

SENATE FILE NO. SF0088

Health care reform.

Sponsored by: Senator(s) Rothfuss and Representative(s)
Connolly

A BILL

for

1 AN ACT relating to health care; prohibiting specified
2 practices relating to emergency care; requiring a private
3 health benefit plan to cover certain adult children;
4 generally prohibiting discrimination by a private health
5 benefit plan based on health status; creating a multi-payer
6 health claims database; requiring an insurer to provide
7 specified health claims data to group purchasers of private
8 health benefit plans; providing penalties and civil
9 liability for misuse of specified health claims data;
10 requiring the creation of an electronic prescribing system;
11 specifying requirements relating to health care facility
12 billing; creating a prescription drug importation program;
13 creating a Medicaid buy-in program; creating a Medicaid
14 prescription drug program for insurers; requiring the
15 department of health to conduct outreach to specified

1 persons regarding contraceptive services and supplies;
2 clarifying that all political subdivisions may make
3 coverage through the state employees' and officials' group
4 health insurance program available to their officers and
5 employees; clarifying provisions relating to epinephrine
6 auto-injectors in school districts; providing that
7 specified interest rates relating to health care charges
8 and debts are unlawful; requiring the submission of a
9 waiver application relating to the Medicaid buy-in program;
10 requiring specified actions relating to the expansion of
11 Medicaid and the child health insurance program; requiring
12 studies and reports; requiring specified actions relating
13 to telemedicine; making conforming amendments; requiring
14 the promulgation of rules; repealing provisions; and
15 providing for effective dates.

16

17 *Be It Enacted by the Legislature of the State of Wyoming:*

18

19 **Section 1.** W.S. 9-3-219, 26-34-136, 26-43-301
20 through 26-43-305, 26-43-401 through 26-43-407, 33-24-159,
21 35-2-618, 35-7-2201, 42-4-122, 42-4-123 and 42-5-103 are
22 created to read:

23

1 **9-3-219. Applicability of specified provisions.**

2

3 W.S. 26-43-301 through 26-43-407 apply to a health
4 insurance plan issued under this act.

5

6 **26-34-136. Applicability of specified provisions.**

7

8 W.S. 26-43-301 through 26-43-407 apply to a health
9 insurance plan issued by a health maintenance organization
10 under this act.

11

12 ARTICLE 3

13 WYOMING HEALTH INSURANCE REFORM ACT

14

15 **26-43-301. Short title.**

16

17 This article may be cited as the "Wyoming Health Insurance
18 Reform Act."

19

20 **26-43-302. Definitions.**

21

22 (a) As used in this article and W.S. 26-43-401
23 through 26-43-407:

1

2 (i) "Health care provider" means a person or
3 facility which is licensed, certified or otherwise
4 authorized or permitted by the laws of this state to
5 administer health care in the ordinary course of business
6 or practice of a profession;

7

8 (ii) "In-network" means an express or implied
9 contract between an insurer, or its contractor or
10 subcontractor, and a health care provider in which the
11 provider has agreed to make specified health care drugs,
12 devices and services available to a person covered by a
13 private health benefit plan and to receive payment or
14 reimbursement, other than any applicable copayment,
15 coinsurance or other cost-sharing requirement, at a rate
16 agreed upon by the insurer and provider;

17

18 (iii) "Insurer" means any entity defined in W.S.
19 26-1-102(a)(xvi) who provides health insurance coverage in
20 this state, including a health maintenance organization,
21 the state employees' and officials' group health insurance
22 plan and any provider of a plan made available under W.S.
23 9-3-201;

1

2 (iv) "Private health benefit plan" means as
3 defined in W.S. 26-1-102(a)(xxxiii), and includes a
4 nonfully funded multiple employer welfare arrangement, the
5 state employees' and officials' group health insurance plan
6 and any plan made available under W.S. 9-3-201, but
7 excludes any employee welfare benefit plan that is not
8 subject to state regulation, as defined in 29 U.S.C. 1002.

9

10 **26-43-303. Prohibition on balance billing, prior**
11 **authorization and increased cost-sharing by insurers for**
12 **emergency care; maximum threshold for emergency care made**
13 **available by specified health care providers.**

14

15 (a) Except as otherwise provided in this subsection,
16 an insurer is solely liable for payment of all charges for
17 medically necessary emergency care which is provided to a
18 person covered by a private health benefit plan, whether or
19 not the care was made available by an in-network health
20 care provider. An insurer may impose the same copayment,
21 coinsurance, deductible or other cost-sharing requirement
22 which is specified in a private health benefit plan for
23 medically necessary emergency care provided by an

1 in-network health care provider for care which is made
2 available by a provider who is not in-network. A person
3 covered by a private health benefit plan is not liable for
4 any differential between an insurer's in-network health
5 care provider rates or allowed costs for medically
6 necessary emergency care and any rates actually charged by
7 the health care provider for emergency care or any payments
8 or reimbursements actually made by an insurer. An insurer
9 shall not increase the premium, copayment, coinsurance,
10 deductible or other cost-sharing requirement of a person
11 covered by a private health benefit plan or reduce or limit
12 any benefit based on this subsection.

13

14 (b) A health care provider, excluding a person who
15 provides air ambulance evacuation, shall not charge a
16 person, or make a demand for payment or reimbursement to an
17 insurer, for medically necessary emergency care in an
18 amount greater than one hundred twenty-five percent (125%)
19 of the amount that would be allowable under the federal
20 Medicare program for the emergency care.

21

22 (c) An insurer shall not require prior authorization
23 for medically necessary emergency care.

1

2 (d) Coverage for medically necessary emergency care
3 shall be made available to a person covered by a private
4 health benefit plan whether or not the health care provider
5 who makes emergency care available is in-network.

6

7 (e) This section shall not apply to medically
8 necessary emergency care made available by a health care
9 provider outside the United States.

10

11 **26-43-304. Enrollment of specified adult children in**
12 **health insurance coverage.**

13

14 (a) An insurer who issues a private health benefit
15 plan which provides coverage for dependents shall make
16 coverage available to an adult child of a policyholder
17 until the child reaches twenty-six (26) years of age.
18 Coverage provided to an adult child under this subsection
19 must be identical to the coverage provided to the
20 policyholder.

21

1 (b) An insurer shall not be required to make coverage
2 available for the spouse or dependent of an adult child of
3 a policyholder.

