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LEGISLATIVE PREVIEW 2017

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Welcome to the Healthcare Policy Guide

BY TOM LACOCK
Wyoming Medical Society



Calm Before the Storm — The Wyoming Senate Chamber sits idle ahead of the 2017 Legislative session at its temporary quarters in the Jonah Business Building in Cheyenne. The Legislative session begins Jan. 10.

Welcome to Wyoming Medicine's second annual Legislative Preview. The Wyoming Medical Society has published Wyoming Medicine twice a year since 2011. Last year the WMS decided to add a third publication offering an overview of the 2016 legislative session. The policy guide was very well-received so we as an organization have decided to continue its publication.

It is our hope that by using this publication healthcare providers will understand what issues are set for debate during the 2017 legislative session, which begins Jan. 10, 2017. It is also our hope that members of the Wyoming Legislature who also receive this publication have a better understanding for what

considerations the Wyoming Medical Society and its partner organizations listed in this guide use while determining whether the organization chooses to support a bill.

To the new legislators coming to Cheyenne for the first time, and to those returning, we also want to offer this as a publication that puts a friendly face and contact information to some of those who work in the capitol over the winter. They are in this publication because they wish to be used as a resource any time you have a healthcare-related question.

Welcome to the 2017 legislative session and have a safe, productive winter. 



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New Faces Coming En Mass to the Legislature

BY TOM LACOCK
Wyoming Medical Society



Steve Harshman (R-Casper) begins his term as the Speaker of The House this winter. Harshman has previously been the co-chair of the Joint Appropriations Committee.

Few people know the Wyoming Legislature better than Joan Barron. From 1971-2014 Barron covered the Legislature from Cheyenne for the Casper Star-Tribune. Even in retirement she continues to spend time in the capitol researching legislation for her continued Sunday column in the Star-Tribune.

She has seen it all in her days covering the capitol, including high turnover in this year's edition of the legislature. This year's legislature will welcome 23 new members, including two former representatives moving into the senate. Barron says it is common for about 20 percent turnover in the Legislature after each election. She says the highest turnover she can remember was in 1993 when 27 of the 60-member house were freshmen.

"With nearly half the house being new people, there were problems," Barron says. "I remember John Marton of Buffalo was the floor leader. The general file, which he managed, was bulging. Marton complained that the new committees were approving all the bills. They were reluctant to kill any. Of course, it bogged down the process but they did get through it."

Carolyn Paseneaux was a member of that rookie class and said that class was a lot of fun, if somewhat undisciplined in the early days of their first term.

"We weren't as dignified in '93 as the new legislators will be in 2017. We were out of order on the floor sometimes as our training wasn't as thorough as it is now for new legislators,"

Paseneaux says with a laugh.

Paseneaux says that class learned quickly as the lack of computers on the floor of the house didn't stop them from communicating with each other during debate or votes. Paseneaux says Marlene Simons of Crook County was a veteran of the House and had some unique ways of letting her colleagues know what she was thinking.

"Marlene wore a beautiful leather pendant with a carved eagle on it," explains Paseneaux. "If she had the votes with all the boys in her area (Democrats and Republicans), the eagle on the pendant stayed as usual, face forward. But if not she turned it face down and turned sideways so I could see it across the room. I then communicated the message to fellow legislator Glenda Stark via scratching my head either the right or left side, and she in turn communicated to the other two. We would go forward if we had the votes, or wait until we did."

Despite the memory of a challenging year in 1993, Barron said she believes a new legislature tends to get results most years based on the leadership in both chambers. She points out Senate President Eli Bebout (R-Fremont County) and House Speaker Steve Harshman (R-Casper) are new to their positions but they are veteran legislators and have both been committee chairmen. The big change could be that they are both considered more conservative than their predecessors.

"They aren't free spenders," Barron says of Harshman and



The Wyoming Legislative Service Office (LSO) offers a multi-day course on how to be a legislator. Pictured is a shot of freshmen legislators in 2016 taking part in the course by Don Richards of the LSO.

Bebout. “I think the big question is how far will they cut. They don’t seem to have any idea of raising taxes at all, which seems to be the big, bad word there.”

Harshman has been the co-chair of the Joint Appropriations Committee and agrees that the state’s budget woes will be front-and-center in this session. He says the Legislature is three-quarters of the way towards solving the general funding issues of the state budget, but a lack of education funding could be a bigger issue on the horizon. According to some reports, that shortfall could reach \$1.8 billion by the year 2020.

“In the end we could ride this budget through the rest of the biennium and be fine,” says Harshman. “We are going to get close. There will probably be a few more reductions and probably spend some of our savings and maintain that balance.

“The educational funding is this sort of double-whammy ef-

fect when local property taxes go down because mineral prices and income is down. With less local property tax money to work with, the state’s share of the education funding goes up because the local share goes down at a time when we have less money.”

“I think the big question is how far will they cut. They don’t seem to have any idea of raising taxes at all, which seems to be the big, bad word there.”

JOAN BARRON
Former Casper Star-Tribune Writer

While Harshman isn’t new to the house, he is new to his position as speaker of the house. Last year Kermit Brown was the house speaker but decided not to run for reelection. That left Rosie Berger as the presumed speaker until she lost her seat in November’s election. Speaker Pro Tem Tim Stubson vacated his seat and place in GOP leadership to make a run at the U.S. House of Representatives, and Hans Hunt left his position as Republican House Whip to take a federal committee position in the administration of U.S. President-elect Donald Trump. That left the house with no returning Republicans in leadership.

Harshman said after the primary and election, he decided to

Harshman said after the primary and election, he decided to

volunteer for the speaker position, one he says he is excited for.

“God has a plan for us, so I try not to make too big of plans,” Harshman says. “The way the primaries turned out and the way the leadership stepped down, there is a void. I think I have the right kind of experience to make sure the thing runs like it should, and really guide us through some of the budget issues that are going to face us.”

Fred Baldwin (R-Kemmerer) spent two years in the house before winning election this fall to the Senate. He says he thinks the result of a state budget in need of cuts and a high number of legislators will be less legislation making it through both chambers.

“I think we will spend less time looking at trivial bills, things like the jackalope as the state mythical creature and similar bills that are smaller things, and we will spend more time focusing on budgetary issues. I think there will be a lot of

bills introduced but less bills get through,” Baldwin says.

As far as having a new group of freshmen legislators in the State House, Harshman says he is looking forward to the changes. He cites the fact two new legislators are just 29 years old, while another, Aaron Clausen (R-Douglas), is in his 30s. He adds that other freshmen such as Jamie Flitner (R-Big Horn) (the granddaughter of former State Senator Eddie Moore), Casper businessmen Pat Sweeney (R-Casper), Jerry Obermuller (R-Casper) and others can bring a fresh perspective to the process.

“That is what this is all about, bringing those new perspectives,” Harshman says. “Group genius — where the best ideas boil to the top,

“Group genius — where the best ideas boil to the top, are refined and then become the best product we can produce. It is sometimes slow, and painful and frustrating, but it sometimes produces the best product.”

STEVE HARSHMAN
(R-Casper)

are refined and then become the best product we can produce. It is sometimes slow, and painful and frustrating, but it sometimes produces the best product.” 



