

SENATE FILE NO. SF0131

Wyoming Cancer Control Act.

Sponsored by: Senator(s) Scott, Massie and Peterson and  
Representative(s) Diercks, Iekel, Landon and  
Millin

A BILL

for

1 AN ACT relating to public health; providing for a  
2 comprehensive cancer control program; providing for  
3 screening and preventive treatment for colorectal cancer as  
4 a necessary support of the poor; providing for additional  
5 education, outreach and screening for breast and cervical  
6 cancer; creating a commission on pain to focus on issues  
7 dealing with pain caused by cancer and other diseases;  
8 providing definitions; authorizing positions; providing  
9 appropriations; and providing for an effective date.

10

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

12

13 **Section 1.** W.S. 35-25-201 through 35-25-206 are  
14 created to read:

15

16

CHAPTER 25

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PUBLIC PROGRAMS

ARTICLE 2

WYOMING CANCER CONTROL ACT

**35-25-201. Short title.**

This act shall be known and may be cited as the "Wyoming Cancer Control Act."

**35-25-202. Definitions.**

(a) As used in this act:

(i) "CDC" means the federal center for disease prevention and control;

(ii) "County cancer resource coordinator program" means a program undertaken through a private organization, county hospital, hospital district hospital or city or county health department which provides local level education, outreach, patient navigation services, community planning and data collection in order to lessen the impact of cancer on Wyoming people;

1

2 (iii) "Department" means the department of  
3 health;

4

5 (iv) "Evidence based" means relying on  
6 scientifically valid evidence. Scientifically valid  
7 evidence relies on studies and experiments which are  
8 competently done, but which have varying degrees of  
9 reliability and are normally less than perfect. Different  
10 methodologies also produce different degrees of  
11 reliability. The following hierarchy of methodologies  
12 shall be used: the best is systematic reviews of multiple  
13 randomized controlled trials or epidemiological studies;  
14 the second best is one (1) or more randomized controlled  
15 trials; the third best is one (1) or more epidemiological  
16 studies; the fourth best is other scientifically valid  
17 studies; and the fifth best is the recommendations of  
18 nationally and internationally recognized groups of experts  
19 in the field. This hierarchy of evidence shall be used to  
20 judge the relative validity of different forms of evidence,  
21 but in determining the validity of evidence position in the  
22 hierarchy shall not supersede professional judgment and  
23 common sense in evaluating the quality of scientific work  
24 involved. In determining the validity of the above or in

1 case of conflicting results in the above, the professional  
2 judgment of locally licensed practitioners, academic  
3 experts in relevant fields at the University of Wyoming or  
4 the University of Washington Medical School, or  
5 professionals within the department shall be used. The  
6 department may also seek the advice of the statewide  
7 comprehensive cancer control steering committee.  
8 Testimonials of individuals whether practitioners, patients  
9 or otherwise where the testimonials are not supported by  
10 statistically valid information or adequate scientifically  
11 valid explanation of physical processes involved shall not  
12 be considered evidence;

13

14 (v) "Medicaid" means the joint federal and state  
15 program of health care financing for the poor authorized by  
16 Title XIX of the federal Social Security Act and title 42  
17 of the Wyoming statutes;

18

19 (vi) "Statewide comprehensive cancer control  
20 steering committee" means a committee whose mission is  
21 defined by the 2006-2010 Wyoming cancer control plan and  
22 which provides advice and guidance to the Wyoming  
23 comprehensive cancer control program. The committee is a  
24 private entity whose members include government employees;

1

2 (vii) "This act" means W.S. 35-25-201 through  
3 35-25-206.

