Improving Access to Healthcare: Volunteer Services

August, 2017

Access to quality healthcare means that patients receive the right care, at the right time, and in the right place.[1] Barriers to access include lack of insurance, lack of providers, lack of quality services, and lack of patient knowledge of available services. This brief summarizes measures of access to healthcare in Wyoming, existing federal and state programs to encourage volunteerism, implications for Wyoming, and recommendations, including draft bill language, for the consideration of the Joint Judiciary Committee.

Access in Wyoming

The Agency for Healthcare Research and Quality (AHRQ) recommends three measurement categories of access to healthcare: 1) structural, e.g. health insurance coverage rates and availability of providers, 2) patient self-report, and 3) actual utilization of services.[2] Table 1, below, summarizes structural measures of access to healthcare in Wyoming, including the uninsured rate and the number of licensed clinicians, by county. Cells highlighted in green rank in the top five among Wyoming counties, while cells highlighted in red rank in the bottom five of Wyoming counties.

Table 1. Uninsured Rates & Clinician Rates by County

County	Wyoming Adults Ages 18-64, at or below 200% FPL[3]			Licensed Clinicians (2013)		
	Total	Uninsured	Rate	Clinicians per 100,000 Population	% Primary Care	% Specialists
Albany	10,581	2,193	20.7%	270	64%	36%
Big Horn	1,956	707	36.1%	75	100%	0%
Campbell	5,028	1,778	35.4%	195	50%	50%
Carbon	2,106	774	36.8%	165	81%	19%
Converse	1,662	483	29.1%	147	71%	29%
Crook	883	251	28.4%	125	89%	11%
Fremont	7,142	2,265	31.7%	261	60%	40%
Goshen	2,165	628	29%	125	82%	18%
Hot Springs	721	224	31.1%	227	82%	18%
Johnson	1,084	365	33.7%	243	76%	24%
Laramie	13,854	3,885	28%	369	54%	46%
Lincoln	2,423	746	30.8%	180	76%	24%
Natrona	12,051	3,935	32.7%	375	53%	47%

[1] Note that clinical care is estimated to account for only 20% of overall health outcomes, while the remaining 80% of health outcomes are determined by social and economic factors (40%), health behaviors (30%), and the physical environment (10%). http://www.countyhealthrankings.org/resources/county-health-rankings-model

[2] Agency for Healthcare Research & Quality. National Healthcare Quality Report, 2011. Retrieved from: https://www.ahrq.gov/research/findings/nhqrdr/nhqr11/chap9.html

[3] United States Census Bureau, Small Area Health Insurance Estimates, 2015. Retrieved from: https://www.census.gov/did/www/sahie/data/interactive/sahie.html?s_appName=sahie&s_statefips=56&map_yearSelector=2015&s_year=2015&s_agecat=1&s_iprcat=1&menu=grid_proxy

County	Wyoming Adults Ages 18-64, at or below 200% FPL[4]			Licensed Clinicians (2013)		
	Total	Uninsured	Rate	Clinicians per 100,000 Population	% Primary Care	% Specialists
Niobrara	364	106	29.1%	79	100%	0%
Park	3,918	1,179	30.1%	346	59%	41%
Platte	1,307	384	29.4%	160	71%	29%
Sheridan	3,849	1,071	27.8%	365	55%	45%
Sublette	1,063	383	36%	159	88%	13%
Sweetwater	5,490	1,909	34.8%	170	56%	44%
Teton	3,027	1,146	37.9%	548	47%	53%
Uinta	3,112	914	29.4%	190	65%	35%
Washakie	1,187	458	38.6%	154	69%	31%
Weston	852	270	31.7%	84	100%	0%
Total	**85,825**	**26,054**	**30.4%**	**276**	**58%**	**42%**

*Clinician rates are based on 2013 active licenses.

**Primary care providers are defined as primary care physicians, physician assistants, and advanced practice registered nurses.

Patient self-report and utilization metrics also capture access to healthcare. In 2016, 6.2% of all respondents ages 18 to 64 to the National Health Interview Survey self-reported that they failed to obtain needed medical care due to cost at some point in the past 12 months.[5] The likelihood of a respondent reporting forgone care increased if the respondent was also low-income and/or lived in a rural area. In 2014, 39% of adult Wyoming residents reported that they had not seen or talked to a general doctor in the past 12 months (40th in the nation).[6]

Wyoming currently has thirty clinics funded under section 330 of the Public Health Services Act providing services to low-income populations for free or on a sliding fee scale, including federally qualified health centers (FQHCs), community health centers, rural health clinics, migrant health clinics, and health care for the homeless centers (Appendix A).