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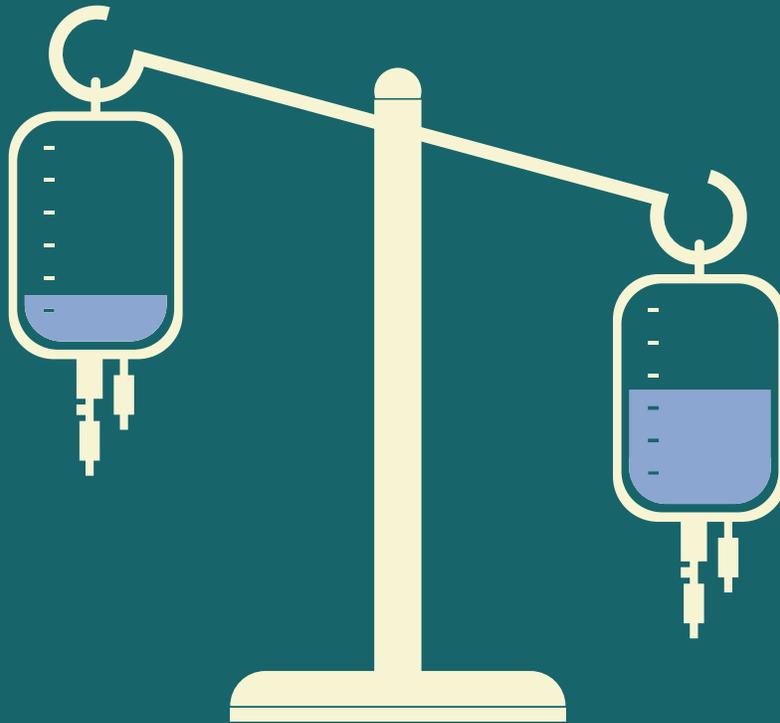
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WANTED: Providers to Serve in the Legislature

BY TOM LACOCK
Wyoming Medical Society



Sen. Fred Baldwin, PA-C (R-Kemmerer) joins the state senate after two years in the state house. Baldwin is one of two health care providers currently sitting in the Legislature with Tim Hallinan, MD (R-Campbell County) as the other.

Before he was Rep. John Barrasso (R-Casper), he was John Barrasso, MD, a fact not lost on those he served with in the Wyoming Legislature from 2003-07.

“Lawmakers would often come to me on issues related to healthcare and they would also come to me with specific medical questions. Some had aches and pains and, I was always happy to answer questions related specifically to their health,” says Barrasso.

Barrasso is one of a number of Wyoming physicians who have served in the State Legislature, including past lawmakers such as Don Lawler, MD; Larry Meuli, MD; Harry Tipton, MD; and George McMurtry, MD. According to the Legislative Service Office, 4 percent of those ever elected to the Wyoming Legislature worked in the healthcare industry. However, those who have served in the Legislative body say there is a need for more physicians and physician assistants to take a role as lawmaker.

“Specifically from a medical standpoint it is important because we are such a rural state and rural medicine is critically important in our state to get citizens the healthcare they need,” says Barrasso. “Lots of things come out of Washington with a one-size-fits-all approach and that doesn’t work for Wyoming. You want people with a medical background to help shape the laws that affect Wyoming specifically.”

“Because it is a citizen legislature you can continue as a physician and don’t have to give up a career in medicine,” he continues.

While there is a need for more physicians to become involved in politics, there are barriers including the time commitment and the financial cost of running and being elected to the legislature.

A Large Time and Financial Commitment

Kemmerer physician assistant Fred Baldwin spent two years in the state house and now moves to the senate, representing a large area that includes the communities of Pinedale, Marbleton, Boulder, Diamondville, some of Rock Springs, some of Green River, and some of Evanston. Baldwin’s house seat was previously held by his mother-in-law Kathy Davidson before she retired.

“It is a huge area geographically,” Baldwin said. “It takes more than one day’s work just to put signs up for your campaign. It takes days; there are no straight connecting lines between any of them.”

Baldwin says the time commitment to be a legislator is fierce and he could not do it without the support of his employer, the Kemmerer Hospital System and the other providers in the organization. Baldwin went to the board of the hospital with



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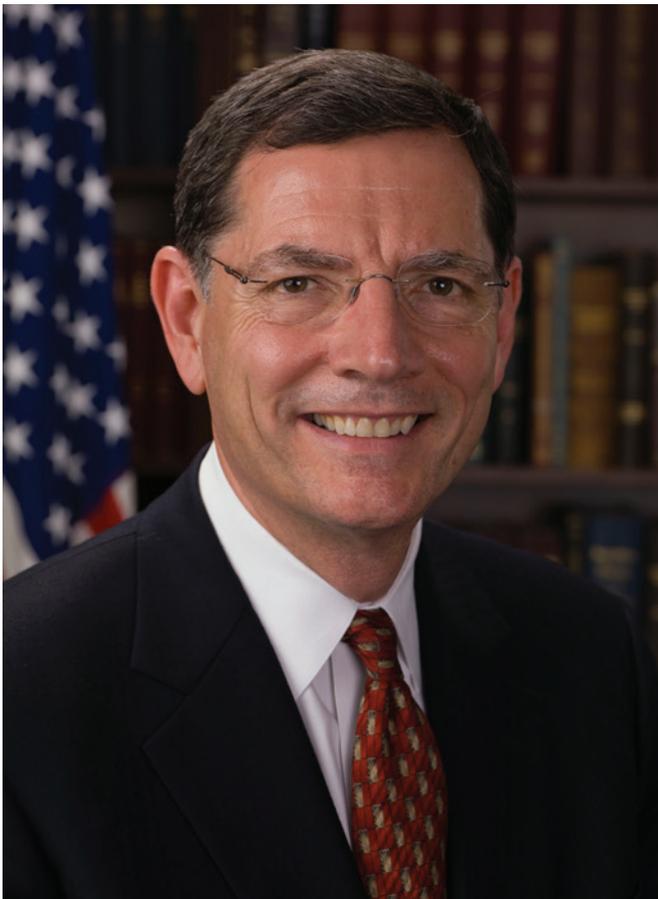
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Senator Barrasso is known by many as Wyoming's Doctor. During his 24 years as an orthopedic surgeon, Barrasso served as President of the Wyoming Medical Society and was named Wyoming Physician of the Year.

a proposal for how to make up the time. He uses much of his yearly vacation time and then swaps shifts in the emergency department with other providers. He also drives back to Kemmerer on weekends to work at a clinic on Saturdays during the session.

"During the session I come home every Saturday to do a Saturday clinic," Baldwin says. "My patients said they wouldn't vote for me if I didn't come home and do a Saturday clinic. I give up part of my yearly vacation to go to session, and in exchange for the other providers covering my ER call I do some extra ER shifts. For example, I am on my fifth day of ER call right now in preparation to go to session. I took extra ER shifts to give them breaks in January. That was part of the concession."

Timothy Hallinan, MD (R-Campbell County) is back in the state house this year after serving in 2010-11. He says he also believes joining the legislature benefits from the voice of healthcare providers.

"Quite a few bills involve physicians and I could voice the opinion of the profession from our point of view," says Hallinan. "It is important to have a voice to the profession. There are plenty of lawyers and teachers in the legislature, and we

need a few more physicians."

