



60th Wyoming Legislature

Final Report April 2010

President's Memo



Wyoming Hospital Association Members:

From a healthcare perspective, the 2010 Budget Session of 60th Wyoming Legislature proceeded under the cloud of federal healthcare reform efforts – a reality that led to the proposal of state-based reform efforts, resolutions to fight the intrusion of the federal government, and efforts to broaden competition in insurance markets. In the end, despite a relatively bleak economic outlook, the Legislature passed a \$2.9 billion biennial budget bill that did no significant harm to Wyoming's hospitals.

Although there continued to be a great deal of uncertainty in healthcare, the Wyoming Hospital Association succeeded in pushing bills that help meet some of the state's most basic recruiting needs, and we succeeded in fighting off legislation that could have harmed the operation of Wyoming's hospitals.

The rules of a budget session are unique – a two-thirds vote of approval is required for bills to be introduced during a budget session. Typically, that stricter standard means fewer bills are introduced and debated by the Legislature. That was certainly true in 2010. Nevertheless, the WHA's key successes include a bill that extends scholarship funding for nursing students and nursing instructors, a measure that creates a healthcare reform pilot project, and a bill that should help create competition in the insurance market by allowing for purchase of health insurance across state lines. The WHA also defeated bills that would have provided admitting privileges to advance practice nurses, and that would have made hospitals liable for the claims of whistleblowers.

Our attention now turns to the difficult work of sorting out the impact of federal healthcare reform on Wyoming hospitals, and how our Legislature will react. The WHA will be active during the interim in working with the Joint Health, Labor, and Social Services Committee plans to study that impact, as well as in investigating the role of community health centers and telehealth in meeting the healthcare needs of the people of Wyoming.

Your voice is critical to our effective lobbying efforts as well, and we thank you for your engagement in the process and your ongoing support of our legislative agenda.

Respectfully,

Dan Perdue, President

Legislative Summary



The Budget Session of the 60th Wyoming Legislature began on February 8 and ended on March 5. During the abbreviated 20-day session, lawmakers worked to establish a budget that would adequately fund state services, even in the face of a declining state economy. The final result – after the standard flurry of budget footnotes and amendments – was a \$2.9 billion biennial state budget which lawmakers said responsibly manages state resources and does not tap into the state’s savings account.

Federal healthcare reform efforts continued to loom over healthcare discussions at the Wyoming Legislature. That uncertainty, and concern about the federal government’s role in delivering healthcare, resulted in efforts to assert states’ rights with respect to healthcare reform, as well as a state-based reform effort that finally passed the Legislature after failing in two previous sessions.

Key Successes

Funding Extended for Nursing Student and Instructor Scholarships

Although the faltering economy has altered the landscape somewhat, legislators continue to acknowledge that the nursing shortage that has impacted Wyoming and the rest of the country is not over. Indeed, the Wyoming Hospital Association argued that when the economy rebounds, the need for nurses is likely to spike once again.

As a result, the Legislature passed an extension of the Wyoming Investment in Nursing (WyIN) program. The program provides scholarships for nursing students, and, just as importantly, for nursing instructors. Nursing programs across the state have long struggled to attract and retain the number of quality instructors needed to educate and graduate nursing students. Better pay in the private sector and strict instructor-to-student ratios have exacerbated that problem. The WyIN program alleviates some of that pressure by providing funding for nursing instructors, making it possible for them to remain in education.



The bill enjoyed significant support, but because it included an appropriation in a tight budget year, its passage was anything but certain. However, the Wyoming Hospital Association pitched a plan to Sen. Charles Scott, R-Casper, that removed funding from the bill and instead relied on the Governor’s budget recommendation to fund the entire program for the full biennium, a total of about \$5.2 million.

That strategy removed all budgetary pressure from the bill, and helped ensure its relatively easy passage.

State-Based Health Reform Pilot Project Passes

For the third consecutive session, Sen. Charles Scott, R-Casper, offered a bill that would enable Wyoming to test certain healthcare reform ideas on a relatively small population before expanding them to the broader population. And for the second consecutive year, Gov. Dave Freudenthal offered his endorsement of the measure in his State of the State Address.

With the climate in Washington, DC, and the resulting concern in Wyoming, the time was finally right for the bill to pass the legislature.

The Healthcare Reform Pilot Project will emphasize prevention and personal responsibility. It is considered by some to be model reform legislation that can be emulated by other states.

