

Bobby Jindal
GOVERNOR



Alan Levine
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

April 30, 2010

The Honorable Joel T. Chaisson, II, President
Louisiana State Senate
P.O. Box 94183, Capitol Station
Baton Rouge, LA 70804-9183

Dear President Chaisson:

In response to Senate Bill No. 77 (SB 77) of the first extraordinary session of the 2002 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. SB No. 77 requires DHH to develop and implement a strategic plan for the purposes of maintaining, enhancing, and expanding services currently offered by rural health care providers, including rural hospitals as defined in R.S. 40:1300.143, and to obtain additional grants and funding from any and all public or private entities, including but not limited to the United States Department of Health and Human Services, the United States Department of Agriculture, and charitable organizations and foundations. The bill further requires the secretary of DHH to submit a report to the legislature detailing the progress in implementing the strategic plan.

The bureau of primary care and rural health within DHH is available to discuss the enclosed report and recommendations with you at your convenience. Please contact Ms. Gerrelda Davis, director of the bureau, at (225) 342-2657 with any questions or comments you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Levine".

Alan Levine
Secretary

Bobby Jindal
GOVERNOR



Alan Levine
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

April 30, 2010

The Honorable Jim Tucker, Speaker
Louisiana State House of Representatives
P.O. Box 94062, Capitol Station
Baton Rouge, LA 70804-9062

Dear Speaker Tucker:

In response to Senate Bill No. 77 (SB 77) of the first extraordinary session of the 2002 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. SB No. 77 requires DHH to develop a develop and implement a strategic plan for the purposes of maintaining, enhancing, and expanding services currently offered by rural health care providers, including rural hospitals as defined in R.S. 40:1300.143, and to obtain additional grants and funding from any and all public or private entities, including but not limited to the United States Department of Health and Human Services, the United States Department of Agriculture, and charitable organizations and foundations. The bill further requires the secretary of DHH to submit a report to the legislature detailing the progress in implementing the strategic plan.

The bureau of primary care and rural health within DHH is available to discuss the enclosed report and recommendations with you at your convenience. Please contact Ms. Gerrelda Davis, director of the bureau, at (225) 342-2657 with any questions or comments you may have.

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Alan Levine
Secretary

DEPARTMENT OF HEALTH AND HOSPITALS

STATE RURAL HEALTH PLAN

REPORT PREPARED IN RESPONSE TO ACT
162 OF THE 2002 FIRST EXTRAORDINARY
SESSION

APRIL 2010

Contact:

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EXECUTIVE SUMMARY

The Bureau of Primary Care and Rural Health (BPCRHR) began the strategic planning process in February of 2008 and completed it in November of 2008. Since April 2009, BPCRHR established the following four workgroups: community-based rural health services; health care work force; quality and performance improvement; and technology. Each workgroup participated in conference calls to determine a strategic plan for their assigned area. Using the Bureau's mission statement, *to improve the health status of Louisiana's citizens in rural and underserved areas by working proactively to build community health systems' capacity to provide integrated, efficient and effective health care services*, each group established goals and objectives.

The strategic plan proposes to accomplish this mission by addressing the following priorities:

- Ensure Louisiana residents have access to quality, integrated and affordable health care that includes physical, behavioral and oral services within their community;
- Develop and enhance existing technology for electronic medical records (EMR) and medical home systems of care in Louisiana;
- Ensure a sound, rural professional health care workforce exists in Louisiana's underserved areas;
- Improve the quality and performance of rural health care providers through best practices.

A consultant was contracted to assist the workgroups in developing the state's rural health plan. First, the groups reviewed the documents listed below to determine where Louisiana has been, what has been done and the direction in which the state needed to take to ensure rural Louisiana residents have access to health care.