Larry Meuli, MD, MPH, of Cheyenne is no stranger to the Wyoming Medical Society. He was named the WMS Physician of the Year in 2002, and served in the state house from 1997-2006. During his time in the state house, Meulli was the medical officer for the City-County Health Department in Cheyenne, and said had he not been employed in Cheyenne it would have been tough to serve.

"If it weren't for the fact the legislature was here in Cheyenne, I wouldn't have been able to get to participate," he says. "I was able to do both jobs, and I ended up going to the health department many evenings to sign off on charts."

Meuli ran for the state house after spending 12 years in the Wyoming Department of Health - including its predecessor, the Wyoming Division of Health and Medical Services - where he commonly presented the department's budget to groups such as the Joint Appropriations Committee (the committee that does the majority of the state's budget preparation). Years later he found himself on that committee and said it was where he really noticed his time was no longer his own.

"On the appropriations committee, we would start meeting at maybe like 7:30 in the morning and meet for an hour or an hour and a half before the sessions started. And then we would work through the noon hour and then work after the session until 6:30, 7:30, 8 o'clock at night.

"We spent four weeks before the session going through the governor's budget and making recommendations to that budget. Then everything that did not get put into the budget was brought back by individuals who had their own projects or causes, so we had to go through the system again."

For some physicians who work in private practice, serving in the state house or senate means closing up shop and losing wages for upwards of three months a year. That makes a run for office a non-starter for some. Meuli cautions that many of those he served with didn't realize the financial hit they would take, and that led to some of his fellow lawmakers leaving the body after one term.

"I found several of my compatriots in the legislature came

“Because it is a citizen legislature you can continue as a physician and don't have to give up a career in medicine.”

US SEN. JOHN BARRASSO, MD
(R-Wyoming)

in with the idea of this is going to be simple - 20 days one year and 40 days the next," he says. "The thing everyone forgets is you have committee meetings at different places around the state. You spend a week a month if not more than that going to committee meetings and things like that. I know several of them who were in said, 'I can't afford this,' so they dropped out after one term."

Baldwin agrees pointing out the legislature receives a \$150 per diem for each day the legislature is in session or at an interim meeting. That cash doesn't go far, especially for meetings in some of the state's more expensive locations.

"There is no insurance benefit, there is just a travel and per diem, and that is all you get," says Baldwin. "In a lot of cases, say if you have a meeting in Jackson, there is no Jackson hotel that is within the per diem so we end up paying out-of-pocket. A lot of things come out-of-pocket."

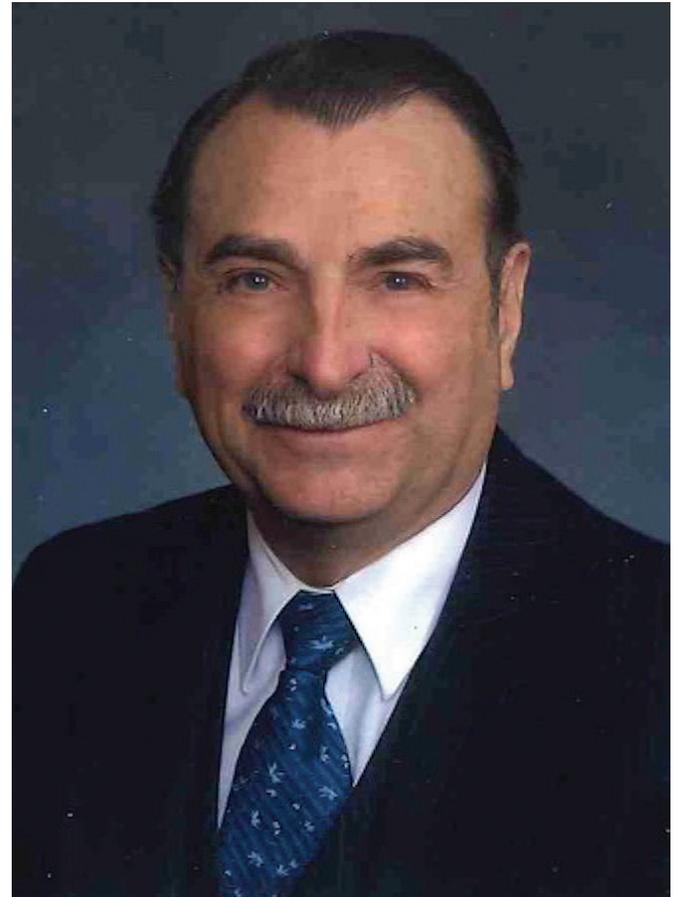
Why Do it?

Despite the time and money, all three providers say the cost of serving in the legislature is well worth it. Meuli says he was asked consistently by other lawmakers his opinion on health-care-related bills. He says he served at the same time as Harry Tipton from Lander, McMurtry and Barrasso, and it was common for them to get together to provide a united front regarding healthcare legislation. Baldwin says he received the same questions from lawmakers on the floor daily. He said his opinion seems to carry a great deal of weight with his peers due to his background in medicine.

"Almost daily people ask me about whatever bill is up before

“Quite a few bills involve physicians and I could voice the opinion of the profession from our point of view. It is important to have a voice to the profession. There are plenty of lawyers and teachers in the legislature, and we need a few more physicians.”

REP. TIMOTHY HALLINAN, MD
(R-Campbell County)



Larry Meuli, MD was in the Wyoming Legislature from 1997-2006 and says the biggest surprise for his service was the combination of time and finances involved in running a campaign.

us, and 'Is this a good idea or what do you think about it and how should we vote?' It makes a huge difference," says Baldwin. "I think there is a need for more medical people in the legislature."

"We are a citizen legislature so everyone has jobs outside of the legislative meeting and the biggest lobbyists in the legislature are fellow legislators," says Meuli "I became the source for health issues. People came up to me and said, 'What do you think about this?' I think that is one reason to have physicians in the Legislature. That is where legislators go to to get their information."

Barrasso points out his seat in the Wyoming Senate allowed him to voice the concerns of medical providers directly to lawmakers, allowing for a pulpit to improve the practice of medicine and he encouraged other physicians to step out and run for election to the legislature.

How to Get Started

Barrasso said before he decided to run for election to the legislature in 2005, he spent about 15 years as the Doc of the Day through the Wyoming Medical Society. This program asks physicians from around the state to donate a day of their time to sit in the house and senate chambers to aid legislators who

fall ill. There is a small exam room with supplies for physicians to use as well.

Even more importantly, it allows physicians to get a feel for the legislative process. All three physician legislators said the process and the proximity leads to lawmakers asking the Doc of the Day their opinions when healthcare-related topics reach the floor.

Barrasso said his involvement with Wyoming Medical Society helped him get a feel for the legislative process.

“I had been involved in Wyoming Medical Society as a past president in the WMS and I thought there were more things I could do to help,” he says. “That is why I chose to run.”

Other Resources for Aiding a Candidate Run

Nationally, there is an effort to encourage physicians to run for political office through AMPAC, a bipartisan political action committee of the American Medical Association. AMPAC seeks to find and support candidates for congressional offices who make physicians and patients a top priority. AMPAC also strives to help more physicians get personally involved in politics, and holds several workshops each year to educate physicians about the intricacies of politics and political campaigns.

