

STATUTE CLEAN-UP REQUEST

OCTOBER 16, 2014



Wyoming Department of Health

INTRODUCTION

The Wyoming Department of Health requested that staff in each of its Divisions review existing program statutes and make recommendations for revision in order to keep statutes current. Enclosed you will find the recommended changes.

This report categorizes the statute change requests into three categories: Outdated Statutes (Section 1), Regulatory Changes (Section 2) and Preference Changes (Section 3)

With one exception, each request is written in the following format and contains the following elements:

(1) The Affected Program **W.S. § Relevant Section**

Problems and Recommendations

This section articulates recommended changes and explains why they are necessary.

Language Changes

§ *Relevant Section. Relevant Statute Title.*

(a) Plain text denotes current statute language that WDH recommends should stay. ~~Strike-through text indicates current statute language that WDH recommends be removed.~~ **Red text indicates new statute language WDH requests be added.**

The one request that is not written in the above format is the request to amend Title 42 (dealing with Wyoming Medicaid). Amendments to Title 42 are necessary due to the new Medicaid eligibility system and to respond to federal regulatory changes made by the Affordable Care Act (ACA). Due to the complexity and scope of the changes necessary to Title 42, the WDH would request coordination between WDH and LSO over the next month in order to draft the necessary, appropriate amendments to Title 42.

SECTION 1 | OUTDATED

(1) Newborn Metabolic Screening Program W.S. § 35-4-801

Problems and Recommendations

Current statute specifies timing of newborn screening that does not reflect best practice. Elimination of the timing component from the statute would allow more efficient updating of testing protocol as standards evolve via departmental rule changes.

Additionally, the advisory committee makeup specifies inclusion of a member from the Wyoming obstetric/gynecological society, and no such entity exists. Instead, the Public Health Division recommends specifying a more general qualification while still retaining expertise on the committee

Language Changes

§ 35-4-801. *Screening required for detection of metabolic diseases and hearing defects in newborn children; conduct of screening; exceptions; fees*

(a) Every child born in the state of Wyoming, ~~within three (3) to five (5) days for full term children and five (5) to eight (8) days for premature children following birth unless a different time period is medically indicated,~~ shall be given medical examinations for detection of remedial inborn errors of metabolism, major hearing defects and any other metabolic or genetic diseases **as determined by the committee outlined in** ~~pursuant to~~ subsection (b) of this section. The screening shall be conducted in accordance with accepted medical practices and in the manner prescribed **in rule** by the state department of health.

(b) The specific tests to be done shall be determined by a committee consisting of the following:

- (i) The state health officer in the department of health;
- (ii) The president of the Wyoming state medical society;
- (iii) A member designated by the Wyoming state pediatric society;
- (iv) A member **who is a board-certified obstetrician/gynecologist.** ~~designated by the Wyoming obstetric/gynecological society.~~

(2) Public Health Lab W.S. § 33-34

Problems and Recommendations

Most of Chapter 34 of Title 32 is obsolete. The statute was written prior to the 1988 federal Clinical Laboratory Improvement Amendments (CLIA 88). CLIA compliance has provided 24 years of acceptable regulatory oversight and reflects current standards for laboratory quality, safety practices, and personnel qualifications. No clinical laboratory or blood bank shall operate without a current Clinical Laboratory Improvement Amendment (CLIA) certificate appropriate for the level of testing performed. The requirements for CLIA certification are found at 42 CFR Part 493, Laboratory Requirements and its supplements, subparts, and amendments.

There is therefore no apparent benefit from an advisory committee or establishing additional regulatory requirements for enforcement at the state level.

The Public Health Division and Office of Healthcare Licensing and Survey recommend the elimination of most sections of Ch. 34, with the exceptions of Section 101 and Section 107, which are still relevant.

Language Changes

Eliminate §102-106 and §108-109 Ch. 34 of Title 33 (retain §101 and §107)

CHAPTER 34 - LICENSING OF CLINICAL LABORATORIES AND BLOODBANKS

§ 33-34-101. Definitions.

(a) As used in this act:

- (i) "Blood bank" means a facility for the collection, processing or storage of human blood or blood derivatives, but shall not include such a facility located in a memorial, district or private hospital;
- (ii) "Clinical laboratory" means any facility for the microbiological, serological, chemical, hematological, biophysical, cytological or pathological examination of materials derived from the human body for the purpose of obtaining information for the diagnosis, prevention or treatment of disease or the assessment of medical condition;
- (iii) "Laboratory director" means the person who is responsible for administration of the technical and scientific operation of a clinical laboratory or blood bank, including supervision of procedures and reporting of findings of tests;
- (iv) "Laboratory reference system" means a system of periodic testing of methods, procedures and materials of clinical laboratories and blood banks, including without limitation the distribution of manuals of approved methods, inspection of facilities, cooperative research and periodic submission of test specimens for examination;
- (v) "State agency" means the Wyoming department of health;
- (vi) "This act" means W.S. 33-34-101 through 33-34-109.

§ 33-34-102. Required license and certification.

~~(a) On and after July 1, 1978, no person shall own or operate a clinical laboratory or blood bank for the purpose of soliciting or accepting a specimen for laboratory examination, or collecting, processing or storing human blood or blood derivatives unless a valid laboratory license therefor has been issued. A license shall be issued authorizing the performance of one (1) or more laboratory procedures, or one (1) or more categories of such procedures. A separate license is required for each facility at which laboratory tests are performed or at which a blood bank is operated.~~

~~(b) No person shall function as a laboratory director unless he has been certified by the state agency.~~

§ 33-34-103. Issuance of certificates of qualification.

~~(a) The state agency shall prescribe minimum qualifications for laboratory directors in microbiology, serology, chemistry, hematology, biophysics, cytology or pathology.~~

~~(b) The state agency shall issue a certificate of qualification to any person who meets the minimum qualifications and demonstrates that he possesses the character, training and ability relating directly to the capacity to administer properly the technical and scientific operation of a clinical laboratory or blood bank, including supervision of procedures and reporting of test findings.~~

~~(c) Application for a certificate of qualification shall be made on forms provided by the state agency. It shall specify the procedures or categories of procedures for which the certificate is sought and such other pertinent and qualifying information as the state agency needs to carry out the requirements of this act.~~

~~(d) The certificate is valid for a period of one (1) year from the date of its issuance and may be renewed each year thereafter.~~

~~(e) Notwithstanding the provisions of this section, the state agency may issue a temporary certificate of qualification pending the issuance of a regular certificate. A temporary certificate is valid for ninety (90) days from the date of its issuance.~~

