Legislators are heading to Cheyenne this weekend to convene the 2020 Budget Session. After four years in the temporary capitol, the legislative proceedings, scheduled to kick off Monday, February 10, return home to the newly renovated Capitol.

It seems everyone involved in this process, from lawmakers to lobbyists, shares a pride and excitement about returning to the state’s historic building. The grandeur of the rotunda with trompe l’oeil painting and marble floors offers the perfect backdrop to the four sisters statues that took their rightful place in the four corner niches. The sisters each represent key values of our state and people: truth, justice, courage, and hope.

Under the feelings of excitement is a palpable anxiety and unrest about the work before the legislature this session. Wyoming has a long history of paying the bills on the gains from our extractive mineral industries, but the pressure is mounting on our state lawmakers to consider a future in which those same mineral revenues won’t forever foot the bill.

In addition to the more than 200 bills up for consideration and debate, the real work of the legislature is in deciding the budget for the coming biennium. Budget sessions have different rules, the biggest of which is the fact that no legislation can be sent to committee to begin the long process without an initial 2/3 favorable vote of the legislators in the originating chamber. This means that a bill starting in the House requires 40 of the 60 possible votes to pass introduction and be assigned to committee for debate.

In this preview, we’ll share details on several of the nearly 30 bills WMS advocates will be watching and working on to protect patients and our members who serve them. As always, WMS will be sending out weekly updates throughout Session and will be updating our live bill tracker on the WMS website. Check it out at www.wyomed.org, and get involved by letting us know how you feel about any and all of these issues!

Paying the State’s Bills

Even years are budget session years and intended to be focused on setting the state’s budget for the coming two years, often called the biennium. Policy issues, in theory, are supposed to take a backseat to the hard work of deliberating the state’s earnings, investments and spending.

WMS pays close attention to the entirety of the budget process, but dedicates particular focus on the Wyoming Department of Health’s financial picture and its relation to the overall state budget.

To get a clear picture of the state’s budget, we have to first define the three primary sources of funding. The first is ‘general funds’ which consists primarily of severance tax revenue, federal mineral royalties, sales and use tax, and investment income. The second is ‘federal funds’ which come to Wyoming primarily through grants to state and local governments and serve to finance healthcare, social services, highways, housing, and more. The third source is categorized as ‘other funds’ and is comprised of all remaining fund types.

The Governor’s 21/22 recommended budget calls for a grand total of over $8 billion, when combining general, federal and other funds. The Wyoming Department of Health (WDH) alone accounts for over $2 Billion, or nearly 23% of all state spending. 90% of the WDH budget goes out to communities or healthcare providers in the form of reimbursement for services. Approximately 10% of WDH spending goes to personnel costs, with the majority of those personnel located in facilities or field offices across the state.
Physician Rights Up For Debate

WMS holds the line on a few absolutes, and a physician’s rights to make decisions about how they care for and protect their patients tops the list. A small group of legislators intends to challenge those rights this coming session with House Bill 106 - Immunization exemptions - nonrefusal of services. HB106 aims to prohibit hospitals within a hospital district or rural health care district, as well as the clinics within those hospitals, from refusing to treat unimmunized individuals. The bill requires that all hospitals under this provision ensure compliance by all licensed medical professionals employed by or under contract with that hospital.

A growing number of pediatric and family practice clinics across the state are adopting policies that require patients to adhere to the CDC recommended immunization schedule. WMS will strongly support our physicians who desire to deliver the best care possible with eyes toward evidence-based practices and standards of care. Within primary care, and particularly pediatrics, this means the ability to require compliance with scientifically-proven practices of immunization. Pediatricians are trained to diagnose, treat, and care for children who are immunized. They also have an obligation to the health and safety of all of their patients, as well as the greater communities in which they serve. If any Wyoming clinics, in partnership with their community facilities, believe that the safest way to deliver that care is to require their patients be immunized, WMS will support them in those efforts.

