

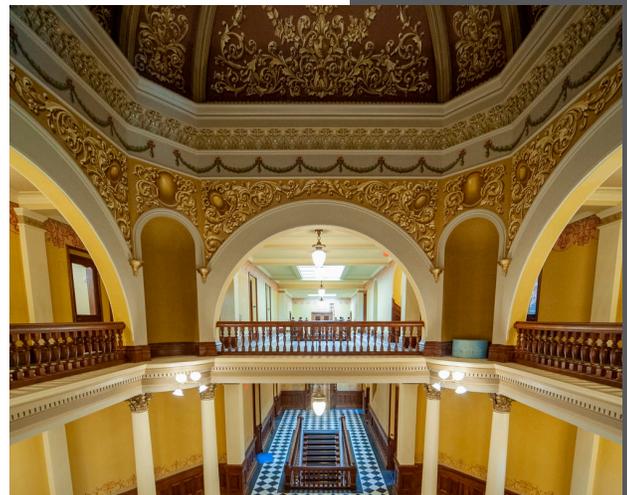
## A WRAP-UP OF THE 2020 SESSION

**A**FTER 24 days of discussing legislative policy proposals and debating how to fund state government, the 65th Legislature gaveled out for the last time late Thursday night.

WMS tracked, monitored and lobbied 42 bills in addition to the state budget bills. Policies ranging from physician autonomy and patient's rights to scope of practice and tobacco/nicotine purchase age changes dominated our time in the Capitol. Once again, we found more success in our efforts to defeat legislative proposals than we did in supporting new law. WMS was 90% effective in ensuring the failure of bills WMS leadership saw as a

threat to healthcare. That impressive success rate is dampened a bit when compared with our 36% success rate in supporting and passing new laws that would have been beneficial for patients and healthcare delivery in the state.

Bills that passed this session which stand to impact healthcare include measures to expand signature authority for PAs and Nurse Practitioners, reduce PDMP burdens on prescribers, move administration of the state's KidCare CHIP program from the private sector to State Medicaid, allow schools to bill Medicaid for school-based services, and permit electronic



monitoring within long-term care facilities.

The bill tracker remains live on the WMS website and continues to be the best way to get a detailed view of the various pieces of legislation. It gives each bill, the WMS position, a brief description of the bill and links to the Legislative

Service Offices (LSO) site where engrossed copies of all bills and any considered amendments as well as specific vote counts can be viewed. If there are ever questions, please don't hesitate to call Executive Director Sheila Bush at 307-635-2424 or email Sheila@wyomed.org.

## LEGISLATURE GREEN LIGHTS STATE BIENNIUM BUDGET

**G**OVERNOR Gordon signed a two-year state budget Thursday while exercising his authority to veto 19 sections that included spending cuts. Among his vetos was an across-the-board 1% cut for agency budgets citing the need to be strategic in reducing state spending, "examining programs and services individually rather than implementing hasty across-the-board reductions that fail to consider any resulting ramifications."

Of importance to healthcare providers and our facility partners across the state, Governor Gordon vetoed a hospital viability study, which he said in his letter had already been done and that the state had all the information it needed at this time.

The Wyoming Department of Health was appropriated just short of \$1 billion in State General Funds, nearly \$850 million in Federal Funds and another almost \$158

million in Other Funds for a total appropriation of over \$1.9 billion to fund the department for the coming biennium. These numbers reflect a nearly 9% increase in general fund spending, almost 5% increase in Federal spending and more than 9% increase in other funds from the previous biennium. Total increase in spending from the 2019-2020 biennium to the 2021-2022 biennium for WDH runs just over 7% in increases.

## THANK YOU TO OUR DOCTORS AND PAs OF THE DAY WHO VOLUNTEERED FOR 2020!

- Travis Bomengen, MD
- David Fall, MD
- Donald Kirk, MD
- Larry Kirven, MD
- Matt Mitchell, MD
- Evan Norby, DO
- Tom Radosevich, MD
- Kristy Van Kirk, MD
- Paul Washburn, MD
- Jory Wasserburger, MD
- Kim Westbrook, MD
- Julie Whitesell, PA-C
- Carol Wright-Becker, MD

Doc and PA of the Day is a longstanding tradition of which WMS is incredibly proud. It is an honor for our organization to represent medical professionals who volunteer to serve such an important role for our lawmakers each day. Thank you!

## TARGETING HEALTHCARE COSTS IN WY

A MYRIAD of bills were introduced and debated this session aimed at addressing the cost of healthcare in our state. Whether the focus was rising costs of prescription drugs or continued alarm over the cost of air ambulance transport, the 65th Legislature did their best to come up with creative solutions to these persisting problems surrounding the cost of care in Wyoming.