4

5 **26-43-305. Prohibition against discrimination by an**
6 **insurer based on health status.**

7

8 (a) An insurer shall not fail to issue a private
9 health benefit plan to any person based on the health
10 status of the person or the spouse or dependent of the
11 person. For the purposes of this section, health status
12 includes:

13

14 (i) A preexisting medical condition of a person,
15 including any physical or mental illness;

16

17 (ii) The claims history of a person, including
18 any prior health care drugs, devices and services made
19 available to the person;

20

21 (iii) Genetic information;

22

1 (iv) Any increased risk for illness, injury or
2 any other medical condition, status or characteristic of a
3 person.

4

5 (b) An insurer that issues a private health benefit
6 plan shall not:

7

8 (i) Deny, limit or exclude a benefit based on
9 the health status of a person covered by a private health
10 benefit plan; or

11

12 (ii) Require any person covered by a private
13 health benefit plan, as a condition of issuance or renewal,
14 to pay a premium, deductible, copayment, coinsurance or
15 other cost-sharing requirement based on the person's health
16 status which is greater than any premium, deductible,
17 copayment, coinsurance or other cost-sharing requirement
18 charged to another person covered by a private health
19 benefit plan who does not have a similar health status.

20

21 (c) An insurer that issues a private health benefit
22 plan shall not adjust a premium, deductible, copayment
23 coinsurance or other cost-sharing requirement for any

1 person covered by a private health benefit plan on the
2 basis of genetic information.

3

4

ARTICLE 4

5

WYOMING HEALTH CARE PRICING TRANSPARENCY ACT

6

7

26-43-401. Short title.

8

9 This article may be cited as the "Wyoming Health Care
10 Pricing Transparency Act."

11

12

26-43-402. Definitions.

13

14

(a) As used in this article:

15

16

17

(i) "Department" means the department of health
created pursuant to W.S. 9-2-101(a);

18

19

20

(ii) "Medical assistance" means as defined in
W.S. 42-4-102(a)(ii).

21

22

23

(b) The definitions in W.S. 26-43-302(a) apply to
this article.

1

2 **26-43-403. Multi-payer health claims database;**
3 **standards; civil penalty for failure to submit data.**

4

5 (a) Notwithstanding any contract or provision of law
6 which provides for the confidentiality of the information
7 described in this section, an insurer which issues a
8 private health benefit plan and persons administering
9 medical assistance shall provide to the department at no
10 charge, not less than on a quarterly basis, all claims data
11 relating to medical diagnoses, procedures, prescription
12 drugs, eligibility spans, demographics and other related
13 categories which the department may require by rule.

14

15 (b) The department shall establish or join a
16 multi-payer health claims database and deposit the data
17 made available pursuant to subsection (a) of this section
18 into the database on a quarterly basis. In determining
19 whether to establish or join a multi-payer health claims
20 database, the department shall consider all of the
21 following:

22

1 (i) Cost-effectiveness to the state of Wyoming
2 relating to establishing or joining a database;

3

4 (ii) Utility of the data which will be made
5 available through establishing or joining a database,
6 including medical assistance claims data;

7

8 (iii) Availability of qualified personnel to
9 ensure the data is used effectively and in a secure manner;

10

11 (iv) Any other factor determined by the
12 department to be relevant to its decision under this
13 subsection.

14

15 (c) The department shall ensure that the data
16 deposited in the multi-payer health claims database
17 pursuant to subsection (b) of this section is used for:

18

19 (i) Public health research and investigations
20 conducted by the state of Wyoming and its political
21 subdivisions;

22

1 (ii) Comparison of the quality and pricing of
2 health care by health care purchasers, including employers
3 and consumers. The department shall make a subset or
4 summary of the data required to be provided under
5 subsection (a) of this section available for the purposes
6 of this paragraph. The department shall ensure that the
7 data required to be made available under this paragraph is
8 provided to the public through an internet website;

9

10 (iii) Design and evaluation of alternative
11 health care delivery and payment models conducted by the
12 state of Wyoming, research institutions and institutions of
13 higher education selected by the department.

14

15 (d) The data required to be provided under subsection
16 (a) of this section shall be made available in the most
17 detailed form which complies with federal law, including
18 the Health Insurance Portability and Accountability Act of
19 1996, P.L. 104-191, as amended.

20

21 (e) Data made available pursuant to subsection (a) of
22 this section shall be used only for the purposes set forth
23 in subsection (c) of this section and as otherwise required

1 by law. A violation of this subsection shall be punished as
2 specified in W.S. 26-43-405. A person may file a complaint
3 relating to a suspected violation of this subsection with
4 the department in the manner prescribed by rule.

5
6 (f) An insurer which fails to make available the data
7 required pursuant to subsection (a) of this section shall
8 be subject to a civil penalty imposed by the department in
9 the amount of ten thousand dollars (\$10,000.00) per
10 transaction or occurrence.

11
12 (g) An employee welfare benefit plan that is not
13 subject to state regulation, as defined in 29 U.S.C. 1002,
14 may make the data specified under subsection (a) of this
15 section available to the multi-payer claims database by
16 entering into a written agreement with the department.

17
18 **26-43-404. Health claims data access for group**
19 **purchasers of private health benefit plans; standards;**
20 **civil penalty for failure to make data available.**

21
22 (a) Notwithstanding any contract or provision of law
23 which provides for the confidentiality of the information

1 described in this section, an insurer which provides
2 coverage to a group purchaser of a private health benefit
3 plan shall, at no charge and not more than twice per year,
4 provide to the group purchaser upon written request:

5

6 (i) All claims data relating to benefits paid by
7 the insurer on behalf of persons covered by the private
8 health benefit plan, pursuant to a contract with the group
9 purchaser, over the preceding six (6) months;

10

11 (ii) Sufficient data relating to the claims of
12 persons covered by the private health benefit plan to allow
13 the group purchaser of the plan to calculate the cost
14 effectiveness of benefits provided by the insurer over the
15 preceding six (6) months. This data shall include:

16

17 (A) Data necessary to calculate the
18 insurer's actual rates or allowed costs relating to health
19 care drugs, devices and services, organized by drug, device
20 and service category or category of disease;

21

22 (B) Data relating to demographics,
23 prescriptions, office visits with a health care provider,

1 inpatient services, outpatient services, diagnostic
2 procedures and laboratory tests of persons covered by the
3 private health benefit plan;

4

5 (C) Data necessary to make calculations
6 which are required to comply with the risk adjustment,
7 reinsurance and risk corridor requirements of 42 U.S.C.
8 18061 through 18063, as applicable;

9

10 (D) Data used to establish an experience
11 rating for persons covered by the private health benefit
12 plan, including coding relating to diagnostics and
13 procedures, the total amount charged to any person,
14 including a health care provider and the person covered by
15 the private health benefit plan, for each drug, device or
16 service made available to the person and all payments or
17 reimbursements made to a health care provider,
18 administrator, pharmaceutical company, pharmacy benefit
19 manager or medical device manufacturer relating to a drug,
20 device or service made available to the person covered by
21 the private health benefit plan.