~~§ 33-34-104. Issuance of laboratory license.~~

~~(a) Application for a laboratory license shall be made by the owner of the laboratory or his legally authorized representative upon forms provided by the state agency. The application shall contain the name of the owner, the name of the laboratory director, the laboratory procedures or categories of procedures for which the laboratory license is sought, the location and physical description of the facility at which tests are to be performed or at which a blood bank is to be operated, and such other pertinent and qualifying information as the state agency needs to carry out the requirements of this act.~~

~~(b) A license shall not be issued unless a valid certificate of qualification in the procedures for which the license is sought has been issued to the laboratory director, and unless the state agency finds that the laboratory is competently staffed, properly equipped and the laboratory will be operated in the manner required by this act.~~

~~(c) If the owner of the laboratory is not the laboratory director, or if two (2) or more owners are codirectors of the laboratory, the license shall be issued jointly to the owner and the laboratory director or to the codirector owners, and they are jointly and severally responsible to the state agency for the maintenance and conduct of the laboratory and for any violations of this act or the rules and regulations promulgated hereunder.~~

~~(d) A license is valid for the calendar year for which it is issued. The initial application for a license shall be accompanied by a fee of one hundred dollars (\$100.00) for each category but not to exceed five hundred dollars (\$500.00) maximum for each laboratory. All fees collected by the state agency shall be deposited in the state general fund.~~

~~(e) The license shall specify the names of the owner and the director of the laboratory, the laboratory procedures or categories of procedures authorized and the location at which the procedures may be performed. The license and the certificate of qualification shall be displayed at all times in a prominent place in the laboratory.~~

~~(f) A license is automatically void if there is a change in the laboratory director. A license is automatically void thirty (30) days following a change in the ownership or location of the laboratory. An application for a new license may be made prior to any change in the laboratory director, ownership or location, or prior to the expiration of the thirty (30) day period, in order to permit the uninterrupted operation of the laboratory.~~

~~§ 33-34-105. Duties and powers of state agency.~~

~~(a) The state agency may inquire into the operation of laboratories and may conduct periodic inspections of facilities, methods, procedures, materials, staff and equipment.~~

~~(b) The state agency may require laboratories to submit, in a form prescribed by the state agency, periodic reports of tests performed and such other pertinent and qualifying information as the state agency may need to carry out the provisions of this act. The state agency may also require laboratories to submit lists of medical technologists who are employed to perform laboratory procedures and to notify the state agency of any changes in such personnel.~~

~~(c) The state agency shall operate and approve laboratory reference systems and prescribe standards for the examination of specimens. As part of the laboratory reference systems, the state agency may require~~

laboratories to analyze test samples submitted by the state agency or an approved system and report the results to the state agency. The rules and regulations of the state agency shall prescribe the manner in which analyses of samples are performed and reports thereon submitted. Such analyses and reports may be considered by the state agency in proceedings under W.S. 33-34-108.

~~(d) The state agency shall adopt rules and regulations to implement the provisions of this act. Where feasible such rules and regulations shall equal or exceed minimum standards for laboratory certification contained in federal rules and regulations promulgated pursuant to the Clinical Laboratories Improvement Act of 1967 (Public Law 90-174) or subsequent federal clinical laboratory acts. However, where feasible and consistent with the above, any clinical laboratory which is located in the office of a physician who only performs tests in the treatment of his own patients and accepts no referral specimens, may be excluded from the licensing requirements of this act. The rules and regulations prescribed and adopted may not be implemented until submitted to the Wyoming legislature for review and approval under procedures as the legislature may prescribe.~~

~~(e) The state agency may employ inspectors, investigators, assistants and other employees necessary to carry out the provisions of this act, fix their compensation within limits provided by law and prescribe their duties. Qualifications for laboratory inspectors shall be the same as the qualifications established for supervisors pursuant to subsection (f) of this section.~~

~~(f) The state agency may establish qualifications for supervisor and technical personnel employed in laboratories with the advice and assistance of the advisory committee authorized under W.S. 33-34-106.~~

~~§ 33-34-106. Advisory committee.~~

~~(a) The state agency shall appoint an advisory committee to advise the state agency concerning implementation and administration of this act. The advisory committee shall consist of seven (7) members, including one (1) pathologist actively engaged in the direction of a laboratory, a medical doctor actively engaged in the practice of medicine, an active hospital administrator, an active laboratory technologist, a professional medical laboratorian from the state public health laboratory, a representative of third party insurance carriers, and a representative consumer of medical care. Appointments will be made from a list of not less than two (2) names submitted by appropriate professional and consumer organizations in this state.~~

~~(b) Members of the advisory committee shall be reimbursed for expenses incurred in attending committee meetings in the same manner and amount as state employees.~~

~~§ 33-34-107. Acceptance, collection, identification and examination of specimens.~~

~~(a) A clinical laboratory shall examine human specimens only at the request of a licensed physician, dentist or other person authorized by law to use the findings of laboratory examinations.~~

~~(b) The results of a test shall only be reported to or as directed by the person who requested it. The reports shall include the name of the director and the name and address of the clinical laboratory in which the test was actually performed.~~

~~(c) All specimens accepted by a clinical laboratory shall be tested on the premises unless forwarded to another properly licensed clinical laboratory. Any tests made outside Wyoming must be made by a laboratory having a valid federal interstate license.~~

~~(d) Only a licensed physician or an authorized person may collect specimens.~~

~~§ 33-34-108. Enforcement.~~

~~(a) A laboratory license or certificate of qualification may be revoked, suspended, limited or annulled, or the holder thereof may be censured, reprimanded or otherwise disciplined by the state agency on proof that the license or certificate holder or any person in his employ:~~

- ~~(i) Is guilty of misrepresentation in obtaining the license or certificate or in the operation of the laboratory;~~
- ~~(ii) Knowingly accepts or permits to be accepted a specimen or assignment for laboratory examination from, or renders a report to, a person not authorized by law to submit such assignment or specimen, or receive the report;~~
- ~~(iii) Engages or attempts to engage in, or represents himself as entitled to perform any laboratory procedure or category of procedures not authorized in the permit or certificate;~~
- ~~(iv) Renders a report on laboratory work actually performed in another laboratory without acknowledging that fact;~~
- ~~(v) Demonstrates incompetence or shows consistent errors in performance of laboratory examinations or procedures;~~
- ~~(vi) Fails to file any report required by the provisions of this act or the rules and regulations promulgated hereunder; or~~
- ~~(vii) Violates or aids in the violation of any provision of this act, the rules and regulations promulgated hereunder, or the state sanitary code.~~

~~(b) Proceedings under this section may be initiated by a qualified inspector by filing written charges with the state agency.~~

~~(c) No license or certificate shall be revoked, suspended, limited or annulled without a hearing before the state agency.~~

~~(d) Any action of the state agency taken pursuant to or under this act is reviewable as provided by state law.~~

~~(e) Notwithstanding subsections (d) and (c) of this section, upon receipt from the department of family services of a certified copy of an order from a court to withhold, suspend or otherwise restrict a license issued by the board, the board shall notify the party named in the court order of the withholding, suspension or restriction of the license in accordance with the terms of the court order. No appeal under the Wyoming Administrative Procedure Act shall be allowed for a license withheld, suspended or restricted under this subsection.~~

~~§ 33-34-109. Penalties.~~

~~(a) Any person who violates the provisions of this act is guilty of a misdemeanor, and upon conviction may be punished by imprisonment for not more than six (6) months, or by a fine of not more than seven hundred fifty dollars (\$750.00), or both.~~

~~(b) Any person convicted of a second or subsequent violation of this act may be punished by both a fine and imprisonment.~~

(3) Emergency Medical Services W.S. § 33-36-102, § 33-36-110 and § 33-36-111.

