## GENERAL ASSEMBLY OF NORTH CAROLINA

## **SESSION 1993**

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## **HOUSE BILL 1232**

Short Title: Rural/Primary Care Initiatives. (Public)	
Sponsors: Representatives Diamont; Baddour, H. Hunter, and Warner.	
Referred to: Health and Human Services.	
	May 4, 1993
A BILL TO BE ENTITLED  AN ACT TO DEFINE PRIMARY CARE HOSPITAL AND RURAL HOSPITAL NETWORK, AND APPROPRIATE FUNDS FOR ENCOURAGING HEALTH CARE PROVIDERS TO PRACTICE PRIMARY CARE AND PROVIDE SERVICES TO RURAL AREAS.  The General Assembly of North Carolina enacts:  Section 1. Chapter 131E of the General Statutes is amended by adding a new section to read:	
"§ 131E-83. Rural hospital network.	
(a) As 1 (1)	'Primary care hospital' means a hospital which has been designated as a primary care hospital by the Department of Human Resources. To be designated as a primary care hospital, the hospital must be located in a rural community, provide primary care inpatient services not including inpatient surgery, and provide outpatient services which may include outpatient surgery. A primary care hospital must have a maximum annual average daily census of 15 patients and may have distinct psychiatric and long-term care units.
<u>(2)</u>	'Rural hospital network' means an alliance of hospitals that includes at least one primary care hospital and one other hospital that is not a

Hospitals desiring to form a rural hospital network shall submit a

comprehensive, written memorandum of understanding to the Department of Human

Resources for the Department's approval. The memorandum of understanding must

primary care hospital.

include provisions for patient referral and transfer, a plan for network-wide emergency services, and a plan for sharing patient information and services between hospital members including medical staff credentialing, risk management, quality assurance, and peer review."

- Sec. 2. (a) There is appropriated from the General Fund to the Department of Human Resources, Office of Rural Health, the sum of four hundred fifty thousand dollars (\$450,000) for the 1993-94 fiscal year and the sum of four hundred fifty thousand dollars (\$450,000) for the 1994-95 fiscal year for the purpose of providing financial incentives to encourage health care practitioners to practice in medically underserved areas. Funds appropriated under this section shall be used as follows:
  - (1) To pay first-, second-, and third-year generalist residents in family medicine, internal medicine, or general pediatric medicine in a North Carolina residency program not more than ten thousand dollars (\$10,000) per year per resident upon agreement by the resident to practice in an area designated by the Office of Rural Health as medically underserved; and
  - (2) To pay students enrolled in an accredited educational program in North Carolina leading to approval to practice as nurse practitioners, nurse midwives, or physician assistants not more than ten thousand dollars (\$10,000) per year per student, not to exceed a total of twenty thousand dollars (\$20,000) per student, upon agreement by the student to practice in an area designated by the Office of Rural Health as medically underserved.
- (b) Repayment of the stipend is forgiven if the resident or student completes for each year's stipend one full year of service in a medically underserved area of North Carolina.
- (c) The Office of Rural Health shall report expenditures for this program to the 1993 General Assembly, Regular Session 1994, and to the 1995 General Assembly, by the end of the first week after convening.
- Sec. 3. Effective June 30, 1992, Section 51 of Chapter 1044 of the 1991 Session Laws, reads as rewritten:
- "Sec. 51. The funds appropriated in this act to the Office of Rural Health for rural health recruitment shall be used to pay first, second, and third-year residents in family medicine, internal medicine, or general pediatric medicine the sum of ten thousand dollars (\$10,000) upon the resident's agreeing to practice in an area designated by the Office of Rural Health as medically underserved.

Repayment of the stipend is forgiven if the resident completes the for each year's stipend one full year of service in a medically underserved area of North Carolina.

The Office of Rural Health shall report expenditures for this program to the 1993 General Assembly by the end of the first week after convening.

This item shall not become a part of the continuation budget request for the 1993-95 fiscal biennium."

Sec. 4. There is appropriated from the General Fund to the Department of Human Resources, Office of Rural Health, the sum of five hundred thousand dollars

(\$500,000) for the 1993-94 fiscal year and the sum of five hundred thousand dollars (\$500,000) for the 1994-95 fiscal year to be used to provide financial incentives to primary care physicians and other primary care professionals practicing or being recruited to practice in rural and underserved areas. Funds may be used to provide such incentives as loan repayments, signing bonuses, moving expenses, practice supports, or other expenses related to the practice, in order to recruit or retain a primary care provider in a rural or underserved area.