- a. Current State Health Plan
- b. BPCRHR Strategic Plan, 2003-06
- c. BPCRHR Strategic Plan, 2008
- d. State Office of Rural Health (SORH) grant application, 2008-09
- e. Medicare Rural Hospital Flexibility (FLEX) grant application, 2008-09
- f. Small Hospital Improvement Program (SHIP) grant application, 2008-09
- g. Health Systems Development CenLA Work Plan, Year 4
- h. Community-based and Rural Health (CBRHP) Program grant guidance, June 2008
- i. Current priorities of the Louisiana Department of Health and Hospitals (DHH)

After reviewing the documents, in consultation with the SORH director, four categories were defined and the appropriate contact people were identified. Once participants were invited, a timetable of conference calls was established to discuss with communities and providers the ways in which the Bureau's current strategies, relevant to rural health, could be strengthened. Additionally, they addressed whether additional strategies would be needed. After the initial call with each workgroup, participants received a specific work plan, complete with objectives identified by the contractor and the SORH director. Subsequent conference calls included the work plan and comments captured from previous conference calls.

The results from these questions, and others that arose, became the objectives, action steps, resources/funding and measures to guide the SORH over the next three to five years.

STATE RURAL HEALTH PLAN IN RESPONSE TO ACT 162 OF THE 2002 FIRST EXTRAORDINARY SESSION

INTRODUCTION

BPCRH is located within the Louisiana Department of Health and Hospitals' Office of the Secretary. DHH has been dedicated to improving access to health care services in rural and urban areas across the state, through both its Office of Primary Care and Office of Rural Health, for more than a decade. However, until the late 1990s, the Office of Primary Care and the Office of Rural Health operated separately.

BPCRH focuses on the primary and preventive health care needs of both rural and urban underserved areas, and is funded and supported by multiple agencies. These agencies include the following: the U.S. Department of Health and Human Services' Bureau of Health Professions; Bureau of Primary Health Care; Centers for Disease Control and Prevention; the Office of Rural Health Policy; and DHH. Each agency provides the Bureau with funds to support its broad mission, which is to improve the health status of Louisiana's residents by improving access to health care services in rural and urban underserved communities. Moreover, the Louisiana Legislature recently passed legislation, which asserted the Legislature's active commitment to this mission by directing state public policy at health care access issues in the affected areas.

Act 162, a bill targeted at impacting health care in Louisiana's rural and urban underserved communities, was passed in the 2002 First Extraordinary Session of the Louisiana State Legislature. Essentially, this bill reiterated and re-emphasized historical functions of the State Office of Primary Care and Rural Health (OPCRH); see Appendix I. In addition, the bill mandated that the Office develop and implement a strategic plan to increase access to and quality of care in Louisiana's rural and underserved areas.

In response to the Louisiana Legislature's strategic planning mandate set forth in Act 162, OPCRH (now Bureau) convened a statewide advisory committee to develop, implement and evaluate a long-term plan to improve access to health care services in Louisiana's rural and underserved communities. This advisory group first met in August of 2002 and consisted of more than 50 members (Appendix I), who represented health care providers, social service providers, state government, local government, health consumer advocates and health educators. The advisory committee's plan specifically outlined critical strategies that OPCRH and its statewide partners would use to improve access to health care services over the next five years.

BPCRH sincerely appreciates all of the time and effort that advisory committee members contributed to the planning process, and recognizes the Georgia Health Policy Center's Tina Anderson-Smith for her voluntary group facilitation in the early stages of the process. Without all of these efforts, it would have been impossible to develop a comprehensive plan to reflect the state's needs and resources. As a result of the Bureau's, with assistance from its statewide partners, diligent and thoughtful implementation and evaluation efforts, Louisiana's residents will realize improved health.

INVOLVED ORGANIZATIONS

The task of developing a state rural health plan is monumental and could not have been accomplished without the involvement the organizations listed below. The participants were given a brief overview of the task and an explanation of how the task would be accomplished. The final outcome would be a document to guide the SORH over the next three to five years in accomplishing the Bureau's mission.

DHH Office of Public Health, Adolescent School Health Program (School-Based Health Centers)
Bunkie General Hospital, Bunkie
CHRISTUS St. Frances Cabrini Hospital School-Based Health Centers
Comprehensive Resources, Inc.
David Raines Community Health Center
Lallie Kemp Regional Medical Center
Louisiana Health care Review
Louisiana Health Care Quality Forum
Louisiana Hospital Association
Louisiana Primary Care Association
Louisiana State University School of Medicine, New Orleans
Louisiana State University
Med Job Louisiana
Multipractice Clinic, Independence
North Caddo Medical Center, Vivian
Our Lady of Lake Hospital, Baton Rouge
The Rapides Foundation
Richland Parish Hospital, Delhi
Ron Sconyers
Tulane University

PROCESS

A consultant was contracted to assist the workgroups in developing the state's rural health plan. First, the groups reviewed the documents listed below to determine where Louisiana has been, what has been done and the direction in which the state needed to take to ensure rural Louisiana residents have access to health care.

