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**HEALTH AND SAFETY CODE - HSC**

**DIVISION 1. ADMINISTRATION OF PUBLIC HEALTH [135 - 1179.102]** ( *Division 1 enacted by Stats. 1939, Ch. 60.* )

**PART 5. OFFICE OF RURAL HEALTH [1179 - 1179.6]** ( *Part 5 added by Stats. 1995, Ch. 305, Sec. 1.* )

**1179.** The Legislature finds and declares all of the following:

- (a) Outside of California's four major metropolitan areas, the majority of the state is rural. In general, the rural population is older, sicker, poorer, and more likely to be unemployed, uninsured, or underinsured. The lack of primary care, specialty providers and transportation continue to be significant barriers to access to health services in rural areas.
- (b) There is no coordinated or comprehensive plan of action for rural health care in California to ensure the health of California's rural residents. Most of the interventions that have taken place on behalf of rural communities have been limited in scope and purpose and were not conceived or implemented with any comprehensive or systematic approach in mind. Because health planning tends to focus on approaches for population centers, the unique needs of rural communities may not be addressed. A comprehensive plan and approach is necessary to obtain federal support and relief, as well as to realistically institute state and industry interventions.
- (c) Rural communities lack the resources to make the transition from present practices to managed care, and to make other changes that may be necessary as the result of health care reform efforts. With numerous health care reform proposals being debated and with the extensive changes in the current health care delivery system, a comprehensive and coordinated analysis must take place regarding the impact of these proposals on rural areas.
- (d) Rural areas lack the technical expertise and resources to improve and coordinate their local data collection activities, which are necessary for well-targeted health planning, program development, and resource development. Data must be available to local communities to enable them to plan effectively.
- (e) The Legislature recognizes the need to take a comprehensive approach to strengthen and coordinate rural health programs and health care delivery systems in order to:
  - (1) Facilitate access to high quality health care for California's rural communities.
  - (2) Promote coordinated planning and policy development among state departments and between the State and local public and private providers.

(*Added by Stats. 1995, Ch. 305, Sec. 1. Effective August 3, 1995.*)

**1179.1.** (a) The Secretary of the Health and Welfare Agency shall establish an Office of Rural Health, or an alternative organizational structure, in one of the departments of the Health and Welfare Agency to promote a strong working relationship between state government and local and federal agencies, universities, private and public interest groups, rural consumers, health care providers, foundations, and other offices of rural health, as well as to develop health initiatives and maximize the use of existing resources without duplicating existing effort. The office or alternative organizational structure shall serve as a key information and referral source to promote coordinated planning for the delivery of health services in rural California.

(b) To the extent funds are appropriated by the Legislature, these efforts may include:

- (1) Educating the public and recommending appropriate public policies regarding the viability of rural health care in California.
- (2) Monitoring and working with state and federal agencies to assess the impact of proposed rules and regulations on rural areas.
- (3) Promoting community involvement and community support in maintaining, rebuilding, and diversifying local health services in rural areas.

- (4) Encouraging and evaluating the use of advanced communications technology to provide access to health promotion and disease prevention information, specialty expertise, clinical consultation, and continuing education for health professionals.
- (5) Encouraging the development of regional health care and public health networks and collaborative efforts, including, but not limited to, emergency transportation networks.
- (6) Working with state and local agencies, universities, and private and public interest groups to promote research on rural health issues.
- (7) Soliciting the assistance of other offices or programs of rural health in California to carry out the duties of this part.
- (8) Disseminating information and providing technical assistance to communities, health care providers, and consumers of health care services.
- (9) Promoting strategies to improve health care professional recruitment and retention in rural areas.
- (10) Encouraging innovative responses by public and private entities to address rural health issues.

*(Added by Stats. 1995, Ch. 305, Sec. 1. Effective August 3, 1995.)*

**1179.3.** (a) (1) The Office of Statewide Health Planning and Development shall develop and administer a competitive grants program for projects located in rural areas of California.