22

1 (b) In addition to the data required to be made
2 available under subsection (a) of this section, an insurer
3 shall also provide a summary report relating to the data,
4 including sufficient detail to demonstrate the percentage
5 of increase or decrease for each category of information,
6 as applicable, over the preceding five (5) years or the
7 date on which the insurer first entered into a contract
8 with the group purchaser, whichever is later.

9

10 (c) An insurer shall provide the data required by
11 subsection (a) of this section in:

12

13 (i) An electronic format which is easily
14 searchable; and

15

16 (ii) The most detailed form which complies with
17 federal law, including the Health Insurance Portability and
18 Accountability Act of 1996, P.L. 104-191, as amended.

19

20 (d) A group purchaser shall not disclose the data
21 made available by an insurer under this section to any
22 other person, except a person under contract with the group
23 purchaser to assist the purchaser with analysis of the data

1 and except as otherwise required by law. A person under
2 contract with a group purchaser to analyze data shall not
3 disclose the data made available under this section to any
4 other person, except that the person under contract may
5 provide a deidentified summary to a group purchaser
6 relating to a data comparison with other group purchasers.
7 An insurer shall not require a group purchaser to contract
8 with the insurer to analyze the data made available under
9 this section and shall not impose any restrictions on
10 analysis of the data which are not imposed by this section.
11 A violation of this subsection shall be punished as
12 specified in W.S. 26-43-405. A person may file a complaint
13 relating to a violation of this subsection with the
14 department in the manner prescribed by rule.

15

16 (e) A group purchaser, and any person under contract
17 with the group purchaser, shall have policies and
18 procedures in place which are compliant with federal law,
19 including the Health Insurance Portability and
20 Accountability Act of 1996, P.L. 104-191, as amended, to
21 ensure the privacy and security of the data made available
22 under this section.

23

1 (f) An insurer which fails to make available the data
2 required pursuant to subsection (a) of this section shall
3 be subject to a civil penalty imposed by the department in
4 the amount of ten thousand dollars (\$10,000.00) per
5 transaction or occurrence.

6

7 (g) An employee welfare benefit plan that is not
8 subject to state regulation, as defined in 29 U.S.C. 1002,
9 may make the data specified under subsection (a) of this
10 section available to group purchasers after entering into a
11 written agreement with the department.

12

13 (h) As used in this section, "group purchaser" means:

14

15 (i) An employer with not less than fifty (50)
16 employees enrolled in a private health benefit plan issued
17 by an insurer;

18

19 (ii) A group of employers which cumulatively
20 employ not less than fifty (50) employees as part of a
21 nonfully funded multiple employer welfare arrangement;

22

1 (iii) The state employees' and officials' group
2 health insurance plan; and

3

4 (iv) Any plan made available under W.S. 9-3-201.

5

6 **26-43-405. Penalties for misuse of health claims**
7 **data; applicability.**

8

9 (a) A violation of W.S. 26-43-403(e) or 26-43-404(d)
10 shall be punished as follows:

11

12 (i) For a violation committed by a person who
13 did not have knowledge of the violation or failed to
14 exercise reasonable care under the circumstances, the
15 person shall be subject to a civil penalty imposed by the
16 department of not less than one thousand dollars
17 (\$1,000.00) and not more than ten thousand dollars
18 (\$10,000.00);

19

20 (ii) Except as otherwise provided by paragraph
21 (iii) of this subsection, for a knowing violation committed
22 by a person or a violation based on willful neglect, the
23 violation constitutes a high misdemeanor and shall be

1 punished by imprisonment for not more than one (1) year, a
2 fine of not more than ten thousand dollars (\$10,000.00), or
3 both;

4
5 (iii) A knowing violation, or a violation based
6 on willful neglect, committed by a person with the intent
7 to use, or allow another person to use, the health claims
8 data made available under this article for commercial
9 advantage constitutes a felony and shall be punished by
10 imprisonment for not more than five (5) years, a fine of
11 not more than fifty thousand dollars (\$50,000.00), or both.

12
13 (b) This section shall not apply to any violation
14 based on health claims data which is publicly available at
15 the time of the violation.

16
17 **26-43-406. Civil liability for misuse of health**
18 **claims data; applicability.**

19
20 (a) A person injured by a knowing violation of W.S.
21 26-43-403(e) or 26-43-404(d), or a violation of either
22 section based on willful neglect, with the intent to use,
23 or allow another person to use, the health claims data made

1 available under those sections for commercial advantage,
2 may maintain a civil action against the person who
3 committed the violation, whether or not the person was
4 convicted of any offense under W.S. 26-43-405, and recover
5 actual and consequential damages, reasonable attorney's
6 fees and court costs relating to the injury.

7

8 (b) Except as otherwise provided by the Wyoming
9 Governmental Claims Act, W.S. 1-39-101 through 1-39-120,
10 this section shall not apply to any action or inaction of
11 an employee or officer of a governmental entity, as defined
12 in W.S. 1-39-103(a)(i).

13

14 (c) This section shall not apply to any violation
15 based on health claims data which is publicly available at
16 the time of the violation.

17

18 **26-43-407. Promulgation of rules.**

19

20 The department, in consultation with the department of
21 insurance, shall promulgate rules to implement this
22 article.

23

1 **33-24-159. Electronic prescribing system; standards;**
2 **management by the department of health; promulgation of**
3 **rules.**

4
5 (a) There is created the Wyoming electronic
6 prescribing system. Effective January 1, 2023, all private
7 health benefit plans and health care providers in this
8 state, including pharmacists, shall use the Wyoming
9 electronic prescribing system for transmission of all
10 prescriptions and prescription related data, consistent
11 with applicable federal and state law. Notwithstanding any
12 other provision of law, a prescription transmitted by the
13 Wyoming electronic prescribing system pursuant to this
14 section shall be treated as a valid prescription.