Problems/ Recommendations

(1) The word “attendant” is outdated, unnecessary and constructs a confusing system of “attendants” and “non-attendants.” Additionally, “certified” is an antiquated term, and in this context, does not match the current industry definitions. The Department recommends dropping the definition of “attendant” and substituting “license” for “certificate” and all derivations. The terms are used interchangeably within the statute.

(2) It costs the State more than \$2.00 to process EMS licensure fees. The Department recommends eliminating the fee requirement or determine a reasonable fee that could go towards the Volunteer Emergency Medical Technician Pension Fund under W.S. § 35-29-101 or the Emergency Medical Services Sustainability Trust Account under W.S. § 33-36-115.

(3) The paragraph in 33-36-106 regarding ambulance licensing seems to refer to the DFS requirement to notify a licensing board to take an action against the *individual’s* license. Inclusion of this paragraph in 33-36-110 may be more appropriate.

(4) Current statutes do not allow for emergency licensing and therefore there is no shortened or rapid process to allow ambulances or EMTs not licensed in Wyoming to operate within the State on a time-limited basis during an emergency. There are probably several scenarios where this would be a problem, but it most frequently occurs with wildland fire incidents. In these cases, there are two recurring situations:

- A wildland fire group comes into Wyoming and brings their own EMTs or paramedics with them as support;
- A specific medical unit comes into Wyoming in support of fire suppression efforts.

The Department therefore recommends creating 33-36-110(g) to allow the Department of Health to issue temporary licenses in the case of an emergency.

Language Changes

§ 33-36-102. Definitions

(a) As used in this act:

~~(iii) "Attendant" means a trained and qualified individual responsible for the care of patients in an ambulance but not involved in search and rescue operations;~~

§ 33-36-106. Ambulance business license; suspension, revocation or refusal to renew.

(a) Except as provided in subsection (b) of this section, the division after notice and hearing may revoke, suspend or refuse to renew any ambulance business license if the holder of the license fails to comply with the requirements of this act or any rule or regulation promulgated by the division hereunder as provided in W.S. 33-36-103(a) and (b).

~~(b) Upon receipt from the department of family services of a certified copy of an order from a court to withhold, suspend or otherwise restrict a license issued by the board, the board shall notify the party named in the court order of the withholding, suspension or restriction of the license in accordance with the terms of the court order. No appeal under the Wyoming Administrative Procedure Act shall be allowed for a license withheld, suspended or restricted under this subsection.~~

§ 33-36-110. ~~Attendant License certificate; persons eligible; biennial fee; renewal; waiver of requirements~~

(a) An attendant license certificate shall be granted by the division to any individual who:

- (i) Submits an application and pays the fee for a an attendant license certificate to the division;
- (ii) Has been examined and licensed certified as an emergency medical technician by the division or who the division deems to be otherwise qualified; and

~~(b) There shall be a biennial attendant certification fee determined by the division, but not to exceed two dollars (\$2.00). Each attendant license shall expire on December 31 every other year and may be renewed for a period of two (2) years upon application and payment of the biennial certification fee. An initial or renewal license may be granted by the division once to each person for a period not to exceed three (3) years if educational requirements for the period are satisfied. The division shall determine whether an applicant is eligible for an initial or renewal attendant license.~~

~~(c) All fees collected under this section shall be placed in the state general fund.~~

(d) The division may grant a waiver of the education and training requirements of this section upon application in cases where it finds that a waiver would be in the best interests of the public.

(e) The initial license certification under this act will be issued on or after January 1, 1978.

~~(f) Persons not serving as attendants may be trained and certified as emergency medical technicians and have the certification renewed if requirements are satisfied.~~

(f) Upon receipt from the department of family services of a certified copy of an order from a court to withhold, suspend or otherwise restrict a license issued by the board, the board shall notify the party named in the court order of the withholding, suspension or restriction of the license in accordance with the terms of the court order. No appeal under the Wyoming Administrative Procedure Act shall be allowed for a license withheld, suspended or restricted under this subsection.

(g) If necessary to manage an emergency in this state, the Division may issue temporary ambulance business licenses or practice licenses to EMTs who are retired, who have an inactive license or who are licensed in another state without a valid Wyoming license or ambulance business license pending action on an application for issuance of a temporary license by the Division pursuant to this subsection.

§ 33-36-111. ~~Authorized acts of emergency medical technicians attendants~~

(a) An individual attendant who holds a valid attendant license certificate issued by the division is authorized to perform any act authorized by division rules and regulations, under written or oral authorization of a licensed physician.

(b) Nothing in this act or the rules or regulations issued thereunder shall be construed to authorize any medical treatment to be given to any person who objects thereto on religious grounds, or to authorize the transportation of such person to any hospital.

(4) Office of Rural Health W.S. § 35-1-902

Problems and Recommendations

W.S. 35-1-902 was enacted to fund loans for physicians to purchase medical malpractice tail coverage when one of only two malpractice insurers withdrew its product from Wyoming.

“Tail Coverage” is an extended reporting period endorsement, offered by a physician’s current malpractice insurance carrier, which allows an insured physician the option to extend coverage after the cancellation or termination of a claims-made policy. The premium charge for tail coverage varies from carrier to carrier and typically ranges from 200% to 350% of the physician’s current malpractice premium.

Since the statute was enacted, all providers who received loans under this program paid them off within five years; there were no defaults. No additional providers are currently eligible, so this program is obsolete.

The Department recommends eliminating 35-1-902.