You can still get involved! Doc of the Day is a proud tradition for WMS and an opportunity for us to provide the legislature with a Doc or PA of the Day. Contact our office at 307-635-2424, or visit www.wyomed.org/news-events/doc-of-the-day/

OUR PROCESS AND HOW TO GET INVOLVED

Ever wonder how the WMS determines positions on legislation or how you can do more to get involved? Each member is represented by a county medical society trustee who carries the voice of physicians in their area to the state board of trustees where policies are debated and decisions are made about how and where WMS will focus its efforts each legislative session. Disagree with something we did, or didn’t do? We want to hear from you! Please never hesitate to contact your county trustee, listed on the WMS website at www.wyomed.org, or reach out to your WMS staff in Cheyenne.

WYOMING MEDICAL SOCIETY
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**Scope of Practice Discussions Persist in 2020**

Healthcare profession licensure debates took on new life last year and are set to do the same this year. Four bills relating to scope of practice expansion or licensing new professions have already been filed for introduction. Legislators can continue to file bills for consideration through next Wednesday, February 12, so more may be in the works.

Optometry Scope Expansion is back up for debate this year. With last year’s Senate File 55 seeing a narrow defeat, optometry is attempting to use the momentum they gained last year to carry this issue to the finish line with Senate File 29 this year. Senator Fred Baldwin, PA-C, of Kemmerer is leading the charge for the optometrists in their pursuit to expand their scope of practice to include certain scalpel and laser procedures. Medicine has held a hard line that when it comes to a medical professional altering tissue, whether that be tearing, teasing, cutting or blasting, that constitutes a form of surgery. Optometry has worked diligently to convince lawmakers that the scalpel procedures they seek are minor “lumps and bumps”, and that the lasers they will use to do what they define as “advanced procedures”, rather than surgery, have auto-pilot mechanisms and are “fail-safe”. WMS maintains that anytime a member of the healthcare team attempts to change their scope of practice, it warrants a thoughtful and serious conversation with a primary focus on patient safety. Many remain unconvincing that a 32-hour course that lacks hands-on training is sufficient to dramatically alter the scope of practice for medicine’s partners in optometry. This is sure to be another lively discussion. In the end, it’s collaboration and partnership that WMS seeks to foster. While the debate tends to grow emotional, the heart of this issue rests in what’s right for Wyoming patients. WMS believes there is a potential for a win-win in this conversation and looks forward to trying to get there, but doesn’t believe we can make that happen in this short upcoming budget session.

Pharmacists Prescribing Rights for Contraceptives is a new bill up for consideration this year. The bill, if passed, would allow for Wyoming pharmacists to prescribe and dispense self-administered hormonal contraceptives, as well as prescribe and administer injectable hormonal contraceptives, to any person over the age of 18 who already has evidence of a previous prescription from a licensed healthcare provider for a hormonal contraceptive. The bill requires the Board of Pharmacy to promulgate rules in consultation with the WY Board of Medicine and with consideration of guidelines established by the American College of Obstetricians and Gynecologists. The bill requires a pharmacist to:

- Complete a training program approved by the state board of pharmacy on prescribing, dispensing and administering contraceptives
- Provide a self-screening risk assessment tool that the patient must use prior to a pharmacist issuing a Rx
- Refer the patient to consult with a licensed healthcare provider upon prescribing, dispensing or administering the contraceptives
- Provide the patient with a written record of the prescribed and dispensed contraceptive

- Dispense the contraceptive to the patient as soon as practicable after the issuance of the Rx

The bill also includes a list of prohibitions for pharmacists to comply with in order to engage in this prescriptive space. This bill was not available at the time of the Board of Trustee’s meeting and WMS leadership is currently contemplating the Society’s position.

Two new professional licenses will be debated this year. The WY Legislature will consider licensing naturopaths and anesthesia assistants during their 2020 deliberations. WMS has been asked by the WY Society of Anesthesiologists to support the Anesthesia Assistants bill, and will do so. Position is unknown on Naturopaths at this time.