15
16 (b) A prescription transmitted by the Wyoming
17 electronic prescribing system pursuant to subsection (a) of
18 this section shall be accompanied by the following
19 information:

20
21 (i) The validated electronic signature of the
22 prescriber;

23

1 (ii) The prescriber's contact information;

2

3 (iii) The date of the transmission;

4

5 (iv) The contact information of the pharmacy
6 intended to receive the transmission;

7

8 (v) Other information required by rule of the
9 department or which is required to be contained in a
10 prescription or electronic prescribing system pursuant to
11 federal or state law.

12

13 (c) Any transmission made under subsection (a) of
14 this section shall be encrypted or transmitted by other
15 technological means which is readily archivable and
16 designed to protect the data and prevent access,
17 alteration, manipulation or use by an unauthorized person.

18

19 (d) The department shall be responsible for the
20 design, maintenance and operation of the Wyoming electronic
21 prescribing system. If determined to be feasible, the
22 department may adapt and expand the computerized program
23 maintained by the board of pharmacy pursuant to W.S.

1 35-7-1060. The board shall cooperate with the department to
2 carry out this section.

3

4 (e) The department shall ensure that the Wyoming
5 electronic prescribing system complies with the
6 requirements of W.S. 35-7-1060.

7

8 (f) The department may apply for and accept any
9 gifts, grants or donations to assist in developing and
10 maintaining the Wyoming electronic prescribing system.

11

12 (g) The department shall, in consultation with the
13 board of pharmacy and the office of the attorney general,
14 promulgate rules to implement this section, including
15 establishing the technical and operational requirements of
16 the Wyoming electronic prescribing system.

17

18 (h) As used in this section:

19

20 (i) "Department" means the department of health
21 created pursuant to W.S. 9-2-101;

22

1 (ii) "Private health benefit plan" means as
2 defined in W.S. 26-43-302(a)(iv).

3
4 **35-2-618. Health care facility billing.**

5
6 (a) Upon request, and not later than seven (7)
7 business days after a patient's discharge from a health
8 care facility, the facility shall provide to the patient,
9 or the patient's representative or legal guardian, an
10 itemized statement of charges and any procedural or
11 diagnostic codes which relate to these charges. The bill
12 shall contain a due date for the itemized charges, unit
13 price data on rates charged by the facility and projected
14 payments or reimbursements which may be made by an insurer
15 for the charges. The statement shall also identify any
16 facility charge or miscellaneous charges and explain their
17 purpose.

18
19 (b) A health care facility shall ensure that all
20 charges for drugs, devices and services made available by
21 any health care provider during an episode of care at the
22 facility are contained in a single bill which is provided
23 to the patient, consistent with subsection (a) of this

1 section. As used in this subsection, "episode of care"
2 means one (1) visit or admission to a health care facility.

3

4 (c) A health care facility shall make available to a
5 patient a standard list of charges for drugs, devices and
6 services at the facility and any facility charge or
7 miscellaneous charges which may be imposed. The facility
8 shall annually update this list and notify all patients in
9 writing of the requirements of this subsection.

10

11 (d) The department shall promulgate rules to
12 implement this section.

13

14 ARTICLE 22

15 PRESCRIPTION DRUG IMPORTATION PROGRAM

16

17 **35-7-2201. Prescription drug importation program.**

18

19 (a) There is created the prescription drug
20 importation program. To the extent authorized by federal
21 law and notwithstanding any other provision of state law,
22 the department of health shall:

23

1 (i) Identify three (3) prescription drugs,
2 excluding any schedule II controlled substances as defined
3 in W.S. 35-7-1002(a)(iv), with the highest potential for
4 consumer savings through importation from outside the
5 United States; and

6

7 (ii) Conduct a limited prescription drug
8 importation program relating to the prescription drugs
9 identified in paragraph (i) of this subsection to benefit
10 not more than five (5) counties within this state which
11 face high prescription drug costs, as determined by the
12 department.

13

14 (b) The department of health shall:

15

16 (i) Ensure that only drugs meeting United States
17 food and drug administration safety and effectiveness
18 standards are imported under subsection (a) of this
19 section;

20

21 (ii) Consult with representatives of the
22 pharmaceutical industry, patient advocates and any other

1 relevant persons or organizations before implementing this
2 section;

3

4 (iii) Apply for any necessary federal permit,
5 waiver, certification or other authorization necessary to
6 carry out this section, which may include approval under 21
7 U.S.C. 384(1);

8

9 (iv) If necessary, establish a process to ensure
10 the purity, chemical composition and potency of imported
11 prescription drugs;

12

13 (v) Ensure that imported prescription drugs will
14 not be distributed, dispensed or sold outside of Wyoming;
15 and

16

17 (vi) Comply with any applicable federal laws,
18 including laws relating to patents and prescription drug
19 security and tracing requirements.

20

21 (c) To cover any administrative expenses, the
22 department of health may charge a fee to a distributor or a
23 consumer who receives an imported prescription drug under

1 this section, unless doing so would not be cost effective
2 for the consumer, based on the cost of the prescription
3 drug in the United States. The department shall deposit
4 fees collected under this section in the account created
5 pursuant to subsection (d) of this section.

6

7 (d) There is created the prescription drug
8 importation account. Funds remitted to the account pursuant
9 to subsection (c) of this section shall be used by the
10 department of health to implement this section. The account
11 may be divided into subaccounts for purposes of
12 administrative management. Funds in the account are
13 continuously appropriated and shall not lapse at the end of
14 any fiscal period. Interest accruing to this account shall
15 be retained in the account and shall be expended for the
16 purposes provided in this section.

17

18 (e) The department of health may enter into contracts
19 to implement this section, including contracts with
20 distributors and contracts with insurers to make coverage
21 under a private health benefit plan available for imported
22 prescription drugs under this section. As used in this

1 subsection, "insurer" and "private health benefit plan"
2 mean as defined in W.S. 26-43-302(a).

3

4 (f) The provisions of W.S. 33-24-153, and any
5 regulations adopted under that section, shall not apply to
6 the department of health, or any person under contract with
7 the department, while acting as an importer or distributor
8 of imported prescription drugs under this section.

9

10 (g) The board of pharmacy, department of revenue and
11 department of agriculture shall cooperate with the
12 department of health to implement this section.