- a. Current State Health Plan
- b. BPCRH Strategic Plan, 2003-06
- c. BPCRH Strategic Plan, 2008
- d. SORH (SORH) grant application, 2008-09
- e. Medicare Rural Hospital Flexibility (FLEX) grant application, 2008-09
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- g. Health Systems Development CenLA Work Plan, Year 4
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- i. Current priorities of the LA Department of Health and Hospitals

After reviewing the documents, in consultation with the SORH director, four categories were defined and the appropriate contact people were identified. Once participants were invited, a timetable of conference calls was established to discuss with communities and providers the ways in which the Bureau's current strategies, relevant to rural health, could be strengthened. Additionally, they addresses whether additional strategies would be needed. After the initial call with each workgroup, each participant received a specific work plan with objectives identified by the contractor and SORH director. Subsequent conference calls included the work plan and comments captured from previous conference calls.

Community-Based Rural Health Workgroup

The community-based rural health workgroup was made up of health center personnel, rural hospital providers, primary care providers, dental providers, behavioral providers, EMS providers and those dealing with pharmacy issues needed to be involved. The following questions were used to begin discussions to formulate the work plan related to this group:

- What entities are missing from the above list?
- What disparities are you addressing in your setting?
- What ancillary needs are there in your community?
- What patient education programs are in place for chronic disease?
- How do we change the perception that rural health care is lesser quality than urban health care?
- Are the above-mentioned entities working together to treat the whole person—primary care provider sees the need for dental work, behavior modification, etc. and vice versa?
- What needs do you anticipate in community-based rural health over the next few years?

Health Care Workforce Workgroup

The health care workforce workgroup was comprised of Med Job Louisiana (a recruitment & retention program) personnel, universities, Health Works Commission and providers. The following questions were used to begin discussions that would help formulate the work plan related to this group:

- How do we keep Louisiana medical students in Louisiana to practice rural medicine?
- What kind of professional development programs would benefit providers?
- What resources do you currently utilize to recruit and retain providers?
- What health care workforce needs do you anticipate over the next few years?
- What is an appropriate role for the Bureau in accomplishing the developed objectives over the next three to five years?

Health Technology Workgroup

The health technology workgroup consisted of personnel and providers who participate in the LA Rural Hospital Health Exchange project (LARHIX); federally qualified health centers and rural health clinics, who use electronic medical records; consultants who are working with providers to incorporate electronic medical records into their practices; and state organizations.

The following questions were used to begin discussions to formulate the work plan related to this group:

- How would technology benefit and improve the services you are currently providing?
- How can you more effectively use the technology you do have?
- What would it take for technology to be a part of the everyday routine in your services?
- How would you use technology—staff development, patient education, staff communication?
- What credentialing problems do you foresee?
- What types of technology needs do you anticipate having over the next few years?
- What do you see as the Bureau's role in meeting these needs over the next three to five years?

Quality Improvement and Performance Improvement Workgroup

The personnel and providers participating in this workgroup consisted of state organizations, hospitals, clinics, and providers who are currently involved in quality and performance improvement programs. The following questions were used to begin discussions to formulate the work plan related to this group:

- How is the impact and effectiveness of rural residents' health care currently monitored?
- What steps are taken to make corrections?
- What reimbursement issues are difficult to resolve?
- What types of training programs would be most beneficial to your staff?
- What quality & performance improvement needs do you anticipate having over the next few years?
- What do you see as the Bureau's role in meeting these needs over the next three to five years?

The results from these questions and discussions of each workgroup became the objectives, action steps, resources/funding, and measures to guide the SORH over the next three to five years.