Volunteer Healthcare Services

Volunteer healthcare programs seek to increase access to healthcare services by 1) increasing the number of services available by incentivizing clinicians to volunteer their time and services when they may otherwise not have and 2) reducing patient out-of-pocket costs to incentivize use by individuals who may otherwise forgo services due to cost. Barriers to clinician volunteerism include the high cost of medical malpractice insurance,

[4] United States Census Bureau, Small Area Health Insurance Estimates, 2015. Retrieved from: https://www.census.gov/did/www/sahie/data/interactive/sahie.html?s_appName=sahie&s_statefips=56&map_yearSelector=2015&s_year=2015&s_agecat=1&s_iprcat=1&menu=grid_proxy

[5] The sample size in Wyoming was too small to provide a reliable state-level estimate, so the national estimate has been reported here. Centers for Disease Control, "Early Release of Selected Estimates Based on Data From the National Health Interview Survey, 2016. p. 1. Retrieved from: https://www.cdc.gov/nchs/data/nhis/earlyrelease/Earlyrelease201705_03.pdf

[6] Kaiser Family Foundation. 2014. "Percent of Adults Who Had Not Seen or Talked to a General Doctor in the Past 12 Months. Retrieved from: http://www.kff.org/other/state-indicator/percent-of-adults-who-had-not-seen-or-talked-to-a-general-doctor-in-the-past-12-months/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

the cost to maintain licensure, time constraints, provider "burnout" in rural areas, and the capacity of clinics to recruit, host, and manage volunteers. Existing state and federal programs to promote volunteer health services primarily focus on decreasing the cost of medical malpractice insurance by raising the standard of negligence from simple negligence to gross negligence, extending state and federal liability protection to volunteer providers, or subsidizing medical malpractice coverage.[7]

Existing Federal & State Programs

At the federal level, the Volunteer Protection Act of 1997 provides coverage for acts of ordinary, but not gross, negligence[8] while the Federal Tort Claims Act (FTCA) of 1946 provides liability coverage to federal employees acting on behalf of the federal government. The FTCA has been extended several times to include medical malpractice coverage for certain healthcare providers:

- 1993: coverage extended to clinics funded under the Public Health Services Act, excluding volunteers;
- 1996: coverage extended to free clinic volunteers; and,
- 2017: coverage extended to FQHC volunteers as part of the 21st Century Cures Act.

All FTCA deemed clinics are required to sponsor volunteers, verify their licensure, and submit an application on their behalf to the U.S. Department of Health and Human Services (HHS) for FTCA coverage, as well as notify patients of the limited liability of the provider under the FTCA. Clinics funded under section 330 of the Public Health Services Act are eligible for FTCA coverage, including the thirty located in Wyoming.[9] The Health Resources & Services Administration (HRSA) is currently accepting comments on an information request proposal on requirements for deeming applications of volunteers at FQHCs.[10]

A 2005 review of state statutes related to volunteer liability found that 43 states had some type of legislation limiting liability or extending sovereign immunity to volunteer healthcare providers.[11] In Wyoming, W.S. § 1-1-129 provides immunity from liability for ordinary negligence for volunteer healthcare professionals who serve low-income uninsured persons (under 200% of the federal poverty level) at a nonprofit clinic that maintains at least $1,000,000 in liability coverage, including volunteers. Wyoming also formerly maintained a medical malpractice insurance assistance account as per W.S. § 35-1-902 to provide financial loans to clinicians to purchase liability insurance, however the account expired in 2007 and the statute was repealed in the 2016 legislative session as part of statute cleanup efforts. Wyoming does not currently have a defined volunteer services program providing sovereign immunity.