On February 17-19, AMPAC will host a candidate workshop in Washington, D.C., to teach candidates how to run a political campaign. AMPAC also offers a campaign school featuring a simulated campaign for the U.S. House, complete with demographics and voting statistics. Attendees include physicians, spouses of physicians, residents and medical students interested in becoming more involved in politics. Barrasso was among the featured speakers of the school last April.

The Wyoming Legislative Service Office (LSO) does its part to help new legislators get a lay of the land. The LSO offers two

orientation sessions for new legislators before the start of the session at the Jonah Business Center, the temporary home of the capitol. Each of the two sessions will cover different content to help new members “get up to speed” on serving as a Wyoming legislator. The training includes anti-discrimination and ethics training for all members, as well as training for new members of legislative leadership and committee chairmen.

This January the training will include sessions on the organization of the legislature, organization and hierarchy of rules and procedures, and even logistical pieces such as where to find printers and park at the Jonah.

The Search for More Physician Lawmakers Continues

Barrasso says his sales pitch for doctors and physician assistants considering a run is to consider the impact health policy has on the people of Wyoming. He referred to it as helping patients in a different way.

Meuli says even if a physician cannot afford to run for office, the next best idea is to get to know your legislators and make yourself a resource for them should they have healthcare-related questions.

For his part, Baldwin encourages medical providers to run for the impact it has on the practice of medicine.

“The sales pitch is if you expect changes, and good changes and appropriate changes the only way to do it is to get involved,” says Baldwin. “Sometimes that means calling your representative or senator. It makes a much bigger difference if you are actually participating in the process. If you want changes and expect good things to happen in medicine, you have to be a part of it. You can’t sit on the sidelines and let someone else do it.” 

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Joint Labor, Health Committee Offers Experience and New Perspectives

BY TOM LACOCK
Wyoming Medical Society

Rep. Eric Barlow (R-Campbell County) has been named as the House Chair for the Joint Labor, Health, and Social Service Committee in 2017. He will take the place of Rep. Elaine Harvey (R-Lovell) who did not seek re-election this year.

Anyone attending a Wyoming House Joint Labor, Health, and Social Services Committee meeting during the 2017 legislative session would be wise to bring a legislative facebook with them, as the cast has made significant changes from a year ago.

Leading the committee will be Rep. Eric Barlow (R-Campbell County), who has been on the committee since 2013. A veterinarian and rancher by trade, Barlow will be herding a committee which returns just one other member - JoAnn Dayton (D-Sweetwater County) - from a year ago. Joining Barlow and Dayton on this year's House committee include Scott Clem (R-Campbell), Mike Gierau (D-Jackson), Timothy Hallinan, MD (R-Campbell), Marti Halverson (R-Lincoln/Sublette/Teton), Lars Lone and Pat Sweeney (both R-Casper).

Barlow replaces Elaine Harvey (R-Lovell) as the House committee chairman and says he has large shoes to fill.

"It is an honor to get the opportunity, and obviously there is a lot to learn and continue to learn about the issues and complexities of the interests that are out there," Barlow says. "Following Chairman Harvey is daunting in and of itself. She has been a tremendous mentor on a personal side, but also on a policy side for how to approach challenging issues and hope to give people the best opportunities to advance their causes."

The Senate's Labor, Health, and Social Service Committee

will be led once again by Charles Scott (R-Casper), who has served in the Senate since 1983. The Senate Health Committee membership returns Brian Boner (R-Converse/Platte), Ray Peterson (R-Cowley), and sees Fred Baldwin, PA-C (R-Kemmerer) move over from the House Health Committee to the Senate Health Committee. The lone rookie on the committee is Anthony Bouchard (R-Laramie/Goshen).

A Holding Pattern for 2017

After two years of debating Medicaid expansion in the Wyoming Legislature, this year's health committees will probably be void of high-profile bills as the committees wait to see what the change in Presidential administration means to federal health programs such as Medicaid.

"We really were in a holding pattern on a lot of the big issues waiting on the outcome of the election," Scott says. "With the (Donald) Trump victory, it is becoming increasingly clear to me they will repeal Obamacare because it was collapsing under its own weight. I think next year is going to get interesting, because once you repeal Obamacare, what do you replace it with?"

Scott says he is hearing there is a strong possibility that the new administration will offer the states block grants for Medicaid. That could mean the freedom for the state to design its own benefits and process for distribution of benefits.



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While there are many new members of the Legislature this year, there is some consistency, personified by Sen. Charles Scott (R-Natrona County) who returns to the Wyoming Legislature to chair the Senate Labor, Health, and Social Services Committee. Scott has been a member of the state senate since 1983.

“If they give us a Medicaid block grant, which seems like a strong possibility, if it is a real block grant and we have significant freedom in how we can structure the Medicaid program, we can be creative,” Scott says. “Then the question becomes how much money will we get and how many people can we cover? We need to try to provide the essentials they need to have and not some of the frills Obamacare pushed. That will be quite a response to that - getting it right. That is what we are looking forward to.”

Work to be Done This Year

While next year could be full of fireworks, there is work to be done this year as well.

Barlow says he has always been interested in the Title XXV efforts of the legislature, and that item will remain front-and-center for lawmakers this year. Despite shrinking state revenues and nearly \$249 million in cuts to state agencies this year, Wyoming Governor Matt Mead has asked for a contingent appropriation up to \$21 million for Title XXV services in his 2017 supplemental budget for Title XXV services to the Wyoming Department of Health. This will attempt to address a budget shortfall in the biennial budget for such services.

Barlow sits on the Legislature’s Joint Subcommittee to Review Title XXV Issues. In addition, the legislature has allowed Wyoming courts the ability to make outpatient commitments of Title XXV patients, and instituted a gatekeeper policy over

the past two years. The gatekeeper is an organization named by the department of health which oversees and routes patients to different facilities based on the needs of the patient. While the legislature has made progress on the issue, Barlow says there is still room for improvement.

“I have always been interested in this, and it goes back to Senate File 60 from 2013,” Barlow says. “We did a Medicaid reform bill and I think we need to have an interim or two interim type of topic where we look at continuum of mental health care and find how we build that continuum.”

The concept of a multi-payer claims database to house information about physicians, services and their costs was floated last year in a budget footnote that would allow the department of health to study the issue. The department of health released its study this summer along with ideas of how to proceed with such a database if the legislature wished to do so. Scott and Barlow both say they believe the concept is worth examining, but neither foresaw much action being taken on a database this session.

Barlow says he thinks the footnote opened the door to the concept of a database, but he doubts large efforts on implementation takes place before a larger interim discussion. He said there could be smaller steps taken, such as discussion on whether the state employees insurance pool could become a part of a multi-payer claims database. For his part, Scott says a similar database produced years ago by Hank Gardner under the Governor Dave Freudenthal administration offered some helpful information to issues of health care costs, but he said he doesn’t believe joining or developing a database is in the cards this year because of a lack of available state funds.

“With Obamacare we got a decent comparison between jurisdictions and found Wyoming is considerably more expensive than other areas for the cost of healthcare, and we aren’t sure why,” Scott says. “The database would be helpful in trying to figure out what they are, but you have privacy issues in those things, and the fact is we can’t afford it this year.”

A bill to join a licensure compact for emergency medical services will also come out of the Joint Labor, Health and Social Services committee. Scott says this will help those in rural border areas respond to emergencies while addressing legal liability.

