)~~(g)~~ "Swing-bed" means a bed that ~~which~~ can be used
656 interchangeably as either a hospital, skilled nursing facility
657 (SNF), or intermediate care facility (ICF) bed pursuant to 42
658 C.F.R. parts 405, 435, 440, 442, and 447.

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659 Section 4. Subsection (1) of section 395.603, Florida
660 Statutes, is amended to read:

661 395.603 Deactivation of general hospital beds; rural
662 hospital impact statement.--

663 (1) ~~The agency shall establish, by rule, a process by~~
664 ~~which~~ A rural hospital, as defined in s. 395.602, that ~~seeks~~
665 ~~licensure as a rural primary care hospital or as an emergency~~
666 ~~care hospital, or~~ becomes a certified rural health clinic as
667 defined in Pub. L. No. 95-210~~7~~, or becomes a primary care program
668 such as a county health department, community health center, or
669 other similar outpatient program that provides preventive and
670 curative services~~7~~, may deactivate general hospital beds. A rural
671 critical access hospital ~~Rural primary care hospitals and~~
672 ~~emergency care hospitals~~ shall maintain the number of actively
673 licensed general hospital beds necessary for the facility to be
674 certified for Medicare reimbursement. Hospitals that discontinue
675 inpatient care to become rural health care clinics or primary
676 care programs shall deactivate all licensed general hospital
677 beds. All hospitals, clinics, and programs with inactive beds
678 shall provide 24-hour emergency medical care by staffing an
679 emergency room. Providers with inactive beds shall be subject to
680 the criteria in s. 395.1041. The agency shall specify in rule
681 requirements for making 24-hour emergency care available.
682 Inactive general hospital beds shall be included in the acute
683 care bed inventory, maintained by the agency for certificate-of-
684 need purposes, for 10 years from the date of deactivation of the
685 beds. After 10 years have elapsed, inactive beds shall be
686 excluded from the inventory. The agency shall, at the request of

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687 the licensee, reactivate the inactive general beds upon a
688 showing by the licensee that licensure requirements for the
689 inactive general beds are met.

690 Section 5. Section 395.604, Florida Statutes, is amended
691 to read:

692 395.604 ~~Other~~ Rural primary care hospitals ~~hospital~~
693 ~~programs.~~--

694 (1) The agency may license rural primary care hospitals
695 subject to federal approval for participation in the Medicare
696 and Medicaid programs. Rural primary care hospitals shall be
697 treated in the same manner as ~~emergency care hospitals and~~ rural
698 hospitals with respect to ss. ~~395.605(2)-(8)(a),~~
699 408.033(2)(b)3.7 and 408.038.

700 ~~(2) The agency may designate essential access community~~
701 ~~hospitals.~~

702 ~~(2)(3)~~ (2) The agency may adopt licensure rules for rural
703 primary care hospitals ~~and essential access community hospitals.~~
704 Such rules must conform to s. 395.1055.

705 (3) For the purpose of Medicaid swing-bed reimbursement
706 pursuant to the Medicaid program, the agency shall treat rural
707 primary care hospitals in the same manner as rural hospitals.

708 (4) For the purpose of participation in the Medical
709 Education Reimbursement and Loan Repayment Program as defined in
710 s. 1009.65 or other loan repayment or incentive programs
711 designed to relieve medical workforce shortages, the department
712 shall treat rural primary care hospitals in the same manner as
713 rural hospitals.

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714 (5) For the purpose of coordinating primary care services
 715 described in s. 154.011(1)(c)10., the department shall treat
 716 rural primary care hospitals in the same manner as rural
 717 hospitals.

718 (6) Rural hospitals that make application under the
 719 certificate-of-need program to be licensed as rural primary care
 720 hospitals shall receive expedited review as defined in s.
 721 408.032. Rural primary care hospitals seeking relicensure as
 722 acute care general hospitals shall also receive expedited
 723 review.

724 (7) Rural primary care hospitals are exempt from
 725 certificate-of-need requirements for home health and hospice
 726 services and for swing beds in a number that does not exceed
 727 one-half of the facility's licensed beds.

728 (8) Rural primary care hospitals shall have agreements
 729 with other hospitals, skilled nursing facilities, home health
 730 agencies, and providers of diagnostic-imaging and laboratory
 731 services that are not provided on site but are needed by
 732 patients.

733 ~~(4) The department may seek federal recognition of~~
 734 ~~emergency care hospitals authorized by s. 395.605 under the~~
 735 ~~essential access community hospital program authorized by the~~
 736 ~~Omnibus Budget Reconciliation Act of 1989.~~

737 Section 6. Section 395.6061, Florida Statutes, is amended
 738 to read:

739 395.6061 Rural hospital capital improvement.--There is
 740 established a rural hospital capital improvement grant program.

