

# WYOMING Medicine

## Old Habit In a New Setting

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Commence in Jonah  
Building as Capitol  
Undergoes a Facelift

Tobacco Settlement Cuts Have TeleHealth and  
Loan Repayment on the Chopping Block

PAGE 10

Title 25 is a Familiar Topic of Discussion  
for Wyoming Lawmakers

PAGE 20

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**Kim Bimestefer**

President, Cigna Mt. States  
Kim.Bimestefer@Cigna.com  
303.691.3121

**Mark Laitos, M.D.**

Medical Executive, Cigna Mt. States  
Mark.Laitos@Cigna.com  
303.566.4705



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## LEGISLATIVE PREVIEW 2016

The Wyoming Medical Society (WMS) is the premier membership organization dedicated to promoting the interests of Wyoming physicians and physician assistants through advocacy, education and member services. **WYOMING MEDICINE** (ISSN-2154-1681) is published bi-annually by WMS at 122 East 17th Street, Cheyenne, Wyoming 82001. Contact WMS at 307-635-2424 or info@wyomed.org.

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### ABOUT THE COVER

With renovations underway at the State Capitol in Cheyenne, the Wyoming State Legislature will take place in the Jonah Business Center on East Pershing Avenue in Cheyenne.

Welcome to Wyoming Medicine's First Legislative Preview	4
---	---

### ON THE COVER

An Old Habit in a New Setting	6
-------------------------------	---

### NEWS

Tobacco Settlement Cuts Have TeleHealth and Loan Repayment on the Chopping Block	10
Budget Session Means Few Health-Related Bills	14
Title 25 is a Familiar Topic of Discussion for Wyoming Lawmakers	20
Direct Primary Care Bill Could Make Practice in Wyoming Easier	23

### LEGISLATIVE PROFILES

#### WYOMING MEDICAL SOCIETY

Upcoming Legislative Session Will Focus On Strategic Budget Cuts	24
--	----

#### WYOMING HOSPITAL ASSOCIATION

Wyoming Hospitals Offer a Wyoming Solution to Uncompensated Care	26
--	----

#### WYOMING PRIMARY CARE ASSOCIATION

Wyoming Hospitals Offer a Wyoming Solution to Uncompensated Care	28
--	----

#### HEALTHY WYOMING

No Further Delay - Expand Medicaid in Wyoming	30
NC Medical Society Hosts Insurance Forum	31

#### AMERICAN CANCER SOCIETY CANCER ACTION NETWORK

American Cancer Society's Cancer Action Network 2016 Legislative Priorities	32
Improving Quality of Life Through Palliative Care	33

#### CHILDREN'S HOSPITAL OF COLORADO

What Can Wyoming Do To Advance Access to Care Via Telemedicine?	34
---	----

WMS Member List	36
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# Welcome to Wyoming Medicine's First Legislative Preview

BY TOM LACOCK  
Wyoming Medical Society



**W**elcome to Wyoming Medicine's first Legislative Preview. The Wyoming Medical Society has published Wyoming Medicine twice a year since 2011. This year the WMS decided to add a third publication offering an overview of the 2016 Legislative session, which begins Feb. 8 in Cheyenne.

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 2016. 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 comprised 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 WMS's Board of Directors will meet in Cheyenne on Jan. 16 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 which 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. 



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# An OLD Habit in a NEW Setting

Legislative Session to Commence in Jonah Building as Capitol Undergoes a Facelift

BY TOM LACOCK  
Wyoming Medical Society



The Jonah Business Center houses the State Capitol and has divided large chunks of its interior into sides for the Senate as well as the House. In addition to the chambers for each, the committee rooms and Legislative Services Office are also relocating to the building.

Old habits will be put on hold for a few years as the State Capitol in Cheyenne undergoes a large-scale renovation, which will keep it from hosting the state's annual legislative sessions until 2018 or 2019.

The state capitol closed to the public on Dec. 9 to allow for the beginning of renovations, which are estimated to cost \$219 million and will have state lawmakers meeting in the Jonah Building on east Pershing Ave. in Cheyenne for the foreseeable future. Holding the legislative session in the former Kmart and call center will mean some changes for those who work there. Senator Charles Scott (R-Casper) said he will miss the ability to walk the two miles from the Holiday Inn to the State House each day.

"I've been staying at the Holiday Inn, and that is a good two-mile walk in the morning

when the weather was good," says Scott. "Of course you don't want to be walking in a stiff wind going over the UP viaduct."

House Member Elaine Harvey (R-Lovell) says she too will do away with some of her favorite aspects of the capitol's downtown location such as lunch at Cheyenne Regional Medical Center's cafeteria. Harvey has come to appreciate the underground parking available at the state capitol, and laughs as

she says she sometimes gets claustrophobic and appreciates that her new spot at the Jonah Building sits on the outside of a row.

"I go so early in the morning and go home so late at night that I really appreciate the underground parking because my car would defrost," she says. "I think it will be interesting to not have a gallery as well."

A lack of a gallery inside the House and Senate chambers

**“My suspicion is we are not going to be as efficient. It is going to be harder to get some of the routine bills passed and done on a timely fashion.”**

SENATOR CHARLES SCOTT  
(R-Casper)



The House of Representatives actually has a larger space than it had inside the State Capitol. Behind the chambers is the gallery where visitors will be allowed to watch session through windows.

will be among the changes visitors to the temporary capitol will notice. Those interested in listening to the work of the Senate and House can watch through windows in a separate room behind the lawmakers thanks to the building's PA system. While the ceilings are certainly lower than in the chambers at the Capitol, there is actually more floor space for members of the House. Committee rooms are spread throughout the facility.

The renovation of the capitol itself is part of a \$300 million project called the Capitol Square Project, which will also make improvements to the Herschler Building and the connector gallery. The capitol will see improvements to fire suppression, electrical systems, plumbing, adding

restrooms, and improving committee meeting rooms.

The state capitol has needed repair for some time because a quarter of the building doesn't have HVAC, much of the wiring has outlived its prescribed lifespan, and the building has no fire suppression and sprinklers. Parts of the dome have tears, corrosion, dents, and water infiltration.

The Herschler Building houses several state agencies and suffers from water corrosion in the walls and rotting window blocks. A four-story office building may also be built with elected officials and their offices moving to the new building. Six state agencies have moved to temporary quarters in an effort to let work get started.

According to the project's

“So much of what we do is to have radically different feelings in the population and conflicting interests, and how do you reconcile that in a way that moves the society forward in a way that everyone can live with?”

SENATOR CHARLES SCOTT  
(R-Casper)

website, the state has saved more than \$100 million over the past 15 years for this renovation project. The Legislature put together a joint task force to direct the the process with Sen. Tony Ross (R-Cheyenne) and Rep. Rosie Berger (R-Sheridan) as chairpersons.

Scott says he was first elected to the State House in the election of 1978 and later moved to the Senate in 1982, and cited some strong feelings about the old building at Capitol and 24th.

“My feeling on the floor in those first two days was “This is how a free people governs itself,” Scott says. “I remember being real proud, and gratified at being a part of that. I still have quite a bit of that feeling. So much of what we do is to have radically different feelings in the population and conflicting interests, and how do you reconcile that in a way that moves the society forward in a way that everyone can live with?”

How that process looks in a different building remains to be seen, and Scott says he is interested to know what the impact is on the session itself.

“The question is how much will the change degrade the performance of the legislature in those temporary quarters?” Scott asked. “I don’t know. We will find out. My suspicion is we are not going to be as efficient. It is going to be harder to get some of the routine bills passed and done on a timely fashion.”

“There is so much of it that will be so different,” Harvey says. “We are meeting in a former Kmart building that was turned into a bank that was turning into a processing center that is turned into the state capitol.” 