Wyoming's legislature isn't the only branch of state government wanting to dig deeper into these issues. Our executive branch, led by Governor Gordon, is prioritizing these issues at the top of their list for 2020 as well. Hard conversations are on the horizon for our state and achieving meaningful results from those conversations is going to require serious leadership from key stakeholders.

Trying times present incredible opportunity and this situation is no different. Our state's revenue picture is changing dramatically and likely never going to return to what it once was, at least not in the same way. There's no better time for WMS to lead in presenting the state with sustainable options that serve to improve access to quality care, create efficiencies in healthcare delivery and protect our fragile network of medical providers.

Now is the time to share your ideas. Big ideas that will take years to implement and small ideas that serve to make baby steps toward something positive. If you have thoughts on what Wyoming can do, please call our office and share your thoughts. WMS is deeply appreciative of the relationship our organization has with Governor Gordon's team and key lawmakers in our state. We are confident that we will continue to be invited to the table to discuss these tough issues and provide advice in making the hard decisions we all know are coming. We are incredibly grateful for the invitations and understand that we must not waste these opportunities by not bringing forward meaningful solutions. The challenge is not an insignificant one but the opportunity is equally great.

We look forward to tackling these important issues together and welcome all of your ideas and feedback as we partner with our state's key leaders to tackle these hard issues.

## WMS STOPS BAD BILLS FROM MOVING FORWARD

WMS leadership was selective in what bills we focused concerted energy toward defeating this year. We were successful in pushing back on nearly all of the proposals that we felt either jeopardized patient safety or threatened our members' ability to care for their patients free from unnecessary government interference and undue burden.

Policy measures we played key roles in defeating included government threatening physician rights and autonomy in decision-making (HB 106), expanding scope of practice for optometrists (SF 29 & HB 241), establishing certificate of need provisions for medical equipment specific to MRI and CT Scan devices (HB 199), criminalizing physicians for practicing medicine within commonly accepted and legal standards of care (HB 197 & SF 131), and making dangerous changes to the state's legal definitions of neglect and abuse (HB 107).

Medicine's voice was loud and clear this session and left no room for questioning how vocal we are willing to be when we believe it really matters. We couldn't have achieved the success we did without your support and the state knowing that when we speak, we speak on behalf of the majority of Wyoming's physicians and PAs. Your membership and participation are critical to our continued success. Thank you!

## 2020 SCOPE OF PRACTICE DEBATES

**H**EALTH CARE profession licensure debates took on new life last year and those conversations persisted this year. Four bills relating to scope of practice expansion or licensing new professionals made attempts at surviving the arduous process of becoming law this year. Lawmakers continue to believe that expanding scope of practice across the healthcare professional spectrum will serve to reduce cost and expand access within healthcare delivery.

WMS is sensitive to the negative perceptions and reputation our organization has earned with our history of rejecting scope expansion proposals. In recent years, our leadership has taken a far more strategic approach to establishing our positions by balancing potential threats to patient safety with the benefits WY could realize in enhancing access to critical healthcare services across the state.

**O P T O M E T R Y** Even when WMS dedicates concerted effort to opposing scope expansion efforts, we emphasize the need for thoughtful consideration of how we can be partners in identifying meaningful areas in which we can compromise. Our collective goal should be to never stop driving toward solutions that prioritize

patient safety while ensuring every profession in the healthcare team feels valued and able to practice their profession to the best of their ability.

There's no doubt that patients are best served when healthcare works together and not against each other. Compromise inherently means that every party gives up something in order to progress toward a common good. In this spirit, WMS extended an offer to help facilitate formal mediation between ophthalmology and optometry in order to stop the fighting that so often turns ugly and instead find a space in which both eye care professions can work together. We are hopeful that the right individuals can convene around a table to identify the best path forward and remain committed to doing our part in realizing that success.

**P H A R M A C Y** presented another scope expansion of sorts this year, and one that WMS elected to support. In our effort to be strategic in weighing the risks and benefits, our leadership identified more benefit than risk to patients in supporting an effort to provide limited authority to Wyoming pharmacists to prescribe and administer contraceptives. This initiative failed to move forward in the process this year, but we are confident the concept

will return in future years.

**N A T U R O P A T H Y** made another attempt at being licensed, but ultimately wasn't considered. WMS, again, did not take a strong position one way or another on this, but instead committed to remaining dynamically engaged in the conversation as it progresses.