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741 (1) (a) The purpose of the program is to provide targeted
 742 funding to rural hospitals to enable them to adapt to changes in
 743 health care delivery and funding and address disparities in
 744 rural health care by:

- 745 1. Assisting in the development of needed infrastructure.
- 746 2. Assisting financially distressed rural hospitals.
- 747 3. Ensuring accountability for state and federal funding.

748 (b) The rural hospital capital improvement grant program
 749 includes technical assistance and grants managed by the agency.

750 ~~(2)~~ ~~(1)~~ A rural hospital as defined in s. 395.602 may apply
 751 to the department for a capital improvement grant to acquire,
 752 repair, improve, or upgrade systems, facilities, or equipment.

753 The grant application must provide information that includes:

754 (a) A statement indicating the problem the rural hospital
 755 proposes to solve with the grant funds.†

756 (b) The strategy proposed to resolve the problem.†

757 (c) The organizational structure, financial system, and
 758 facilities that are essential to the proposed solution.†

759 (d) The projected longevity of the proposed solution after
 760 the grant funds are expended.†

761 (e) Evidence of participation in a rural health network as
 762 defined in s. 381.0406 and evidence that the application is
 763 consistent with the required rural health infrastructure
 764 development plan.†

765 (f) Evidence that the rural hospital has difficulty in
 766 obtaining funding or that funds available for the proposed
 767 solution are inadequate.†

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768 (g) Evidence that the grant funds will assist in
769 maintaining or returning the hospital to an economically stable
770 condition or enable the transition to the status of rural
771 primary care hospital or that any plan for closure of the
772 hospital or realignment of services will involve development of
773 innovative alternatives for the provision of needed ~~discontinued~~
774 ~~services.~~

775 (h) Evidence of a satisfactory record-keeping system to
776 account for grant fund expenditures within the rural county.

777 (i) ~~A rural health network plan that includes a~~
778 ~~description of how the plan was developed, the goals of the~~
779 ~~plan, the links with existing health care providers under the~~
780 ~~plan,~~ Indicators quantifying the ~~hospital's~~ financial status
781 ~~well-being,~~ measurable outcome targets, and ~~the~~ current physical
782 and operational condition of the hospital.

783 ~~(3)(2)~~ Each rural hospital as defined in s. 395.602 shall
784 receive a minimum of \$100,000 annually, subject to legislative
785 appropriation, upon application to the Department of Health, for
786 projects to acquire, repair, improve, or upgrade systems,
787 facilities, or equipment.

788 ~~(4)(3)~~ Any remaining funds shall annually be disbursed to
789 rural hospitals in accordance with this section. The Department
790 of Health shall establish, by rule, criteria for awarding grants
791 ~~for any remaining funds,~~ which must be used exclusively for the
792 support and assistance of rural hospitals as defined in s.
793 395.602, including criteria relating to the level of charity
794 ~~uncompensated~~ care rendered by the hospital, the financial
795 status of the hospital, the performance standards of the

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796 hospital, the participation in a rural health network as defined
797 in s. 381.0406, and the proposed use of the grant by the rural
798 hospital to resolve a specific problem. The department must
799 consider any information submitted in an application for the
800 grants in accordance with subsection (2) ~~(1)~~ in determining
801 eligibility for and the amount of the grant, ~~and none of the~~
802 ~~individual items of information by itself may be used to deny~~
803 ~~grant eligibility.~~

804 (5) Financially distressed rural hospitals may receive
805 preferential assistance under the capital improvement grant
806 program to provide planning, management, and financial support.
807 To receive this assistance the hospital must:

808 (a) Provide additional information that includes:

809 1. A statement of support from the board of directors of
810 the hospital, the county commission, and the city commission.

811 2. Evidence that the rural hospital and the community have
812 difficulty obtaining funding or that funds available for the
813 proposed solution are inadequate.

814 (b) Agree to be bound by the terms of a participation
815 agreement with the agency, which may include:

816 1. The appointment of a health care expert under contract
817 with the agency to analyze and monitor the hospital operations
818 during the period of distress.

819 2. The establishment of minimum standards for the
820 education and experience of the managers and administrators of
821 the hospital.

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822 3. The oversight and monitoring of a strategic plan to
823 restore the hospital to an economically stable condition or
824 transition to an alternative means to provide services.

825 4. The establishment of a board orientation and
826 development program.

827 5. The approval of any facility relocation plans.

828 ~~(6)~~(4) The department shall ensure that the funds are used
829 solely for the purposes specified in this section. The total
830 grants awarded pursuant to this section shall not exceed the
831 amount appropriated for this program.