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[7] Hattis, P.A. 2005. "Overcoming Barriers to Physician Volunteerism: Summary of State Laws Providing Reduced Malpractice Liability Exposure for Clinician Volunteers." *University of Illinois Law Review*. Retrieved from: https://illinoislawreview.org/wp-content/ilr-content/articles/2004/4/Hattis.pdf

[8] Government Accountability Office. 2009. "GAO-09-693R Federal Tort Claims Act." Retrieved from: http://www.gao.gov/new.items/d09693r.pdf

[9] Rural Health Information Hub. 2015. "Federally Qualified Health Centers." Retrieved from: https://www.ruralhealthinfo.org/topics/federally-qualified-health-centers#benefits

[10] Federal Register. Vol. 82, No.120. Retrieved from: https://www.federalregister.gov/documents/2017/06/23/2017-13172/agency-information-collection-activities-proposed-collection-public-comment-request-information

[11] Hattis, P.A. 2005. "Overcoming Barriers to Physician Volunteerism: Summary of State Laws Providing Reduced Malpractice Liability Exposure for Clinician Volunteers." *University of Illinois Law Review*. Retrieved from: https://illinoislawreview.org/wp-content/ilr-content/articles/2004/4/Hattis.pdf

Sovereign Immunity: The Florida Model

Florida's Volunteer Health Services Program (VSHP) was established in 1992 and provides both state liability coverage and up to eight hours of continuing education credits to encourage providers to enroll with the state to provide volunteer healthcare services. Under Florida statute, providers act as agents of the government and may not receive payment from any entity, private, third-party, government, etc., for services, but may receive grants from the Florida Department of Health to support the delivery of services. Eligible individuals include Medicaid-eligible individuals and anyone without insurance with self-declared income below 200% of the federal poverty level.

In Florida, unlicensed volunteers serve as volunteer coordinators and enrollment specialists, assisting patients in completing the enrollment paperwork and referring the patient to services. All patient information, including income, is self-declared, and the provider is eligible for liability coverage through the state even if the client is later found to be ineligible, and may continue to provide services for up to 30 days to clients who experience a change in eligibility[12]. VHSP has volunteers in fifty of sixty-seven counties, covering 98.38% of the population. The Florida program has struggled to enroll providers in rural areas; seventeen counties are highly rural areas with no enrolled providers and an additional twenty counties have only one to two providers enrolled in the program.[13]

In 2016, VHSP reported $298 million in donated goods and services and state expenditures of $465,115, for a return on investment (ROI) to the state of $642 per dollar invested[14]. While volunteer healthcare likely has a net positive ROI, the figure reported by Florida is likely a gross overestimate for several reasons:

- **Underreporting of administrative costs**: state expenditures do not include the following costs:
  - information technology services to support provider enrollment, tracking, and annual reporting;
  - three regional coordinators employed by county health departments, which receive state funds;
  - separate state grants supporting volunteer clinics;
- **Reliance on provider self-report of services:** self-report is prone to recall bias, incentivizes over-reporting of donations, and the state conducts no audits to verify the accuracy of donated services, goods, or the value thereof;
- **Use of self-pay rates to report the value of donated goods and services**: Florida's reporting template, see Appendix B, provides recommended fees as a guideline, but providers are encouraged to report what they would have billed to a paying patient or third party insurance.[15] Self-pay rates bear no relation to the cost of providing services and serve instead as a starting point in negotiations with insurers[16]; the Medicare Physician Fee Schedule (MPFS) is considered to be the most accurate estimate of the actual cost of services and would provide both a more accurate, and much lower, estimate of the value of donated goods and services;

[12] Personal communication, Chris Gainouse, Florida Volunteer Health Services Supervisor. July 19 2017.
[13] Personal communication, Chris Gainouse, Florida Volunteer Health Services Supervisor. July 19 2017.
[14] Florida Department of Health. 2016. "Volunteer Health Services Annual Report, Fiscal Year 2015-2016." Retrieved from: http://www.floridahealth.gov/provider-and-partner-resources/getting-involved-in-public-health/volunteer-health-services-opportunities/Volunteer%20Health%20Services%20Annual%20Report%202016.pdf
[15] Personal communication, Chris Gainouse, Florida Volunteer Health Services Supervisor. July 28 2017.
[16] Nation, G.A. 2016. "Hospital Chargemaster Insanity: Heeling the Healers." *Pepperdine Law Review*. Vol. 43, pp. 745-784. Retrieved from: http://pepperdinelawreview.com/wp-content/uploads/2016/04/Nation%E2%80%93Final-No-ICR-2.pdf

- **Double counting of donated goods and services**: Florida has several non-participating hospitals that donate goods and services to participating clinics; the value of these donations is likely reported to the state in both the hospital's charity care figures and the clinic's annual report to the Department of Health.