Language Changes

~~§ 35-1-902. Medical malpractice insurance assistance account; creation; duties of the department; requirements for assistance; breach.~~

~~(a) There is created a medical malpractice insurance assistance account. Funds within the account shall be used by the department for purposes of this article.~~

~~(b) The department shall:~~

- ~~(i) Develop and make available application forms for assistance under this article;~~
- ~~(ii) Develop and enter into contracts with physicians as provided in this article;~~
- ~~(iii) Administer the account; and~~
- ~~(iv) Exercise all powers necessary to implement this article, including adopting rules.~~

~~(c) Any physician who is licensed and practicing in the state may apply to the department for a loan to pay a physician's medical malpractice insurance premiums as provided in this section. The physician shall establish:~~

- ~~(i) That he previously was insured for medical malpractice for prior events and those events are not eligible for coverage under the prior claims made policy because the period for making a claim under the policy has expired; and~~
- ~~(ii) Current coverage by the insurer providing the coverage referenced in paragraph (i) of this subsection is no longer available due to either the insolvency of the insurer or the withdrawal of the insurer from the medical malpractice insurance market in the state; and either~~

~~(A) The physician has procured or, upon a determination of eligibility under this subsection, will procure coverage from his previous insurer for prior events not covered due to the expiration of the period for making claims; or~~

~~(B) He has procured or, upon a determination of eligibility under this subsection, will procure a subsequent medical malpractice policy covering prior events.~~

~~(d) Upon approval of the application for assistance, the physician shall enter into a contract with the state, wherein the physician shall agree:~~

~~(i) To practice in this state in his area of medical specialty or subspecialty for a minimum of three (3) years;~~

~~(ii) To provide medical care during that three (3) year period to Wyoming residents qualified under the Wyoming Medical Assistance and Services Act or the Child Health Insurance Program established under W.S. 35-25-101 who are seeking medical care which the physician is qualified to provide;~~

~~(iii) To submit documentation to establish that the physician has complied with the terms of the contract and to determine the amount of the loan that should be made;~~

~~(iv) To repay any loans made, within five (5) years from the date of disbursement of loan proceeds, together with interest at the annual rate as determined by the state treasurer at an annual rate equal to the average prime interest rate during the preceding fiscal year plus one percent (1%). To determine the average prime interest rate, the state treasurer shall average the prime interest rate for at least seventy-five percent (75%) of the thirty (30) largest banks in the United States. The interest rate shall be adjusted on January 1 of each year; and~~

~~(v) To immediately repay all funds loaned to the physician pursuant to this section, together with accrued interest, attorney fees and costs incurred in collection, if the physician breaches the contract during the three (3) year period.~~

~~(e) Any contracting entity shall be eligible to receive a loan under this section to the same extent as an individual physician. The contracting entity shall be required to establish that for the physicians whose services the entity provides, the entity has procured insurance which meets the requirements specified in subsection (e) of this section. The contracting entity shall be further required to contract with the state agreeing to meet the requirements of paragraphs (d)(iii) through (v) of this section, with the entity agreeing to meet the requirements imposed upon individual physicians. The contracting entity shall also agree that each physician providing services within Wyoming who is within its contracting group shall meet the provision of service requirements of paragraphs (d)(i) and (ii) of this section, with the duration being modified to a period of the lesser of the time the physician is a member of the contracting entity's group or three (3) years.~~

~~(f) At the times specified in the contract but in no event less than once per year, the physician or the contracting entity receiving a loan under this section shall submit documentation to the department showing compliance with the terms of the contract. The amount of loan to be made shall be the amount applied for but not to exceed the premium for coverage purchased by the individual physician or the contracting entity under subparagraph (c)(ii)(A) or (B) of this section and shall be prorated for the percentage of the physician's or the contracting entity's actual practice in Wyoming. The department may approve the making of the loan upon its determination of compliance with this section. Loan proceeds shall not be disbursed until the physician or contracting entity has purchased or will immediately purchase the required coverage.~~

~~(g) In addition to any other civil or criminal penalties that may be imposed by law, any physician or contracting entity who fails or refuses to fulfill the terms of the contract required under subsection (e) of this section shall~~

~~be in breach of the contract. The department may obtain the assistance of the attorney general to recoup the amount of loan and interest due under the contract, together with attorney fees and other costs of collection.~~

~~(h) The loan amounts and the name of a physician or contracting entity receiving loans under this section shall be a public record. Any other information used by the department in determining loans to physicians or contracting entities, including all information submitted to the department by a physician or contracting entity, under this article which is not already a matter of public record is confidential and is not a public record under W.S. 16-4-201 through 16-4-205.~~

~~(i) No loan shall be made under this section unless the physician or contracting entity has completed and submitted an application to the department on or before March 30, 2007.~~

(5) Office of Rural Health W.S. § 9-2-117

Problems and Recommendations

- (1) Language changes are recommended to clarify office functions.
- (2) Language specifying activity within Albany County (only) needs to be removed, as the office provides services to all counties in Wyoming.
- (3) Reference to Nurse Practitioners and Physician Assistants was inserted in 2009 when work for mid-levels was scarce. Now this is no longer an issue and ORH focuses on all licensed healthcare providers, as opposed to mid-levels alone.
- (4) The Physician Recruitment Grant program falls under ORH's purview; language should be added to the relevant statute.

Language Changes

§ 9-2-117. *Office of rural health ~~care~~ created; duties.*

- (a) The office of rural health ~~care~~ is created within the department of health. The office shall:
 - (i) Serve as a clearinghouse for information on primary health care services in communities and rural areas of Wyoming and provide for dissemination of information by appropriate means to interested citizens of the state;
 - (ii) Provide technical assistance and consultation services to communities and rural areas, including hospitals located in these communities and rural areas, and thereby assist citizens' groups, local officials and health professionals to:
 - (A) Recruit and retain health care professionals and support personnel as required;
 - (B) Assess health care needs and priorities ~~of families living in rural areas;~~ **in rural areas;**
 - (C) Identify sources of funding and programming, ~~including information on rural health care districts and the best beginnings program in Albany county;~~
 - (D) Establish strong working relationships with health care professionals throughout the state;
 - ~~(E) Encourage the development of risk management programs;~~
 - ~~(F)~~ **(E)** Assist in the development of rural health clinics;

~~(G) Design and implement programs enhancing state primary care services and state health promotion and disease prevention efforts.~~

(iii) Contract, if necessary, with other entities to carry out duties prescribed under this section, and to conduct an active and ongoing recruitment program for physicians and other health care professionals and to engage in the following activities:

- (A) Assist communities in their effort to recruit and retain physicians and other health care professionals;
- (B) Assist communities in the contact and evaluation of potential candidates;
- (C) Conduct community studies to ascertain viable support for health care professionals;
- (D) Assist physicians and other health care professionals and their families to find communities that will meet their needs and expectations;
- (E) Maintain close liaison with government and private sources of health care providers;
- (F) Assess the availability of healthcare providers in the state ~~nurse practitioners and physician assistants in the state and in coordination with other appropriate organizations, determine additional training needs for these health care professionals;~~
- (G) Facilitate incorporation of mid-level providers into the state health delivery system.