13

14 (h) The department of health may promulgate rules to
15 implement this section.

16

17 **42-4-122. Medical assistance buy-in program;**
18 **standards; promulgation of rules.**

19

20 (a) To the extent authorized by federal law, the
21 department of health shall make coverage through medical
22 assistance available for purchase to any person who is not
23 otherwise eligible for medical assistance:

1

2 (i) Through an application made to the
3 department in a manner established by rule;

4

5 (ii) If the secretary of the United States
6 department of health and human services grants any
7 necessary waiver, through the federal health benefits
8 exchange established by the United States department of
9 health and human services pursuant to the Patient
10 Protection and Affordable Care Act, P.L. 111-148, as
11 amended.

12

13 (b) The monthly premium charged to a person who
14 purchases coverage through medical assistance shall be set
15 by the department of health at an amount which ensures the
16 program established pursuant to this section can fund all
17 necessary expenses and is actuarially sound. The department
18 may age rate the premium according to cost. The department
19 shall maintain an appropriate reserve and may impose a
20 limited copayment, coinsurance or other cost-sharing
21 requirement to fund a reserve.

22

1 (c) A person who purchases coverage under this
2 section shall receive the same benefits as those received
3 by persons who are determined to be eligible for medical
4 assistance pursuant to W.S. 42-4-106, the state plan for
5 medical assistance and federal law.

6

7 (d) The purchase of coverage under this section shall
8 only take place during an annual open enrollment period
9 fixed by the department of health pursuant to rule.

10

11 (e) The department of health shall allow employers to
12 make a contribution toward the premium established under
13 subsection (b) of this section on behalf of an employee, if
14 the employee chooses, in writing, to forgo enrollment in
15 any private health benefit plan offered to the employee by
16 the employer. If the secretary of the United States
17 department of health and human services grants any
18 necessary waiver and unless 26 U.S.C. 4980H or the
19 imposition contained within that section is repealed, the
20 department shall notify an employer subject to 26 U.S.C.
21 4980H who makes a substantial contribution under this
22 subsection that the requirements of that section have been
23 waived with respect to that employer.

1

2 (f) Except as authorized by federal law and any
3 waiver granted by the United States department of health
4 and human services and then only as appropriated by the
5 legislature and available for expenditure, the department
6 of health shall not use any federal funds to implement this
7 section.

8

9 (g) If the standards of subsection (f) of this
10 section are met, any federal savings obtained by the state
11 of Wyoming from a federal waiver shall be used to implement
12 this section.

13

14 (h) Notwithstanding any other provision of law, a
15 person who purchases coverage through medical assistance
16 under this section shall not be subject to the following
17 provisions:

18

19 (i) W.S. 42-2-401 through 42-2-405 and any other
20 eligibility criteria relating to medical assistance which
21 is not contained in this section or is not required by
22 federal law; and

23

1 (ii) W.S. 42-4-106(b) and 42-4-201 through
2 42-4-208.

3

4 (j) A person shall not be eligible to purchase
5 coverage through this section if the person is eligible for
6 medical assistance under W.S. 42-2-401 through 42-2-405 or
7 if the person is currently enrolled in a private health
8 benefit plan for the period in which the person is seeking
9 to purchase coverage under this section.

10

11 (k) The department of health shall promulgate rules
12 to implement this section, including establishing the
13 characteristics of a substantial contribution under
14 subsection (e) of this section.

15

16 (m) As used in this subsection, "private health
17 benefit plan" means as defined in W.S. 26-43-302(a)(iv).

18

19 **42-4-123. Medical assistance prescription drug**
20 **program for insurers; standards; promulgation of rules.**

21

22 (a) The department of health shall make prescription
23 drug services under medical assistance, which may include

1 the purchase of prescription drugs or services otherwise
2 provided by a pharmacy benefit manager, available for a fee
3 to any insurer which issues a private health benefit plan.
4 As used in this subsection, "insurer" and "private health
5 benefit plan" mean as defined in W.S. 26-43-302(a).

6

7 (b) The fee for services made available pursuant to
8 subsection (a) of this section shall be set by the
9 department of health at an amount not more than that which
10 ensures the program established pursuant to this section
11 can fund all necessary expenses, is actuarially sound and
12 maintains an appropriate reserve.

13

14 (c) No federal funds shall be used to implement this
15 section.

16

17 (d) The department of health shall promulgate rules
18 to implement this section.

19

20 (e) As used in this section, "pharmacy benefit
21 manager" means an entity that contracts with a pharmacy on
22 behalf of an insurer or third party administrator to
23 administer or manage prescription drug benefits.

1

2 **42-5-103. Outreach to specified persons regarding**
3 **contraceptive services and supplies.**

4

5 (a) The department of health shall periodically
6 conduct outreach to persons between thirteen (13) and
7 eighteen (18) years of age who receive coverage through
8 medical assistance pursuant to W.S. 42-4-101 through
9 42-4-121, or through the child health insurance program
10 pursuant to W.S. 35-25-101 through 35-25-108, and the
11 parents or legal guardians of these persons, regarding the
12 availability of contraceptive services and supplies under
13 those programs.

14

15 (b) The department of health shall promote the use of
16 long acting reversible contraceptives to community health
17 organizations and to persons who receive coverage through
18 medical assistance and the child health insurance program,
19 including as a component of the outreach conducted under
20 subsection (a) of this section.

21

22 **Section 2.** W.S. 9-3-203(a)(iv), (xvi), by creating a
23 new paragraph (xvii) and by amending and renumbering (xvii)

1 as (xviii), 9-3-210(e), 9-3-217, 21-4-316(e)(v), 26-18-106
2 by creating a new subsection (d), 26-18-306,
3 26-19-306(c)(iii), 26-22-202(a)(xv), 26-34-102(a)(xxix),
4 35-2-605(a)(xiv), 40-12-105 by creating a new subsection
5 (b), 42-4-102(a)(iii), 42-4-106(b) and 42-4-110 are amended
6 to read:

7

8 **9-3-203. Definitions.**

9

10 (a) As used in this act:

11

12 (iv) "Employee" means any employee of a
13 participating school district or participating board of
14 cooperative educational services whose salary is paid by
15 funds of the district or board, ~~or~~ any official or employee
16 of a political subdivision of the state of Wyoming or any
17 official or employee of the state of Wyoming whose salary
18 is paid by state funds, including employees and faculty
19 members of the University of Wyoming and various community
20 colleges in the state, except persons employed on
21 intermittent, irregular, or less than halftime basis and
22 any at-will contract employee who does not meet the
23 requirements established under W.S. 9-2-1022(a)(xi)(F)(III)