Benefits & Limitations

Volunteer healthcare programs increase access to healthcare, however they are limited in their ability to impact the type, location, and quality of services provided. As a result, the availability of volunteer services will mirror the existing geographic distribution of providers. For example, the Florida program has struggled to enroll providers in rural counties and wait times for services are approximately two to three weeks in some areas; additionally.[17] In rural and frontier states, such as Wyoming, the availability of providers is likely to be even more restricted, particularly for specialty care. Florida's VSHP Supervisor observed that the majority of their patients have needs beyond primary care and require specialist services.[18] Referencing Table 1, on pages 1-2, it is likely that Wyoming counties with low uninsured rates and a high ratio of providers to residents, such as Laramie County, will benefit the most from a volunteer health services program, while counties with high uninsured rates, low provider rates, and no licensed specialists, such as Big Horn County, will experience fewer benefits and continue to struggle with access to care.

Recommendations

As the Wyoming Legislature considers implementing a volunteer health program, the Wyoming Department of Health (WDH) has the following recommendations; specific statutory language is included in Appendix C:

- **Align statutory language with the Governmental Claims Act**. Use the term "public employee" rather than "agent" to avoid possible unintended consequences.
- **Include mental health professionals and unlicensed facility staff as deemed public employees**. For example, the Florida VSHP utilizes unlicensed clinic staff to conduct all eligibility determinations and referrals.
- **Limit administrative costs to maintain high ROI**. Florida maintains a high ROI by limiting state administrative costs and oversight. The WDH recommends the following program requirements be defined in statute or rule to reduce administration and maintain high ROI:
    - Require volunteers to make client eligibility determinations via client self-attestation and to provide disclosure forms at the point of service, which would also allow clients to be seen same-day;
    - Eliminate reporting requirements; and,
    - Eliminate inspections. Licensed facilities are already inspected by the Office of Healthcare Licensing and Surveys for compliance with life and safety regulations, as per federal and state laws, and licensed clinicians are governed by their respective licensing boards;
    - Eliminate reporting of adverse incidents to the WDH. Facilities are required to report adverse incidents and clinicians are required to report any personal injury or wrongful death claims to their respective licensing agencies/boards.

[17] Personal communication, Chris Gainouse, Florida Volunteer Health Services Supervisor. July 19 2017.
[18] Personal communication, Chris Gainouse, Florida Volunteer Health Services Supervisor. July 19 2017.

- **Consider including an appropriation**, dependent upon the requirements of the final bill, to fund the additional staff and infrastructure necessary to administer the program.

In addition, the legislature may consider the following more substantive changes, in addition to the proposed bill:

- **Consider incentives** for providers to maintain licensure as a complement to medical malpractice coverage, for example, through reduced licensure costs for volunteers or retired clinicians providing volunteer services. Such incentives may require coordination with the relevant professional boards overseeing clinician licensure.
- **Consider excluding clinics eligible for FTCA coverage from the program**. Clinics eligible for coverage under the FTCA are not required to enroll and many do not due to the onerous enrollment process. It is possible that clinics may elect to enroll with the state as volunteer providers if the state process is less cumbersome, thereby shifting liability and cost from the federal government to the state government for medical malpractice claims. Additionally, the extension of FTCA coverage to FHQC volunteers in 2017 limits the need for state medical malpractice coverage of these entities.

Appendix A: Federally Funded Clinics in Wyoming

Appendix A: Public Health Services Act Funded Clinics in Wyoming, by City

Clinic Name	City
Midway Clinic	Basin
Community Action Partnership of Natrona County	Casper
Community Health Center Of Central Wyoming	Casper
Health Care For The Homeless	Casper
University Of Wyoming Family Medicine Residency Casper	Casper
Healthworks - Cheyenne	Cheyenne
Crossroads Healthcare Clinic	Cheyenne
Crossroads Healthcare Mobile Clinic	Cheyenne
University Of Wyoming Family Medicine Residency Cheyenne	Cheyenne
Community Health Center Of Central Wyoming - Dubois	Dubois
Evanston Community Health Center	Evanston
Glenrock Health Center	Glenrock
Castle Rock Rural Health Clinic	Green River
Register Cliff Rural Health Clinic	Guernsey
Hulett Clinic	Hulett
Albany Community Health Care Clinic	Laramie
North Big Horn Hospital Clinic	Lovell
Rawhide Rural Health Clinic	Lusk
Medicine Bow Health Center	Medicine Bow
Moorcroft Clinic	Moorcroft
Cedar Hills Family Clinic	Newcastle
Healthworks - Pine Bluffs	Pine Bluffs
Heritage Health Center	Powell
Fremont Community Health Center	Riverton
Sweetwater County Community Health Center	Rock Springs
Platte Valley Medical Clinic P.C	Saratoga
Sundance Clinic	Sundance
Red Rock Family Practice	Thermopolis
Upton Regional Medical Clinic	Upton
Red Rock Family Practice	Worland

