

## #5

**COMPLETE**

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**Q1** What is your name and Candidate Committee name?

**First and Last Name:** Daniel Zwonitzer  
**Candidate Committee:** Vote Zwonitzer  
**House/Senate District:** House 43  
**Preferred Email:** dzwonitzer@wyoming.com

**Q2** What is the role of state government in healthcare issues in Wyoming? Describe your top three priorities for improving the healthcare delivery system in the state?

1. **Expanding Tele-Health**
2. **Holding or Decreasing Insurance Rates for individuals or group plans.**
3. **Improving Medicaid/Medicare Rates to Physicians to encourage them to take more patients.**

**Q3** Wyoming's tobacco tax rate of \$.60 per pack ranks 8th lowest in the nation. The national average is \$1.72 per pack. Given the state's declining revenue and Wyoming's low tobacco tax, is increasing the tobacco tax a subject you feel worthy of consideration in the coming biennium? If you do support the tax increase is it primarily based in an interest to generate state revenue or as a method to de-incentivize tobacco use, or both?

**Yes I support increasing the tobacco tax.**

Please Explain:

First, it's a parity issue- we don't want to create an incentive to buy tobacco here and sell it somewhere else for people to make a profit. Second, it's a revenue inflation issue, we have not raised the tax rate since 2003? and we should at least keep the price up with inflation. Finally, raising the rate decreases users which should both save lives and help everyone's insurance costs.

**Q4** Physicians in Wyoming are required to attend continuing medical education (CME) to maintain their licensure in the State. Many physicians are now also taking part in maintenance of certification (MOC) programs to maintain board certification. MOC programs include more stringent continuing education requirements often at a higher cost, and generally involve high-stakes testing in order to maintain certifications. Wyoming physicians support continuing education requirements, but oppose mandates to maintain board certification. Do you support tying a physician's employment, reimbursement, or licensure to their participation in MOC activities?

**No, physician board certification should not be allowed to be tied to state licensure, employment, hospital privileging, and/or reimbursement.**

Please explain.:

I don't believe the government should be mandating MOC certifications. If a hospital or network, etc. wants to require MOC programs as a condition of employment or inclusion, I suppose that is a choice a physician has to weigh in deciding where they will work.

**Q5** With 32 percent of Wyoming's population being covered by public payers (Medicare, Medicaid, CHIP, Federal programs, etc), and current projected budget shortfalls, how would you prioritize reimbursement to physicians? Please explain.

Not sure exactly how to prioritize, but I know if we can't afford to pay doctors what they're worth, we'll lose them to other states, and if we lose doctors, we'll lose services, we'll lose hospitals, and if lose the medical providers or a hospital in a small community, that community will never be able to thrive or grow. It is as important as a school, or a water project in keeping many of our communities together. Thus, we have to prioritize physician funding to adequate levels if we want vibrant, healthy, growing communities.

**Q6** WMS supports physician-led healthcare teams with each licensed provider practicing at the top of their scope. Do you support licensed healthcare professionals expanding their scope of practice or increasing the specific tasks they can perform, such as psychologists prescribing or optometrists performing eye surgery, through rule making or legislation without proof of adequate expanded education, training and curriculum changes?

**No, healthcare providers should only expand scope of practice when done through increased education, curriculum changes in training programs and stringent testing to determine proficiency.**

Please explain:

Always a difficult question, because there is a shortage of qualified medical professionals in many parts of Wyoming. I do believe we must have competent medical professionals available across Wyoming, especially when it comes to medication management or surgery. If non physicians want expanded scope they must be willing to take on more testing, insurance coverage, etc etc.

**Q7** The demand for mental health services in Wyoming is on the rise with involuntary hospitalizations increasing at alarming rates. Suicide also remains a concern with Wyoming ranking as the fourth-highest state in the nation. Between the increase in demand for state mental health services and recent overages in the state budget for Title 25 costs, what do you believe can be done to positively impact these trends?

If there was an easy answer, we'd be doing it. Continued funding while hoping for a rebounding economy. Truly, having a healthier economy, quality-of-life initiatives, job growth, etc. should help dent both the suicide rate and the mental health cases.

**Q8** Would you support legislation to resolve the professional liability crisis in Wyoming? Specifically, would you support a cap on non-economic damages? Would you support other remedies such as adoption of the English rule, no-fault medical liability insurance or other such reforms?

I support investigating all avenues to bringing meaningful liability reform to the state including capping non-economic damages.

Please explain:

**Agree**

Every individual likely has an "economic worth" to society based on quantitative factors. When it comes to "pain and suffering" there's a murky area of monetizing that in which I have difficulty setting what a cap should be. I do believe there should be some type of cap, but in past years I believed it to be a bit low.

**Q9** WMS advocates for physicians to practice evidence-based medicine grounded in the latest research and safety standards. WMS opposes any legislation that attempts to unnecessarily insert government within the relationship between physicians and their patients as it hinders the ability for doctors to administer the most recent, evidence based, practices in medicine. Do you oppose legislation that unnecessarily inserts government between a physician and a patient?

**Yes, I oppose state legislation that inserts government between a physician and a patient.**

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Please explain:

If someone is smart and hard-working enough to become a doctor, I believe we can trust them with our personal health decisions without government regulations. People are generally free to choose their physician. The threat in the future is more likely from insurance companies, hospital networks, etc. You don't need more regulations coming from the government.

**Q10** Do you support expanding Medicaid to provide state-based insurance to uninsured Wyomingites for 10% of the cost to the State of Wyoming?

**Yes,**

Please explain:

Problem with the current political environment is how risky it might be to do so.

**Q11** Please send me additional information about the following topics:

**Respondent skipped this question**

**Q12** Does your candidate committee accept Political Action Committee (PAC) contributions?

Yep.