1 or (IV). "Employee" shall not include employees of the
 2 agricultural extension service of the University of Wyoming
 3 who hold federal civil service appointments, are required
 4 to participate in federal civil service retirement and who
 5 elect to participate in the federal employees' health
 6 benefit program as authorized in W.S. 9-3-210(d);

7
 8 (xvi) "Voluntary participating employer"
 9 includes a participating board of cooperative educational
 10 services, ~~and a~~ participating school district or any other
 11 political subdivision of the state of Wyoming;

12
 13 (xvii) "Political subdivision" means a county,
 14 municipality, special district or other local government
 15 entity of the state of Wyoming;

16
 17 ~~(xvii)~~ (xviii) "This act" means W.S. 9-3-202
 18 through ~~9-3-218~~ 9-3-219.

19
 20 **9-3-210. Amount of state's contribution; estimates**
 21 **submitted to state budget officer; specified employees**
 22 **participation in federal program; participating employer**
 23 **and resident contributions.**

1

2 (e) A participating school district or other
3 participating political subdivision shall pay to the
4 department the monthly premium established by the
5 department for coverage of each eligible employee or
6 official of that district or subdivision electing to become
7 covered by any portion of the group insurance plan.
8 Monthly premiums shall be at minimum no less than rates
9 assessed for coverage of other enrollees qualified under
10 W.S. 9-3-203(a)(iv), and shall be based upon information
11 reported by the participating district or political
12 subdivision to the department, to be in a form and manner
13 prescribed by the department.

14

15 **9-3-217. Advisory panel; composition; compensation.**

16

17 (a) The director of the department shall establish an
18 advisory panel consisting of active plan participants
19 employed by the state, participating school districts and
20 political subdivisions, the University of Wyoming and
21 Wyoming community colleges and of retired employees who are
22 plan participants. The panel shall consist of no more than
23 ten (10) members if there are less than five (5)

1 participating school districts or political subdivisions or
2 no more than twelve (12) members if there are at least five
3 (5) participating school districts or political
4 subdivisions and, insofar as possible, shall proportionally
5 represent the specified employee groups participating in
6 the group health insurance plan. The advisory panel shall
7 be consulted regarding plan benefits and costs. The
8 director of the department shall, upon receiving
9 notification from at least five (5) school districts or
10 political subdivisions electing group insurance plan
11 participation under W.S. 9-3-201(e), appoint two (2)
12 additional advisory panel members to increase the advisory
13 panel to twelve (12) members as provided in this section.

14

15 (b) State, participating school district, political
16 subdivision and university and community college employee
17 officers and employees who serve as members of the panel
18 shall suffer no loss of wages for the time devoted to
19 attending meetings of the panel called by the department.
20 All members shall be provided per diem and travel expenses
21 incurred for attending such meetings at the rates provided
22 under W.S. 9-3-102 and 9-3-103.

23

1 **21-4-316. Administration of stock epinephrine**
2 **auto-injectors.**

3
4 (e) As used in this section:

5
6 (v) "Stock epinephrine" or "epinephrine
7 auto-injector" means injectable medications used for the
8 treatment of severe, life-threatening allergies that
9 schools or districts buy and keep on-site for emergency
10 use, and may include any type or brand of injector,
11 including a generic equivalent, which has been approved by
12 the United States food and drug administration for
13 epinephrine delivery.

14
15 **26-18-106. Time limit on certain defenses;**
16 **applicability.**

17
18 (d) Subsections (b) and (c) of this section shall not
19 apply to a private health benefit plan governed by W.S.
20 26-43-305.

21
22 **26-18-306. Conflict with other code provisions.**

23

1 (a) If the provisions of this article conflict with
2 W.S. 26-43-301 through 26-43-305 or any other provision
3 implementing those statutes, this article shall not
4 control.

5
6 **(b)** If the provisions of this article conflict with
7 any other provision of this code, the provisions of this
8 article shall control.

9
10 **26-19-306. Availability of coverage.**

11
12 (c) All health benefit plans covering small employers
13 shall comply with the following provisions:

14
15 (iii) Late enrollees may be excluded from
16 coverage for ~~the greater of eighteen (18) months; or an~~
17 ~~eighteen (18) month preexisting condition exclusion,~~
18 ~~provided that if both a period of exclusion from coverage~~
19 ~~and a preexisting condition exclusion are applicable to a~~
20 ~~late enrollee, the combined period shall not exceed~~
21 ~~eighteen (18) months;~~

22

1 **26-22-202. Issuance of a converted policy;**
2 **conditions.**

3
4 (a) Issuance of a converted policy is subject to the
5 following conditions:

6
7 (xv) Maternity benefits may be included at the
8 insured's option; ~~and may be subject to the preexisting~~
9 ~~conditions limitations as discussed under paragraph (v) of~~
10 ~~this subsection;~~

11
12 **26-34-102. Definitions.**

13
14 (a) As used in this chapter:

15
16 (xxix) "This act" means W.S. 26-34-101 through
17 ~~26-34-134~~ 26-34-136.

18
19 **35-2-605. Definitions.**

20
21 (a) As used in this act, unless the context otherwise
22 requires:

23

1 (xiv) "This act" means W.S. 35-2-605 through
2 ~~35-2-617~~ 35-2-618.

3

4 **40-12-105. Unlawful practices.**

5

6 (b) It is unlawful for a health care provider or debt
7 collector to impose an interest rate greater than the prime
8 rate of interest plus three percent (3%) on any health care
9 related charge or debt. As used in this subsection:

10

11 (i) "Debt collector" means a person employed or
12 engaged by a collection agency to perform the collection of
13 debts owed, due or asserted to be owed or due to another,
14 including any owner or shareholder of the collection agency
15 business who engages in the collection of debts;

16

17 (ii) "Prime rate of interest" means the interest
18 rate listed in the first edition of the Wall Street Journal
19 published in a calendar year, unless the prime rate is not
20 listed in that edition of the Wall Street Journal, in which
21 case any reasonable determination of the prime rate on the
22 first day of the year may be used;

23

1 (iii) "Health care provider" means a person or
2 facility who is licensed, certified or otherwise authorized
3 or permitted by the laws of this state to administer health
4 care in the ordinary course of business or practice of a
5 profession, and includes a person who provides air
6 ambulance evacuation.

