

Gubernatorial Candidates on Healthcare Issues

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As the 2018 primary approaches Aug. 21, we offer our pre-election survey of gubernatorial candidates' perspectives on healthcare issues facing Wyoming's practitioners and patients. The four-question survey was developed by Wyoming Medical Society leadership, and shared with candidates through Google Forms.

As governor, what will your top three priorities be in the area of healthcare?

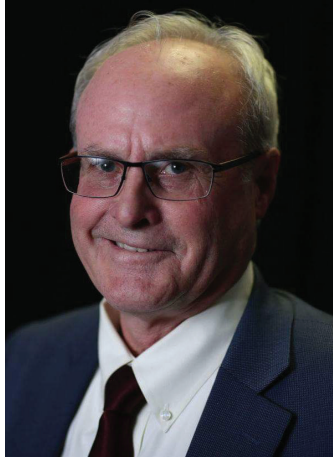
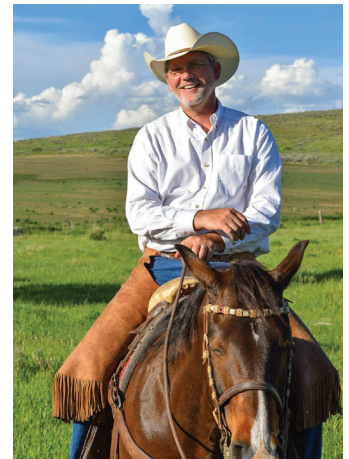
BILL DAHLIN: The economy, patient care and cost.

FOSTER FRIESS: Stabilize our state budget to protect our healthcare system, working with our team in DC to get federal healthcare spending pushed to the states and publishing of self-pay/cash healthcare prices to increase transparency.

SAM GALEOTOS: First and foremost in my mind, and the minds of Wyoming physicians, is ensuring their patients have access to quality, affordable care. However, this vision cannot just be platitudes and rhetoric while our state faces perhaps the most expensive insurance market in the country, while out-of-state hospital systems are carving up Wyoming to feed patients into their home systems. Having served as a trustee for the Cheyenne Regional Medical Center, I have a strong grasp of the challenges our healthcare system faces and know there are few problems that will be solved without the help of Wyoming physicians. While there are serious limits on what a state can do without any change to federal law and rules, as governor I will focus on innovative solutions to health care that bring us closer to affordable, quality care. Central tenants of these solutions include: Advocate for state policies and resources to advance e-

health opportunities across our rural state, using technology to connect patients and their physician-led teams, to drive down cost of delivery and improve system efficiency. Wyoming is the perfect environment to be the laboratory for expanding physician led tele-health services such as tele-stroke. Supporting and expanding our current recruitment and retention models for physicians throughout Wyoming but especially in key critical areas where access to care is struggling. Collaborate with other states to advocate for block grant Medicaid funding to give Wyoming more flexibility in how to run this important program, with meaningful input from physician-led teams and the Wyoming Medical Society.

MARK GORDON: Wyoming faces a number of healthcare challenges. These include addressing our shortage of physicians and other medical providers, medical liability reform, tackling mental health and substance abuse prevention and treatment needs and ensuring adequate Medicaid reimbursement for our providers. Clearly, Wyoming has a lot of work to do to build an effective and responsive healthcare system that meets the needs of our citizens. As governor, three of my top priorities will be: 1) Improving and expanding access to affordable healthcare across the state is essential. This means workforce development, including recruiting and retaining physicians; looking at building innovative business models for health centers and clinics; examining opportunities with tele-medicine and building better networks for care across communities; 2) Costs associated with caring for an aging population are a growing burden in Wyoming. It's a specific challenge for the state budget because so many of our older residents rely on Wyoming Medicaid to pay their bills. We must ensure contin-

**Bill Dahlin****Foster Friess****Sam Galeotos****Mark Gordon****Harriet Hageman****Taylor Haynes****Mary Throne****Rex Rammell**

ued quality care for our older residents. One promising option is boosting creative home care programs and capacity to allow folks to remain in their homes as long as possible, which is a cost-effective solution; 3) Ensuring our residents have access to mental health and substance abuse treatment, as well as supporting effective prevention programs, is absolutely critical to the health and wellbeing of Wyoming citizens. As governor, I'd like to explore bringing in business support to help improve services and reach at our community-based mental health and substance abuse treatment centers. Addiction strikes at the very heart of Wyoming families and communities and we have a responsibility to be proactive in protecting our citizens. Opioid abuse is, of course, a problem in Wyoming that we must work to reduce.