4

5 **35-25-203. Cancer control plan and program.**

6

7 (a) Utilizing a comprehensive, evidence based  
8 approach the department shall develop, improve,  
9 periodically update and implement a comprehensive cancer  
10 control plan. The planning and implementation shall be  
11 tailored to provide the most effective programming for  
12 cancer control based on the funds available for each  
13 biennium and the human and institutional resources  
14 available. The department shall begin with the plan and  
15 recommendations in the Wyoming cancer control plan  
16 published in October 2005 by the Wyoming comprehensive  
17 cancer control consortium. The comprehensive cancer  
18 control plan shall promote and enhance:

19

20 (i) Cancer prevention and education for both the  
21 public, health care professionals and institutions;

22

23 (ii) Evidence based early detection, screening,  
24 diagnosis and treatment;

1

2 (iii) Research;

3

4 (iv) Palliative care including pain management  
5 and other steps to improve the quality of life of probably  
6 terminal cancer patients;

7

8 (v) Rehabilitation of cancer victims; and

9

10 (vi) Programs to assist cancer survivors in  
11 returning to normal life.

12

13 (b) In financing and implementing the program  
14 established pursuant to subsection (a) of this section the  
15 department shall consider the use of the Medicaid program.  
16 This section does not constitute authorization to expand  
17 the services and eligibilities of the Medicaid program  
18 which requires specific legislative authorization. The  
19 department may recommend such authorization where  
20 appropriate.

21

22 (c) The department may contract with one (1) or more  
23 third parties to develop and implement the plans authorized  
24 by this section. Any contract awarded under this section

1 shall be awarded on the basis of competitive bids and shall  
2 include specific requirements relating to outcome based  
3 evaluation.

4

5 (d) Subject to the restriction of subsection (b) of  
6 this section, the department may accept state, federal,  
7 local and nongovernmental funds for developing and  
8 implementing the plans established pursuant to this  
9 section.

10

11 (e) The department may solicit proposals for grants  
12 under this section by publication of a request for  
13 proposals. Grant recipients under this section may include  
14 local governments, private nonprofit organizations, schools  
15 and other organizations as appropriate. Any grants to  
16 organizations not political subdivisions of the state of  
17 Wyoming or under the absolute control of the state shall be  
18 subject to any restriction necessary to comply with Article  
19 16, Section 6 of the Wyoming Constitution. Any request for  
20 proposals used during the competitive grant process shall  
21 include specific requirements relating to outcome based  
22 evaluation of the grant recipient's performance.

23

1           (f) The department shall make every reasonable effort  
2 to collaborate and coordinate with relevant public and  
3 private entities including state and local governments and  
4 the CDC to assure maximum effective use of resources  
5 including people and money. The department shall take  
6 advice, as appropriate, from the statewide comprehensive  
7 cancer control steering committee.

8

9           (g) Considering funds available and the purposes for  
10 which those funds are made available, the department shall  
11 give priority to the following cancer control and  
12 prevention programs:

13

14           (i) The county cancer resource coordinator  
15 program. Initially this program shall be a pilot program  
16 in two (2) sites, preferably one (1) urban and one (1)  
17 rural. Each program shall cover at least one (1) county  
18 and may cover several counties. The program may be  
19 expanded to additional sites if sufficient funds become  
20 available;

21

22           (ii) Public education relating to cancer  
23 prevention and awareness for all cancers, including the use  
24 of media campaigns. Particular education and media

1 campaigns may concentrate on specific cancers when that is  
2 appropriate;

3

4 (iii) Early detection of cancer including those  
5 cancers identified in the state cancer control plan and  
6 specifically including the Wyoming colorectal cancer early  
7 detection and prevention program;

8

9 (iv) Programs which promote the reduction of  
10 risk factors to reduce cancer and other chronic diseases  
11 within the state; and

12

13 (v) Programs which enhance treatment and quality  
14 of care of those impacted by cancer within the state.

15

16 (h) The department may propose cancer control as a  
17 specific line item in its biennial budget.

18

19 (j) The department shall, in accordance with the  
20 Wyoming Administrative Procedure Act, promulgate rules and  
21 regulations as appropriate to implement this act.

22

23 (k) The department shall report on its activities  
24 under this act to the joint labor, health and social

1 services interim committee and the joint appropriations  
2 interim committee. The report shall not exceed two  
3 thousand (2,000) words in length plus any useful charts,  
4 graphs and exhibits. The report shall be due on October 1  
5 of every odd numbered year.