Scott says he will also introduce a bill on his own, having been approached to work on a bill that deals with laws on durable powers of attorney which came out of the Governor’s Task Force on Elder Abuse.

“This was (The Task Force’s) first priority so it is clear what the providers know who they are dealing with,” Scott says.

Barlow says he has also been asked to put forth a bill to license providers of acupuncture and oriental medicine. It will be based on a previous year’s draft of a similar bill with the end goal of developing a licensing board for acupuncture and oriental medicine practitioners outside the Board of Medicine. He says around 27 providers in the state are licensed by a national certifying board, and another 12 are in the process. 



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Joint Labor, Health and Social Services Sees New Members Learning New Subjects

BY SHEILA BUSH

Wyoming Medical Society

The final meeting of the interim for any Legislative subcommittee is frenzied as the committee convenes for the last time of the year and decides which bills to sponsor before the start of the upcoming session.

Making December's Joint Labor, Health, and Social Services meeting in Cheyenne more interesting was the fact the 2016 committee members were joined by newly-appointed members of the subcommittee for the 2017 session. That meant seven new members on the House side of the committee, as well as a lot of time spent offering the new members an overview of committee work from the past year.

Despite all that, the committee took on a two-day agenda that saw it discuss EMS licensure-interstate compact, WDH budget cut update, CHIP program amendments, Multi-payer Claims Database/State Administered Health Insurance, State Health Facilities, Title 25, the UW Family Residency Program, and Telehealth and Insurance Parity.

Among the highlights were the vote to move forward an EMS Licensure Compact as a committee bill, which generally means a better chance of passing the Legislature as a whole. The EMS licensure compact is model legislation pertaining to EMS personnel licensure and will require a minimum of 10 states adopt the language through the legislative process to take effect. Thus far there are seven states who have gone through the process including Idaho, Utah, and Colorado. Much like the physician and nursing licensure compacts, Wyoming would benefit by streamlining the licensure process, by reducing liability for EMS personnel, and by moving to standardized competency testing.

The committee also heard reports from the Wyoming Department of Health on a few items of interest to Wyoming Medical Society members.

The Department of Health's study on the Multi-Payer Claims Database suggested the best way for such a database to develop was to join an existing database at a quoted cost to the state of \$320,000 annually. The conversation regarding the database was fairly brief with legislators indicating hesitation to do anything until they know more about what the new Presidential administration will do with health policy.

KidCare CHIP remains a popular program of Wyoming physicians though there could be some changes coming to the program. There are some amendments as a result of the 2009 CHIP Reauthorization ACT that requires a state to implement aspects of managed care into CHIP programs facilitated in each state. Wyoming's CHIP program is currently administered by



Wyoming State Representatives (from left) Scott Clem (R-Campbell), Mike Gierau (D-Teton), and Sue Wilson (R-Laramie) watch debate during the final Joint Labor, Health, and Social Services meeting of 2016 in December. Gierau and Clem will remain on the House Labor, Health, and Social Services Committee through the 2017 legislative session.

Blue Cross Blue Shield (BCBS) and Delta Dental.

A new RFP for that contract was released Dec 1 and is due back to the state Dec 20. BCBS is bidding on the contract with efforts to bring the program into compliance with the federal requirements. CHIP is authorized through September of 2019, but only funded through September of 2017. The concern is that if a successful bidder is not chosen within the time frame that the contract reverts back to the state. WMS would have concern if this contract was removed from the private sector where it is administered currently and placed back within Medicaid because reimbursements to providers currently within CHIP are higher than what Medicaid would pay and the belief is that that would change if the state pulls this contract back within state administration.

UW Family Residencies were a big piece of the afternoon with the University and WDH presenting the Final UW Residency study and Presentation and Rep. Sue Wilson presenting the legislative update and context for the studies. The general message was that a lot of work needs yet to be done, but that the University will embark on a six month study with consultants to analyze rural health care and Medical Education as a whole, including WWAMI. The University will present recommendations to the UW Board of Trustees in June in advance of their budget planning for the 2018 budget session. WMS Executive Director Sheila Bush testified to the importance of the residency programs, the economic impact of physicians on the local economy using 2014 AMA numbers and availing our organization as a trusted resource as the Committee navigates these difficult conversations. 



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CORE CONSTITUENCY

Physicians and Physician Assistants of Wyoming

ORGANIZATIONAL CAPSULE

The Wyoming Medical Society was founded in 1903 to provide representation, advocacy and service to Wyoming physicians. We strive to be an efficient, member-driven, responsive organization, capable of anticipating and responding swiftly to the changing health care environment. WMS serves our membership, and their patients, and works to improve the health of Wyoming's citizens. The Wyoming Medical Society is, and always will be, a staunch advocate for physicians. This is our core. All of our other activities revolve around this core.

ORGANIZATION'S PHILOSOPHY DURING SESSION

The Wyoming Medical Society advocates for the state's physicians and prides itself on being available to lawmakers during most Legislative committee meetings where medical legislation is considered. The WMS is also available via phone or email at any time.

Physician Advocacy a Fundamental Pillar of the Wyoming Medical Society

BY TOM LACOCK
Wyoming Medical Society

Physician advocacy is one of the fundamental pillars on which WMS is built, and this publication seeks to explain both the process of that advocacy and what issues will face the state's physicians in 2017. We hope this will allow physicians the time to discuss issues of concern with legislators or WMS staff who can also voice that concern to state lawmakers.

The WMS Board of Directors is composed of 22 members representing their home areas from around the state. It meets each January as a group to offer the organization's position on bills released via the Wyoming Legislature's website, or have been brought to the attention of WMS staff. The board votes on whether to monitor, support or oppose the bills brought before it.

The litmus test for any bill seeking support by the WMS board has been whether it falls in line with stated WMS priorities taken up by the board of directors. The WMS places a priority on:

- Fair and predictable medical liability reform;
- Access to care for Wyoming's patients caused by physician shortages;
- Patient safety through confidential reporting and correction of health system errors;
- Program funding for Medicaid, the WWAMI program and UW Family Practice Residencies, as well as physician recruitment and loan repayment;

- Scope of practice issues through responsible collaboration between physicians and other health care providers;
- Tobacco prevention as it relates to public health.

This year the board of directors will meet in Cheyenne on Saturday, January 14 to discuss legislation and how it will direct its executive director, Sheila Bush, to advocate on the organization's behalf. The WMS has a reputation as an organization that understands healthcare-related issues, and is called upon repeatedly by legislators during the session to offer an honest review of legislation and the impact on Wyoming's physicians and patients.

While Bush is the lead advocate for the organization, the WMS strives to make the process inclusive for interested Wyoming physicians. WMS staff will alert membership of upcoming hearings and the opportunities for physicians to testify on a law's impact on behalf of the WMS or as an independent physician.

It is the hope of the WMS that this issue will help WMS members understand the issues and opportunities to take part in the process this February in Cheyenne. 

While Bush is the lead advocate for the organization, the WMS strives to make the process inclusive for interested Wyoming physicians. WMS staff will alert membership of upcoming hearings and the opportunities for physicians to testify on a law's impact on behalf of the WMS or as an independent physician.