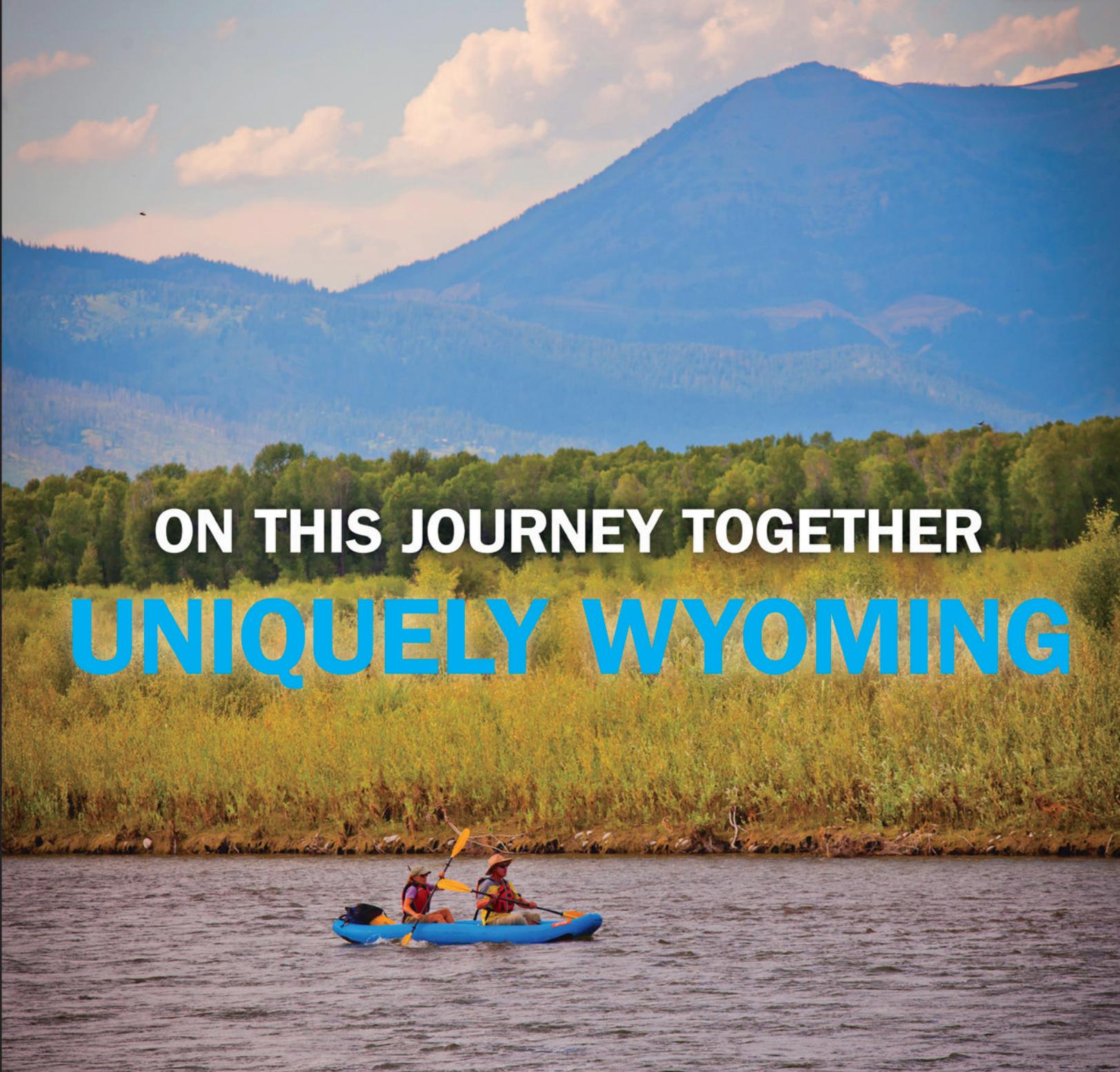
Visitors to the House and Senate Chambers this year will be able to watch the Legislature meet through windows in gallery rooms behind the chambers.



The Legislative Services Office have set up the Senate Chambers and are ready for the session.



This room will serve as the new Room 302, where the Legislative subcommittees hear issues of interest to larger groups.



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# Tobacco Settlement Cuts Have TeleHealth and Loan Repayment on the Chopping Block

BY TOM LACOCK  
Wyoming Medical Society



Joint Appropriations Co-Chair Steve Harshman (R-Casper) will be one of the major players in determining whether Medicaid expansion makes it out of the JAC. Medicaid expansion is being proposed in the state budget this year, giving the JAC the first chance to debate the plan.

**W**hile the state's general fund suffers from low prices on minerals, another shortfall in funding could result in the state cutting both the state's Telehealth and physician recruitment efforts.

Currently, 25 programs across the Wyoming Departments of Health, Family Services, and Corrections are funded by \$18 million from Tobacco Settlement Funds (TSF). In November 1998, the attorneys general of 46 states, the District of Columbia and five United States territories reached an agreement to settle lawsuits or disputes with the tobacco industry regarding expenditures the states had incurred under their Medicaid programs for tobacco-related health care costs. However, based on projections of a major downturn in the amount of TSF because of low investment income by the nonpartisan Legislative Ser-

vice Office, the Wyoming Department of Health will receive \$12 million less than in the last biennium and was asked to reduce TSF programs by \$7.24 million.

In mid-December, Wyoming Department of Health Director Tom Forslund presented his agency's budget to the Wyoming Legislature's Joint Appropriations Committee. In order to offset the \$7.24 million reduction in funding, Forslund says he was asked to reduce programs funded by TSF and chose to remove 56 percent of the funding from the Department of Health on Drug Courts, along with entire program cuts to Telehealth and the Wyoming Healthcare Professional Loan Repayment Program.

"Over the years as a result of legislative action, more and more programs have been determined to be funded with TSF,"

**Currently, 25 programs across the Wyoming Departments of Health, Family Services, and Corrections are funded by \$18 million from Tobacco Settlement Funds (TSF).**

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Wyoming Department of Health Director Tom Forslund answers questions from the Joint Appropriations Committee in December.

Forslund says. “The revenue coming in with that is not as great as it was in the past, so there isn’t sufficient revenue to fund all the programs.”

### Telehealth on the Chopping Block

Wyoming Telehealth Consortium of healthcare facilities and providers is run by the Wyoming Office of Rural Health and is 100 percent funded by TSF. Its \$235,000 budget has been divided into a \$230,000 contract for its vendor, Ptolemy, to maintain the state-owned bridge (audio-video link between users) and support Telehealth users. The remaining \$5,000 is allocated for associated travel expenses.

According to Department of Health numbers, there were 5,160 unique beneficiaries served by physicians via Telehealth in 2015, with nearly 50 percent of those being children. During the state’s fiscal year of 2015, nearly 175 sites were supported via the Telehealth system.

Ptolemy also offers the state a number of technical assistance grants in the form of support for technical, clinical, and administrative workflows, and development of a Telehealth use which it says is practice-specific. The Telehealth Consortium also offered a number of resources to providers including Telehealth protocols, policies and a provider directory of specialists in the state who provide Telehealth services.

“This is not just Medicaid that would be impacted,” said Medicaid Medical Officer Jim Bush, M.D. “The technical assistance grants would go away. The bridge may go away too.”

### Wyoming Healthcare Professional Loan Repayment Program

Keri Wagner runs the Wyoming Healthcare Professional Loan Repayment Program for the Wyoming Office of Rural Health, housed at the Department of Health. She says the program is open to providers for loan repayment over a three-year period while the provider practices in Wyoming. Physicians and dentists are eligible for \$90,000 over three years while nurses, physician assistants, nurse practitioners, and chiropractors are eligible for \$30,000 over three years.

Should Forslund’s proposed cuts go through, the program would not be funded starting in the 2017-18 biennium.