6

7 **35-25-204. Wyoming colorectal cancer early detection**  
8 **and prevention program.**

9

10 (a) Subject to the availability of appropriations,  
11 the department shall undertake a colorectal cancer  
12 screening and prevention program for those who have  
13 difficulty affording the screening due to lack of income in  
14 relation to the cost of the screening.

15

16 (b) Initially the screening and prevention program  
17 funded under this program shall consist of colonoscopies  
18 which shall consist of both the examination of the colon  
19 and rectum and the removal and pathological examination of  
20 polyps in accordance with the normal standards of care for  
21 colonoscopies. Except as otherwise provided in subsection  
22 (h) of this section, this program shall include any care  
23 for complications resulting from the procedure, but shall  
24 not include any follow up surgery or additional care needed

1 if an actual cancer or other condition requiring additional  
2 care is found. After July 1, 2008, the department may, by  
3 rule and regulation, authorize other forms of screening to  
4 participate in the program provided these other forms of  
5 screening are evidence based and are shown by the evidence  
6 to be as effective or as cost effective as traditional  
7 colonoscopies. If virtual colonoscopies using CT scans or  
8 other techniques involving radiation are authorized the  
9 department shall publish, as part of the rule, an analysis  
10 of the radiation risks involved including specifically the  
11 frequency with which the radiation involved can be expected  
12 to cause a fatal cancer during the remaining expected life  
13 span of an individual aged fifty-five (55) years.

14

15 (c) Except as provided in subsection (d) of this  
16 section, from July 1, 2007, to June 30, 2008, the financial  
17 eligibility to participate in the program shall be as set  
18 forth in this subsection. Starting July 1, 2008, any  
19 financial eligibility established in the biennial budget  
20 bill shall govern, except as set forth in subsection (d) of  
21 this section. Starting July 1, 2007 Wyoming residents with  
22 incomes at or below two hundred and fifty percent (250%) of  
23 the federal poverty level shall be eligible to participate  
24 in this program and this shall remain the standard if the

1 biennial budget bill does not establish a different  
2 standard and unless a different standard is established  
3 pursuant to subsection (d) of this section. The department  
4 shall investigate whether using adjusted gross income or  
5 some other figure from a federal income tax return would  
6 provide an administratively easier definition of  
7 eligibility and shall use such a standard if authorized to  
8 do so in the biennial budget bill.

9

10 (d) Eligibility for the program set forth in this  
11 section shall be limited to individuals who are Wyoming  
12 residents and have been so for at least one (1) year. The  
13 eligibility shall be for one (1) colonoscopy every ten (10)  
14 years, counting any ones done before the effective date of  
15 this act or before the individual became a Wyoming  
16 resident. Initially eligibility shall be restricted to  
17 individuals who are at least fifty (50) years old and who  
18 have not become eligible for the federal Medicare program.  
19 The department may by rule and regulation modify this age  
20 eligibility if the standard age recommendations for  
21 colonoscopies are modified by the CDC or nationally or  
22 internationally recognized bodies of experts on the subject  
23 and if in the department's judgment the changes are  
24 evidence based. The department may make other groups at

1 special risk for colon cancer eligible for this program if  
2 the additional eligibility is evidence based. In the event  
3 that analysis shows spending in the program will exceed the  
4 budget available, the department shall take action to  
5 reduce the spending to the amount of budget available.  
6 Action taken by the department may include:

7

8 (i) If a sufficient budget for this program in a  
9 coming biennium has been passed, deferring up to thirty  
10 (30) days worth of bills to the coming biennium;

11

12 (ii) Temporarily reducing the financial  
13 eligibility for the program;

14

15 (iii) Instituting a waiting list;

16

17 (iv) Temporarily reducing or dropping  
18 eligibility for individuals at special risk for colon  
19 cancer outside the normal age range; and

20

21 (v) A temporary moratorium on screenings.

22

23 (e) The department shall develop an internet based  
24 application process for determining individual eligibility.

1 The result of a successful application may be a voucher  
2 that the individual may present to a provider the  
3 department has contracted with or may be an online  
4 statement of eligibility that the providers can access or  
5 both. The department may use city or county health  
6 departments, other public health offices, providers,  
7 advocacy groups and any other appropriate governmental or  
8 private entities to assist individuals in completing the  
9 application process.