HARRIET HAGEMAN: My top three priorities to improve healthcare in Wyoming would start with reducing the regulatory burden on doctors, hospitals and health insurance companies. Every regulation that we add in order to provide healthcare increases the cost to the consumer. Every requirement we heap upon our medical professionals decreases their

ability to find a less expensive solution for a medical problem. Frequently the best decisions or even the best attempts to solve our healthcare needs are local, not state or federal. As governor I would work to shield our local doctors and hospitals from these restrictions so they could find solutions. We need innovation in healthcare, not more federal control.

Secondly, we are an aging population. Regulations have made the cost of both senior residential facilities and in-home nursing programs too expensive. We must ensure that our regulations and licensing requirements do not hinder our ability to provide our seniors with effective, compassionate, and cost-effective options, while acknowledging the human dignity component of such care. We can ensure quality without making these options too expensive. In Wyoming we already have the experts to advise us on how to better deliver these services without such expense. I will work with them to address these issues.

One solution to providing quality and affordable care is to expand our nursing programs in the State not only to train our new high school graduates but to facilitate midcareer health-

care workers who elected to build their family first and are now ready to advance their skills. Both of these groups would be needed to staff elder care and, when possible, I prefer home grown solutions to meeting our professional needs. Community and family are the two vital ingredients to retain medical professionals like our nurses. The best job interview is to grow up in the community where you elect to stay and work. There is no bond of care more special than when you grow up knowing your patients and their families. This fact applies to everyone working in healthcare. With additional caregivers and the intelligent use of technology, we can provide in-home and state-of-the-art residential care to preserve the dignity of our elders.

Finally, we have families who are struggling with the mental illness of their loved ones, including sons, daughters, parents and siblings. We have communities that are struggling to find beds and facilities to treat their citizens who may be suffering from these afflictions. Currently sixteen percent (16%) of U.S. citizens carry a mental health diagnosis and we are not able to provide the necessary services for our own similarly-affected neighbors. I intend to work with our communities across the State to develop more resources for caring for the people who are suffering. With smaller, more isolated communities, we need a comprehensive solution for Wyoming. This will require careful listening to families, doctors and hospitals across the State coupled with bold, decisive action. I plan to convene a summit on mental health issues in Wyoming in order to bring together a broad spectrum of people to find real-life, workable solutions that we can begin implementing immediately. The participants would include people from the State, our counties, cities, the Tribes, our courts, experts on addiction, educators, and mental health professionals.

TAYLOR HAYNES: My priorities in healthcare will be: 1) ensure adequate access for all citizens; 2) facilitating competition among payors to encourage more affordable premiums; 3) encouraging transparent pricing among physicians and facilities so patients have the information they need to select the most cost-effective, high-quality providers.

MARY THRONE: Healthcare is a necessity and Wyoming's broken healthcare system is harming economic diversity in the state. As governor, my three priorities would be:

Expanding Medicaid: this move will singlehandedly provide access for ~20,000 currently uninsured Wyomingites. It will help reduce uncompensated care, lowering costs for providers, and help to stabilize premiums for those who currently purchase healthcare on the open markets.

Improving access to telehealth: in a state as rural as Wyoming, this is a no-brainer.

Dealing with provider shortages: we need to attract talented professionals to Wyoming and encourage them to stay. That means committing to fixing our healthcare system, to ensuring good reimbursement rates for professionals, and making sure Wyomingites are insured at high rates so they can afford treatment.

REX RAMMELL: Affordable Health Care for all Wyoming

Residents, Quality Medicine and Surgery for patients, and just compensation for medical professionals.

WMS supports physician-led healthcare teams with each licensed provider practicing at the top of their scope. Share your thoughts about licensed healthcare professionals expanding their scope of practice* or expanding the specific tasks they can perform. Would you manage such changes through rule-making or legislation?

**An example of expanded scope might be a psychologist prescribing medications or optometrists performing eye surgery.*

DAHLIN: I feel we need specialized focus and innovative care.

