

Bill No. SB 424

Barcode 755800

CHAMBER ACTION

Senate

House

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The Committee on Health Regulation (Peaden) recommended the following amendment:

Senate Amendment

On page 9, line 24 through page 13, line 15, delete those

and insert:

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

(3) NETWORK MEMBERSHIP.--

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

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1 (b) Each county health department shall be a member of
 2 the rural health network whose service area includes the
 3 county in which the county health department is located.
 4 Federally qualified health centers and emergency medical
 5 services providers are encouraged to become members of the
 6 rural health networks in the areas in which their patients
 7 reside or receive services.

8 (c)(4) Network membership shall be available to all
 9 health care providers in the network service area if, provided
 10 that they render care to all patients referred to them from
 11 other network members, comply with network quality assurance
 12 and risk management requirements, abide by the terms and
 13 conditions of network provider agreements and network
 14 development plans in paragraph (11)(c), and provide services
 15 at a rate or price equal to the rate or price negotiated by
 16 the network.

17 (4)(5) NETWORK SERVICE AREAS.--Network service areas
 18 are do not required need to conform to local political
 19 boundaries or state administrative district boundaries. The
 20 geographic area of one rural health network, however, may not
 21 overlap the territory of any other rural health network.

22 (5)(6) NETWORK FUNCTIONS.--To the extent that
 23 resources permit, networks Networks shall:

24 (a) Seek to develop linkages with provisions for
 25 referral to tertiary inpatient care, specialty physician care,
 26 and to other services that are not available in rural service
 27 areas.

28 (b)(7) Networks shall Make make available health
 29 promotion, disease prevention, and primary care services, in
 30 order to improve the health status of rural residents and to
 31 contain health care costs.

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1 ~~(8) Networks may have multiple points of entry, such~~
2 ~~as through private physicians, community health centers,~~
3 ~~county health departments, certified rural health clinics,~~
4 ~~hospitals, or other providers; or they may have a single point~~
5 ~~of entry.~~

6 (c)(9) Encourage members through training and
7 educational programs to adopt standards of care, and promote
8 the evidence-based practice of medicine. Networks shall
9 promote the adoption of standards of care and ~~establish~~
10 ~~standard protocols, coordinate and share patient records, and~~
11 ~~develop~~ patient information exchange systems in order to
12 improve quality and access to services.

13 (d) Assist members to develop initiatives that improve
14 the quality of health care services and delivery, and obtain
15 training to carry out such initiatives.

16 (e) Assist members with the implementation of disease
17 management systems and identify available resources for
18 training network members and other health care providers in
19 the use of such systems.

20 (f) Promote outreach to areas that have a high need
21 for services.

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

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

27 (i) In concert with network health care providers and
28 community leaders, the network will develop a long-range
29 development plan for an integrated system of care that is
30 responsive to the unique needs for services in local health
31 care markets, and implement this plan as resources permit. The

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1 initial long-range development plan must be submitted to the
 2 Office of Rural Health for review and comment no later than
 3 July 1, 2008, and thereafter the plan must be updated and
 4 submitted to the Office of Rural Health every 3 years.

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

7 ~~(6)(11)~~ NETWORK GOVERNANCE AND ORGANIZATION.--

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

12 (b) Each network ~~Networks~~ shall have an independent ~~a~~
 13 board of directors that derives membership from local
 14 government, health care providers, businesses, consumers,
 15 advocacy groups, and others. Boards of other community health
 16 care entities may not serve in whole as the board of a rural
 17 health network; however, some overlap of board membership with
 18 other community organizations is encouraged. Network staff
 19 must provide an annual orientation and strategic planning
 20 activity for board members.

21 (c) Network boards of directors shall have the
 22 responsibility of determining the content of health care
 23 provider agreements that link network members. The written
 24 agreements between the network and its health care provider
 25 members must specify participation in the essential functions
 26 of the network and support network development plan goals and
 27 objectives. ~~shall specify:~~

28 ~~1. Who provides what services.~~

29 ~~2. The extent to which the health care provider~~
 30 ~~provides care to persons who lack health insurance or are~~
 31 ~~otherwise unable to pay for care.~~

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- ~~3. The procedures for transfer of medical records.~~
- ~~4. The method used for the transportation of patients between providers.~~
- ~~5. Referral and patient flow including appointments and scheduling.~~
- ~~6. Payment arrangements for the transfer or referral of patients.~~