10

11 (f) The department shall obtain colonoscopy providers  
12 by a sealed, competitive bid process. If a provider  
13 provides colonoscopies in more than one (1) county he shall  
14 submit a separate bid for each county. The initial  
15 contracts shall be for at least the balance of the first  
16 fiscal year and shall not exceed three (3) years in length.  
17 Multi-year contracts may provide for an annual or biennial  
18 inflation adjustment. Except as provided by subsection (g)  
19 of this section the low bidder contracted within each  
20 county shall be the sole provider in that county. The  
21 lowest bidder contracted within the state may accept  
22 patients from anywhere in the state. Where there is no  
23 provider within a county, residents of the county shall go  
24 to the lowest bid provider within one hundred (100) highway

1 miles of their home community, except they may go to any  
2 provider further away whose contracted price was lower.  
3 Residents of any county which has a contracted provider may  
4 go to any provider in the state with a lower contracted  
5 price. The department shall publish the contracted bid  
6 prices on its website. The department shall contract only  
7 with providers or organizations employing providers whose  
8 training and experience qualifies them to do the  
9 screenings. The department may elect not to contract with  
10 any low bidder in a county if it determines that the bid  
11 price of that bidder is excessive either in relation to  
12 other bids received in other counties or is excessive in  
13 relation to the usual and customary fees for the  
14 procedures. The department may use a prequalification  
15 process or may use qualifications as an item in the  
16 evaluation of bids received. The department may consult  
17 with the statewide cancer control steering committee in  
18 determining the professional qualifications required. In  
19 determining the lowest bid price for this section the  
20 department shall consider the bid price for a screening  
21 with no polyps found plus the bid cost times the  
22 statistically expected rate for polyp removal and  
23 pathological examination. The department may define this  
24 statistically expected rate in the request for proposals.

1 All contracts entered into pursuant to this section shall  
2 provide that the department may limit the eligibilities or  
3 numbers of screenings done to stay within the funds  
4 appropriated and may suspend the contract if no or  
5 insufficient funds are appropriated.

6

7 (g) If a provider who is contracted with on the basis  
8 of his bid is unwilling or unable to meet the demand, the  
9 department may contract with a second provider in his  
10 county for a limited number of colonoscopies.

11

12 (h) If a cancer is found during a colonoscopy  
13 performed under this section, and the individual is not  
14 covered by the Medicaid program and is without health  
15 insurance, the department is authorized to pay for the  
16 treatment needed for that individual. The individual shall  
17 be responsible for the first ten thousand dollars  
18 (\$10,000.00) of costs not covered by insurance, unless the  
19 department waives this deductible in whole or in part  
20 because the individual lacks the assets or earning ability  
21 to pay it. The department shall not pay more than fifty  
22 thousand dollars (\$50,000.00) for treatment in any one (1)  
23 case.

24

1           (j) The insurance commissioner shall review the rate  
2 setting methodology of health insurance companies doing  
3 business in Wyoming to ensure that rates charged in Wyoming  
4 reflect any savings to the company due to the state paying  
5 for colonoscopies the insurance company would otherwise pay  
6 for. The commissioner may order adjustments to the rates  
7 charged if the methodology used does not cause such savings  
8 to be reflected in the rates charged.

9

10           **35-25-205. Breast and cervical cancer programs.**

11

12           (a) The breast and cervical cancer program within the  
13 department is authorized to obtain private and federal  
14 grant funds and to seek appropriations for:

15

16                   (i) Education, outreach and breast and cervical  
17 cancer screenings for those unable to afford them;

18

19                   (ii) Continuation of the existing pilot outreach  
20 program for the medically underserved population in the Big  
21 Horn Basin and expansion of that program to other areas of  
22 the state; and

23

1           (iii) Implementation of the program known as the  
2 native sisters program for outreach to members of the  
3 Shoshone and Arapaho Tribes, provided that any grants or  
4 contracts entered into pursuant to this paragraph shall  
5 contain any restrictions necessary to comply with Article  
6 16, Section 6 of the Wyoming Constitution.