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CORE CONSTITUENCY

The 26 Community Hospitals in Wyoming

ORGANIZATIONAL CAPSULE

The Wyoming Hospital Association is a statewide organization dedicated to providing leadership, representation and advocacy for Wyoming hospitals. The Association, through leadership and collaboration among all healthcare providers, promotes information and education that enables Wyoming hospitals to deliver high quality, adequately financed, cost-effective healthcare that is universally accessible to all Wyoming citizens. Formed in 1945, the vision of the Wyoming Hospital Association is to be Wyoming’s most trusted, respected and influential leader in health policy and advocacy, and a valued resource for information and education.

ORGANIZATION’S PHILOSOPHY DURING SESSION

The Wyoming Hospital Association advocates for Wyoming’s hospitals, from the largest regional medical centers to the smallest rural critical access hospitals – with one effective voice representing all. The WHA focuses on all proposed legislation that may impact hospitals statewide, and the respective communities they serve. The WHA staff is open and available to all legislators regarding issues pertaining to hospitals and healthcare within Wyoming. The WHA is willing and able to provide clarification and details regarding the potential financial and operational impacts of proposed legislation. The WHA stands ready to advocate and educate on behalf of the hospitals of Wyoming.

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CORE CONSTITUENCY

Cancer patients, survivors and their caregivers

ORGANIZATIONAL CAPSULE

ACS CAN is the nation's leading cancer advocacy organization that works every day to make cancer issues a national priority. Many of the most important decisions about cancer are made outside of your doctor's office. Instead, they are made by your state legislature, in Congress and in the White House.

ORGANIZATION'S PHILOSOPHY DURING SESSION

ACS CAN is the voice of cancer patients, survivors and their families in the halls of government. We support legislation that prevents cancer and that provides a better quality of life for these patients and survivors.

Unlocking Access to Palliative Care Teams Creates Better Health Outcomes and Quality of Life

BY JASON MINCER

Government Relations State Director, Cancer Action Network

This legislative session, lawmakers and providers can help improve health outcomes and quality of life for thousands of Wyoming residents battling cancer and other chronic diseases. The solution: Palliative care.

Palliative care is a patient-centered, coordinated care regimen that addresses physical and emotional symptoms that accompany a serious illness. Palliative care teams – often composed of physicians, nurses, pharmacists, social workers, counselors, spiritual leaders and caregivers – focus on treating the symptoms people have, not just their disease. For anyone facing a chronic disease, palliative care can be life changing.

Studies indicate most American adults know nothing about palliative care. Many individuals, including providers, mistakenly equate palliative care with end-of-life care. Palliative care is appropriate at any age and stage of a diagnosis. When offered alongside curative treatment, it can help patients get well faster and easier. Palliative care is essential to achieving comprehensive, cost-effective care that improves patient satisfaction and health outcomes.

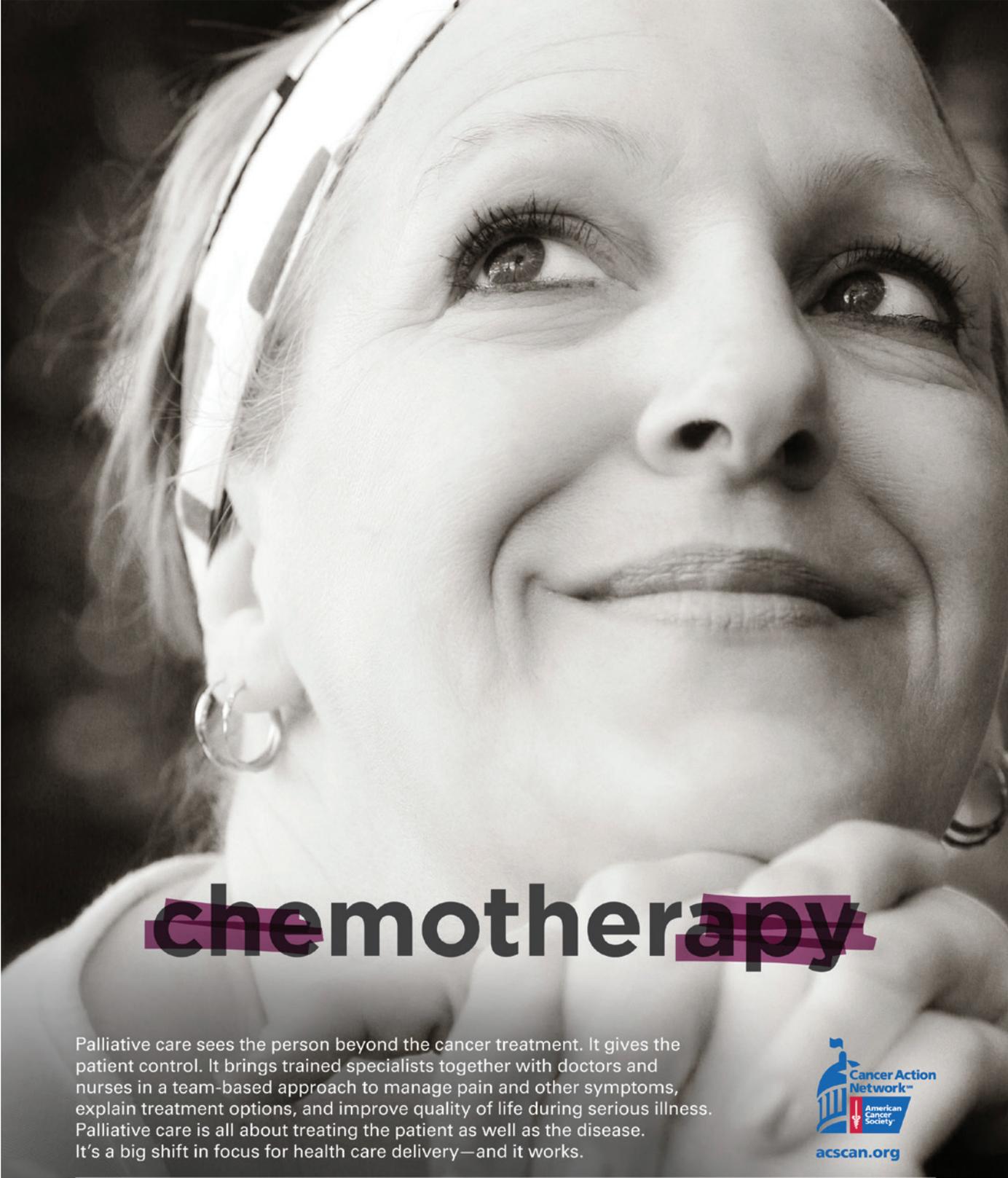
So why isn't palliative care more readily available in Wyoming? Our rural geographic landscape and limited number of cancer centers means patients often travel hundreds of miles or even out of state for treatment. When cancer treatment takes place in one community and palliative care happens at home, it can be difficult to manage.

In 2017, the American Cancer Society Cancer Action Network (ACS CAN) will focus on passing statewide legislation to create a palliative care task force. The task force of physicians, pain management specialists, patients and other key stakeholders would investigate palliative care problems in Wyoming and ways to improve access to this vital care. This legislation

would not require any funding from the state budget.

You can help! Fill out a virtual postcard in support of this issue at www.cancerpostcards.org. These “postcards” will be sent to state legislators illustrating the critical need for palliative care programs in Wyoming.

