Bill No. <u>SB 424</u>

	CHAMBER ACTION Senate House
1	Comm: FAV . 03/21/2007 06:23 PM .
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11	The Committee on Health Regulation (Peaden) recommended the
12	following amendment:
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14	Senate Amendment
15	On page 9, line 24 through page 13, line 15, delete
16	those
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18	and insert:
19	(c) "Rural health network" or "network" means a
20	nonprofit legal entity <u>whose members consist</u> , consisting of
21	rural and urban health care providers and others, and which
22	that is <u>established</u> organized to plan <u>, develop, organize,</u> and
23	deliver health care services on a cooperative basis in a rural
24	area, except for some secondary and tertiary care services.
25	(3) <u>NETWORK MEMBERSHIP</u>
26	(a) Because each rural area is unique, with a
27	different health care provider mix, health care provider
28	membership may vary, but all networks shall include members
29	that provide health promotion and disease-prevention services,
30	public health services, comprehensive primary care, emergency
31	medical care, and acute inpatient care.
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1 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 [c](4) 8 [c](4) 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 (ll)(c), and provide services 15 ta rate or price equal to the rate or price negotiated by 16 the network. 17 [1](5) 18 are do not required need to conform to local political 19 boundaries or state administrative district boundaries. The 19 [5](6) NETWORK FUNCTIONSTo the extent that 19 [5](6) NETWORK Service shall: 11 [a) See	1	(b) Each county health department shall be a member of
4Federally qualified health centers and emergency medical5services providers are encouraged to become members of the6rural health networks in the areas in which their patients7reside or receive services.8(c)(4) Network membership shall be available to all9health care providers in the network service area if, provided10that they render care to all patients referred to them from11other network members, comply with network quality assurance12and risk management requirements, abide by the terms and13conditions of network provider agreements and network14development plans in paragraph (11)(c), and provide services15at a rate or price equal to the rate or price negotiated by16the network.17(4)(5) NETWORK SERVICE AREASNetwork service areas18are do not required need to conform to local political19boundaries or state administrative district boundaries. The20geographic area of one rural health network, however, may not21(a) Seek to develop linkages with provisions for25referral to tertiary inpatient care, specialty physician care,26and to other services that are not available in rural service27areas.28(b)(7) Networks shall Make make available health29promotion, disease prevention, and primary care services, in30order to improve the health status of rural residents and to31contain health care costs.	2	the rural health network whose service area includes the
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2	30	order to improve the health status of rural residents and to
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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 <u>in order to</u>
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 Office of Rural Health for review and comment no later than 2 July 1, 2008, and thereafter the plan must be updated and 3 4 submitted to the Office of Rural Health every 3 years. 5 (10) Networks shall develop risk management and б quality assurance programs for network providers. 7 (6)(11) NETWORK GOVERNANCE AND ORGANIZATION.--(a) Networks shall be incorporated as not-for-profit 8 corporations under chapter 617, with articles of incorporation 9 10 that set forth purposes consistent with this section under the 11 laws of the state. (b) Each network Networks shall have an independent a 12 board of directors that derives membership from local 13 government, health care providers, businesses, consumers, 14 15 advocacy groups, and others. Boards of other community health 16 care entities may not serve in whole as the board of a rural health network; however, some overlap of board membership with 17 other community organizations is encouraged. Network staff 18 must provide an annual orientation and strategic planning 19 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 members must specify participation in the essential functions 25 of the network and support network development plan goals and 2.6 27 objectives. shall specify: 28 1. Who provides what services. 29 2. The extent to which the health care provider provides care to persons who lack health insurance or are 30 31 otherwise unable to pay for care. 4 2:05 PM 03/20/07 s0424.hr02.02a

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