7

8           **35-25-206. Pain management.**

9

10           (a) There is hereby established within the department  
11 the Wyoming state commission on pain. The commission shall  
12 focus on the pain caused by cancer as well as other sources  
13 of acute and chronic pain including pain in the hospice  
14 setting. The commission shall consist of twenty (20)  
15 members who are residents of the state. Except for the  
16 members specifically named in paragraphs (i) through (v) of  
17 this subsection, the governor shall appoint the members of  
18 the commission. The members of the commission shall  
19 include:

20

21           (i) The director of the department or his  
22 designee, who shall serve as chair of the commission;

23

24           (ii) The attorney general or his designee;

1

2 (iii) One (1) representative of the board of  
3 nursing or its staff selected by the board of nursing;

4

5 (iv) One (1) representative of the board of  
6 medicine or its staff selected by the board of medicine;

7

8 (v) One (1) representative of the board of  
9 pharmacy or its staff selected by the board of pharmacy;

10

11 (vi) One (1) physician, physician's assistant or  
12 advanced nurse practitioner who specializes in primary  
13 care;

14

15 (vii) One (1) physician, physician's assistant  
16 or advanced nurse practitioner with experience or training  
17 in pain management or palliative care or who provides care  
18 in a hospice, provided that at least one (1) of the  
19 representatives chosen pursuant to this paragraph and  
20 paragraph (vi) of this subsection shall be a physician;

21

22 (viii) Two (2) registered nurses with expertise  
23 in hospice, oncology, anesthesia, long term care or pain

1 management or the management of symptoms which may cause  
2 pain;

3

4 (ix) One (1) dentist with training or experience  
5 in pain management or management of symptoms which may  
6 cause pain;

7

8 (x) One (1) pharmacist with training or  
9 experience in pain management or the management of symptoms  
10 which may cause pain;

11

12 (xi) One (1) employee of the federal drug  
13 enforcement administration or a state, county or city law  
14 enforcement agency proficient in drug enforcement  
15 regulations and issues;

16

17 (xii) One (1) mental health services provider;

18

19 (xiii) One (1) physical therapist or physical  
20 therapy assistant who specializes in or has experience in  
21 pain management;

22

23 (xiv) Two (2) members of the public with  
24 experience with voluntary or nonprofit health

1 organizations, commercial or governmental health  
2 organizations or advocacy groups with an interest in pain  
3 management;

4

5 (xv) One (1) member of the general public;

6

7 (xvi) One (1) member of the general public who  
8 has been diagnosed with chronic pain;

9

10 (xvii) One (1) member of the Arapaho Tribe and  
11 one (1) member of the Shoshone Tribe. In making these two  
12 (2) appointments the governor shall consult with the  
13 appropriate tribal councils.

14

15 (b) The governor shall seek to appoint the members of  
16 the commission by July 1, 2007. The initial terms shall  
17 commence July 1, 2007. Excepting the members designated by  
18 office, eight (8) of the initial members shall serve until  
19 June 30, 2009 and seven (7) of the initial members shall  
20 serve until June 30, 2008. Thereafter members shall be  
21 appointed to a two (2) year term. Members shall continue  
22 to serve until their successor is duly appointed and  
23 qualified. Any vacancy on the commission shall be filled

1 subject to the same constraints as the original  
2 appointment.

3

4 (c) Members shall serve without compensation but,  
5 subject to appropriations, members shall be reimbursed for  
6 travel and per diem in the same manner as members of the  
7 state legislature.

8

9 (d) The department shall furnish administrative  
10 support and staff as necessary for the effective operation  
11 of the commission.

12

13 (e) The commission shall normally meet four (4) times  
14 per year, approximately one (1) meeting per quarter. The  
15 chairman may call additional meetings. The chairman shall  
16 specify the time and the place for meetings.

17

18 (f) The department may accept on behalf of the  
19 commission any appropriate federal grants or contracts and  
20 any gifts or donations from individuals, private  
21 organizations or foundations and any other funds that  
22 become available.