And be on the lookout for the bill this legislative session. Let’s make sure our friends with cancer and other chronic diseases have the best chance to survive and thrive. Contact Jason Mincer, ACS CAN Wyoming Government Relations Director, with any questions: Jason.mincer@cancer.org.



chemotherapy

Palliative care sees the person beyond the cancer treatment. It gives the patient control. It brings trained specialists together with doctors and nurses in a team-based approach to manage pain and other symptoms, explain treatment options, and improve quality of life during serious illness. Palliative care is all about treating the patient as well as the disease. It’s a big shift in focus for health care delivery—and it works.





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CORE CONSTITUENCY

Anyone touched by mental health & substance abuse needs; Clients, Families, and other healthcare providers

ORGANIZATIONAL CAPSULE

WAMHSAC is composed of 19 centers throughout Wyoming providing mental health and substance abuse services in all 23 counties – most of these centers are private, non-profit organizations with volunteer governing boards of directors. Every center has the highest level of accreditation. In addition, collectively the centers employ over 900 people statewide, and serve over 27,000 people on an annual basis. For the past 60 years, WAMHSAC providers have offered essential mental health and substance abuse services – inpatient and outpatient – with a sliding fee scale, creating a safety net for all Wyomingites, regardless of a client's ability to pay.

ORGANIZATION'S PHILOSOPHY DURING SESSION

Access to essential mental health and substance abuse services in every county must be maintained. The private-public partnership between the legislature and community mental health and substance abuse centers ensures access to quality care for those who need help managing mental illness and recovering from substance abuse. Collaboration with legislators and stakeholders (both local and statewide) is key.

Doing the Right Thing Because it's the Right Thing to Do

BY ERIN JOHNSON

Wyoming Association of Mental Health & Substance Abuse Centers

The development of community-based mental health and substance abuse centers has had a strong impact on the lives of many Wyoming individuals and families.

In 1969, the Wyoming Legislature made a conscious policy decision to support community-governed boards to deliver mental health services in local communities. Before this, people struggling with psychiatric and psychological problems – such as major depressive disorders, schizophrenia, bipolar disorders, and substance abuse problems – would be forced to seek help at the emergency room at the local hospital or be locked up in jail.

The 1970s were a growing period as mental health centers started sprouting up in the smaller communities, and as the local boards for the centers organized to push for statewide change. The Wyoming Association of Mental Health & Substance Abuse Centers (WAMHSAC) formed as an official association in 1991.

In 1994, the state's efforts to provide adequate services at the Wyoming State Hospital were publicly questioned when Protection and Advocacy System, Inc. sued the state on behalf of patients, identified only as Chris S., et al., alleging inadequacy and unavailability of appropriate facilities and services for people with mental illness. One of the main goals was to develop a community system that would allow individuals to be served in local communities in lieu of hospitalization.

In terms of mental health, the 2002 settlement of the Chris S. lawsuit spurred improvements at the state hospital, development of community-based mental health services and increased access to services. In the 2005 session, the legislature created the Select Committee on Mental Health and Substance Abuse Services to find ways to improve mental health services in Wyoming. Through their work, clients had equal access throughout the state to a continuum of services, some provided locally, some provided regionally and others provided on a statewide basis.

The last decade has been challenging. As Wyoming's economy has "busted," the mental health and substance abuse system has experienced its fair share of cuts. While the demand

As Wyoming's economy has "busted," the mental health and substance abuse system has experienced its fair share of cuts. While the demand and need for services has increased, funding has decreased.

and need for services has increased, funding has decreased. The most recent cuts made were in July 2016, when \$12 million in reductions were made to behavioral health services by the Governor. This resulted in staff layoffs and reductions in employee benefits throughout the state. In addition, Medicaid reimbursement rates were reduced 3.3 percent.

In 2017, WAMHSAC remains committed to provide essential services and high quality care for all Wyoming residents, regardless of their ability to pay. This safety net system of care coordinates with local governments, physicians, hospitals, child-serving agencies, education, housing, vocational rehabilitation, probation and courts. The creation of the mental health and substance abuse system of care in Wyoming has been a partnership among legislators, governors, department of health and behavioral health division staff, advocates and professionals. As we have during the past sixty years, WAMHSAC will continue this partnership to serve the behavioral health needs of the citizens of Wyoming.

While we as an association understand the situation state agencies and the legislature are in, we will continue to ask for funding to be maintained, and for recent funding reductions to be reversed for a system that helps keep families together, our workforce healthier, and our most vulnerable populations safer. While this is not only the "right thing to do," it is also the fiscally responsible direction. Investing in community-based services saves money with early interventions from unnecessary hospitalizations, jail diversions, and emergency room visits, as well as lost productivity and work days for employers.

Safety Net Services Provided by WAMHSAC Centers include:

- Emergency services;
- Diversion services for Title XXV;
- Intensive services for suicidal patients;
- Medication management;
- Rehabilitative services;
- Residential treatment for substance abuse;
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- Family, group, and individual therapy;
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Cheyenne Graduates

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Cynthia Casey, MD	Gillette	Bryan Kaiser, MD	Cheyenne
		Afzal Khan, MD	Cheyenne
Roy Bryan, MD	Rawlins	Karen Leung, MD	Cheyenne
		David Lind, MD	Cheyenne
Rex Wortham, MD	Douglas	Johnathon Medina, MD	Cheyenne
Patrick Yost, MD	Douglas	Derek Nevins, MD	Cheyenne
		Evan Norby, DO	Cheyenne
M Todd Berry, MD	Torrington	Robert Oravec, MD	Cheyenne
Bonnie Randolph, MD	Torrington	Vincent Ross, MD	Cheyenne
		Radu Segal, MD	Cheyenne
Grace Gosar, MD	Buffalo	Tharenie Sivarajah, MD	Cheyenne
		Lopa Zaveri, MD	Cheyenne
Lenis Alvarado, MD	Cheyenne		
Samina Ayub, MD	Cheyenne	G Christopher Krell, MD	
Kristina Behringer, MD	Cheyenne	Kemmerer	
Jason Bloomberg, MD	Cheyenne		
Tamara Cottam, MD	Cheyenne	Sean Beyer, MD	Casper
Joseph Dobson, MD	Cheyenne		
D William Edgren, MD	Cheyenne	Jeffrey Behringer, MD	Lusk
Carol Fisher, MD	Cheyenne		
John Healey, MD	Cheyenne	Deborah Brackett, MD	Powell
Michael Herber, MD	Cheyenne		
Jeremy Kessler, MD	Cheyenne	David Dansie, DO	Rock Springs
E. Brad Jepson, MD	Cheyenne		

Casper Graduates

Dan Radosevich, MD	Laramie	Andy Dunn, MD	Casper
Ann Thedieck, MD	Laramie	Mesha Dunn, MD	Casper
		Gene Duquette, DO	Casper
Troy Cadwell, MD	Lovell	Zach Deiss, MD	Casper
		Sherill Fox, MD	Casper
Kelly McMillan, MD	Gillette	Dana Ideen, MD	Casper
Lane Russell, DO	Gillette	Caroline Kirsch, DO	Casper
		Tim Klinker, MD	Casper
Liz Hills, DO	Rawlins	Eric Lawrence, DO	Casper
Vince Hinshaw, DO	Rawlins	Anne Macguire, MD	Casper
		Joe Mickelson, MD	Casper
Nathan Ker, DO	Douglas	Michael Miller, DO	Casper
Jim Morgan, MD	Douglas	Michele Mohr, MD	Casper
Lonnie Teague, MD	Douglas	April Rosalez, DO	Casper
		Tom Roy, MD	Casper
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Jonathon Medina, M.D.