7
8 **42-4-102. Definitions.**

9
10 (a) As used in this chapter:

11
12 (iii) "Qualified" means any categorically
13 eligible individual satisfying eligibility criteria imposed
14 by this chapter, the state plan for medical assistance ~~and~~
15 ~~services~~—and by rule and regulation of the department and
16 shall include a person who purchases coverage through
17 medical assistance pursuant to W.S. 42-4-122(a), to the
18 extent necessary to implement that section;

19
20 **42-4-106. Application for assistance; determination**
21 **of eligibility; assignment of benefits; resources and**
22 **income allowances defined for institutionalized spouse.**

23

1 (b) Except as otherwise provided in W.S.
2 42-4-122(h)(ii), upon signing an application for medical
3 assistance under this chapter, an applicant assigns to the
4 department any right to medical support or payment for
5 medical expenses from any other person on his behalf or on
6 behalf of any relative for whom application is made. The
7 assignment is effective upon a determination of
8 eligibility. Application for medical assistance shall
9 contain an explanation of the assignment provided under
10 this subsection.

11

12 **42-4-110. Charges for inpatient hospital services.**

13

14 Except as otherwise provided in W.S. 42-4-122(b), a cost
15 deduction, cost sharing or other similar charge shall not
16 be imposed upon any recipient of medical assistance for
17 inpatient hospital services provided on his behalf pursuant
18 to this chapter.

19

20 **Section 3.** W.S. 35-7-1060(a) through (d) is amended
21 to read:

22

1 **35-7-1060. Wyoming electronic prescribing**
2 **system-controlled substances.**

3
4 (a) ~~In addition to other duties and responsibilities~~
5 ~~as provided by this act, the board shall maintain a~~
6 ~~computerized program to~~ The Wyoming electronic prescribing
7 system created pursuant to W.S. 33-24-159 shall track
8 prescriptions for controlled substances for the purposes of
9 assisting patients, practitioners and pharmacists to avoid
10 inappropriate use of controlled substances and of assisting
11 with the identification of illegal activity related to the
12 dispensing of controlled substances. ~~The tracking program~~
13 ~~and any data created thereby shall be administered by the~~
14 ~~board, and the board may charge reasonable fees to help~~
15 ~~defray the costs of operating the program. Any fee shall~~
16 ~~be included with and in addition to other registration fees~~
17 ~~established by the board as authorized in W.S. 35-7-1023.~~

18
19 (b) All prescriptions for schedule II, III and IV
20 controlled substances dispensed by any retail pharmacy
21 licensed by the board shall be filed with the ~~board~~
22 ~~electronically or by other means required by the board~~
23 Wyoming electronic prescribing system no later than the

1 close of business on the business day immediately following
2 the day the controlled substance was dispensed. ~~The board~~
3 ~~may require the filing of other prescriptions and may~~
4 ~~specify the manner in which the prescriptions are filed.~~

5
6 (c) The ~~tracking program~~ Wyoming electronic
7 prescribing system shall not be used to infringe on the
8 legal use of a controlled substance. Information obtained
9 ~~through the controlled substance prescription tracking~~
10 ~~program~~ pursuant to this section is confidential and may
11 not be released and is not admissible in any judicial or
12 administrative proceeding, except as follows:

13
14 (i) The ~~board~~ department may release information
15 to practitioners and practitioner appointed delegates and
16 to pharmacists and pharmacist appointed delegates when the
17 release of the information may be of assistance in
18 preventing or avoiding inappropriate use of controlled
19 substances;

20
21 (ii) The ~~board~~ department shall report any
22 information that it reasonably suspects may relate to
23 fraudulent or illegal activity to the appropriate law

1 enforcement agency and the relevant occupational licensing
2 board;

3

4 (iii) The ~~board~~department may release
5 information to the patient to whom the information pertains
6 or his agent or, if the patient is a minor, to his parents
7 or guardian;

8

9 (iv) The ~~board~~department may release
10 information to a third party if the patient has signed a
11 consent specifically for the release of his controlled
12 substance prescription information to the specific third
13 party;

14

15 (v) The ~~board~~department may release information
16 that does not identify individual patients, practitioners,
17 pharmacists or pharmacies, for educational, research or
18 public information purposes; and

19

20 (vi) Subject to the rules of evidence,
21 information obtained ~~from the program~~under this subsection
22 is admissible in a criminal proceeding or an administrative
23 proceeding involving professional licensing.

1

2 (d) Unless there is shown malice, gross negligence,
3 recklessness or willful and wanton conduct in disclosing
4 information collected under this ~~act~~section regarding
5 controlled substance information, the ~~board~~department, any
6 other state agency and any other person or entity in proper
7 possession of information as provided by this section shall
8 not be subject to any civil or criminal liability or action
9 for legal or equitable relief.

10

11 **Section 4.** W.S. 26-19-107(a)(xi), (f), (g) and (m),
12 26-19-201(a)(ii), 26-19-302(a)(xix), 26-19-304(d)(iv),
13 26-19-306(c)(i), (ii) and (j), 26-22-202(a)(iii)(C),
14 35-7-1060(e) and 2013 Wyoming Session Laws, Chapter 116,
15 Section 5 are repealed.

16

17 **Section 5.**

18

19 (a) The department of health shall apply to the
20 secretary of the United States department of health and
21 human services for any waiver necessary under 42 U.S.C.
22 1315 or 18052, as applicable, to implement W.S. 42-4-122,
23 including to allow:

1

2 (i) Coverage under medical assistance to be made
3 available for purchase on the federal health benefits
4 exchange established by the United States department of
5 health and human services pursuant to the Patient
6 Protection and Affordable Care Act, P.L. 111-148, as
7 amended, by a person who is not otherwise eligible for
8 medical assistance;

9

10 (ii) A person who is determined eligible
11 pursuant to 45 C.F.R. 155.305 for advance premium tax
12 credits and cost-sharing reductions, if available, to use
13 those credits and reductions to purchase coverage through
14 medical assistance on the federal health benefits exchange
15 in the manner set forth in W.S. 42-4-122, provided that,
16 any cost-sharing reductions made available under this
17 paragraph shall be provided to the state of Wyoming to make
18 coverage available under W.S. 42-4-122;

19

20 (iii) An employer to make a contribution toward
21 the premium established under W.S. 42-4-122(b) on behalf of
22 an employee and for a substantial contribution to satisfy
23 the requirements of 26 U.S.C. 4980H, provided that no

1 waiver relating to the satisfaction of 26 U.S.C. 4980H
2 shall be sought if that section or the imposition contained
3 within that section is repealed;

4

5 (iv) If applicable, the state of Wyoming to use
6 any federal savings made available from the implementation
7 of this waiver as pass through funds to administer W.S.
8 42-4-122.