CONCLUSION

SORH will work on the following objectives over the next three - five years:

Strategic Area: Community-Based Rural Health Services

1. Strengthen and expand community-based development efforts for rural health clinics and federally qualified health centers; expand workforce; integrate dental services and behavioral health services into primary care.
2. Strengthen and expand the capacity of critical access hospitals (CAH) and small rural hospitals (SRH).
3. Develop and strengthen school-based health centers in underserved areas.
4. Link communities to resources for disparate populations.
5. Increase access-to-pharmacy services to the underinsured and uninsured.
6. Strengthen staff's knowledge base and skills relevant to regulatory issues and national rural health issues.
7. Provide informational/educational opportunities about state health care environmental issues.

Health Care Workforce Workgroup

1. Disseminate survey data to existing pipeline and workforce development programs to support future expansion.
2. Maximize state and federal resources to recruit and retain the following health care professional groups:
 - Primary care physicians
 - Nurses
 - Mental health workers
 - Dentists
3. Provide retention services to providers.
4. Increase emphasis on rural primary care practices.
5. Manage data on recruitment and retention services.
6. Develop policies to provide incentives for health care students.

Health Technology Workgroup

1. Provide rural providers with opportunities to network with their peers.
2. Provide education on health technology issues pertinent to rural providers.
3. Establish an electronics resource center tailored to meet Louisiana rural providers' needs.
4. Facilitate policy issues relevant to health technology as utilized by rural providers.

Quality Improvement and Performance Improvement Workgroup

1. Facilitate networking and educational opportunities for rural providers specific to quality and performance improvement initiatives.
2. Improve financial performance and quality improvement through business development, marketing and service integration.
3. Support rural providers' access to and utilization of reliable data.
4. Strengthen rural providers' leadership skills, including governing boards.
5. Expand capacity and utilization of the Bureau's practice management services.
6. Respond to rural providers' concerns anticipated in the next 3-5 years.
 - Medical home model evaluation
 - ICD10 implementation
 - LA Provider Service Network model
 - Information technology
 - Mental health support

ATTACHMENT

Act 162 of the 1st Extraordinary Session 2002 (SB77 by Sen. C.D. Jones et. al)

ACT No. 162

First Extraordinary Session, 2002

SENATE BILL NO. 77

BY SENATORS C. JONES AND CAMPBELL AND REPRESENTATIVES
BALDONE, BROOME, BRUCE, DEVILLIER, DOERGE,
FAUCHEUX, FRITH, GLOVER, HUNTER, M.
JACKSON, KENNEY, MORRELL, NEVERS, PINAC,
SCHWEGMANN, GARY SMITH AND THOMPSON

AN ACT

To enact R.S. 6:124.1(C)(4), R.S. 40:2195.7, and Chapter 4-B of Title 51 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 51:1030 through 1031, 1035 through 1037, and 1040, relative to the creation of a strategic plan to combat poverty; to provide for priorities in investment of public funds; to provide for statewide application; to provide for the inclusion of certain parishes within the plan; to provide for creation of priority economic development zones; to provide for creation of priority health care zones; to provide for economic and tax relief within certain parishes; to provide for the renewal of communities; to provide for criterion; to provide for the office of community programs; to provide for reports to the legislature; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 6:124.1(C)(4) is hereby enacted to read as follows:

§124.1. Community reinvestment rating; acceptance of public funds

* * *

C.(1) * * *

* * *

R.S. 6:124.1(C)(4) is all new law.

(4) Any financial institution located in one of the state's renewal communities as designated by the governor in the northeast priority zones or targeted areas, and as provided for in the Community Renewal Tax Relief Act of 2000, and which meets the requirements of this Section, shall be given a priority over other financial institutions who meet the requirements of this Section when receiving public funds for deposit.

Section 2. R.S. 40:2195.7 is hereby enacted to read as follows:

§2195.7. State Office of Rural Health

R.S. 40:2195.7 is all new law.

A. Within the Department of Health and Hospitals, the Louisiana state office of rural health shall:

(i) Administer the community-based and rural health care program as provided in R.S. 40:2195, et seq.

(ii) Provide state general funds, as appropriated, to qualified grantees for programs to increase access to primary and preventive health care in rural areas.