Wagner said the Office of Rural Health uses surveys to determine the areas with the greatest needs for medical personnel as well as the greatest shortfalls in providers and uses that data to determine awards. The program receives around 200 applications per year with the Office of Rural Health doling out about eight awards each year due to funding.

Documents prepared by the Wyoming Department of Health show seven grants to physicians for repayments of loans in

2015 worth \$510,000, and 13 in 2014 worth \$504,297. In all, the program has funded 82 awards for physicians since its inception, and primary care physicians have received 58 of the program's 82 awards. Sweetwater County has been the state's largest recipient of these awards with 16 physicians, two dentists, and 26 other providers receiving awards. Albany, Natrona, and Fremont Counties have had 18 award recipients apiece. Carbon County has received 16.

### Other Big Ticket Items in Department of Health's Budget Request

Forslund says the Department of Health's budget is actually two budgets. One was set as though Medicaid expansion was authorized and another budget as though it was not by request of Governor Matt Mead.

“Over the years as a result of legislative action, more and more programs have been determined to be funded with TSF. The revenue coming in with that is not as great as it was in the past, so there isn't sufficient revenue to fund all the programs.”

TOM FORSLUND

Wyoming Department of Health Director

Forslund says the difference in the two is \$32 million with the expansion budget providing a savings of \$9 million back to the general fund.

The Department of Health is asking for \$155 million for construction on the State Hospital in Evanston, as well as the Wyoming Life Resource Center in Lander. The moves would facilitate 100 beds coming to Lander to take care of long-term patients from the State Hospital.

Other budget expenditures Forslund's group seeks include \$11.4 million to cover Title 25 cost overruns, as well as \$7.6 million for a new Medicaid Management Information System (MMIS) for the Medicaid Program. Forslund

says the MMIS cost is \$75 million though the federal government will pay 90 percent of that cost. The current system is 30 years old. 



Senator and Joint Appropriations Co-Chair Tony Ross (R-Cheyenne) asks Wyoming Department of Education Director Tom Forslund a question during the JAC's meeting in Cheyenne this December.



# Budget Session Means FEW Health-Related BILLS

BY TOM LACOCK  
Wyoming Medical Society

Rep. Elaine Harvey (R-Lovell) offers her perspective during debate on the floor of the Wyoming House of Representatives last year in Cheyenne. Harvey heads the House Joint Labor, Health and Human Services Committee.

**T**he combination of a 20-day budget session and lower-than-expected state revenues probably signals a quiet legislative session for health-related bills.

Consider, then, the 800-pound gorilla known as Medicaid expansion which, instead of coming up as a standalone bill, has been proposed as a part of the state's budget by Gov. Matt Mead. A visit with the co-chairs of the Legislature's Joint Labor, Health and Human Services (JLHHS) Committee suggests expansion remains an uphill battle.

"As a separate bill it is dead on arrival and they don't have the votes to pass it," says Senator Charles Scott (R-Casper). "I think there is a constitutional problem with trying to run it through the budget. That is a separate issue. I think it is a mistake to do it as a matter of substance."

Gov. Mead released his proposed budget, in which he proposed Medicaid expansion, on Dec. 1. In his budget message he said expansion would reduce the budget of the Department of Health by \$9.7 million. Mead also suggested federal participation in optional Medicaid expansion is estimated bring more

than \$268 million in additional federal funds to Wyoming.

"Are we going to forego the hundreds of millions of economic driver that would come with Medicaid expansion?" asks Mead in his budget message. "Now the question is how much are we going to stomp and say, 'We don't like it,' as we send money to other states when we are short on revenue?"

Scott says he is still not convinced that the federal government will maintain its promises to pay 90 percent of the cost of expansion. He said if the state took Medicaid expansion and the federal government decided to move back to the traditional 50 percent it funds Medicaid, it would affect the state's ability to fund roads, cities, and higher education.

Unlike previous efforts to expand Medicaid during the 2015 session known as the SHARE and Medicaid FIT plans, Wyoming Department of Health Director Tom Forslund says this year's effort is a straight expansion.

"It is not the SHARE, it is not the FIT, it is straight Medicaid," Forslund says with a laugh. "We don't have any acronyms left. We feel we can implement this significantly quicker and

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Dr. Bob Chandler and Dr. Mike Tracy testify in front of the Joint Labor, Health, and Human Services Committee during an August meeting in Lovell.

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With this year’s expansion effort going through the Joint Appropriations Committee (JAC) before it would reach the floor of either chamber, Forslund says his department has been asked for more of an explanation on Medicaid, including a Medicaid information session, which he held for the JAC last month before he was asked before the committee to defend his agency’s budget.

Elaine Harvey (R-Lovell) co-chairs the JLHHS Committee with Scott and says despite the cost savings of expansion to the state budget, she wasn’t in favor of the method for Medicaid passage this session.

“I don’t expect Medicaid expansion to pass,” Harvey says. “There are many of us who feel the budget bill is an inappropriate place to set policy, and we don’t believe that on its own it would get the two-thirds majority. We feel there is a bit of gamesmanship in putting it into the budget bill.”

### Hospital Governance and Financial Stability

Senate File 0145 and \$3 million was the Legislature’s answer for the state’s hospitals’ claims that they provided \$110 million in uncompensated medical care in 2014. Critical access hospi-

tals with less than 100 days’ cash on hand had \$1 million available, and seven different Wyoming facilities claimed it. Another \$2 million was split between those based on uncompensated charity care performed and those who used a prospective payment system.

“I don’t expect Medicaid expansion to pass. There are many of us who feel the budget bill is an inappropriate place to set policy, and we don’t believe that on its own it would get the two-thirds majority.”

REP. ELAINE HARVEY  
(R-Lovell)

In the interim, the JLHHS Committee dispensed a survey to the state’s hospitals to learn more about governance of hospitals as well as the health of their spreadsheets. Scott says he was not impressed by the response.

“We put out a survey asking for basic financial information and two-thirds of the hospitals didn’t even respond,” says Scott. “We talked with some of them and some refused to give us even the most basic financial statement showing their financials. Our conclusion is we don’t have a systematic problem without the hospitals financially. They wouldn’t

have refused that inquiry if it showed they had troubles and we needed to do something about it.”

Wyoming Hospital Association Director Eric Boley says 14 of 26 hospitals responded to the survey and suggests that the questions offered up by the survey were difficult to answer as they asked for subjective questions that seemed to seek information on how the Affordable Care Act affected the facilities.

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Senator Charles Scott (R-Casper) speaks during the 2015 Legislative session in Cheyenne. Scott is the co-chair of the Joint Labor, Health and Human Services Subcommittee of the State Legislature.

For that reason, he says some facilities simply refused to send the questionnaire back to the Legislative Service Office.

“From an association perspective we were supportive, but we would like to have been included to offer greater compliance and participation. But it was taken out of our hands before we had that opportunity,” Boley says.

This session, Boley says the WHA will ask for a change in the Upper Payment Limit changes for seven hospitals as well as the state’s nursing homes (for more see: WHA section), which would bring another \$25 million in federal funds if each eligible facility in the state applied for the funds.

“We are trying to create our own solution to the uncompensated care issue,” Boley says.

### Receivership of Medical Facilities

Last May, Deseret Health Group announced closure of nursing facilities in both Saratoga and Rock Springs before separate companies took over the facilities in the eleventh hour. Harvey said that has led to the JLHHS Committee to consider whether the state needs different rules in place to take over receivership of facilities that cannot pay their bills. She said the committee spent some time discussing that idea this interim, and the attorney general’s office and Legislative Service Office are helping to draft a bill regarding nursing homes or hospitals and receivership.

“What are the implications of the state running those facilities?” Harvey asks. “If we have developmentally disabled providers on the edge of financial viability, does that mean we are going to go into receivership with hospitals who can’t pay their bills or their help?”