WMS continues to believe that a multi-disciplinary review panel could serve to positively and dynamically

change the conversations around scope of practice. While the bill aiming to achieve that this year failed, we hope it will return and find success in a future year. Transitioning these discussions away from the politics and toward the science and evidence will serve everyone, and most importantly patients, well. WMS looks forward to supporting these efforts in the future and hopefully one day receiving the affirmative nod from our lawmakers.

### PDMP BURDENS LIFTED

**W**MS rarely pushes our own legislation and this year marked the second year in a row that we not only made the attempt, but found success in doing so. Members from varying specialties all found challenge in complying with provisions outlined in last year's legislation requiring prescribers to check the Prescription Drug Monitoring Program (PDMP) every three months for every controlled substance.

WMS successfully convinced legislators that we could work together to change the law to protect provisions requiring the three-month mandatory check for Opioids while removing the overly prescriptive mandates for all other controlled substances.

Governor Gordon signed HB85, House Enrolled Act No. 42, into law and made effective immediately important changes that now merely require all prescribers to adhere to best practices and guidelines related to using the state's prescription monitoring database for controlled substances other than opioids. Thanks to key legislators like Sen. Fred Baldwin, PA-C, Chairman Sen. Charlie Scott and Chairwoman Rep. Sue Wilson, the legislature agreed that our members make the best decisions for their patients when allowed to practice independent of onerous one-size-fits-all regulations and instead are supported with the right tools.

## THE FOCUS FOR THE 2020 INTERIM

THE Labor, Health and Social Services Committees from the House and Senate meet separately during session but meet jointly during the interim as the Joint Labor, Health and Social Services Committee (JLHSS). Both committees came together to meet last week to consider proposals for topics to discuss during the 2020 Interim.

WMS joined forces with the Wyoming Hospital Association and the Wyoming Chapter of the American Heart Association to ask that the committee consider telehealth this year with an eye on telestroke and a statewide registry (more below).

The Committee was receptive to the request and included it in the list of interim priorities. The other priorities JLHSS submitted to management council are outlined below:

- **Priority #1: Mental Health and Substance Abuse**
  1. Mental health work force
  2. Sources and structure of funding for prevention, communi-

ty services, residential services for children and adults; including possible evaluation of a Medicaid behavioral health waiver for adults

3. Follow-up on Dept. of Corrections issues and handoffs to community service providers when prisoners are released

- **Priority #2: High costs of healthcare in Wyoming**

1. Ways to address high fixed hospital capital expenses
2. Follow-up on 2019 hospital and healthcare cost reports, including cost of state employee group insurance
3. Follow-up on reports on HB113 (importation of Rx drugs study)

- **Priority #3: Wyoming aging population**

1. Changes to Medicaid or community programs to support individuals in need of long-term care
2. Regulation of long-term care facilities, including financial viability and service availability
3. Existing long-term care

workforce issues

4. Rebasing long-term care facility reimbursement rates

- **Priority #4: Responses to Federal Actions, Litigation and Reports from State Agencies**

1. Respond to possible federal executive or court actions regarding but not limited to constitutionality of the ACA
2. Agency reports on 2020 or 2019 legislation

- **Priority #5: Global review of programs for indigent citizens**

1. Review of statutory programs in WDH/DFS to evaluate cumulative effect of funding changes over the past five years and determine rebalancing, if needed

- **Priority #6: Telehealth**

1. Availability of FCC and USDA funding for broadband and telehealth services for rural areas
2. Ways to assist small healthcare providers with IT resources

## TELEHEALTH AND TELESTROKE PROJECTS

TELEHEALTH will continue to be a topic of conversation for healthcare leaders and policy makers in the coming year. While we all recognize it is not a silver bullet in addressing all of the challenges facing healthcare, it is a key component in the comprehensive solution that we must continue to work toward.

WMS, Wyoming Hospital Association (WHA) and the American Heart Association (AHA) are teaming up to push for a statewide telestroke registry. At a proposed annual cost of less than \$200K, the state could play a key role in helping hospitals and providers overcome the administrative and financial barriers to participation in the American Heart Association's Get With The Guidelines (GWTG). Overwhelming data shows that hospitals participating in data submission and process improvement deliver better stroke care.

Our team will work together throughout the interim to work toward Wyoming providing a subscription to GWTG, stroke limited, to every hospital in the state. We will work further to encourage the state to contract with the pre-eminent provider of chart abstraction and data entry for each hospital to support the requirements of participating in the registry. These important efforts will allow for Wyoming to realize coordinated efforts in providing the best stroke care to every patient in the state at the right time.