(iii) Provide state general funds, as appropriated, to qualified grantees as start-up funding for establishing primary care health clinics to serve low-income citizens, particularly in rural areas.

(iv) Provide state general funds, as appropriated, to qualified grantees as matching funds for grants designed to provide health services to low-income citizens, particularly in rural areas.

(v) Provide technical assistance and grants to aid qualified rural hospitals in attaining designation as critical access hospitals in accordance with the Medicare rural hospital flexibility program, as provided in 42 U.S.C.A. 1395i-4.

(vi) Provide statewide technical assistance in conjunction with the Louisiana Rural Health Association on establishment of rural health clinics and on grant writing, especially related to rural health outreach grants, telemedicine grants, and other grants available to increase rural health access.

(vii) Participate in Robert Wood Johnson Foundation's southern rural access program and similar programs to improve access to health services for the rural population.

(viii) Initiate efforts for recruitment and retention of primary care professionals through the state loan repayment program as provided in R.S. 40:1300.4, and any other similar programs to increase the number of health care professionals in rural areas.

(ix) A primary function of this office shall be to increase the supply of physicians and other health care providers to the underserved areas of this state. This office may seek grants and financial inducements to entice medical students, nurse practitioners, physician assistants and nurses to locate in the rural area. This office may seek funds for equipment and start up costs for medical providers wishing to locate in under served areas.

(x) Reorganization of the delivery of medical care shall be undertaken such that rural hospitals become centers of primary and preventive health delivery and medical services, including but not limited to medical education, immunizations, early detection of disease states, and dietary instruction.

(xi) Develop and implement a strategic plan for the purposes of maintaining, enhancing, and expanding services currently offered by rural health care providers including rural hospitals as defined in R.S.

40:1300.143, to obtain additional grants and funding from any and all public or private entities, including but not limited to, the United States Department of Health and Human Services, the United States Department of Agriculture, and charitable organizations and foundations. In developing and implementing a strategic plan pursuant to this Paragraph, the secretary of the Department of Health and Hospitals shall consult with rural health care provider organizations. In addition the secretary shall submit a report to the legislature at least sixty days prior to the beginning of each regular session of the legislature detailing the progress in implementing the strategic plan. The report shall also set out the goals and objectives of the strategic plan for the next state fiscal session including the level of funding necessary to achieve those goals and objectives.

B. It is further declared that the Louisiana strategic plan against poverty is the policy and responsibility of the state of Louisiana such that first priority shall be given to the comprehensive, coordinated use of resources, personnel, programs, and services to alleviate the pervasive, persistent poverty that limits the progress of the state and constricts the lives of its citizens. With this concerted effort, the state declares the alleviation of poverty in Louisiana to be its top priority and dedicates all of its resources to supporting and enhancing comprehensive community development in order to strengthen the state's economic and social fabric, thereby moving the state and its people forward.

C. The purpose of this Section is to stimulate business and industrial growth and provide for a better delivery of health and medical services in these areas of the state by the coordination of

economic development and health care resources, whether such resources originate from state or federal plans or programs and to create priority health care and economic development zones to better serve the citizens of the region.

Section 3. Chapter 4-B of Title 51 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 51:1030 through 1031, 1035 through 1037, and 1040, is hereby enacted to read as follows:

CHAPTER 4-B.

STRATEGIC PLAN TO COMBAT POVERTY

Chapter 4-B is all new law.

PART I. GENERAL PROVISIONS

Part I is all new law.

§1030. Short title

R.S. 51:1030 is all new law.

This Chapter shall be named and may be cited as the Louisiana Strategic Plan to Combat Poverty Act.

§1031. Legislative findings; declaration of purpose

R.S. 51:1031 is all new law.

A.(1) The legislature finds that although the state has made strides in the past decade in reducing the poverty rate, according to statistical data published by the United States Bureau of the Census for the 2000 federal decennial census, significant portions of the state still suffer from its effects. In fact, according to such data, northeastern Louisiana, in particular, possessed some of the highest poverty rates in the state.