FRIESS: If legislation reaches my desk that provides greater access in the form of increased scope, I would support it. Wyoming's unique rural challenges mean we must support healthcare teams that can be flexible to serve their communities.


GALEOTOS: As advances in technology are deployed in all sectors of our national economy, Wyoming healthcare leaders and policymakers need to give serious thought to what applications benefit our healthcare system, reduce costs, and improve quality of care. We also must protect Wyoming patients from tech applications that remove the human element necessary for quality care.

More than just being consumers of these technologies, we also need to bring Wyoming to the forefront of developing rural health solutions and build quality jobs for our economy.

I believe expanding the scope of practice for non-medical doctors should only happen through legislation and after a thorough vetting by the entire medical community who have their patients' safety and access to care in mind.

HAGEMAN: Parallel to technological advances in healthcare, we can also expect that some providers will push to expand their scope of practice to incorporate these new treatment techniques. They will commonly argue that they are solving a problem of access. While understanding this argument, there is no substitute for clinical training, and holding a paper degree is not the same as having years of residency and fellowship training during which a physician may see 10,000 to 20,000 patients on top of their classroom training, all of which reinforces their expertise in their specialty. Any expansion of scope should be strictly limited to what is safe and commensurate with a healthcare provider's training and expertise. Board-certified specialists should obviously be consulted on these issues. We must also ensure that, even when the argument of access is valid, quality of care should not be sacrificed.

I believe strongly in the legislative process and believe that it is generally superior to rulemaking. Any changes in the scope of practice should be the result of legislative action after a careful and deliberate public hearing where all parties can make their case. By making changes to the scope of practice via leg-



“I take care of
patients the way
I feel they **SHOULD**
be taken care of.”

Cassie Terfehr, NP



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isolation we have someone to hold accountable, our representatives. Changes like this should not be made by regulators.

In summary, recognizing the expertise and experience of appropriately trained medical professionals such as residency-trained doctors not only improves the quality of care, it attracts other doctors to Wyoming where they know they are recognized for their special skills and value as a care-team member. The free market approach increases access, while promoting competition, which in turn increases the quality of care and lowers costs. This is best accomplished by easing the unnecessary regulatory burden placed on physicians and facilities by moving away from federal mandates that bar alternative access options. This approach will increase competition and innovation, rather than reducing standards with irresponsible scope expansion and potentially unsafe medical practices.

HAYNES: I support expanding the scope of practice only after completing specialized advanced training and certification by specialty boards, such as the American Board of Urology or American Board of Cardiology, to ensure the highest quality practitioners are practicing safely in our state.

THRONE: Every potential change in the scope of practice needs to be vetted through a rigorous statutory or rule-making process. The scope of practice should not be expanded when professionals do not have appropriate training to protect the patient.

Whether to use rule-making or legislation depends on the specific circumstances. The rule-making process usually allows for more in depth study.

RAMMELL: I am running for governor. Governors can influence the law and rules, but they don't make them. I believe the best system is the one that operates according to Free Market principles. In other words, set up the regulatory environment that allows the systems to operate freely. Too many regulations restrict growth and development of the industry and affordable care.

According to the Wyoming Department of Health, 60,121 of Wyoming's 579,315 people don't have access to care - that's about 11 percent. The 2018 WMS membership survey places access to care as the most critical challenge medical professionals face in Wyoming. What is the best means for creating a solution?

DAHLIN: If we do not have a strong economy we have more people that lack coverage. We have fewer professional care givers. The economy touches all of us. As a businessman I pay 100 percent of my employees' insurance. Not all businesses can do this. Wyoming's economy rates among the worst. Also allowing competition to drive insurance costs will help. All of this still hinges on a stronger and more diverse economy.

FRIESS: We have to utilize the amazing technology that's now available in telemedicine. Telemedicine creates the potential for increased access and lower costs. My questions to

the members of the Wyoming Medical Society and doctors and nurses across our state is, "How can I help create an environment where innovations like telemedicine become a reality for the 60,000+ Wyoming residents who lack access to care?"

GALEOTOS: I am a strong supporter of WWAMI (Wyoming's medical school) and the notion that one piece of solving this puzzle is to grow our own talent pool, along with other educational opportunities for members of the physician-led team through our higher education system. This includes support for the recruitment and retention of physicians with loan repayment opportunities to ensure our rural communities can receive the doctors they need.