(iv) ~~Develop a consortium of~~ Collaborate with other state agencies, private health organizations, professional and community organizations in a continuing effort to improve needed rural, primary care and other health care services for the people of Wyoming;

(v) Administer the loan repayment programs created by W.S. 9-2-118 and 9-2-119;

(vi) Administer the physician recruitment grant program created by W.S. 35-1-1101;

~~(vi)~~ (vii) In collaboration with the state health officer and the state chief information officer, represent the department of health in a consortium of state agencies, private health organizations and professional and community organizations to facilitate the operations of a statewide interoperable telemedicine/telehealth network using existing internet protocol based communication and videoconferencing infrastructure and telecommunication services to the extent possible. The consortium shall:

- (A) Consist of members appointed by the director of the department of health to include the Wyoming chief information officer or the officer's designee;
- (B) Coordinate the development and promotion of statewide standards for an interoperable telemedicine/telehealth network and, where applicable, promote definitions and standards for statewide electronic health transactions;
- (C) Promote and conduct education programs that inform network users that information communicated through the use of telemedicine/telehealth shall conform with state and federal privacy and security laws and information security programs established by the state chief information officer;
- (D) Have the authority to seek funds for consortium operation and contract as needed to carry out its responsibilities.

~~(vii)~~ (viii) In collaboration with the state health officer and the state chief information officer or their designees, coordinate with appropriate state agencies to establish incentives to implement, promote and facilitate the voluntary exchange of secure telemedicine/telehealth network information between and among individuals,

entities and agencies that are providing and paying for services authorized under the Medicaid program, in conformity with rules adopted by the state chief information officer;

~~(viii)~~ ~~(ix)~~ In collaboration with the state health officer and the state chief information officer or their designees, develop and promote a common direction for a statewide interoperable telemedicine/telehealth network among state agencies, in conformity with rules adopted by the department of enterprise technology services.

SECTION 2 | REGULATORY CHANGES

(1) Kid Care CHIP W.S. §35-25-102(a)(iv)

Problems and Recommendations

Dental services are part of the essential health benefits mandated by the Affordable Care Act (ACA). The Department therefore recommends including them under this statute.

Language Changes

§35-25-102. *Definitions.*

(a) As used in this act:

(iv) "Private health insurance" means an individual insurance policy or contract for the purpose of paying for or reimbursing the cost of dental, hospital and medical care;

(2) Kid Care CHIP W.S. §35-25-104: Private Insurance Program Benefits.

Problems and Recommendations

As a result of the ACA, language needs to be added referencing the Essential Health Benefits when determining the minimum statutory benefit package for this program.

Language Changes

§ 35-25-104. *Private insurance program benefits*

A child eligible for services under this act shall receive benefits developed by the health benefits committee established under W.S. 35-25-105 that include cost sharing factors, not to exceed the maximum allowable under Public Law 105-33, exclusions and limitations. The benefit package shall include, at a minimum determined by the Essential Health Benefit Plan, inpatient and outpatient hospital services, physician services, laboratory and x-ray services, well-baby and well-child care including age appropriate immunizations and the additional services of prescription drug coverage, vision coverage and dental coverage which will include preventive and basic services developed by the health benefits committee.

(3) Kid Care CHIP W.S. §35-25-107(2)(a)

Problems and Recommendations

Due to requirements of the Affordable Care Act (ACA), the language that references any enrollment cap or freeze should be eliminated. The inclusion of language referencing cost containment actions that do not adversely affect "eligibility standards, methods and procedures" provides needed flexibility for the Department to address any projected budget shortfall while remaining in compliance with the ACA.

Language Changes

§ 35-25-107. *Program expenditures; monitoring; recommendations; required action to limit expenditures to budget available.*

(a) The department shall project monthly expenditures under this act each month through the end of the biennium based upon the level of activity for the previous months and the trend in expenditures compared to previous expenditures. ~~The Department may consider cost containment actions having no adverse effect on eligibility standards, methods and procedures. As per section 2105(d)(3) of the Social Security Act, as amended by section 2101(b) of the Affordable Care Act, the maintenance of effort (MOE) provision requires maintenance of CHIP eligibility standards, methods and procedures in effect on March 23, 2010. If the projections indicate that expenditures may exceed the federal and state funds available under this act, the department, may, by rule and regulation and subject to availability of funds, limit participation in the program under this section as follows:~~

- ~~(i) The department may impose a partial or total moratorium on new enrollments in the programs under this act until funds are available to meet the needs of new enrollees;~~
- ~~(ii) For current recipients of benefits under this act, priority for the continuation of funding shall be given to those families with the lowest incomes.~~

(4) Kid Care CHIP W.S. §35-25-107(2)(a)

Problems and Recommendations

Kid Care CHIP no longer resides within Community and Family Health; this should change to read “the division of health care financing.”

Language Changes

§ 35-25-107. Program expenditures; monitoring; recommendations; required action to limit expenditures to budget available.

(c) The funding for the child health insurance program shall be deemed to be included within the division of health care financing ~~community and family health division~~ line item within the department of health budget unless a separate line item is provided in the budget bill. General fund expenditures for the child health program shall not exceed the amount needed to match federal funds without explicit authorization enacted in the budget bill.

(5) Kid Care CHIP W.S. §35-25-111: Participation of parents or guardians; employer premium contribution.

Problems and Recommendations

This section of the statute was approved by the Legislature, but matching dollars at the federal level were eliminated. The state could implement the program using only State dollars; but the WDH recommends repealing this statute.

Language Changes

§35-25-111. Participation of parents or guardians; employer premium contribution.

~~(a) Subject to the approval of a waiver by the United States secretary of health and human services and subject to available state and federal funding, parents or guardians of children enrolled in the child health insurance program or the medical assistance program may be eligible for participation in the programs under the following conditions:~~

~~(i) One (1) of the parents or guardians in the household is working at a full or part-time job;~~

~~(ii) If the parents are separated or divorced, the noncustodial parent shall not be eligible for participation in the program;~~

~~(iii) The employer of the participating parent or guardian agrees to pay for at least one-half (1/2) of the monthly premiums of the health insurance plan selected by the parent or guardian under the provisions of subsection (b) of this section. For program participants who work less than an average of thirty (30) hours per week, the department may waive this provision and collect an hourly fee from the employer.~~

~~(b) Parents or guardians may participate in the program through the employer's health insurance plan or through a group plan contracted by the department for program participants under the provisions of W.S. 35-25-106(a). The department shall assess the qualifying parents and guardians a participation fee. The amount of the fee may vary depending upon the level of income greater than one hundred thirty-three percent (133%) of the federal poverty level. Parents or guardians with a household income of one hundred thirty-three percent (133%) of the federal poverty level or less shall not be assessed a participation fee.~~