### WWAMI

The University of Wyoming participates in the WWAMI Medical Education Program, which is affiliated with the University of Washington School of Medicine (UWSOM) in Seattle, Washington, also known as WWAMI. The WWAMI program is going through changes, which will require some changes to the physical location of the program’s training for Wyoming students taking part in the program. Based on the Governor’s budget recommendation, that won’t happen this year.

A new integrated curriculum approach for the WWAMI program will put students in their home state for their first two years of medical school. The WWAMI classroom space was designed for 10 students, which makes for tight quarters for each 20-student class.

With the announcement of keeping two classes in Wyoming for the first year different space is needed. In August, Meredith Asay represented the University of Wyoming at the JLHHS meeting in August asking for two appropriations — \$300,000 for Level II study for building a new facility and a \$5 million set-aside for construction costs. UW is looking for a consultant to look at current space and ways to get the WWAMI program into current facilities.

The Governor’s budget recommended the \$300,000 for the study, but did not recommend the \$5 million set-aside for building costs. WWAMI was a \$12.5 million piece of the state budget for the 2015-16 biennium.

“We think there needs to be facility improvement and expansion. That comes with a recommendation, though not as a bill,” Harvey says. 



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# Title 25 is a Familiar Topic of Discussion for Wyoming Lawmakers

BY TOM LACOCK

Wyoming Medical Society

In a year where state budgets are tight, the Wyoming Legislature is focusing on what can be done with a Title 25 program that pushed the general fund \$11 million over what was budgeted over the past two years.

According to the Wyoming Department of Health's (WDH) website, Title 25 of the Wyoming State Statute provides the legal process by which a police officer or examiner may detain a person thought to be in danger to self or others or unable to meet basic needs as a result of a mental illness. The law includes information about emergency detentions, continued involuntary hospitalization, the role of the Wyoming State Hospital, costs for hospitalization, and other provisions.

During a Dec. 14 meeting with the Joint Appropriations Committee (JAC), WDH Director Tom Forslund said costs for the Title 25 program grew to more than \$7.6 million in 2015, and projected costs for the fiscal year 2016 are more than \$8 million with an anticipated shortfall of \$11.4 million for the 2015-16 biennium.

At the heart of the issue, Forslund says, is the lack of space at the State Hospital in Evanston, which creates issues further upstream in the process. That means those who need bed space in Evanston stay at more expensive alternatives, which costs the state more money. Forslund says it is becoming more common to see patients stay at the State Hospital for more than a year because they are either elderly or hard to place in other facilities because of a private facility's inability to house the patients who may be violent or have multiple needs.

Forslund says his hope for the State Hospital is to house clients needing acute mental care, which he terms 180 days or less. Statistics provided by the WDH show the majority of clients at the state hospital do just

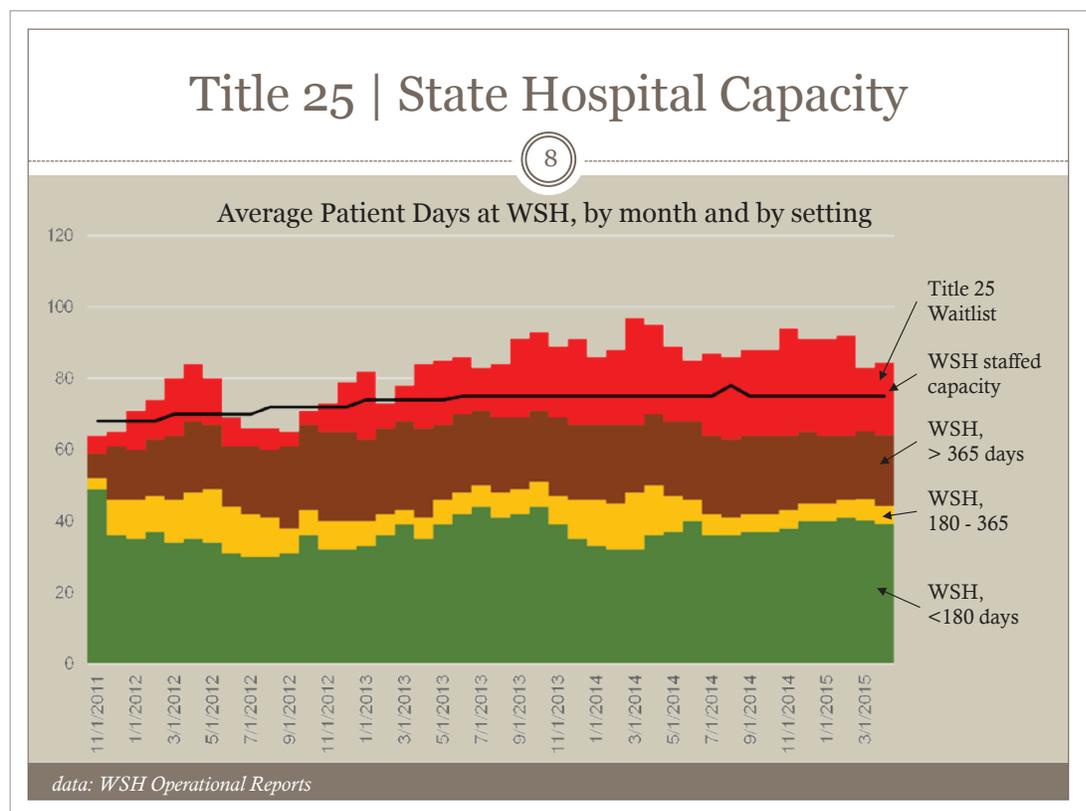
that. However, on average around 20 patients at the state hospital have been there for more than one year, leading to a waitlist of around another 20 patients who need beds in Evanston.

"The system needs major revamping," Forslund told the JAC.

The State does have a few options on the table. Forslund supports a proposal to develop an eight-bed group home in Evanston for those who no longer meet medical necessity for hospitalization, but face challenges with immediate integration into communities.

The state is also considering changing the mission of the Wyoming Life Resource Center in Lander to include some space for elderly and hard-to-place patients, which would then free some beds at the State Hospital. The plan as proposed would bring 100 new beds for the Wyoming Life Resource Center.

Another option for Title 25 reform might come from draft legislation suggested by the Joint Subcommittee to Address Title 25 Issues. The task force has recommended a draft bill which may be taken up by the Joint Labor Health and Human Services Committee at its Jan. meeting if so ordered by the Legislature's Management Council. The bill would offer an involuntary outpatient commitment option for courts





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around Wyoming.

“This bill gives the court discretion to say this person, with the proper supports and court oversight, could have care delivered in an outpatient setting within their own community or close to their own community,” says Rep. Eric Barlow (R-Gillette), a member of the committee. “If the courts use it, there is the real potential for savings in several areas.”

Barlow adds there has been a process available to the courts which would allow them to mandate mental health care in an outpatient manner if it was voluntarily suggested. Much the same as an involuntary hospitalization, the outpatient commitment option would be paid for by the county for the first 72

“This bill gives the court discretion to say this person, with the proper supports and court oversight, could have care delivered in an outpatient setting within their own community or close to their own community.”

REP. ERIC BARLOW  
(R-Gillette)

hours, before the cost would shift to the state.

Both Barlow and Forslund say there is an effort to make local community mental health care centers and the continuum of care a larger focus of mental health in Wyoming.

“One thing that has gotten a lot more attention through this process is the coordination of care and preventing people from getting into a cycle where they hospitalize, they improve, and then are put back into the system again,” Barlow says. “We think with better coordination of care, better discharge plans and with the involvement of private and community mental health care facilities, we can streamline how those transitions are made.”



Senator Bruce Burns (R-Sheridan) questions Wyoming Department of Health Director Tom Forslund during the Joint Appropriations Committee meeting in Cheyenne in early December.

# Direct Primary Care Bill Could Make Practice in Wyoming Easier

BY TOM LACOCK

Wyoming Medical Society

With Direct Primary Care (DPC) becoming more prevalent around the country, the Wyoming legislature is attempting to clarify the practice's role in keeping the Cowboy State healthy.