23

24 (g) The commission on pain shall:

1

2           (i) As appropriate hold public hearings to  
3 gather information from the public and interested parties  
4 or issues pertaining to pain or the management of symptoms  
5 that may cause pain including pain and symptom management  
6 in the hospice setting;

7

8           (ii) Make recommendations, which shall be  
9 evidence based to the extent practical, on acute and  
10 chronic pain management treatment practices to appropriate  
11 organizations and individuals;

12

13           (iii) Analyze statutes and rules and regulations  
14 regarding pain management and management of pain relieving  
15 drugs and make recommendations as appropriate to the  
16 legislature, to the congress of the United States and to  
17 organizations promulgating rules and regulations;

18

19           (iv) Study the use of alternative therapies  
20 regarding pain management and the treatment of symptoms  
21 which may cause pain, consider the extent to which the  
22 alternative therapies are effective at relieving pain, and  
23 make recommendations for the removal of any inappropriate  
24 sanctions for the use of alternative therapies;

1

2 (v) Review the requirements and recommendations  
3 of professional licensing boards in the state concerning  
4 education and continuing education concerning acute and  
5 chronic pain management and make any recommendations to the  
6 professional licensing boards as are appropriate;

7

8 (vi) Examine the pain management needs of all  
9 people who have acute or chronic pain including the special  
10 needs of adults, cancer victims, children, racial and  
11 ethnic minorities and medically underserved populations;

12

13 (vii) Identify the roles and responsibilities of  
14 health care professionals in pain management and the  
15 management of symptoms that may cause pain and make  
16 recommendations on integrating the management of pain and  
17 symptoms that may cause pain into the customary practice of  
18 health care professionals;

19

20 (viii) Review guidelines on pain and symptom  
21 management issued by the United States department of health  
22 and human services;

23

1           (ix) Provide a report on the activities of the  
2 commission to the director of the department and the joint  
3 labor, health and social services interim committee by  
4 October 1 of every even numbered year. The report shall  
5 not exceed three thousand (3,000) words in length plus any  
6 useful charts, graphs and exhibits. The report may  
7 include:

8

9           (A) Any issues identified and  
10 recommendations including recommendations for legislation  
11 developed by the commission;

12

13           (B) Any recommendations concerning pain  
14 management educational criteria made to any health  
15 profession's educational programs at the University of  
16 Wyoming or the community colleges;

17

18           (C) Information regarding the impact and  
19 effectiveness or prior recommendations, if any, that have  
20 been implemented; and

21

22           (D) A review of current practices and  
23 policies regarding the management of pain and symptoms that

1 may cause pain and any changes to those practices and  
2 policies.

3

4 **Section 2.**

5

6 (a) For the fiscal biennium ending June 30, 2008,  
7 three million nine hundred twenty-five thousand dollars  
8 (\$3,925,000.00) is appropriated from the general fund to  
9 the department of health for the colorectal cancer  
10 screening program authorized by this act.

11

12 (b) Two hundred thousand dollars (\$200,000.00) is  
13 appropriated from the general fund to the department of  
14 health for treatment of cancers found during the colorectal  
15 screening process.

16

17 (c) One hundred twenty thousand dollars (\$120,000.00)  
18 is appropriated from the general fund to the department of  
19 health for breast and cervical cancer education, outreach,  
20 screening and program management.

21

22 (d) Thirty thousand dollars (\$30,000.00) is  
23 appropriated from the general fund to the department of

1 health for the outreach pilot program for medically  
2 underserved populations.

3

4 (e) One hundred thousand dollars (\$100,000.00) is  
5 appropriated from the general fund to the department of  
6 health to implement the native sisters program.

7

8 (f) Fifty thousand dollars (\$50,000.00) is  
9 appropriated from the general fund to the department of  
10 health for the expenses of the commission on pain.

11

12 (g) One hundred forty thousand dollars (\$140,000.00)  
13 is appropriated from the general fund to the department of  
14 health for the expenses of administering the programs  
15 provided by this act and two (2) additional FTE's for the  
16 department of health are authorized.

17

18 **Section 3.** This act is effective immediately upon  
19 completion of all acts necessary for a bill to become law  
20 as provided by Article 4, Section 8 of the Wyoming  
21 Constitution.

22

23

(END)