Again, Wyoming healthcare leaders and policymakers need to give serious thought to which applications benefit our healthcare system, reduce costs and improve quality of care. I will advocate for state policies to advance eHealth opportunities across the state, as these opportunities can greatly increase rural access to healthcare.

An example of technological innovation in our healthcare system could be a public-private partnership pilot to evaluate the efficacy of "medical wearable devices" to aid in the remote monitoring of diabetic or multiple sclerosis patients. Wearables have been proven to provide real-time access to health records and provide quicker diagnosis and treatment of conditions, as well as reducing travel time for patients and providers in a rural setting. Ideally such devices would be simple to use and "connected" with features such as wireless data transmission, real-time feedback and alerting mechanisms. Perhaps the greatest benefit of this technology is that patients are empowered to take control and monitor their own health, freeing up their provider for more pressing care needs. These are also the types of companies we need to be building or recruiting to Wyoming to build good paying jobs that diversify the economy and provide our children great opportunities. I strongly support efforts to bring affordable broadband connectivity to all parts of the state, so such Internet of Things devices can be deployed and play their part to improve cost and access to quality care for Wyoming patients.

HAGEMAN: We must seek alternative ways of finding access to healthcare services, move away from a one-size-fits-all approach, and pursue a waiver from certain mandates passed down by the Affordable Care Act, as other states have successfully done. To do this effectively as Wyoming's next governor, I will work with the medical profession, hospitals, elder-care providers, and mental health professionals to ensure innovation for Wyoming-centered healthcare issues.

The reality is that Wyoming is not California, New York, or Wisconsin, and our healthcare solutions should reflect the unique needs of this State. Remedies and innovations must come from the local level, and therefore solutions should be tailored to the needs of our physicians, healthcare facilities, and Wyoming-specific patient populations.

One small step would be to require that all telemedicine care is reimbursed by all private and government payers. It makes no

sense that we can do everything imaginable using the internet except provide healthcare. We already have the infrastructure and expertise to deliver distance care. I have been informed, however, that we do not consistently reward our doctors who are willing to stretch themselves, leave their comfort zones and explore this means of meeting with patients. It should be a given that distance care or telemedicine is reimbursed.

HAYNES: Truthfully, everyone has access to care through the emergency room, although it's not ideal as a healthcare solution. At one time, physicians shared the care of the indigent and that can be considered on a voluntary basis going forward. The state must institute a friendly environment and low barriers to entry for healthcare payors to encourage them to operate in the state and provide more affordable options for medical insurance.

THRONE: We need to do everything we can to recruit and keep highly skilled professionals, which is difficult in a rural state. Protecting scope of practice will help. We also need to reduce the number of uninsured, and work to make insurance more affordable.

We need to maximize the use of telehealth to ensure that more remote areas have access to care. We could explore telehealth parity, and we need to work to ensure that our rural providers are accessing currently-available federal funding to

support telehealth.

RAMMELL: I think the answer lies in the ability of states to work with each other to provide insurance and care across state lines. I would like cooperative agreements with all the states that surround us for insurance and care for Wyoming residents.

With 26 percent of our state's population being covered by public payers (Medicare, Medicaid, CHIP, dual coverage) and current projected budget shortfalls, explain how you will prioritize reimbursement to physicians.

DAHLIN: It boils down to funding and priorities. With a stronger economy comes more funding. We lost 8,500 people over the last year that left the state. They didn't leave because of low taxes, they left to seek better opportunities. You can't just tax them back to the state. We can be more fiscally responsible allowing for funding priorities to focus more on care. Example, the state owns two jet airplanes, no business person on the planet can justify their expense. We spend 100's of millions of dollars on the Wyoming Business Council and now ENDOW. They have been completely ineffective. We have the opportunity to grow, produce and manufacture industrial hemp prod-

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FRIESS: This spring I met with Health and Human Services Secretary Alex Azar for over an hour. We discussed publishing prices, specifically over hospitals and doctors that accept Medicare and Medicaid. I emphasized the critical role that providers play in our healthcare system. I believe that stabilizing the state budget, both through diversification and cutting wasteful spending are important steps we can take to protect the safety net we provide to our most vulnerable citizens. Increasing local control, both at the community level and at the state level through “block grants,” allow us to increase efficiency and get physicians and providers reimbursed.