DPC is a model of healthcare that has patients pay a physician directly and receive primary care health services with both parties agreeing not to bill insurance. Contracts allow patients to see physicians as often as they want or need to. Physicians receive compensation for the service by charging subscription or ala carte fees in some instances.

According to Direct Primary Care Journal, there are some similar characteristics of DPC patients. The industry tends to attract its clients through low monthly fees - generally millennials and generation Xers. Direct Primary Care Journal also shows 80 percent of those in the DPC business are family physicians and more than 80 percent of DPC physicians operate in a solo practice.

Charging fees ahead of delivering services from physicians has put providers practicing DPC into a gray area where their

practice could be considered insurance. During a January meeting in Cheyenne, the Joint Labor, Health, and Human Services Committee of the Wyoming Legislature voted to move a bill forward that would differentiate DPC from insurance and help it to avoid scrutiny by the State Insurance Department.

The bill explains a number of conditions required in a contract needed to exempt DPC from being called insurance. While the bill is still a work in progress it does require a contract with list of health care services covered by a periodic fees, and prohibits providers from otherwise charging or receiving more compensation for health care services covered by the periodic fee.

The Insurance Commissioner, Tom Glause says he supports the bill and only asked that the committee be wary of retainer agreements with provisions for early termination payments to providers. An amendment saying as much was written into the bill. 



Powell physicians Bob Chandler (left) and Mike Tracy have been instrumental in helping to craft legislation that will differentiate direct primary care from health insurance. Chandler and Tracy operate 307Health in Powell, a direct primary care practice.



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**NAME OF ORGANIZATION**

Wyoming Medical Society

**ADDRESS**

122 East 17th Street, Cheyenne, WY 82009

**PHONE**

307-635-2424

**ORGANIZATIONAL LEADERSHIP AND PHONE  
NUMBER DURING SESSION**



Sheila Bush  
Executive Director  
630-8602  
sheila@wyomed.org



Tom Lacock  
Communications Director  
277-6127  
tom@wyomed.org

**WEBSITE**

wyomed.org

**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.

# Upcoming Legislative Session Will Focus On Strategic Budget Cuts

BY SHEILA BUSH

Wyoming Medical Society

**T**his winter's legislative session will focus on setting the budget for the 2017-2018 biennium. The writing is on the wall that Wyoming faces tightening budgets with oil and gas prices remaining low, as well as federal regulation and market pressures being felt by the coal industry.

The Wyoming Medical Society dedicates the bulk of its advocacy efforts to understanding and monitoring funds appropriated by the legislature inside the budget of the Wyoming Department of Health (WDH). With the majority of Wyoming's revenue linked to declining energy resources and related severance tax revenue, Wyoming has no choice but to reduce spending to achieve a balanced budget for this year. Wyoming last endured a budget cut in 2013 when 6 percent was slashed from the budget. This year Governor Matt Mead is recommending reducing the standard budget by nearly \$19 million, but intends to do so strategically rather than with across-the-board cuts.

The most controversial, and interesting aspect of the WDH's proposed budget is Governor Mead's request to expand Wyoming's Medicaid services to the optional population specified in the Affordable Care Act (ACA) through the WDH budget. If optional Medicaid expansion is adopted, WDH could fund all of its exception requests without additional general fund dollars and free up additional dollars for the state's general fund by \$9.7 million.

If the state rejects Medicaid expansion, the exception requests of \$23.7 million plus the \$9.7 million needed to support existing programs total a net negative difference to the general fund of \$33.4 million. Without Medicaid expansion, WDH is dependent on the legislature to fund existing programs and reimbursement levels through the state's general fund. If budget shortfalls continue into the future, WMS is concerned that provider reimbursements will be a target for areas for expense reductions. WMS favors the governor's proposal to protect

provider reimbursements, keep critical-access hospitals open, fund long-term care facilities, and keep care in our great state.

The 2015-2016 WDH governor-recommended biennium budget totaled \$1,949,687,682 of which \$1,326,849,010 was allocated to the division of healthcare financing (i.e. Medicaid). Roughly \$120.4 million of that \$1.3 billion, or 9 percent, was spent on physician and other provider reimbursement, and approximately \$211 million was spent on hospital reimbursement.

WMS recognizes the complexity of Medicaid expansion, and deeply respects the diverse opinions of our physician members. WMS has supported the expansion of Medicaid in Wyoming, and continued support will exemplify our mission to support access to quality medical care for all Wyoming patients. Expanding Medicaid should help towards the stabilization of healthcare financing in our state, at least in the short term. Patients would benefit by having the nation's highest percentage of Medicaid participation by physicians in the country, and physicians would benefit by receiving more reasonable Medicaid reimbursement rates for their participation.

WMS is committed to promoting quality patient care by protecting physician-led medical care teams, and in order to do so Wyoming must remain committed to growing a physician-

friendly practice environment with competitive reimbursement rates inside government funded programs.

Outside of the Medicaid expansion elephant, the WDH budget includes \$11.4 million for Title 25 involuntary hospitalization costs, \$3 million for Medicaid waiver rebasing for nursing homes, \$248,000 for trauma unit site review, \$500,000 com-

puter program replacement costs, \$954,000 for preschool enrollment growth, and the remainder to fund programs that serve the elderly, the disabled, mothers and children.

WMS will also closely monitor proposed cuts to programs currently funded with tobacco settlement funds. Tobacco settlement funds are the result of a settlement with tobacco companies in 1999, but funds have gradually declined since 2009.

For the 2017-2018 biennium, Wyoming is expected to receive \$37.8 million with historic fund appropriations of \$49.8 million meaning Wyoming must reduce spending of TSF by \$12 million. WDH must account for \$7.4 million of that spending reduction

and the legislature is currently looking to cut funding for telehealth, drug courts, and physician recruitment. WMS hopes funding will be restored for telehealth and will be working with legislators and key organization partners to do so in the coming session. 

**If budget shortfalls continue into the future, WMS is concerned that provider reimbursements will be a target for areas for expense reductions. WMS favors the governor's proposal to protect provider reimbursements, keep critical-access hospitals open, fund long-term care facilities, and keep care in our great state.**

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Sheila Bush, WMS Executive Director  
307-635-2424 • Sheila@wyomed.org

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**NAME OF ORGANIZATION**

Wyoming Hospital Association

**ADDRESS**

2005 Warren Ave, Cheyenne, WY 82001

**PHONE**

307-632-9344

**ORGANIZATIONAL LEADERSHIP AND PHONE NUMBER DURING SESSION**

Eric Boley  
President  
307-727-7545  
eric@wyohospitals.com



Neil Hilton  
Vice President  
307-287-7446  
neil@wyohospitals.com

**WEBSITE**

www.wyohospitals.com

**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.

# Wyoming Hospitals Offer a Wyoming Solution to Uncompensated Care

BY TOM LACOCK

Wyoming Medical Society

After a 2015 Legislative Session where lawmakers mentioned the need for a “Wyoming solution” for several healthcare issues, the Wyoming Hospital Association will arrive at the 2016 session with a pair of bills that offer a Wyoming solution to the issue of uncompensated medical care.

“We have met with the governor and the Department of Health and we have told them we are coming up with our own plan to try to offset that \$114 million in charity care that we give away every year. We have support from them. There is a little bit of empowerment in that,” WHA President Eric Boley says.

The WHA's highest priority this session is legislation on the upper payment limit, which is the limit of what a hospital or nursing home could receive if it billed Medicare instead of Medicaid for the same service. Currently there is a cap on how much Medicaid can pay into the state, and facilities in Wyoming have not reached that cap.

“The upper payment limit is created when a comparison is made between what Medicaid pays and what Medicare would pay for the same services. Medicare pays at a higher rate and the difference between the two payers is what we are attempting to eliminate through the upper payment limit program,” Boley says.