Appendix B: Sample Provider Annual Self-Report Template (Florida)

Appendix K – Chapter 110 Volunteer Services Annual Report

DEPARTMENT OF HEALTH Program/Facility: _____

ADDRESS, CITY, STATE & ZIP: _____

QUARTER: _____ **FISCAL YEAR:** _____
(July 1 – June 30)

		A	**B**	**C**	
TOTAL NUMBER OF INDIVIDUAL VOLUNTEERS	**TOTAL NUMBER OF VOLUNTEER HOURS**	**VALUE OF NON-LICENSED VOLUNTEERS ($20.25/hr)**	**VALUE OF LICENSED PROFESSIONAL VOLUNTEERS (**Varies)**	**VALUE OF DONATIONS**	**TOTAL VALUE OF SERVICES, AND DONATIONS (A+B+ C =)**

** Value of Licensed Professional Service should be the standard fee for services charged for that professional category.

Physicians	$250.00/hr at clinic	ARNP/PA	$ 75.00/hr	Respiratory Therapists	$ 40.00/hr
Dentists	$200.00/hr	RN	$ 35.00/hr	Pharmacists	$ 50.00/hr
Chiropractors	$ 90.00/hr	LPN	$ 25.00/hr	Clinical Social Workers	$ 50.00/hr
Optometrists	$ 50.00/hr				

Dental Technicians, Medical Technicians, HIV Counselors, Support staff, etc. $ 23.07

Appendix C: Recommended Statutory Language

DRAFT ONLY
NOT APPROVED FOR
INTRODUCTION

HOUSE BILL NO. [BILL NUMBER]

Volunteer health care.

Sponsored by: Joint Judiciary Interim Committee

A BILL

for

AN ACT relating to public health and safety; authorizing the department of health to contract for volunteer health care services; providing that claims against volunteering medical facilities and health care providers are subject to the Wyoming governmental claims act; authorizing licensing boards to provide continuing education credit as specified; amending definitions under the Wyoming Governmental Claims Act; providing for coverage under the state self insurance program; and providing for an effective date.

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

Section 1. W.S. 35-31-101 through 35-31-103 are created to read:

CHAPTER 31

VOLUNTEER HEALTH SERVICES PROGRAM

35-31-101. Definitions.

(a) As used in this act:

(i) "Contract" means an agreement executed in compliance with this act between a medical facility or health care provider and the department authorizing the medical facility or health care provider to deliver volunteer health care services to low income persons as ~~an agent of the state~~ a deemed public employee of the state;

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

(iii) "Health care provider" means any person licensed, certified or otherwise authorized by the law of this state to cure or prevent impairments of the normal

state of the mind and body, including but not limited to physicians, physician assistants, nurses, optometrists, dentists, psychiatrists, psychologists and social workers;

(iv) "Low income person" means a person with an income not greater than two hundred percent (200%) of the current poverty line as specified by the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2) and:

(A) The person is not a covered individual under a health insurance or health care policy, contract, or plan; or

(B) The person is a covered individual under a health insurance or health care policy, contract or plan, but was denied coverage by the policy, contract or plan;

(v) "Medical facility" means a hospital, clinic, office, nursing home, or other facility where a health care provider provides health care to patients;

(vi) "This act" means W.S. 35-31-101 through 35-31-103.

35-31-102. Contract conditions for volunteer health services.