(2) The legislature further finds that in many Louisiana parishes, one-fifth of the residents are considered to be living in poverty and that

the following parishes possessed elevated poverty rates represented as a percentage of their total populations:

- (a) Caldwell - eighteen and nine-tenths percent.
- (b) Catahoula - twenty-four percent.
- (c) Concordia - twenty-one and nine-tenths percent.
- (d) East Carroll - thirty-nine and three-tenths percent.
- (e) Franklin - twenty-four and seven-tenths percent.
- (f) Jackson - sixteen and two-tenths percent.
- (g) LaSalle - fourteen and three-tenths percent.
- (h) Lincoln - eighteen and nine-tenths percent.
- (i) Madison - thirty and three-tenths percent.
- (j) Morehouse - twenty-two and six-tenths percent.
- (k) Ouachita - eighteen percent.
- (l) Richland - twenty-four and two-tenths percent.
- (m) Tensas - thirty-one and two-tenths percent.
- (n) Union - eighteen and four-tenths percent.
- (o) West Carroll - twenty and six-tenths percent.

(3) The legislature further finds that economic development and medical services, specifically targeted and well-coordinated, have proven to reduce poverty, foster economic growth, and increase the quality of life for all the state's residents.

(4) The legislature further finds that the Community Renewal Tax Relief Act of 2000 authorizes up to forty renewal communities throughout the United States wherein businesses would be eligible for tax incentives, of which four communities were secured by Louisiana. These renewal communities consist of the north Louisiana rural renewal communities region, the central Louisiana rural renewal

communities region, the Ouachita urban renewal communities region and the Orleans/Jefferson urban renewal communities region. Although a total of twenty-eight parishes were included within the four regions, a significant number of the remaining parishes continue to be economically disadvantaged.

(5) The legislature further finds that certain depressed regions of the state need the particular attention of government to help attract private sector investment into these areas, as well as many local economic efforts which could benefit from a coordinated and well managed plan of assistance provided by the departments of the state dedicated to the economic and medical well-being of its citizens.

(6) It is declared that the effective administration and coordination of economic development within the economically disadvantaged regions of the state is the sole responsibility of the Department of Economic Development which, by state law, is charged with fostering targeted economic development in priority economic development zones.

(7) It is further declared that the rendering of health and medical services for the prevention of disease within the medically disadvantaged regions of the state is the sole responsibility of the Department of Health and Hospitals, which by state law, is charged with administering health care programs within priority health care zones.

B. In order to meet the needs of these disadvantaged parishes, the legislature hereby creates the Strategic Plan to Combat Poverty, hereinafter referred to in this Chapter as "plan".

PART II. PLAN; PARISHES

Part II is all new law.

§1035. Strategic Plan to Combat Poverty; Northeast and targeted parishes

R.S. 51:1035 is all new law.

A.(1) The plan shall be available and applicable throughout the state.

(2) However, as a priority, the plan shall specifically target the following northeast and targeted parishes for inclusion within priority economic development zones by the secretary of the Department of Economic Development, as provided for in R.S. 36:104(A)(14) and for inclusion within priority health care zones by the secretary of health and hospitals, as provided for in R.S. 36:254(A)(12):

- (1) Caldwell.
- (2) Catahoula.
- (3) Concordia.
- (4) East Carroll.
- (5) Franklin.
- (6) Jackson.
- (7) LaSalle.
- (8) Lincoln.
- (9) Madison.
- (10) Morehouse.
- (11) Ouachita.
- (12) Richland.
- (13) Tensas.
- (14) Union.
- (15) West Carroll.

- (16) Webster.
- (17) St. Charles.
- (18) St. John.
- (19) Vermillion.
- (20) Acadia.
- (21) Washington.
- (22) Tangipahoa.
- (23) Iberville.
- (24) Assumption.
- (25) Avoyelles.
- (26) St. James.
- (27) DeSoto.
- (28) Terrebonne.
- (29) Lafourche.
- (30) Calcasieu.
- (31) Cameron.
- (32) West Bank of Ascension.
- (33) East Feliciana.
- (34) West Feliciana.
- (35) St. Helena.
- (36) East Baton Rouge.

B.(1) The plan shall require the secretaries of the Departments of Economic Development and Health and Hospitals to aid the parishes within the state's economically disadvantaged regions as provided for in Subsection A of this Section. The secretaries shall coordinate any and all assistance that may be obtained through state or federal anti-poverty/health care or economic development stimulus plans or

programs.