Darren C. Coates is an attorney with the offices of Husch Blackwell, a law firm with 16 locations across the US and London, including Denver. He and fellow Husch Blackwell attorney Eric Weatherford have worked in the upper payment limit arena in Texas, Louisiana, and South Carolina previously. He said nearly every state in the union has some version of an upper payment limit.

“It isn't an extra payment. It is to cover the unreimbursed cost of treating Medicaid and uninsured patients,” Coates says. “Nearly all states have some form of provider assessment built into their Medicaid system.”

He says this program was written into federal law in 1991,

and requires a provider assessment to take part in the process. The process would involve the state's private hospitals assessing themselves a fee, which would be given to the state, then submitted to the federal government. The feds would then pay back the state portion and matching federal funds, turning the \$4.6 million assessment of state hospitals into \$9.2 million.

Among the facilities which could benefit from this program are hospitals in Lander, Riverton, Evanston, Worland and up to four in Casper.

Boley says the Upper Payment Limit already exists in several other states. If the legislation were to pass, it would result in an extra \$4.6 million for the state's hospitals annually.

The WHA is also working on a gap payment plan. While the upper payment limit is available only for private hospitals, the gap program would allow non state-owned governmental entities (such as a rural health care district, hospital districts, and memorial hospitals) to partner with a private, for-profit nursing home. It also applies to non state-owned government nursing homes. The program would allow the governmental entity to pay the state portion of the Medicaid dollars and draw down the matching state funds. This money would be divided between the governmental partner and nursing homes.

"If everyone in the state who was eligible for this program participated in this program, it would bring in \$16 million per year," Boley says.

Because contracting and a change in ownership take place between the private nursing homes and their governmental partners, Boley acknowledges some concern from the administrators of private nursing homes worried that the change in ownership to a public entity puts fiduciary responsibility on the governmental partner. There is also concern that a clause in the program gives the board of directors of that governmental partner veto power over the administrative decisions of the nursing home.

"Some of the for-profits are concerned they will get into these agreements and they will get rid of their administrators," Boley says. "I think it will take time to build steam, but this program has been in place for 15-16 years in Indiana, five years in Texas and two in Utah. Not all nursing homes or governmental entities are required to participate but there are benefits for those that choose to do so, and as the benefits are realized by some, I believe others will choose to utilize the program."

This program can be used to help with staffing problems, capital needs and overall operational improvements for all those that participate. These programs, if set up properly and with the correct plan amendment filed with the Feds are proven to stand inspection. The programs have nothing to do with

the Affordable Care Act and were enacted long before the ACA was even under consideration.

## The Redefinition of Emergency Rooms

The Wyoming Department of Health's Licensing and Surveys Division proposes language to clearly define what a freestanding emergency room would look like in the state of Wyoming. Currently, there is no provision for a freestanding ER within the rules or regulations of hospitals.

With trends in Texas and along the Front Range for freestanding ERs to be constructed and opened without the need for licensure or oversight by The Wyoming Department of Health's License and Survey Division felt it was important to put a clear definition and rules in place in the event someone wanted to construct a freestanding ER in Wyoming. The WHA supports the Department of Health's desire to gain control and regulate these facilities. Boley says Texas and the Front Range allow for provider-owned emergency rooms, which are free-

standing and unaffiliated with a hospital facility. This allows the emergency rooms to take only well-insured clients while not billing Medicaid or Medicare. The legislation being proposed would require free-standing ER's to be affiliated with an existing Wyoming hospital.

"I believe we are seeing patients receiving care in the wrong setting," Boley says. "If a patient needs to be admitted a freestanding ER would need

a transfer agreement with a real hospital, delaying care and requiring a patient to be transferred to another facility. There are already urgent care centers and physician offices to care for patients needing non-hospital care."

## Nursing Licensure Compact

Boley says the WHA also supports the Nurse Licensure Compact, an interstate agreement allowing a nurse to have one license (issued by the primary state of residence) with the privilege to practice in other states under the compact. Since it started in 2000, there are 24 states that have joined the compact. Wyoming border states part of the compact include Colorado, Nebraska, Utah, South Dakota, and Idaho.

The WHA has advocated for the compact for the past 10 years because of a shortage of nurses in Wyoming, Boley says. Joining the compact could cut hire time by nearly two months for a Wyoming facility, he adds.

"With this, if the nurse is in the compact, we can bring them onboard and we don't have to go through the licensing process which could take 6-10 weeks," Boley says. "That could really help with nursing care where we see a large shortage." 

**"If everyone in the state who was eligible for this program participated in this program, it would bring in \$16 million per year."**

ERIC BOLEY  
WHA President



#### NAME OF ORGANIZATION

Wyoming Primary Care Association

#### ADDRESS

1720 Carey Ave Suite 601, Cheyenne, Wyoming 82001

#### PHONE

307-632-5743

#### ORGANIZATIONAL LEADERSHIP AND PHONE NUMBER DURING SESSION



Jan Cartwright  
307-631-5914  
jan@wypca.org



Mary Lynne Shickich  
307-632-5743  
mary@wypca.org

#### WEBSITE

www.wypca.org

#### CORE CONSTITUENCY

Patients and Families, Other Healthcare Providers

#### ORGANIZATIONAL CAPSULE

The WypCA acts as part of Wyoming's healthcare safety net and works alongside federally-qualified health centers. The safety net is integral to provide care to those who lack the financial means or access. While we don't offer direct care, we do offer several services to help make serving the community's health needs a little easier for health centers.

#### ORGANIZATION'S PHILOSOPHY DURING SESSION

To work collaboratively with legislators and stakeholders to improve the health of Wyoming kids.

# Primary Care Association Supports Changes in KidCare CHIP

BY JAN CARTWRIGHT

WypCA

The coming 2016 is a key year for the growth and advancement of Wyoming's health centers. The Wyoming Primary Care Association (WypCA) has an opportunity to help set the course by continuing to support public policy efforts to improve access to healthcare at federal, state and local levels.

#### Our policy priorities for 2016 are:

- Expand eligibility for Medicaid
- Support efforts to expand coverage and access to Wyoming citizens
- Ensure adequate payment for safety net providers
- Funding to expand and support community health centers.

One important and potentially overlooked issue is the Children's Health Insurance Program (CHIP) and changes to the federal reimbursement. Kid Care CHIP is Wyoming's Children's Health Insurance Program which provides affordable health coverage including check-ups, dentist visits, vision care, prescriptions and more for children whose families may not have the financial resources to ensure access to health care.

When the program began in 1999, CHIP was a safety-net program for children birth to 18 who were not eligible for Medicaid but whose family income was up to 133 percent of the Federal Poverty Level (FPL). In 2003, a separate CHIP model provided coverage for children from birth to 19 in families whose income was between 134 percent and 185 percent FPL. Since 2005, the upper income level has been 200 percent FPL (\$48,504 annual gross income for a family of four).

Federal Medical Assistance Percentages (FMAP) are the percentage rates used to determine the matching funds rate allocated annually to certain medical and social service programs in the United States of America. On October 1, 2015, the federal match rate for Kid Care CHIP went from 65 – 35 percent fed-

eral state match to 88-12 percent, providing cost savings to the State of Wyoming:

- Blue Cross/Blue Shield of Wyoming administers Kid Care CHIP.
- Increase to 250 percent of Federal Poverty Level (FPL) would help an additional estimated 1300 children under the age of 19 who currently have no insurance coverage, providing them with medical, dental and vision care.
- The enhanced match generates nearly \$2 million in annual savings to the State of Wyoming compared to Fiscal Year 2015 while covering the additional children up to 250 percent FPL.
- Uninsured numbers are highest in Albany, Campbell, Fremont, Laramie, Natrona, Sublette and Teton Counties.