(2) The office shall define "rural area" for the purposes of this section after receiving public input and upon recommendation of the Interdepartmental Rural Health Coordinating Committee and the Rural Health Programs Liaison.

(3) The purpose of the grants program shall be to fund innovative, collaborative, cost-effective, and efficient projects that pertain to the delivery of health and medical services in rural areas of the state.

(4) The office shall develop and establish uses for the funds to fund special projects that alleviate problems of access to quality health care in rural areas and to compensate public and private health care providers associated with direct delivery of patient care. The funds shall be used for medical and hospital care and treatment of patients who cannot afford to pay for services and for whom payment will not be made through private or public programs.

(5) The office shall administer the funds appropriated by the Legislature for purposes of this section. Entities eligible for these funds shall include rural health providers served by the programs operated by the office, the Emergency Medical Services Authority, the State Department of Health Care Services, the State Department of Public Health, and the Managed Risk Medical Insurance Board. The grant funds shall be used to expand existing services or establish new services and shall not be used to supplant existing levels of service. Funds appropriated by the Legislature for this purpose may be expended in the fiscal year of the appropriation or the subsequent fiscal year.

(b) The Office of Statewide Health Planning and Development shall establish the criteria and standards for eligibility to be used in requests for proposals or requests for application, the application review process, determining the maximum amount and number of grants to be awarded, preference and priority of projects, compliance monitoring, and the measurement of outcomes achieved after receiving comment from the public at a meeting held pursuant to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).

(c) The Office of Statewide Health Planning and Development shall make information regarding the status of the funded projects available at the public meetings described in subdivision (b).

*(Amended by Stats. 2013, Ch. 22, Sec. 13. (AB 75) Effective June 27, 2013. Operative July 1, 2013, by Sec. 110 of Ch. 22.)*

**1179.6.** (a) (1) In order to provide improved delivery of services to the families of agricultural workers, the State Department of Health Services shall review and survey the extent to which agricultural workers and their families utilize those public health programs for which they are eligible. In conducting the survey, the department shall ensure the full participation of entities that provide services to agricultural workers, including clinics, community-based agencies, public health departments, and organizations and associations involved with agricultural worker health and well-being. Programs considered in the survey shall include, but shall not be limited to, all of the following:

(A) The Medi-Cal program.

(B) The Healthy Families program.

(C) The Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT).

- (D) The Child Health and Disability Prevention Program (CHDP).
- (E) Health clinics.
- (F) Public health prevention programs.
- (G) Immunization programs.
- (H) Community mental health programs.
- (I) Programs funded under the California Children and Families Program.
- (J) Parenting programs.
- (K) Teen pregnancy prevention and case management programs.
- (L) Domestic violence and child abuse prevention programs.
- (M) Any other relevant programs available in communities of agricultural workers.

(2) The department shall use the results of the survey to prepare an implementation plan that maximizes access and streamlines service delivery, in order to make comprehensive family wellness programs readily available to agricultural workers and their families. In developing the implementation plan, the department shall ensure the full participation of entities contributing to the survey of available services. The implementation plan shall be based on the principles set forth in subdivision (g) of Section 50517.5, including all of the following:

- (A) Involvement of agricultural workers and their families in program design and delivery.
- (B) Community collaboration on the local level among available public and private agencies.
- (C) Coordination with the provision of adequate housing.

(b) (1) The survey shall address the extent to which outreach programs are directed to, and succeed in, reaching agricultural workers and their families, and shall identify any geographical, cultural, linguistic, or other barriers that may prevent full utilization of available services.

(2) The survey shall place significant emphasis on actual experiences of agricultural workers and their families.

(c) The department shall report the results of the survey required by this section to the Legislature on or before March 1, 2001, and shall present the Legislature with the implementation plan required by paragraph (2) of subdivision (a) on or before December 31, 2001.

*(Added by Stats. 2000, Ch. 312, Sec. 1. Effective September 7, 2000.)*