(2) The secretary of the Department of Economic Development shall create priority economic development zones throughout the regions of the state, as provided for in Subsection A of this Section, and shall also specifically provide coordination and assistance to existing economic development districts, in particular, the Southside Economic Development District of the city of Monroe, the Downtown Economic Development District of the city of Monroe, and the Northeast Economic Development District.

(3) The secretary of the Department of Health and Hospitals shall create priority health care zones throughout the state, taking into account federally designated health professional shortage areas and those parishes as provided for in Subsection A of this Section.

(4) The Louisiana Workforce Commission shall aid in the development and implementation of the Strategic Plan to Combat Poverty by coordinating and integrating a workforce development system.

(5)(a) The Louisiana Board of Regents shall aid in the development and implementation of the Strategic Plan to Combat Poverty in an attempt to reduce poverty by improving educational opportunities.

(b) Educational opportunities shall be provided by preparing each child academically and by providing caring, quality, and certified teachers in every classroom with adequate educational resources and by furnishing strong leadership.

§1036. Criteria

R.S. 51:1036 is all new law.

In furtherance of the provisions of this Chapter, the secretaries of the Departments of Economic Development and Health and Hospitals shall give consideration to the following areas:

- (1) Creation and expansion of enterprise zones as provided for in R.S. 51:1781 et. seq.
- (2) Inclusion or expansion of state or federal anti-poverty plans.
- (3) Education and training; scholarships; access.
- (4) Housing initiatives, including the creation of a weatherization and energy assistance fund.
- (5) Health; rural and urban access.
- (6) Transportation; completion of economic corridors.
- (7) Small business assistance.

§1037. Duties of the departments; reports

R.S. 51:1037 is all new law.

A. The secretaries of the Departments of Economic Development and Health and Hospitals, as provided for in R.S. 36:104(A)(14) and R.S. 36:254(A)(12)(c), respectively, shall submit an annual report to the commerce committees and the health and welfare committees of the Senate and the House of Representatives detailing actions taken by the department in furtherance of the provisions of this Chapter.

B. The secretary of the Department of Economic Development shall, by January 1, 2004, submit plans to the commerce committees of the Senate and the House of Representatives detailing the creation of priority economic development zones within the regions of the state as provided for in R.S. 51:1035(A).

C. The secretary of the Department of Health and Hospitals

shall, by January 1, 2004, submit plans to the health and welfare and commerce committees of the Senate and the House of Representatives detailing the creation of priority health care zones within the regions of the state as provided for in R.S. 51:1035(A).

PART III. PLAN; RENEWAL OF COMMUNITIES

Part III is all new law.

§1040. Strategic plan to combat poverty; renewal of communities; criterion; implementation

R.S. 51:1040 is all new law.

A. The plan shall be a coordinated attempt to address the economic needs of the state's economically disadvantaged citizens whose concerns have not been addressed through the enactment of Community Renewal Tax Relief Act of 2000.

B. The plan's participants shall consist of the several parishes of the state which possess a census tract which includes a poverty rate of twenty percent or higher and an unemployment rate of eight and four tenths or higher, according to statistical data published by the United States Bureau of the Census for the 1990 federal decennial census. Such parishes shall be entitled to the same economic incentives as provided by the state in its application for renewal communities.

C. The governor's office of rural development within the office of community programs, shall extend to all census tracts or parishes meeting the standard provided for in Subsection B of this Section, all economic incentives as provided by the state in its application for renewal communities.

D. Departments of Social Services, Health and Hospitals, Labor, Economic Development, Transportation and Development and

Education, shall provide information relative to the development of a strategic plan to combat poverty and shall direct such information to the governor's office of rural development.

E. The director of the office of rural development shall submit an annual report to the commerce committees of the Senate and the House of Representatives detailing actions taken by the office in furtherance of the provisions of this Chapter.

Section 3. This Act shall become effective upon signature by the governor or, if not signed by the governor, upon expiration of the time for bills to become law without signature by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If vetoed by the governor and subsequently approved by the legislature, this Act shall become effective on the day following such approval.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____