WHCC Recommendation	Bill	Status
Recommendation 1 **Unreimbursed Trauma Care**		
The WHCC recommends that the Legislature pass legislation allowing for implementation of a $5.4 million trauma care pool for Wyoming residents to pay the costs of all inpatient trauma care diagnoses-coded hospital discharges for individuals after a threshold amount of $10,000. The state should limit eligibility to individuals below 250% of FPL.[1] An additional $150,000 should be set aside for administration of the fund by the WDH EMS[2] Trauma Office. Hospitals must comply with Trauma Registry reporting requirements to receive reimbursement and agree to a compliance audit.	**SF 77** creates a two-year, $5 million program of state-funded payments to hospitals and health care providers for unpaid trauma care to patients below 250% of FPL[3]. The program is to be administered by WDH[4] for $100,000, with payments not exceeding Medicaid rate for identical services.	**PASSED, with $2.5 million for hospitals, $50,000 for WDH's administration, with no one hospital to get more than 25% of the appropriation for hospitals (Enrolled Act 70)**
Recommendation 1.a. **Unreimbursed Trauma Care cost study**		
The WHCC recommends legislation be passed mandating the study of uncompensated trauma costs incurred by physicians in Wyoming and the emergency transportation providers delivering patients from accident sites to hospitals and from hospital to hospital.	No bill proposed. Note that SF 77 would reimburse providers, including physicians and transporters.	
Recommendation 2 **Medical liability coverage for automobile drivers**		
The WHCC recommends that Wyoming require all licensed drivers to provide proof of purchase of a minimum of $50,000 in automobile medical coverage.	Two bills addressing insurance were introduced. **HB 8** would increase mandatory liability limits. **HB 169** would increase fines for canceling auto insurance and require insurance company reporting to WYDOT[5] when drivers cancel insurance.	**HB 8 (Dead).** **HB 169 (Dead).**
Recommendation 3 **Prohibition of exclusion of coverage of accidents involving intoxicants**		
The WHCC recommends amending W.S. 26-18-126 and passage of new legislation to require health and property and casualty insurers to cover injuries and/or automobile accidents involving intoxicants.	**SF 82** gives DOE[6] authority to define by rule "intoxicated or under the influence of a controlled substance"	**Passed – note: this allows exclusion of payment due to intoxication**

[1] Federal Poverty Level
[2] Wyoming Department of Health Emergency Medical Services
[3] Federal Poverty Level
[4] Wyoming Department of Health
[5] Wyoming Department of Transportation
[6] Department of Employment

		(Enrolled Act 77)
Recommendation 4 Closed claim statute		
The WHCC recommends the Insurance Department be required to monitor and maintain records of all jury verdicts and statements of cases and claims relating to the liability of a practitioner licensed to practice medicine for a breach of professional duty toward a patient, including, without limitation, the amount of each jury verdict or settlement and for each case or claim the defendants' and the plaintiffs' attorneys' costs.	**SF 88** requires that after final disposition of medical malpractice claims, insurers report the following to the Commissioner: specialty coverage of the insured, nature and substance of the claim, age of claimant/plaintiff, date and manner of claim disposition, itemization of amounts paid for medical and prescription costs, economic and non economic damages, defense attorneys fees/costs/expenses.	**Passed (Enrolled Act 103)**
Recommendation 5 **Healthy Living, Healthy Learning**		
We ask the Legislature to provide all districts wishing to participate in the Wyoming Department of Education's Wyoming Healthy Living, Healthy Learning Program with $65,000 per year to cover the cost of a school health coordinator, and that the Department of Education be funded with an additional $90,000 per year for program evaluation and professional development. We also recommend that the funding be extended for 12 to 13 years to effect a generational change and documentation of results.	It is unlikely any legislation will be introduced during this session in conjunction with this recommendation, which is a budget issue and will be part of the 2006 Budget Session if considered.	
Recommendation 7 **Tobacco use prevention funding increase**		
The WHCC recommends that funding for the tobacco use prevention and control program be increased to the CDC recommended minimum level of $15.39 per capita or $7.6 million based on the 2000 Census.	**HB 242** Doubles taxes on smokeless tobacco and cigars and directs tax proceeds into tobacco settlement trust fund for tobacco prevention/cessation activities.	**HB 242 (Dead)**
Recommendation 8 **Methamphetamine production abatement**		
The WHCC asks that the Wyoming Legislature support the work being done by policymakers and health and law enforcement officials in the state to curtail the making and distribution of methamphetamines.	**HB 100** restricts the sale of products containing pseudo-ephedrine and the amount of product that may be acquired within a certain period of time. **HB 249** also restricts the sale of products containing pseudoephedrine. **HB 275** authorizes $50,000	**HB 100 (Dead)** **HB 249 (Dead)** **HB 275 Passed (Enrolled Act 84)** **HB 308 Passed (Enrolled Act 136)**

	for a methamphetamine initiative study. **HB 308** authorizes a $1 million methamphetamine initiative (grants).	