832 Section 7. Section 408.7054, Florida Statutes, is created
833 to read:

834 408.7054 Rural Provider Service Network Development
835 Program.--

836 (1) There is established within the Agency for Health Care
837 Administration the Rural Provider Service Network Development
838 Program to support the implementation of provider service
839 networks in rural counties of the state. The purpose of the
840 program is to assist in the establishment of the infrastructure
841 needed for Medicaid reform relating to prepaid and at-risk
842 reimbursement plans to improve access to quality health care in
843 rural areas.

844 (2) The agency is authorized to provide funding through a
845 grant program to entities seeking to establish rural provider
846 service networks that have demonstrated an interest and have
847 experience in organizing rural health care providers for this
848 purpose.

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849 (3) Entities eligible for rural provider service network
850 development grants must:

851 (a) Have a written agreement signed by prospective
852 members, 45 percent of whom must be providers in the targeted
853 service area.

854 (b) Include all rural hospitals, at least one federally
855 qualified health center, and one county health department
856 located in the service area.

857 (c) Have a defined service area.

858 (4) Each applicant for this funding shall provide the
859 agency with a detailed written proposal that includes, at a
860 minimum, a statement of need; a defined purpose; identification
861 and explanation of the role of prospective partners; a signed
862 memorandum of agreement or similar document attesting to the
863 role of prospective partners; documented actions related to
864 provider service network development; measurable objectives for
865 the development of clinical and administrative infrastructure; a
866 process of evaluation; and a process for developing a business
867 plan and securing additional funding.

868 (5) The agency is authorized to grant preferential funding
869 to a rural provider service network based on the number of rural
870 counties within the network's proposed service area that are
871 Medically Underserved Areas or Health Professional Shortage
872 Areas as defined by the Health Resources Services
873 Administration, Office of Rural Health Policy, and based on
874 whether the provider service network has a principal place of
875 business located in a rural county in the state.

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876 (6) The agency is granted authority to develop rules
877 pursuant to ss. 120.53(1) and 120.54 necessary to implement this
878 section.

879 Section 8. Subsection (43) of section 408.07, Florida
880 Statutes, is amended to read:

881 408.07 Definitions.--As used in this chapter, with the
882 exception of ss. 408.031-408.045, the term:

883 (43) "Rural hospital" means an acute care hospital
884 licensed under chapter 395, having 100 or fewer licensed beds
885 and an emergency room, and which is:

886 (a) The sole provider within a county with a population
887 density of no greater than 100 persons per square mile;

888 (b) An acute care hospital, in a county with a population
889 density of no greater than 100 persons per square mile, which is
890 at least 30 minutes of travel time, on normally traveled roads
891 under normal traffic conditions, from another acute care
892 hospital within the same county;

893 (c) A hospital supported by a tax district or subdistrict
894 whose boundaries encompass a population of 100 persons or fewer
895 per square mile;

896 (d) A hospital with a service area that has a population
897 of 100 persons or fewer per square mile. As used in this
898 paragraph, the term "service area" means the fewest number of
899 zip codes that account for 75 percent of the hospital's
900 discharges for the most recent 5-year period, based on
901 information available from the hospital inpatient discharge
902 database in the State Center for Health Statistics at the Agency
903 for Health Care Administration; or

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904 (e) A critical access hospital.

905

906 Population densities used in this subsection must be based upon
 907 the most recently completed United States census. A hospital
 908 that received funds under s. 409.9116 for a quarter beginning no
 909 later than July 1, 2002, is deemed to have been and shall
 910 continue to be a rural hospital from that date through June 30,
 911 2012, if the hospital continues to have 100 or fewer licensed
 912 beds and an emergency room, or meets the criteria of s.

913 395.602(2) (d)~~(e)~~4. An acute care hospital that has not
 914 previously been designated as a rural hospital and that meets
 915 the criteria of this subsection shall be granted such
 916 designation upon application, including supporting
 917 documentation, to the Agency for Health Care Administration.

918 Section 9. Subsection (6) of section 409.9116, Florida
 919 Statutes, is amended to read:

920 409.9116 Disproportionate share/financial assistance
 921 program for rural hospitals.--In addition to the payments made
 922 under s. 409.911, the Agency for Health Care Administration
 923 shall administer a federally matched disproportionate share
 924 program and a state-funded financial assistance program for
 925 statutory rural hospitals. The agency shall make
 926 disproportionate share payments to statutory rural hospitals
 927 that qualify for such payments and financial assistance payments
 928 to statutory rural hospitals that do not qualify for
 929 disproportionate share payments. The disproportionate share
 930 program payments shall be limited by and conform with federal
 931 requirements. Funds shall be distributed quarterly in each

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932 | fiscal year for which an appropriation is made. Notwithstanding
933 | the provisions of s. 409.915, counties are exempt from
934 | contributing toward the cost of this special reimbursement for
935 | hospitals serving a disproportionate share of low-income
936 | patients.