### Wyoming Primary Care Association

Wyoming Primary Care Association is a statewide organization whose mission is to increase access to healthcare for all Wyoming residents. It is a membership organization made up of Community Health Centers (also known as Federally Qualified Health Centers) that serve 13 Wyoming communities.



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#### NAME OF ORGANIZATION

Healthy Wyoming

#### ADDRESS

419 S 5th Street, Suite 1, Laramie, WY 82070

#### PHONE

307-228-4163

#### ORGANIZATIONAL LEADERSHIP AND PHONE NUMBER DURING SESSION



Bri Jones



Dr. Eric Wedell



Linda Burt  
linda@healthywyoming.org

#### WEBSITE

www.healthywyoming.org

#### CORE CONSTITUENCY

Wyomingites who want affordable, quality healthcare

#### ORGANIZATIONAL CAPSULE

Healthy Wyoming is a group of community and business leaders, doctors, nurses, and other healthcare providers working for quality, affordable healthcare for all Wyoming.

#### ORGANIZATION'S PHILOSOPHY DURING SESSION

Healthy Wyoming works to engage citizens from community leaders and small businesses owners to healthcare providers and healthcare consumers to advocate for affordable, quality care, including medicaid expansion.

# No Further Delay - Expand Medicaid in Wyoming

On December 1, Governor Matt Mead released his 2017-2018 budget for the State of Wyoming, a plan to create smart budget savings and fund essential state services in the face of declining oil and gas revenue. Included in the budget is an important proposal: Medicaid expansion – a way to save our state millions of dollars and deliver quality health coverage to hard-working Wyomingites who are currently left without any affordable coverage options.

Expanding Medicaid is a win-win for Wyoming. It will bring back an estimated \$268 million in tax dollars to our state, and help significantly reduce our \$200 million budget shortfall. This funding frees up state dollars being spent on programs for the uninsured, allowing the governor and legislature to redirect funds to other important areas like building roads and investing in our schools.

In Wyoming, expansion would cover over 20,000 residents who earn too little to receive financial help to purchase insurance but too much to receive Medicaid under its current eligibility limits. These people have fallen into a gap with no options for affordable health insurance. These are our friends and neighbors, ranchers and construction workers, people who work to put food on the table and yet still can't afford to get the basic health care they need.

Creating affordable coverage options will also protect our local hospitals, especially those in the most rural areas of our state. At last count, our state's hospitals are left with more

In Wyoming, expansion would cover over 20,000 residents who earn too little to receive financial help to purchase insurance but too much to receive Medicaid under its current eligibility limits.

than \$114.6 million a year in uncompensated care costs from treating the uninsured. This puts them at risk of closing, which threatens to take away jobs and a way of life in our rural communities.

North Dakota, Montana, Alaska, and New Mexico are among the 31 states across the country that have already made the decision to bring their federal taxpayer dollars home instead of sending that money back to Washington, D.C. And many states have chosen to expand Medicaid on their own terms. We can take a similar state-specific approach, creating a plan for Wyoming, by Wyoming, that brings tax dollars back home.

Despite the proven benefits, there is still a lot of noise, a lot of politics, and a lot of false statements surrounding Governor Mead's proposal – mostly consisting of recycled arguments that have been proven wrong in the 31 other states that expanded Medicaid.

In fact, accusations that the federal government won't hold its end of the bargain are unfounded – states have received billions in funding since 2014 and the match rate, written into law, is set to continue at 90% after 2020. And this is happening while expansion states see continued and long-term budget

savings directly related to their legislature's decision to expand Medicaid.

It's time to face facts and do what's best for state budget, our economy and for hardworking families across our state. Expansion makes sense for Wyoming, and the legislature needs to work with governor to make it a reality.

Signed by:

Wyoming Medical Center, Casper, WY  
Board of Directors  
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St. John's Medical Center, Jackson Hole, WY  
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Cheyenne Regional Medical Center, Cheyenne, WY  
Margo Karsten, PhD, Chief Executive Officer

## NC Medical Society Hosts Insurance Forum

BY TOM LACOCK  
Wyoming Medical Society

**D**espite cold temperatures and a winter storm bearing down on Central Wyoming, nearly 70 physicians, legislators, insurance executives, and facility directors took part in an early November insurance forum at The Petroleum Club in Casper.

The event was sponsored by the Natrona County Medical Society (NCMS) with its president, Joe McGinley, MD, PhD moderating the panel discussion with Rick Schum (Blue Cross/Blue Shield); Tom Glause (State Insurance Commissioner); Tom Forslund (Wyoming Department of Health); Kim Bimestefer (Cigna); Dean Groskopf (Cigna); and Mark Laitos, MD (Cigna); and Cara Beatty (United HealthCare).

"I was pleased with turnout, participation, and the support. We had 10 legislators, physicians, and hospital administrators from all of the facilities in town. We have 110-112 members total. To have all of those insurance companies come into town with the bad weather, shows they are committed to what we are doing as a society and want to hear what we have to say."

McGinley added that the event showed the importance of meeting at the county society level. He said in addition to some terrific conversation, the meeting also netted five new county society members and another organization announced it would also sign up each of its physicians.

"It creates a grass roots base," McGinley said. "There are

variations from county to county regarding what is important to that area. The individuals in the county are the ones who know what is important there. A strong county society also gives the state society a better idea to direct the information across the state. Without a lot of information at the county level, we are left making an educated guess on what is important to physicians in the state."

The discussion went for nearly two hours with questions submitted ahead by NCMS of time on patient care, insurance service, and the hope of getting patients more involved in their own care from a wellness standpoint. Representatives from the State's health care infrastructure offered updates with Glause discussing WINhealth's receivership process, while Forslund explained the state's efforts for Medicaid expansion by putting expansion into the state budget instead of making it a stand-alone bill.

McGinley said the event showed insurance companies are interested in participating with medical societies, pointing out the participating groups from Tuesday were going to share each of the resources, such as phone apps, that they have available for patients, as well as doctors.

"We are coming together to figure out answers," Glause said. "Collectively, if we bring all of the stakeholders together, we can come up with some answers to some really tough questions." 



#### NAME OF ORGANIZATION

American Cancer Society Cancer Action Network

#### PHONE

307-287-1401

#### ORGANIZATIONAL LEADERSHIP AND PHONE NUMBER DURING SESSION



Jason Mincer  
Government Relations  
307-287-1401  
jason.mincer@cancer.org



Deb Simpson  
Grassroots Manager  
307-272-7895  
deb.simpson@cancer.org



Erin Begeman  
ACS CAN Contract Lobbyist  
307-899-8889  
ebegeman@gmail.com

#### WEBSITE

[www.acscan.org/wyoming](http://www.acscan.org/wyoming)  
[www.facebook.com/ACSCANwyo/](http://www.facebook.com/ACSCANwyo/)

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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.

## American Cancer Society's Cancer Action Network 2016 Legislative Priorities

### Protect existing state-funded cancer prevention and screening programs.

- Colorectal cancer screening program
- Breast and cervical cancer screening program
- Tobacco prevention and cessation program
- Comprehensive Cancer Control Program
- Wyoming Cancer Resource Services

### Expand access to health coverage through Medicaid.

- ACS CAN will continue to advocate for increased access to the full spectrum of care from prevention through treatment and quality end of life care, especially for our nation's most vulnerable and medically underserved populations.
- For additional information on Medicaid Expansion see article on page 30.

### Create a Palliative Care Task Force to improve quality of life for cancer patients and their families.

- This bill would create a statewide task force to study the challenges of palliative care in Wyoming. The task force would report to the Labor Health and Social Services Committee yearly.
- For more information see the article on the next page.

## Palliative Care Citizen Lobby Day

Want to make sure Wyomingites with chronic illnesses like cancer have the best quality of life before, during and after treatment?

**Join us for our Palliative Care Citizen Lobby Day!**

**February 11 • Cheyenne**

Email [deb.simpson@cancer.org](mailto:deb.simpson@cancer.org) to RSVP and for more information.