**Multi-Disciplinary Clinical Advisory Panel**

Chairman Sue Wilson has garnered support from a list of esteemed colleagues to co-sponsor House Bill 115 - Multi-disciplinary clinical advisory panel. This bill aims to establish a state advisory panel housed within the state Department of Health, composed of healthcare professionals, and the state health officer, to review applications submitted proposing to change any health profession’s practice act, or establishment of any new practice act for an unregulated health profession in the state.

The panel’s purpose is to mirror what many states across the country have enacted, which many refer to as “sunset commissions.” These entities look and feel different in each state, but all strive to provide an independent and objective review of proposals that come before state legislatures seeking to alter a profession’s scope of practice, or create a new license type within the healthcare profession.

Chairman Wilson proposed this idea at the conclusion of last session after witnessing the difficulty and challenges legislators faced with being asked to make tough decisions on polarizing issues with incredibly complicated details at the heart of the debate.

Interestingly, just within the last month the state of VT released a 40-page report from their version of this same idea which is housed in the VT Secretary of State’s office and titled the Office of Professional Regulation.

WMS is in strong support of getting factual, unbiased evidence and data injected into these often emotional and overly political debates. We are deeply appreciative of Chairman Wilson and her leadership on this important issue and will work to support the initiative.
TOP PRIORITIES IN PUBLIC HEALTH

FOR those within healthcare who carry a special passion for public health, there are a few proposals that might interest you this year.

PRIMARY SEATBELT LAW - currently Wyoming has a secondary seatbelt law meaning that drivers cannot be pulled over if the only violation is the absence of a safety belt, but once pulled over for another offense a seatbelt violation can be added to the ticket. WY has debated the value of pursuing a primary seatbelt law for years, but never enacted it. WMS has traditionally supported the measure for reasons of public safety, but recognize some oppose the idea for a variety of valid reasons.

TOBACCO & NICOTINE bills are hitting an all-time high this year with a record number of bill proposals to address varying concerns. Four different bills, with more to come, each aim to address issues ranging from tax rates on existing nicotine products, to methodology of taxing vape, as well as increasing the state purchase age from 18 to 21 to align with new Federal laws enacted in 2019. Finally, our state is trying to get a handle on online purchase age verification and shipping regulations, all with eyes on addressing nicotine uptake and usage among adolescents and teens. WMS is a proud member of a coalition of health-centric organizations like the American Cancer Society - Cancer Action Network (ACS-CAN) and the American Heart Association, to name only two, with whom our leadership works hard to remain aligned to ensure a unified voice in advocating for public health on these important topics.

SUICIDE HOTLINE Suicide prevention advocates, along with the state Department of Health and the Governor’s office, are working to establish and fund a statewide suicide hotline. Finding money to support new projects and programs is particularly challenging this year, but a challenge worth facing in order to bring additional resources to Wyomingites in crisis. WMS is supporting these efforts and working with our partners in mental health to work toward pushing for this important tool.

Wyoming KidCare CHIP

Wyoming’s KidCare CHIP program has historically been administered by Blue Cross Blue Shield of Wyoming. Our physician and PA providers who see this population have been fortunate to have a partner in BCBS of WY as they have worked to protect the ability for these key physicians and providers through enhanced reimbursement rates for Wyoming’s CHIP population. Currently, 45,000 are insured through the state’s Medicaid program and another 3,500 children are covered through KidCare CHIP.

The Federal Government designed CHIP to be distinctly different than Medicaid, and one key differentiating factor was the reimbursement rates within CHIP compared to those of traditional Medicaid. As part of that incentive, the Federal Government reimburses the state at the 50% Federal Medical Assistance Percentage (FMAP) for claims processed for kids within traditional Medicaid, but reimburses at a higher rate of 65% FMAP for those children covered through CHIP.

The Appropriations Committee of the WY Legislature is working hard to bring the administration of the state’s CHIP program within the State Department of Health and away from the admin services of BCBS of WY. This is in large part due to the expenses associated with having a private sector industry partner administer the program vs what the projected expenses would be for the state to administer the program internally. WMS understands the reasoning and is working to partner with the state to find a space in which Wyoming can achieve the savings on the administrative side of this proposal while protecting the enhanced reimbursement rates for our primary care providers.