~~(c) If an employer of a parent or guardian refuses to participate in the program, the parent or guardian who would otherwise qualify for the program under subsection (b) of this section may participate in the program by paying the employer's share of the premium as determined pursuant to paragraph (a)(iii) of this section. The funds from the parent or guardian may come from a health savings account, a third party or another source.~~

~~(d) In the group plan offered by the department, the package of benefits available to participating parents and guardians may vary depending upon qualifying household income. The plan offered by an employer is not subject to a benchmark set of benefits.~~

~~(e) If the parent or guardian is covered through an employer's group health insurance plan, the total amount of funding provided to the parent or guardian to participate in the employer's plan shall not exceed the cost that the department would pay for participation in the plan provided under W.S. 35-25-106(a), as adjusted for parents, minus the employer's contribution under paragraph (a)(iii) of this section and the employee's contribution under subsection (b) of this section.~~

~~(f) Students who are attending the University of Wyoming or a state community college shall not be disqualified pursuant to paragraph (a)(i) of this section provided they qualify under the work-study provisions of the temporary assistance to needy families program.~~

~~(g) The total enrollment of parents, guardians and students through the waiver in the child health insurance program or the medical assistance program shall not exceed three thousand seven hundred twenty (3,720) for the 2007-2008 biennium and the total enrollment for future biennia shall be as determined in the applicable budget bill.~~

(6) Medicaid Eligibility Chapter 42 | Medicaid Eligibility Program

Problems and Recommendations

Due to the transition of Medicaid eligibility functions to centralized customer service centers operated or managed by the Department of Health, the statute should be updated to accurately reflect the eligibility functions and align with the new service delivery model as required by the Affordable Care Act.

Note that applicants may continue to submit Medicaid applications through local DFS offices.

Language Changes

Update administration changes throughout the Chapter to include the Department of Health and the Department of Family Services

(7) Medicaid Fraud and Abuse Estate Recovery W.S. § 42-4-206

Problems and Recommendations

The Senate enacted Medicaid Recoveries and Liens as the Original Senate File No. 11 in the 1994 legislative session to create W.S. 42-4-206 to comply with federal mandates in the Omnibus Budget Reconciliation Act of 1993. W.S. 42-4-206(f) requires that “the department of family services shall establish procedures, in accordance with standards specified by the secretary of health and human services, under which the department shall waive the application of this section if application would work and undue hardship on the basis of criteria established by the secretary”.

The Medicaid Fraud and Abuse Estate Recovery Program however, is located in the Department of Health and has been for many years. Under a current memorandum of understanding with the Department of Family Services, the Department of Health performs the function of determining when an undue hardship exists.

The Department recommend changes in Chapter 42-4-206 to eliminate the need for a Memorandum of Understanding between the Department of Health and Department of Family Services in administering this program.

Language Changes

§ 42-4-206. *Claims against estates*

(a) If an individual receives any medical assistance pursuant to this chapter, upon the individual's death, if single, or upon the death of the survivor of a married couple, either of whom received medical assistance, the total amount paid for medical assistance rendered for the individual or the spouse shall be filed by the department **of health** as a claim against the estate of the individual or the estate of the surviving spouse in the court having jurisdiction to probate the estate. A claim shall be filed if medical assistance was rendered for either person under one (1) of the following circumstances:

(b) The claim shall be considered an expense of the last illness of the decedent. Any statute of limitations which attempts to limit the department **of health** to recover for medical assistance provided pursuant to this chapter shall not apply to any claim made under this section for reimbursement for the medical assistance.

(f) The department of ~~health family services~~ shall establish procedures, in accordance with standards specified by the secretary of health and human services, under which the department of health shall waive the application of this section if application would work an undue hardship on the basis of criteria established by the secretary.

(8) State Supplemental Security Income Program

W.S. § 42-2-103(d)

Problems and Recommendations

The State Supplemental Security Income Program in Title 42 is tied to Medicaid clients and has been automated within the new Wyoming Eligibility System. The Department recommends specifying responsibility within the statute.

Language Changes

§ 42-2-103. Provision of assistance and services; duties of department; burial assistance; state supplemental security income program.

(d) The department of health shall administer a state supplemental security income program entitling any individual receiving payments under the federal supplemental security income program with no other income during any one (1) calendar month, to a payment for each month the condition exists. The monthly payment under this subsection shall be established by the legislature within the department's biennial budget appropriation, which shall not be less than the required payment under applicable federal law.

(9) Adult Foster Care Pilot Projects

W.S. §42-6-105(a)

Problems and Recommendations

No Adult Foster Care Homes have been established in this pilot project since originating legislation was passed in 2007. The Department of Health believes that some of the main obstacles towards establishing these homes are the requirements of current legislation. Identified obstacles include requirements such as private bathrooms for each resident room (a)(v) and evacuation procedures (a)(iv) that make it difficult to convert a single family home into an adult foster care home. The Department believes that other safeguards in the legislation -- e.g. the inspection requirement in (a)(ii) and sections (b) through (e) -- are sufficient to ensure the safety of residents, while reducing the barriers to entry in this new provider type.

Language Changes

§ 42-6-105. Adult foster care homes; licensure; suspension or revocation.

(a) The department may initiate and license an adult foster care pilot project subject to the following:

~~(iv) The home shall have the ability to evacuate all resident clients within three (3) minutes in case of emergency;~~

~~(v) The home shall provide a private room with a handicapped accessible bathroom for each resident client. Spouses occupying the same room by mutual consent shall be deemed to have a private room;~~

SECTION 3 | PREFERENCE CHANGES

(1) Free- Standing Emergency Center W.S. §35-2-901

Problems and Recommendation

The Department receives inquiries from parties interested in establishing these types of healthcare providers / facilities in Wyoming. Currently, if these parties are not part of a licensed or certified healthcare facility, the Healthcare Licensing and Survey (HLS) office does not have specific statutory authority or licensure rules for them. The Healthcare Licensing and Survey office has general statutory authority to inspect and license these new entities under W.S. 35-1-240(a)(xiii). However, new rules will still need to be required.

The Department therefore recommends a statutory change in this section to include these types of facilities.

Language Changes

§ 35-2-901. *Definitions; applicability of provisions*

(a) As used in this act:

(xxvii) **Free-Standing Emergency Center: A facility physically separate from a hospital, which uses in its title or in its advertising, the words “emergency,” “urgent care,” or parts of those words or other language or symbols which imply or indicate to the public that immediate medical treatment is available to individuals suffering from a life-threatening medical condition. The facility rendering such care is capable of treating all medical emergencies that have life-threatening potential. Any patient needing admission to a hospital would be transferred.**

(2) Columbariums W.S. § 35-8-402.