GALEOTOS: Physician involvement in the public payer system is essential, otherwise we will just send all those aged and/or indigent patients to the emergency department, costing the system far more than through preventative care. In the end, this path will only shift the cost of care to insured patients and further exacerbate our expensive market for all patients.

A key piece of physician involvement is providing a physician reimbursement, at the state and federal levels, that will keep physicians involved in the system. I will collaborate with other states to advocate for block grant Medicaid to give Wyoming more flexibility in how to run this important program and bring leadership to the Wyoming Department of Health that can weigh the very best use of resources for Wyoming patients.

GORDON: Like many Wyoming citizens, I remain concerned about the sustainability of public healthcare systems. We must be smart about the choices we make with Wyoming Medicaid. Again, a strong economy offers the best possible support for healthcare in Wyoming. In Wyoming, our participation in Wyoming Medicaid by physicians and other healthcare providers is high compared to almost every other state. One reason for that is our relatively high reimbursement levels.

Wyoming should focus on state-based solutions that incentivize the private sector and encourage competition. While Wyoming has put forth a number of commissions over the years to look at tackling our healthcare challenges, we are now presented with a distinctive point in time to collaboratively develop solutions that meet some of Wyoming’s unique needs. We should bring together key stakeholders and lawmakers who can take into account shifting concerns in the marketplace, the community resources we already have in place, and our low regulatory burden, so we can develop a comprehensive Wyoming solution to help alleviate some of the uncertainty physicians and citizens currently face.

HAGEMAN: Liberating doctors, clinics and hospitals to innovate and create more cost-effective healthcare solutions for patients and employers will make it possible for more people to return to the private healthcare market, thereby leaving Medicaid (they are able to afford healthcare again), and escaping the limitations of government payer programs. Medicare and Medicaid are so deeply discounted that we cannot lessen the reimbursement any further and we cannot damage Wyoming’s healthcare market by expanding the market-share of

government programs which do not cover the cost of such care. Because these programs do not cover the cost of care, and although they are necessary for the elderly and truly needy, they should not be used as a convenient solution for an overregulated private healthcare insurance market.

Government programs resulted in higher healthcare costs by under-paying for services under Medicare and Medicaid. The ACA has stifled innovation and decreased access. The solution to a bull in a china shop (government) is not a second bull. The ACA was that second bull and the catastrophe that it has created was predictable.

Doctors in Wyoming usually see their patients socially every day, in the grocery store, at church, or watching their children play sports together. These doctors understand the pressure to develop less expensive solutions for medical problems and should be trusted to do so. As governor I would work to remove the federal and state regulatory burdens that force physicians to apply for permission to write certain prescriptions or recommend certain treatments for their patients. I would also act as a shield from the onerous restrictions that prevent providers from innovating and finding new ways to treat their patients.

If we create an industry environment that allows doctors to apply their knowledge and expertise, not only to clinical care but also to finding better ways of providing that care, our citizens will benefit and Wyoming will distinguish itself as an attractive environment for medical practice and innovation.

HAYNES: Medicare is a federal program and the governor has no input into physician reimbursement in the program. The Medicaid pool of funds is fixed and must be distributed across all levels of patient care, therefore provider reimbursement is dictated by availability of funding. The true solution is to increase high paying jobs with excellent health care benefits and revitalize the free-enterprise practice of medicine. This will result in a lower number of people dependent on public programs and more funds will be available for those who must rely on those programs, such as the elderly, disabled, and truly indigent population.

THRONE: I’m running to eliminate the boom and bust cycle that keeps us locked into budget shortfalls, which fall heavily on healthcare. By growing our economy, we can reduce the percentage of our state’s population which are covered by public payers. That being said, we have an obligation as a state to ensure that our healthcare providers are adequately compensated for the work they perform.

The state, both as an employer and as public payer, should work with the medical community on innovations such as patient-centered medical homes to reduce inefficiencies, which over time should strengthen reimbursement to physicians.

As a legislator, I supported adequate reimbursement for healthcare.

RAMMELL: Affordable, quality, without interfering regulation, insurance plans so physicians are justly compensated. I am a veterinarian and do appreciate just compensation for all the effort medical doctors have gone through. 