(a) The department may execute contracts with health care providers or medical facilities to deliver volunteer health care services as ~~an agent~~ a deemed public employee of the state. A contract shall provide as follows:

(i) The health care provider that delivers volunteer health care services to low income persons shall be considered, for the purposes of applicability of the Wyoming Governmental Claims Act only, a public employee of the state while acting within the scope of duties under the contract so long as the contract complies with the requirements of this act and regardless of whether a low income person who is treated is later found to be ineligible;

(ii) The medical facility while providing volunteer health care services to low income persons shall

be considered, for purposes of the Wyoming Governmental Claims Act, W.S. 1-39-109(b), a ~~agent~~ public employee of ~~The Wyoming Department of Health~~ the State so long as the contract complies with the requirements of this act and regardless of whether a low income person who is treated is later found to be ineligible;

(iii) Only volunteer health care services delivered by the health care provider or medical facility to low income persons eligible to receive those services are covered under the contract.

(iv) Volunteer health care providers and medical facilities shall determine client eligibility using client self-attestation.

(b) The department retains the right to terminate the contract with the health care provider or medical facility upon written notice of its intent to terminate the contract at least five (5) business days before the contract termination date, unless the department determines that immediate termination is necessary to protect the safety of patients.

~~(c) Health care providers and medical facilities shall submit to the department information on adverse incidents. If the incident involves a licensed professional or facility, the incident report shall also be submitted to the appropriate licensing body, which shall review the incident to determine whether it involves conduct by the licensee who is subject to disciplinary action.~~

~~(d) All patient medical records and any identifying information contained in adverse incident reports and treatment outcomes submitted to the department or licensing bodies pursuant to subsection (c) of this section are confidential.~~

~~(e) The health care provider or medical facility shall be subject to supervision and regular inspection by the department.~~

35-31-103. Disclosure; quality assurance; continuing education credit; reporting.

(a) Before a low income person receives volunteer health care services pursuant to this act, he or his legal representative shall sign a disclosure statement informing the low income person of the following:

(i) The health care provider shall be considered a public employee of the state under the Wyoming Governmental Claims Act;

(ii) The medical facility shall be considered a facility of the state and any employee of the medical facility shall be considered a public employee of the state under the Wyoming Governmental Claims Act;

(iii) Commencement of an action pursuant to the Wyoming Governmental Claims Act shall be the exclusive remedy for any injury or damage suffered as the result of an act or omission of the health care provider or any employee of a medical facility while acting within the scope of duties under the contract.

(iv) The patient may elect to decline treatment under the provisions of this act.

(b) Licensing boards may grant continuing education credit to medical professionals for the performance of volunteer health care services to low income persons pursuant to this act.

(c) The department shall adopt rules necessary to implement this act.

~~(d) The department shall submit a report to the joint labor, health and social services interim committee and the governor not later than July 1 of each year. The report shall summarize utilization of the program provided to low income persons pursuant to this act including a summary of adverse incidents reported under W.S. 35-31-102(c). The report shall include a list of all health care providers and medical facilities providing volunteer health care services to low income persons pursuant to this act and shall include the number of hours volunteered, the number of patient visits and the usual, customary and reasonable value of the health care related goods and services provided~~

Section 2. W.S. 1-39-103(a)(iv) by creating a new subparagraph (G), 1-39-109 and 1-41-102(a)(v) by creating a new subparagraph (E) are amended to read:

1-39-103. Definitions

(a) As used in this act:

(iv) "Public employee":

(G) Includes any health care provider, as defined by W.S. 35-31-101(a)(iii), under a contract with the State to deliver volunteer health care services to low income persons under W.S. 35-31-101 through 35-31-103.

1-39-109. Liability; medical facilities.

(a) A governmental entity is liable for damages resulting from bodily injury, wrongful death or property damage caused by the negligence of public employees while acting within the scope of their duties in the operation of any public hospital or in providing public outpatient health care.

(b) The State of Wyoming is liable for damages

resulting from bodily injury or wrongful death of a patient treated under the provisions of W.S. 35-31-101 through 35-31-103 that was caused by the negligence of a health care provider at a medical facility under a contract with the State to deliver volunteer health services under W.S. 35-31-101 through 35-31-103.

1-41-102. Definitions.

(a) As used in this act:

(v) "Public employee" means any officer, employee or servant of the state, provided the term:

(E) Includes health care providers delivering volunteer health care services under contract with the state to provide health care to low income persons under W.S. 35-31-101 through 35-31-103.

Section 2. This act is effective July 1, 2018.

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STAFF COMMENT

No appropriation is included in this draft; however, potential fiscal impacts include to the Department of Health, A&I Risk Management and Attorney General's Office.

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(END)