Problems and Recommendation

The State Health Officer and the Office of Healthcare Licensing and Survey have advised that columbariums (vaults that hold cremated remains) are not health-care related and the WDH has no program and/or rules applicable to their construction.

The Department therefore suggest placing the authority and jurisdiction for this non-health care construction with the local municipality.

Language Changes

§ 35-8-402. *Regulations and specifications generally; application to certain columbariums*

(a) No person, firm, partnership, association, company or corporation shall construct any community vault, crypt, columbarium or mausoleum, wholly or partially above the surface of the ground, to be used to contain the body or remains of any dead human being unless the same shall be located within the confines of an established cemetery containing not less than five (5) acres, which cemetery shall have been in existence and operation for a period of at least five (5) years immediately preceding the time of the erection thereof, nor

until plans and specifications ~~therefor~~ shall be approved by the local county or municipality ~~the state board of health [department of health]~~. Such plans and specifications shall set forth the sections, halls, rooms, corridors, elevators or other subdivisions thereof, with their descriptive names and numbers, and shall provide:

(b) The person making application shall file a certificate of such approval, signed by the appropriate local authority, ~~state health officer~~, with a copy of such plans and specifications, in the office of the county clerk of the county wherein such structure is to be erected, and such clerk shall retain the same on file. No crypt, room or niche in any community mausoleum, columbarium or structure shall be sold or offered for sale until such structure shall be entirely completed.

(3) Behavioral Health Division - Home and Community Based Waivers **W.S. § 42-4-120(f)**

Problems and Recommendation

The account is no longer in existence and the Behavioral Health Division is not funding emergencies separate from other waiver funding.

The Department therefore recommends deleting the reference of the emergency contingency account and reporting requirements in the statute.

Language Changes

§ 42-4-120. Contracts for waiver services; authority of department; emergency case services; cost based payments; training and certification of specialists.

(f) The department, not later than April 1, 2008, shall promulgate rules under which an emergency case shall be determined to exist with respect to eligibility for federal home and community based waiver services for persons with developmental disabilities or adult brain injury under this act. ~~Upon a finding by the department that an emergency exists under this subsection, the department in accordance with its rules and regulations shall make necessary expenditures for the recipient from the emergency contingency account established for that purpose. Expenditures from the emergency contingency account shall be limited to those services necessary to provide authorized customary services as provided by home and community based waivers for persons with developmental disabilities or adult brain injury in response to the emergency situation until the emergency no longer exists or eligibility under this act can be determined and any necessary services provided from nonemergency funding sources. The developmental disabilities division of the department of health shall submit an accounting to the joint appropriations interim committee and the joint labor, health and social services interim committee by October 1 of each year regarding total expenditures and the number of persons provided emergency services pursuant to this subsection.~~

(4) Health Advisory Council **W.S. § 9-2-107(b)**

Problems and Recommendation

The Department of Health recommends disbanding the Health Advisory Council. Because the Department works closely with the Joint Labor, Health and Social Services interim committee, especially the committee's co-chairs who also serve on the health advisory council, the Department questions the value of the advisory

council. Additionally, it is difficult to schedule the required meetings due to the varying and busy schedules of the members of the advisory council.

Finally, the Department proposes the elimination of the advisory council to further the Governor's efforts to streamline state government. The Department already works with over fifteen other health-related advisory groups, which include the Behavioral Health Advisory Council, the Council on Developmental Disabilities, the Developmental Disabilities Division Advisory Council, the Early Intervention Council, the Employment First Task Force, the Facilities Task Force, the Food Safety Council, the Health Benefits Plan Committee, the Health Insurance Exchange Steering Committee, the Governor's Council on Impaired Driving, the Independent Living Council, the Senior Services Board, the Veterans' Commission, the Advisory Committee on EMS and Trauma, the Volunteer EMT Pension Board -- not to mention the numerous other professional licensing boards in the State.

The council meets twice a year; once via conference call and one face-to-face meeting, usually held in conjunction with the Joint Labor, Health and Social Services interim committee meetings. Travel expenses and per diem for SFY 2013 were \$2,832.33.

Language Changes

Eliminate W.S. § 9-2-107(b)-(h)

§9-2-107. Division advisory councils; appointment; departmental advisory council; created; term; composition; meetings; removal of members; selection of officers; vacancies; expenses.

~~(b) There is created within the department an advisory council of not more than eleven (11) members appointed by the governor. Each member shall serve a two (2) year term. The council shall be composed of:~~

- ~~(i) One (1) member of the senate appointed by the president of the senate;~~
- ~~(ii) One (1) member of the house of representatives appointed by the speaker of the house of representatives;~~
- ~~(iii) Repealed by Laws 1991, ch. 221, 3.~~
- ~~(iv) One (1) member recommended by each of the divisional councils within the department;~~
- ~~(v) Repealed by Laws 1991, ch. 221, 3.~~
- ~~(vi) Up to four (4) members at large.~~

~~(c) Repealed by Laws 1991, ch. 221, 3.~~

~~(d) The departmental advisory council shall meet at least two (2) times each year.~~

~~(e) The governor may remove any member of the departmental advisory council as provided in W.S. 9-1-202.~~

~~(f) At the first meeting of the departmental advisory council, and annually thereafter when new appointments are made, a chairman, vice chairman and secretary shall be selected from among the membership vote of the council members.~~

~~(g) Any vacancy caused by the death, removal, resignation or disqualification of any appointed member of the departmental advisory council shall be filled by the governor appointing a successor.~~

(h) Members of the departmental advisory council shall not receive compensation for their services, but when actually engaged in the performance of their duties, they shall receive travel expenses, per diem and mileage expenses in the same manner and amount as employees of the state.

(5) Allied health care provider repayment program W.S. § 9-2-119

Problems and Recommendation

Loan debt for healthcare professionals has increased drastically. Many mid-levels, nurses, social workers, etc. have debt similar to that of physicians and dentists upon graduation. The amount per year allowed under this program should be adjusted upward to continue to entice and retain providers in our neediest areas.

Language Changes

§ 9-2-119. *Increase in the maximum amount allowed per year.*

(a) The department is authorized to enter into agreements with health care providers licensed or certified to provide health care services in this state including, but not limited to, hospital, medical, surgical, dental, vision, nursing, radiology, mental health, speech language pathology and pharmaceutical services. The agreements shall:

(ii) Provide that the health care provider shall be repaid up to one hundred percent (100%) of the amount of outstanding educational loans the provider has acquired as a direct result of undergraduate or postgraduate educational training directly related to providing medical services, not to exceed ~~ten (\$10,000)~~ **twenty thousand dollars (\$20,000.00)** per year, in exchange for practicing under the terms of this section;

(6) Physician Recruitment Grant Program W.S. § 35-1-1101

Problems and Recommendation

This statute needs to be updated to be more flexible. Specifically:

(1) The Department recommends replacing “physician” with “provider” throughout. Physicians are not the only need in an area. Nurse practitioners in Wyoming can also practice independently and at times, nurse practitioners may be more available or/and more desirable (pay may be less which is more feasible for smaller, rural areas).