937 | (6) This section applies only to hospitals that were
938 | defined as statutory rural hospitals, or their successor-in-
939 | interest hospital, prior to January 1, 2001. Any additional
940 | hospital that is defined as a statutory rural hospital, or its
941 | successor-in-interest hospital, on or after January 1, 2001, is
942 | not eligible for programs under this section unless additional
943 | funds are appropriated each fiscal year specifically to the
944 | rural hospital disproportionate share and financial assistance
945 | programs in an amount necessary to prevent any hospital, or its
946 | successor-in-interest hospital, eligible for the programs prior
947 | to January 1, 2001, from incurring a reduction in payments
948 | because of the eligibility of an additional hospital to
949 | participate in the programs. A hospital, or its successor-in-
950 | interest hospital, which received funds pursuant to this section
951 | before January 1, 2001, and which qualifies under s.
952 | 395.602(2) (d) ~~(e)~~, shall be included in the programs under this
953 | section and is not required to seek additional appropriations
954 | under this subsection.

955 | Section 10. Paragraph (b) of subsection (2) of section
956 | 1009.65, Florida Statutes, is amended to read:

957 | 1009.65 Medical Education Reimbursement and Loan Repayment
958 | Program.--

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959 (2) From the funds available, the Department of Health
960 shall make payments to selected medical professionals as
961 follows:

962 (b) All payments shall be contingent on continued proof of
963 primary care practice in an area defined in s. 395.602(2) (d) ~~(e)~~,
964 or an underserved area designated by the Department of Health,
965 provided the practitioner accepts Medicaid reimbursement if
966 eligible for such reimbursement. Correctional facilities, state
967 hospitals, and other state institutions that employ medical
968 personnel shall be designated by the Department of Health as
969 underserved locations. Locations with high incidences of infant
970 mortality, high morbidity, or low Medicaid participation by
971 health care professionals may be designated as underserved.

972 Section 11. Section 395.605, Florida Statutes, is
973 repealed.

974 Section 12. Section 381.7366, Florida Statutes, is created
975 to read:

976 381.7366 Office of Minority Health; legislative intent;
977 duties.--

978 (1) LEGISLATIVE INTENT.--The Legislature recognizes that
979 despite significant investments in health care programs certain
980 racial and ethnic populations suffer disproportionately with
981 chronic diseases when compared to non-Hispanic whites. The
982 Legislature intends to address these disparities by developing
983 programs that target causal factors and recognize the specific
984 health care needs of racial and ethnic minorities.

985 (2) ORGANIZATION.--The Office of Minority Health is
986 established within the Department of Health. The office shall be

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987 | headed by a director who shall report directly to the Secretary
988 | of Health.

989 | (3) DUTIES.--The office shall:

990 | (a) Protect and promote the health and well-being of
991 | racial and ethnic populations in the state.

992 | (b) Focus on the issue of health disparities between
993 | racial and ethnic minority groups and the general population.

994 | (c) Coordinate the department's initiatives, programs, and
995 | policies to address racial and ethnic health disparities.

996 | (d) Communicate pertinent health information to affected
997 | racial and ethnic populations.

998 | (e) Collect and analyze data on the incidence and
999 | frequency of racial and ethnic health disparities.

1000 | (f) Promote and encourage cultural competence education
1001 | and training for healthcare professionals.

1002 | (g) Serve as a clearinghouse for the collection and
1003 | dissemination of information and research findings relating to
1004 | innovative approaches to the reduction or elimination of health
1005 | disparities.

1006 | (h) Dedicate resources to increase public awareness of
1007 | minority health issues.

1008 | (i) Seek increased funding for local innovative
1009 | initiatives and administer grants designed to support
1010 | initiatives that address health disparities and that can be
1011 | duplicated.

1012 | (j) Provide staffing and support for the Closing the Gap
1013 | grant advisory council.

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1014 (k) Coordinate with other agencies, states, and the
 1015 Federal Government to reduce or eliminate health disparities.

1016 (l) Collaborate with other public healthcare providers,
 1017 community and faith-based organizations, the private healthcare
 1018 system, historically black colleges and universities and other
 1019 minority institutions of higher education, medical schools, and
 1020 other health providers to establish a comprehensive and
 1021 inclusive approach to reducing health disparities.

1022 (m) Encourage and support research into causes of racial
 1023 and ethnic health disparities.

1024 (n) Collaborate with health professional training programs
 1025 to increase the number of minority healthcare professionals.

1026 (o) Provide an annual report to the Governor, the
 1027 President of the Senate, and the Speaker of the House of
 1028 Representatives on the activities of the office.

1029 (4) RESPONSIBILITY AND COORDINATION.--The office and the
 1030 department shall direct and carry out the duties established
 1031 under this section and shall work with other state agencies in
 1032 accomplishing these tasks.

1033 Section 13. This act shall take effect July 1, 2006.