

**§255. Coordination of health services funded through the state and federal funds**

**1. Findings and declaration of legislative intent.** The Legislature finds that the costs of health care and services provided by health care facilities are matters of vital concern to the people of this State and have a direct relationship to the ability of the people to obtain necessary health care.

The Legislature further finds that the coordination of health services in a geographic area within an existing health facility, where practicable, increases both access and quantity of services provided and increases the likelihood costs for these services will be reasonable.

It is the intent of the Legislature to define a policy for the Department of Health and Human Services in order that health services paid for by state and federal funds be coordinated through existing health facilities whenever possible.

[PL 1979, c. 393 (NEW); PL 2003, c. 689, Pt. B, §6 (REV).]

**2. Coordination of health services.** To assure equal access to and to avoid the unnecessary duplication of administrative systems, of health services and of health care facilities, the Department of Health and Human Services shall, to the extent practicable, assure that health services funded or provided under the United States Social Security Act, Title V, ESPDT of Title XIX and Title XX, as amended, the United States Public Health Services Act, Section 314 D of Title III, as amended, the Women, Infants and Children (WIC) Special Supplemental Food Program of the United States Child Nutrition Act of 1966, or its successor, the United States Older Americans Act, ASPDT of Title III, as amended, shall be provided through agreements with an existing health facility as long as quality of care is maintained.

[PL 1979, c. 393 (NEW); PL 2003, c. 689, Pt. B, §6 (REV).]

**SECTION HISTORY**

PL 1979, c. 393 (NEW). PL 2003, c. 689, §B6 (REV).

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