9

10 **Section 6.**

11

12 (a) The governor, the director of the department of
13 health and the insurance commissioner shall collaborate
14 with the secretary of the United States department of
15 health and human services and the centers for Medicare and
16 Medicaid services to explore options for the expansion of:

17

18 (i) Medical assistance eligibility to one
19 hundred thirty-three percent (133%) of the federal poverty
20 level, plus any applicable income disregard, as authorized
21 by 42 U.S.C. 1396a(a)(10)(A)(i)(VIII); and

22

1 (ii) Child health insurance program eligibility
2 to three hundred percent (300%) of the federal poverty
3 level, plus any applicable income disregard, as authorized
4 by 42 U.S.C. 1397ee.

5
6 (b) If the collaboration required by subsection (a)
7 of this section reveals viable and fiscally advantageous
8 options for the expansion of medical assistance or child
9 health insurance program eligibility in Wyoming, the
10 department of health, with the approval of the governor, is
11 authorized to pursue necessary and prudent state plan
12 amendments and federal waivers for any expansion to take
13 place.

14
15 (c) Prior to making an application to expand
16 eligibility under any program pursuant to subsection (b) of
17 this section, the director of the department of health
18 shall provide written notice to the speaker of the house of
19 representatives and the president of the senate. The
20 director also shall provide a report to the joint labor,
21 health and social services interim committee and the joint
22 appropriations committee detailing the reasons for any
23 proposed expansion, the means by which any proposed

1 expansion may be approved, any necessary funding and the
2 reasons that any expansion is viable and fiscally
3 advantageous for Wyoming. The notice and report required
4 under this subsection shall be submitted in sufficient time
5 to allow the legislature to have adequate notice to call a
6 special session for the consideration of any expansion and
7 prior to the effective date of any federal obligations
8 which may be binding on the state.

9

10 (d) This section is repealed effective January 1,
11 2020, or on the date an amendment or repeal of 42 U.S.C.
12 1396a(a)(10)(A)(i)(VIII) is enacted into law, whichever is
13 earlier.

14

15 **Section 7.**

16

17 (a) The department of health shall study the
18 following topics and issue reports to the joint labor,
19 health and social services interim committee by the dates
20 specified:

21

1 (i) Not later than October 1, 2018, the current
2 quality and availability of telemedicine in Wyoming and
3 strategies for improving this service;

4
5 (ii) Not later than October 1, 2018,
6 opportunities for pharmacists to provide limited primary
7 care services, which may include vaccinations, treatments
8 relating to the common cold and minor forms of influenza
9 and testing for common maladies;

10
11 (iii) Not later than July 1, 2019, the
12 department's decision to establish or join a multi-payer
13 claims database, as required by W.S. 26-43-403; and

14
15 (iv) Not later than July 1 of each year from
16 2019 through 2028, an update on the implementation of W.S.
17 42-4-122 and 42-4-123.

18
19 (b) Not later than November 1, 2018, and pursuant to
20 the requirements of W.S. 35-7-2201 as created by this act,
21 the department of health shall study the manner in which to
22 gain approval for the state of Wyoming to import
23 prescription drugs from outside the United States for use

1 by Wyoming consumers and issue a report to the joint labor,
2 health and social services interim committee. As a
3 component of this study and report, the department shall:

4

5 (i) Determine how the state of Wyoming can
6 become certified by the United States department of health
7 and human services to operate a prescription drug
8 importation program, including under 21 U.S.C. 384(1);

9

10 (ii) Determine how to ensure that only drugs
11 meeting United States food and drug administration safety,
12 effectiveness and other related standards are imported as
13 part of this program;

14

15 (iii) Identify prescription drugs, excluding
16 schedule II controlled substances as defined in W.S.
17 35-7-1002(a)(iv), with potential for consumer savings
18 through importation from outside the United States;

19

20 (iv) Estimate potential consumer savings based
21 on importation;

22

1 (v) Determine potential contractors who are
2 capable of distributing imported drugs, if necessary;

3
4 (vi) Determine how to limit the distribution of
5 imported drugs to Wyoming residents;

6
7 (vii) Consult with the department of
8 agriculture, department of revenue, board of pharmacy,
9 representatives of the pharmaceutical industry, patient
10 advocates and any other relevant persons or organizations;
11 and

12
13 (viii) Consult with the attorney general
14 regarding the potential for pharmaceutical manufacturers to
15 manipulate the pharmaceutical market in Wyoming or
16 adversely affect consumer access to pharmaceuticals if
17 prescription drugs were imported into Wyoming.

18
19 (c) The reports required by subsections (a) and (b)
20 of this section shall also include, if necessary, any
21 recommendations for legislative action.

22

1 **Section 8.** The department of health shall, if
2 feasible, take any necessary steps to improve the quality
3 and availability of telemedicine in Wyoming, including
4 working with community health organizations to increase
5 awareness and adjusting health care provider reimbursement
6 rates under medical assistance. The department shall inform
7 the joint labor, health and social services interim
8 committee in writing of any actions taken pursuant to this
9 section.

10

11 **Section 9.**

12

13 (a) Sections 1 and 2 of this act are effective
14 immediately upon completion of all acts necessary for a
15 bill to become law as provided by Article 4, Section 8 of
16 the Wyoming Constitution only for the purposes of
17 promulgating rules necessary to implement those sections,
18 provided these rules shall not take effect until January 1,
19 2019.

20

21 (b) Section 3 of this act is effective January 1,
22 2023.

23

1 (c) Sections 5, 6, 7, 8 and 9 of this act are
2 effective immediately upon completion of all acts necessary
3 for a bill to become law as provided by Article 4, Section
4 8 of the Wyoming Constitution.

5

6 (d) Except as otherwise provided by subsections (a),
7 (b) and (c) of this section, this act is effective January
8 1, 2019.

9

10

(END)