§ 2950. Legislative findings. The legislature finds and determines as follows:

1. The health care delivery system is undergoing a major transformation in response to changing demographics and consumer needs, changes in reimbursement policies, the emergence of alternate service providers, and public pressure to control health care costs.

2. Such changes have a particularly severe impact on rural health care delivery, which consists of small, frequently isolated providers who have limited financial resources and health support networks. Many such providers are experiencing financial stress or certain barriers to change which could seriously reduce access to quality health care services by individuals in rural environs.

3. This development calls for greater sharing of information and resources among rural health care providers. The promotion of proper planning and cooperative efforts among such providers would improve individual access to health care in rural areas and enhance cost-effectiveness in the delivery of such services as tertiary, acute, primary, home health and skilled nursing care; and illness prevention.

4. It is, therefore, the intent of the legislature to encourage continued access to high quality health care in rural areas as well as the development of rural health network agreements among providers of health care servicing rural areas which result in the merger or integration and coordination of health care services pursuant to such network agreements; and to provide the necessary funding for such networks.

5. It is further the intent of the legislature that as needed, regulatory waivers may be granted to participating providers as required to successfully implement networks within the limits of prudent provision for the health, safety, and general welfare of the people receiving health care. In addition, the commissioner shall actively provide for technical assistance in order to support the creation and operation of rural health networks.

6. It is further the intent of the legislature that, in order to promote access to health care services, to increase the required linkage of health care service providers, and promote the quality and continuity of care provided to residents in rural areas, it shall be the policy of this state to encourage cooperative, collaborative and integrative arrangements between rural networks and health care providers who might otherwise be competitors, under the active supervision of the commissioner. To the extent such arrangements might be anti-competitive within the meaning and intent of the federal antitrust laws, it is further the intent of the legislature to supplant competition with such arrangements to the extent necessary to accomplish the purposes of this article, and provide state action immunity under the federal antitrust laws with respect to the planning, implementation and operation of rural health networks and central services facility rural health networks and health care providers participating in or members of such networks.