After graduating from the residency program in Cheyenne, I started working in Colorado. I was fortunate to meet some of my colleagues that were trained elsewhere. I realized just how great the program in Cheyenne is (when we compared our training). I decided to return to Wyoming and could not be happier.



Travis Bomengen, M.D.

I attended Family Practice Internship and Residency training at the UW Family Practice Casper site in the late 90s, and have been practicing rural Family Practice medicine in the state since. A short stint in Sundance, and then Thermopolis since then. **Without a doubt I would not be in Wyoming without the Residency program.**

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Katie Houmes, MD
Eric Howell, MD
Christopher Ideen, MD
Erik Jacobson, MD
Lauren Johnson, MD
Krystal Jones, MD
Matthew Kapeles, MD
Amy Kennedy, MD
Max Kopitnik, MD
Dean Lorimer, MD
Elise Lowe, MD
Stephanie Lyden, MD
Andrew Maertens, MD
Mattson Mathey, MD
Maxwell Matson, MD
Jarod McAterr, MD
Megan McKay, MD
David Mills, MD
Trenton Morton, MD
Mary Mrdutt, MD
Jacob (Jake) Opfer, MD
Dhairiyasheel Patel, MD
Travis Pecha, MD
Tony Pedri, MD
Tyler Quest, MD
Emily Read, MD
Hope Richards, MD
Michael Sanderson, MD
Griffen Sharpe, MD
Sarah Sowerwine, MD
Alyse Springer, MD
Greetha Sridharan, MD
Kevin Sun, MD
Filip Turcer, MD
Carley Udland, MD
Ashley Ullrich, MD
Jason Vergnani, MD
Jory Wasserburger, MD
Doug Watt, MD
Orion Wells, MD
Sawley Wilde, MD
Derek Wille, MD

University of Wyoming Residents – Casper

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Daniel Burris, MD

Hannah Dupea, MD
Jonathan Fausett, DO
Jaime Hajjari, MD
Adam Hoopes, DO
Brian Iutzi, MD
Kyle Jordan, MD
Eric Larsen, DO
James McLennan, MD
Brian Melville, DO
Tyler Merchant, DO
Kody Nilsson, MD
Timothy Nostrum, MD
Nena Panasuk, DO
Kyle Price, MD
Katrina Quick, MD
Brody Reid, MD
Kody Seeley, DO
Boyd Tamanaha, MD
Alexandria Ukleja, MD
Kim Whitaker, MD
Heather Zimba, MD

University of Wyoming Residents – Cheyenne

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Jason Caswell, MD
Dustin Durham, MD
Jonathan Egbert, MD
Christian Flanders, MD
Elisabeth Gehringer, DO
Christopher Godwin, DO
Cameron Grove, MD
Annie Le, DO
Benjamin Leishman, DO
Bryce Lunt, MD
Mahalia Marcotte, MD
Michael McGlue, MD
Kathlene Mondanaro, DO
Amber Moss, DO
William Ratliff, MD
Megan Schaaf, MD
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Italicized Names denotes New Members in 2017

**Highlighted names denote Wyoming Medical Society Board Members*



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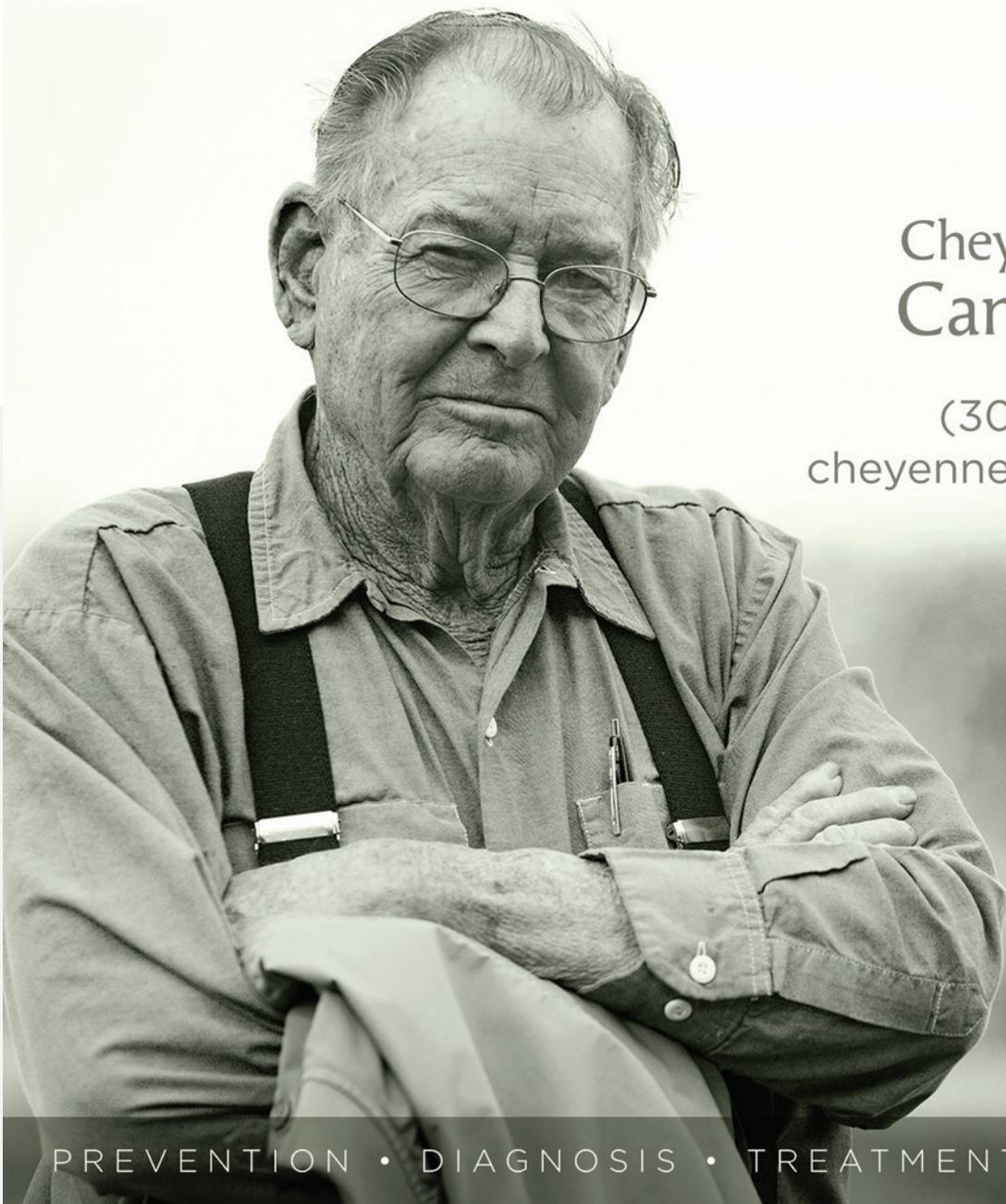
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