(2) Vacancies do not occur at a certain time of year. The Department recommends removing specific months from the statute to allow the agency flexibility to award and fill vacancies at any time when the need arises. This elimination also allows unexpended money to be re-awarded rather than reverted back to general funds when an entity is not successful in recruiting.

(3) The State does not contract with the provider, but with the recruiting entity. Therefore, repayment, if necessary, should be from the recruiting entity. There is nothing precluding the recruiting entity from not passing this on to the provider via their own agreement.

(4) Entities currently have to return funds for unsuccessful recruiting efforts. The initial advertising costs, however, are cost-prohibitive to smaller entities or persons. Not recouping the \$10K incentive payment regardless of whether there is a successful recruitment or not is expected to increase the entities applying; they are then able to take the risk. The advertising efforts, search attempts, and referrals generated with the incentive funding are required to be documented in order to be reimbursed and the efforts made in one year can benefit a community for many years to follow.

(5) W.S. 9-2-118 is the Loan Repayment Program for Physicians and Dentists. While the programs can intertwine, requiring that they do so ties up loan repayment money that may be lost if in the final months a recruitment falls through. The ability to link is still there as both programs are managed in the same office, but requiring a link via legislation leads to unexpended funds despite the need.

Language Changes

§ 35-1-1101. *Administration to include altering timelines to allow program to be effective and to expand to all healthcare providers.*

ARTICLE 11

PHYSICIAN PROVIDER RECRUITMENT GRANT PROGRAM

35-1-1101. ~~Physician~~ Provider recruitment grant program.

- (a) There is created the Wyoming ~~physician~~ provider recruitment program administered by the department.
- (b) There is created the Wyoming ~~physician~~ provider recruitment account. Funds in the account are continuously appropriated to the department to provide grants for ~~physician~~ provider recruitment. Up to ten percent (10%) of the funds may be used to advertise the ~~physician~~ provider recruitment program.
- (c) ~~In July of each year, the~~ The department shall solicit ~~physician~~ provider recruitment applications from hospitals, physicians and others seeking to recruit ~~physicians~~ providers. The applications shall be prioritized by need based on geographic area, then by medical need within the geographic area. ~~A~~ Priority shall be given to recruitment ~~to~~ of private ~~physician~~ practice providers. ~~In September of each year, t~~ The department shall issue award letters to the persons or entities receiving grant authorizations within 60 days of the application cycle's close date. The grant authorizations shall authorize the person or entity receiving it, for a period of one (1) year, to make a firm offer of recruitment incorporating the benefits authorized by this section ~~and~~ and ~~W.S. 9-2-118~~ to a candidate, conditioned upon Wyoming licensure and the candidate's signed written agreement to the conditions of this section ~~and~~ and ~~W.S. 9-2-118~~.
- (d) The department shall promulgate rules and regulations to administer the program, including provisions for:
 - (i) Application forms for grants under the program;

(ii) Termination of grants and full or partial repayment if a ~~physician~~ provider fails to comply with the conditions of this section, rules and regulations of the department adopted pursuant to this section or the terms of the written incentive agreement;

(iii) Reporting requirements for grant recipients.

(e) Grants provided under this section shall be subject to the following:

(i) The ~~physician~~ provider shall be recruited to a stipulated geographic area;

(ii) A ~~practitioner~~ provider shall relocate his practice to the state of Wyoming from outside of the state to be eligible for a grant. ~~Practitioners~~ Providers relocating to the state of Wyoming to become employed by the state or by the United States shall not be eligible for grants. The requirement to move from outside of Wyoming in this paragraph shall not apply to physicians providers taking recruited from a family practice residency in the state or physicians recruitment of providers employed by the United States department of defense;

(iii) The recruitment conditions between the a hospital and the a physician shall meet the conditions set forth in 42 C.F.R. 411.357(e), ~~as amended September 5, 2007;~~

(iv) Recruitment of new ~~physicians~~ providers shall be based on demonstrable need. Those recruiting persons or entities demonstrating the greatest need, in the discretion of the department shall be given the highest priority in receiving grants pursuant to this section;

(v) All recruitment incentives shall be in writing and shall be reported on federal income tax forms;

(vi) The recruited ~~physician~~ provider shall agree to provide medical services in the community to which he was recruited for a period of not less than two (2) years or ~~he~~ the recruiting entity shall repay any monies granted under this section to the state of Wyoming plus interest at the rate of ten percent (10%) per annum;

(vii) The recruited ~~physician~~ provider shall agree to provide medical care for not less than two (2) years in underserved areas of the state and shall accept patients qualified under the Medical Assistance and Services Act, Title XVIII of the federal Social Security Act and the child health insurance program who seek medical care which the health care provider is qualified to provide or ~~he~~ the recruiting entity shall repay any monies granted under this section to the state of Wyoming plus interest at the rate of ten percent (10%) per annum;

(viii) Costs reimbursed through grants under the program may include:

(A) As incentive to the ~~physician~~ provider recruitment process, recruitment actual costs, up to ten thousand dollars (\$10,000.00) per recruited ~~physician~~ provider, may be ~~reimbursed~~ provided to the ~~successful~~ recruiting person or entity paying those costs. Expense records, to include sufficient documentation, will be provided to the state of Wyoming prior to request for reimbursement under (B), (C), and (D) below;

(B) Relocation expenses, not to exceed twenty thousand dollars (\$20,000.00);

(C) Malpractice insurance premium for two (2) years, not to exceed ten thousand dollars (\$10,000.00) per year;

(D) Signing bonuses not to exceed thirty thousand dollars (\$30,000.00).

~~(ix) Agreements between the department and physicians pursuant to W.S. 9-2-118 may be coordinated with grants and incorporated into grant agreements pursuant to this section; and~~

~~(x) The department in administering the program shall attempt to issue at least one-half (1/2) of all grants for physicians whose practice in Wyoming is in connection with a for-profit business enterprise.~~

(f) As used in this section:

(i) "Department" means the department of health;

(ii) "Hospital" means a county memorial, rural health care district or special hospital district formed and licensed under the laws of the state;

(iii) "~~Physician~~ Provider" means an individual licensed or eligible to be licensed practice a healthcare profession in Wyoming under Wyoming statutes, Title 33 ~~under the laws of this state to practice medicine;~~

(iv) "Program" means the Wyoming ~~physician~~ provider recruitment grant program;

(v) "Recruiting entity" means a hospital, physician, clinic or other appropriate local organization.