Other bills of interest to the Healthcare Commission:

Medical malpractice "cost control" attempts:

Senate Joint Resolution 4 called for a constitutional amendment on the ballot that would expand the current constitutional limitation on damages awards and allow the Wyoming legislature to uniformly limit amounts to be recovered for noneconomic loss in any civil action where a person alleges an act or omission resulted in death or injury with the exclusion of conduct that equals or exceeds gross negligence. **(Dead)**
SF 62, creating medical malpractice claim pretrial screening panels **(dead)**
SF 78, mandating additional advance notice of medical malpractice policy cancellation of premium increase, limiting the premium for "tail" coverage, requiring a public hearing for certain noncompetitive premium rate proceedings and limiting the amount by which an individual insured's rate may vary **(Passed, Enrolled Act 62)**
SF 98 would require a certificate of review before filing a civil action against a licensed or certified professional **(dead).**
SF 111 would create a medical malpractice guaranty association, establishing limits for payment of medical malpractice claims **(dead).**
SF 141 and **HB 305** would create mandatory medical review panels and an office of administrative support, make panel findings admissible, mandate alternative dispute resolution, and empower the state health officer to take steps to correct system problems causing healthcare error discovered through the review panel process **(dead)**
SF 153 would create medical courts **(dead)**
SF 165 and HB 115 would abrogate the common law doctrine of loss of chance **(dead)**
SF 175 and HB 319 would create a medical excess liability program **(dead)**
HB 39 would give governmental immunity to contract physicians working for county memorial hospitals and hospital districts **(dead)**
HB 83 creates a medical review panel (**Passed, Enrolled Act 134, $500,000 appropriation)**
HB 106 and HB 108 provide for filing for expert testimony in medical malpractice cases **(dead)**

School healthcare delivery enhancement:

SF 101 would require the departments of Health and Education to jointly develop a management and billing system for the Medicaid school health program, providing for transfer of Medicaid funds for compensable school health expenditures to the school foundation account **(dead)**

Commission committee area of interest	Bill topic area	Status
Purchasing pools	**SF 104** amends small employer carrier reinsurance program base rates and the number and type of insured groupings to expand the usage of the reinsurance program and reduce the impacts of high risk individuals on any particular group. **HB 111** amends the WHIP[7] Act to offer at least two plans that may include a higher deductible option or a HSA[8] option in order to provide less expensive coverage alternatives for pool participants. **SF 47** would appropriate $33,321,429 for school district employee health insurance.	**SF 104 (Dead)** **HB 111 (Passed, Enrolled Act 30)** **SF 47 (Passed, Enrolled Act 61)**
Medical errors	**SF 62** provides for an opinion of malpractice or lack of malpractice before professional liability actions are filed in court against health care providers and their employees. Panel decisions are sent on to healthcare provider licensing boards. **HB 83** creates a medical review panel to prevent where possible the filing of actions against healthcare providers and their employees for professional liability "in situations where the facts do not permit at least a reasonable inference of malpractice." **SF 113** provides for mandatory reporting of unexpected occurrences involving death or serious physical or psychological injury or the risk thereof by healthcare facilities to WDH[9], safety event reporting annually by WDH and $250,000 to set up the medical safety event reporting program. **SF 98** would require civil suit plaintiffs making a claim against health care providers to first obtain a Certificate of Review, certifying their claim had validity, before filing in court. **SF 141** would create a medical review panel and alternate dispute resolution of medical malpractice claims, and empower the state health officer to take steps to correct system problems causing health care error discovered through the review panel process.	**SF 62 (Dead)** **HB 83 (Passed, Enrolled Act 134)** **SF 113 (Passed, Enrolled Act 104)** **SF 98 (Dead)** **SF 141 Dead)**
Health Policy Board	**SF 23, and HB 134 and HB 135** clarify requirements for physician and allied health care provider loan repayment agreements. **SF 81** would authorize certification of medication assistants. **SF 83** gives volunteer ambulance services medical malpractice immunity (directors, hospitals and trainees). **SF 93** amends the nursing practice act to provide for the regulation of advance practice registered nurses, approval and evaluation of nursing education programs unlicensed practice in the case of emergency or disaster, and licensure of nurse volunteers. **SF 123** would give psychologists prescriptive authority pursuant to certification. **SF 158** would create rural health care districts and authorize districts to operate clinics. **HB 144** expands the numbers of physician assistants a doctor may supervise.	**SF 23 Passed (Enrolled Act 59), HB 134 and 135 are dead.** **SF 81 (Dead).** **SF 83 (Enrolled Act 42).** **SF 98 (Dead)** **SF 123 (Dead).** **SF 158 (Dead).** **HB 144 Passed (Enrolled Act 39)**