

UnitedHealth Group 2009 Legislative Adjournment Report

State: Wyoming

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Session Overview: The 60th session of the Wyoming legislature ended Thursday, March 5, 2009. In total, the legislature passed nearly half of the 484 bills introduced in the House and Senate this year. The main focus of the session was a \$165 million supplemental budget. Issues related to the state's anticipated decline in energy revenues were predominant this session, with bills passing dealing with energy, carbon capture and sequestration and clean-coal technology. Bills that didn't receive favorable consideration during the session include a homestead property tax exemption, expansion of the child health insurance program, a health care reform pilot project, a statewide smoking ban, a lottery and tougher penalties for drunk drivers.

Budget Action: The legislature approved a supplemental budget that appropriates money from the general fund to continue government operations through June 30, 2010. The bill allocates \$102 million in capital construction projects and adds 174 employees, including 158 for the new prison at Torrington, but no new programs.

Enacted Legislation:

- **HB 92 Long Term Care Partnership:** Establishes a long term care partnership program to be administered by the Department of Health, with assistance from the Department of Insurance. The program will provide incentives for individuals to insure against the costs of providing for their long-term care by creating a mechanism for individuals to qualify for long-term care insurance under Medicaid without first being required to exhaust their resources. This bill was signed by the governor on March 5, 2009 and is effective on July 1, 2009.
- **SB 2 NAIC Model Audit Rule (Sarbanes Oxley Rule):** Provides for independence of certified public accountants completing audits and provides for conduct of insurers preparing financial statements. This bill was signed by the governor on March 2, 2009 and is effective on January 1, 2010. UnitedHealth Group worked with other industry members to amend language so that the bill aligns more closely with NAIC model standards.
- **SB 62 Prohibition on Discretionary Clauses:** Prohibits discretionary clauses for health insurance policies in that provide health insurance carriers with discretion to interpret policy provisions. This bill was signed by the governor on March 2, 2009 and is effective on July 1, 2009.
- **SB 95 External Review:** Medical necessity and external review legislation that does not conform to the NAIC model in important areas, including using terminology that is inconsistent with industry standards, requiring insurers to provide an outside medical

opinion during the review/appeals process, and the fact that the definition of “Medical Necessity” does not follow the MDL class action settlement definition (as also adopted by Connecticut and New Jersey statutes) or the Stanford Definition, which has been approved by most medical societies. This bill was signed by the governor and will impact policies issued, renewed, or delivered on or after July 10, 2010. UnitedHealth Group worked with other industry members to amend the bill and was successful in adding language from Connecticut defining “medically necessary.”

Failed Legislation:

- **SB 24 Health Care Reform Demonstration Project:** Would have created the health care reform demonstration project to offer health care programs and services for participants whose family income does not exceed 200% of the federal poverty level and are working at least 20 hours per week.
- **SB 39 SCHIP Enrollment:** Would have increased eligibility for SCHIP by increasing the family income of children eligible to enroll from 185% to up to 300% of the federal poverty level. The bill required the department of insurance to charge a co-payment for services for program participants with incomes between 200% and 300% of the federal poverty level. It also prohibited eligibility to SCHIP for a child whose family income is between 250% and 300% of the federal poverty level if the child is eligible for coverage under a group health insurance plan offered by an employer of the child's family member.
- **SB 43 Health Care Access Demonstration Project:** Would have required the Wyoming health care commission to issue a request for information from interested consulting firms, organizations or individuals to be used in the design of a detailed health care access project to improve access to health care and the quality of care delivered in a rural environment while lowering health care costs.
- **SB 50 Small Employer Law Waivers for Uninsured Small Groups:** Would have allowed insurers to develop a set of products that would not have to comply with the small employer laws and be targeted to small groups (of two or more) that have not had insurance for at least 18 months.
- **SB 118 Continuation of Coverage:** Would have required each person covered under the prior carrier's plan to be eligible for complete coverage in accordance with the succeeding carrier's plan of benefits, which shall include coverage for 90 days for any complications caused as a result of a condition for which benefits were paid under the prior plan within 90 days prior to termination of that plan.