Sec. 5. There is appropriated from the General Fund to the Department of Human Resources, Office of Rural Health, the sum of eight hundred thousand dollars (\$800,000) for the 1993-94 fiscal year and the sum of eight hundred thousand dollars (\$800,000) for the 1994-95 fiscal year to be used to provide support for the 54 health centers in rural and underserved areas, enabling them to increase the number of uninsured persons served and to increase the number of providers of services.

Sec. 6. There is appropriated from the General Fund to the Department of Human Resources, Office of Rural Health, the sum of two hundred fifty thousand dollars (\$250,000) for the 1993-94 fiscal year and the sum of two hundred fifty thousand dollars (\$250,000) for the 1994-95 fiscal year to be used to establish 10 scholarships for North Carolina medical students who agree to serve in rural and underserved areas. The scholarships are to be awarded according to procedures established by the Office of Rural Health.

Sec. 7. There is appropriated from the General Fund to the Department of Human Resources, Office of Rural Health, the sum of one hundred sixty thousand dollars (\$160,000) for the 1993-94 fiscal year and the sum of one hundred sixty thousand dollars (\$160,000) for the 1994-95 fiscal year to be used to establish and administer a Community Primary Care Grant Program to encourage community development of primary care clinics through collaborative arrangements with existing providers. The main focus of any project provided planning grant funds shall be to meet the primary care needs of the community, especially the provision of primary care services at night and on weekends.

Sec. 8. There is appropriated from the General Fund to the Department of Environment, Health, and Natural Resources, Division of Maternal and Child Health, for the Rural Obstetrical Care Program, the sum of four hundred thousand dollars (\$400,000) for the 1993-94 fiscal year and the sum of four hundred thousand dollars (\$400,000) for the 1994-95 fiscal year to be used as follows:

- (1) To expand Rural Obstetrical Care Incentive Program payments to physicians and certified nurse midwives in more counties than are currently served;
- (2) To increase the amounts paid to providers; and
- (3) To increase the total amount that counties may receive under the Program.

General surgeons who provide cesarean section backup to family physicians in counties where there are no obstetricians or where there are no obstetricians willing or able to provide such backup are also eligible for the program. Physicians and certified nurse midwives covered under the Rural Obstetrical Care Incentive Program are required to

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 participate in an obstetrical care coverage plan developed by their local health department or community, migrant, or rural health center, and must agree to provide services to pregnant women regardless of their ability to pay for the services.

- Sec. 9. (a) The Board of Governors of The University of North Carolina shall ensure that all medical schools receiving State appropriations for support of enrollment of North Carolina residents initiate whatever changes are necessary in admissions, advising, curriculum, and other policies to ensure that of all medical school graduates, the following percentages are selecting residencies in family medicine, general pediatric medicine, or general internal medicine: thirty percent (30%) by 1995, forty percent (40%) by 1998, and fifty percent (50%) by 2000, and at least fifty percent (50%) thereafter.
- (b) The Board of Governors shall further initiate whatever changes are necessary in admissions, advising, curriculum, and other policies to ensure that residency programs have medical residency positions for medical school graduates in these generalist specialties according to the following percentages: thirty percent (30%) by 1995, forty percent (40%) by 1998, and fifty percent (50%) by 2000, and at least fifty percent (50%) thereafter.
- (c) Compliance with this section shall be determined by (i) the entry of State-supported medical graduates into generalist residencies, and (ii) the specialty practiced by a physician as of a date five years after graduation, provided that the physician entering the generalist career remains in the generalist career and does not subsequently choose a subspecialty. The Board of Governors shall certify data on graduates, their residencies, and subsequent careers by October 1 of each calendar year, beginning in October of 1995, to the Joint Legislative Education Oversight Committee and to the Fiscal Research Division of the Legislative Services Office.
- (d) If it is found that a medical school does not comply with this section, the General Assembly intends to reduce the average per capita funding for that school by an amount reached by multiplying the State appropriation for each full-time medical student by the number of graduates that fail to meet the goal established in this section.
- (e) This section remains in effect until the General Assembly acts to change it.
- Sec. 10. There is appropriated from the General Fund to The University of North Carolina, Board of Governors, for the Area Health Education Center Program, the sum of two million one hundred ninety-seven thousand dollars (\$2,197,000) for the 1993-94 fiscal year and the sum of two million one hundred ninety-seven thousand dollars (\$2,197,000) for the 1994-95 fiscal year to be used, according to Area Health Education Center Program plans, to expand programs for training primary care medical students, residents, and other health professionals in community settings. These settings include private practices, health departments, and community health services. Funds may be used to develop new programs and to expand existing programs to assure well-supervised outreach training sites.
  - Sec. 11. This act becomes effective July 1, 1993.