# Improving Quality of Life Through Palliative Care

BY JASON MINCER

Government Relations State Director, Cancer Action Network

This year more than 2,500 Wyoming citizens will hear the dreaded words, “You have cancer.” Thousands of individuals and families will cope with not only the physical symptoms of cancer, but will ride the emotional roller coaster of a cancer diagnosis and treatment as well. How is it possible to provide for and treat all of these symptoms simultaneously and successfully? One answer is palliative care.

Palliative care teams focus on making sure that the whole person is treated, not just the disease. For anyone facing a chronic disease, palliative care can be life-changing. Yet, so few patients know this type of care may be available to them. Studies indicate that most American adults know nothing about palliative care.

In an American Cancer Society Cancer Action Network and Center to Advance Palliative Care survey, 70 percent of participants reported they were “not at all knowledgeable” about the topic. Additionally, many individuals who have heard of palliative care believe it is used only when a patient is dying, when curative treatments are no longer an option. This simply isn’t true. One of our early challenges will be to educate the public and legislators on what palliative care is and that it affects not only cancer patients, but almost anyone with a chronic disease.

Most importantly, for palliative care to be effective, patients must not only know it exists, but have access to it.

ACS CAN will push for a bill in the 2016 Legislative Session to create a Palliative Care Task Force of 10-15 health care professionals, patients, caregivers and hospice specialists who will study palliative care challenges in Wyoming.

- The council will meet and make recommendations that will be taken back to their respective organizations or businesses;
- The Department of Health will staff the council;
- The governor’s office will appoint members to

the council;

- The council will report its outcomes to the Labor Health Committee each year.

Due to the tough financial climate in Wyoming, we will not ask for state funding for this task force. Those appointed will be expected to pay their own way to attend meetings.

One of the first priorities for the task force will be to examine the challenges of delivering palliative care services when many patients with chronic diseases, including cancer, in Wyoming travel great distances to receive treatment. These patients then

return home to recover and need their team of health care providers to coordinate their treatment and follow-up care, which can be challenging.

Public opinion research finds that once people are aware of palliative care, 92 percent report they are highly likely to use it for themselves or their loved ones. The creation of a statewide task force is the first step in helping Wyoming residents with serious illnesses survive and thrive. Again, palliative care is not limited to cancer. Anyone facing a chronic illness, including

family and loved ones of patients, will benefit from this team-based approach to managing physical, emotional and psychological symptoms and side effects.

To pass this legislation, ACS CAN will work with the Wyoming Medical Society, Wyoming Hospitals Association, the Wyoming Nurses Association, AARP, Wyoming Medical Center and the Wyoming Association of Mental Health and Substance Abuse Centers. We need additional partners. Please contact us if your organization is interested.

We need patients, doctors, nurses and caregivers who want to advocate on behalf of cancer patients and others Wyoming citizens with serious illnesses maintain their quality of life. Contact ACS CAN Grassroots Manager Deb Simpson at [deb.simpson@cancer.org](mailto:deb.simpson@cancer.org) or 307-272-7895 to learn more about these opportunities.

One of the first priorities for the task force will be to examine the challenges of delivering palliative care services when many patients with chronic diseases, including cancer, in Wyoming travel great distances to receive treatment.

**NAME OF ORGANIZATION**

Children's Hospital Colorado

**ADDRESS**

13123 E 16th Ave, Aurora, CO 80045

**PHONE**

720-777-1234

**ORGANIZATIONAL LEADERSHIP AND PHONE NUMBER DURING SESSION**

Affie Ellis  
Ellis Public Affairs  
307-287-9095  
affie@ellispublicaffairs.com



Dr. Michael Narkewicz  
720-777-3966  
michael.narkewicz@  
childrenscolorado.org

**WEBSITE**[www.childrenscolorado.org](http://www.childrenscolorado.org)**CORE CONSTITUENCY**

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Children's Hospital Colorado is one of the top 5 best children's hospitals in the nation, as ranked by U.S. News & World Report. A 479-bed non-profit academic medical center, Children's Colorado is internationally recognized for providing leading-edge patient care, research, education, and child health advocacy. Providers at Children's Colorado see more, treat more, and heal more kids than any other hospital in the seven-state region, in part through more than 1,200 outreach clinics in more than 24 cities across Colorado, Montana, and Wyoming.

**ORGANIZATION'S PHILOSOPHY DURING SESSION**

To work collaboratively with legislators and stakeholders to improve the health of Wyoming kids.

# What Wyoming Can Do To Advance Care Via Telemedicine

BY DR. MICHAEL NARKEWICZ

Medical Director of the Pediatric Liver Center and Regional Care, Children's Hospital Colorado, Professor of Pediatrics, University of Colorado School of Medicine

For children and adults in Wyoming, accessing subspecialty services can often require traveling to regional medical centers both inside and outside the state. Fortunately, telemedicine delivery of some of these services is increasingly possible.

For physicians delivering telemedicine services and for patients and families receiving them, the value of telemedicine is simple — easier access to effective, timely care without the need for extensive travel. But the technical details of telemedicine policies regarding coverage, reimbursement, and other standards can be enough to make one wish for a potent e-prescribed headache medicine.

Lawmakers probably won't have time to consider all those details in the upcoming budget session. But they might do well to consider an interim committee to study telemedicine issues in more depth. Wyoming patients and clinicians stand to benefit significantly.

Public policy advocacy is a core part of Children's Colorado's mission to improve the health of kids across the region. That's why the hospital contracts with Cheyenne's Affie Ellis to represent the hospital's advocacy mission with legislators and other policy advocates. Simply put, when it comes to delivering healthcare to underserved and rural/frontier areas, telemedicine is one of the best ways to help keep patients close to their home communities whenever possible.

Providers at Children's Hospital Colorado treat thousands of Wyoming children each year, many of them with complex or chronic medical conditions. In fact, Children's Colorado sees more, treats more, and heals more kids than any other hospital in the seven-state region. Physicians at Children's Colorado and the University of Colorado School of Medicine deliver some of these services—for example, pediatric diabetes care—by telemedicine. Yet there is a significant opportunity to enhance the delivery of subspecialty care to children in Wyoming.

Children's Colorado believes supporting Wyoming's local capacity to care for higher-acuity children is the best thing for kids' health. When Children's Colorado can help local providers better manage complex medical conditions, parents don't have to take time off work to drive their child down to Denver. Keeping kids close to home means less disruption to family life and work schedules and ultimately yields better outcomes at a lower cost.

Telemedicine is one of the best ways to do that, and telemedicine technology is advancing rapidly in the United States. With it comes an increasing level of comfort with telemedicine services. But technology and physician and patient willingness are not the main barriers to increasing adoption of telemedicine services.

Instead, payment and coverage are among the biggest challenges, a 2015 American Telemedicine Association report says.[1] Providers and patients alike are caught in a "patchwork of arbitrary insurance requirements and disparate payment streams" that restricts adoption of telemedicine.

### In response, Wyoming lawmakers might consider some of the following potential solutions:

- Private insurance payment parity would ensure that telemedicine-provided services are covered and reimbursed at levels comparable to in-person services. The same could be applied to the state employee health plan.
- Expanding eligible patient settings could boost access, too. For example, Wyoming Medicaid currently excludes the home and school as allowable patient settings. For children with medical complexity—who cost Medicaid and therefore taxpayers a disproportionate amount—accessing services from the locations where kids spend most of their time is an important part of successfully managing a challenging condition.
- Options like expanding eligible technologies, providers, and services are similarly worth a look.

Those and other solutions might or might not make sense for Wyoming policymakers, healthcare providers, and patients. But they are worthy of detailed consideration in an effort to enhance access to care across the state.

[1] <http://www.americantelemed.org/docs/default-source/policy/50-state-telemedicine-gaps-analysis---coverage-and-reimbursement.pdf>



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