The bill faced significantly less opposition during the 2010 session than it had in the past, in part because the price tag for funding the pilot project had fallen from more than \$3 million to \$775,000. Additionally, however, a very similar version of the bill failed by a single vote in the House of Representatives on the last day for such votes during the 2009 General Session. Lawmakers admitted to agonizing over that vote during the interim, and some who opposed the bill in 2009 signed on as sponsors in 2010.

Now being prepared for implementation, the law creates a demonstration project that will be administered by the Wyoming Health Insurance Pool board, and it will focus on providing insurance to those who are employed at least 20 hours a week, and who earn too much to qualify for Medicaid but cannot afford to purchase private insurance. The project will feature a benefits package that emphasizes prevention, as well as personal

responsibility for participants healthcare dollars and choices. Enrollment in the project will be limited to 500 people initially, but it can be expanded to as many as 2,500 after the first year with the Governor's approval.

Legislature Approves Interstate Purchase of Health Insurance

Conservative legislators at the state and federal level have long argued that one of the keys to 'bending the healthcare cost curve' is by introducing competition into the healthcare market. The Legislature approved a measure during the 2010 Budget Session which is intended to do just that.

The bill directs the state insurance commissioner to enter into a consortium of at least five other states, creating a pool for the reciprocal sale of health insurance policies among those states. The commissioner will also be tasked with establishing the rules each state must follow in offering insurance policies to other states, as well as the types of policies that can be sold. The bill also includes a provision that requires the commissioner to study the effect of interstate sales on in-state insurers.

The bill goes into effect on July 1, 2010, but no policies may be issued under the new law until July 1, 2011.

Admitting Privileges Bill Defeated

It required a concerted effort among the Wyoming Hospital Association, Wyoming Medical Center, and hospital CEOs, but an effort to extend admitting privileges to advanced practices nurses was defeated on its final reading in the Wyoming Senate.

Sponsored by Sen. Charles Scott, R-Casper, the measure purported to help resolve provider shortages by enabling APNs to admit patients to Wyoming hospitals. Sen. Scott also argued that extending admitting privileges would enhance the continuity of care, since some people see APNs as their primary care providers. However, the WHA and a coalition of members successfully argued that the issue should be fully studied before being encoded in state law, and that extending privileges could threaten hospitals' conditions of participation in Medicare.

In addition to an aggressive lobbying effort by the WHA and Wyoming Medical Center at the Capitol, the defeat of the bill required hospital CEOs to individually contact Senators who are ambivalent about the measure. Calls to Senators from Weston, Washakie, Niobrara, and Uinta Counties, in particular, helped ensure enough ‘no’ votes to defeat the bill before it ever left the Senate.

Whistleblower Bill Dies On Senate Floor

Some bills, simply because of their subject matter, create a challenging advocacy environment. This year, the Wyoming Hospital Association argued against a whistleblower bill which ultimately died for lack of a hearing the Senate, but that argument was not easy.

The bill would have enabled hospital employees who were fired for performing the role of a whistleblower to sue the hospital. Up to this point, there has been no such provision in state law, although federal law protects such whistleblowers. Debate on the bill naturally included glaring examples from neighboring states where whistleblowers played a vital role in protecting patients, most notably at Rose Medical Center in Denver, where a nurse endangered patients by re-using needles.

The WHA supported the role that whistleblowers play, but argued against the need for the bill, particularly given federal law, and against its unintended consequences. The bill passed the House, but failed in the Senate.

Improvements and Budget Items

The Wyoming Hospital Association succeeded in amending and improving a number of other healthcare related items. Though these measures are somewhat lower-profile than other healthcare bills, the improvements are meaningful to Wyoming’s hospitals.

For example, a measure that would have required all special district hospitals to file hard copies of all public records with their county clerks was altered in a way that effectively eliminated that requirement for hospitals. With the help of member CEOs, the WHA pointed out that the real intent of the bill was to create transparency among very small special districts that may not make their records readily available to the public. Hospitals, the WHA argued, already make their records available for inspection, and the added filing required in the bill would have been unnecessarily burdensome. Lawmakers agreed and exempted special district hospitals for these reasons.

The WHA succeeded in minimizing the regulatory and reporting burden on Wyoming hospitals, and in strengthening the Medical Review Panel.

Similarly, the medical review panel statute was amended so that the findings of the panel are inadmissible in court. The result of a special legislative session on tort reform, the medical review panel has not been widely utilized because defendants do not want to provide plaintiffs with essentially two opportunities to try their cases – one before the panel and another before a court. And participants have not perceived the panel to have any real teeth. Lawmakers hoped to encourage increased use of the panel, and therefore to drive down frivolous lawsuits, but making the panel’s findings inadmissible in court.

A bill introduced for the second consecutive year to create a board of midwifery that could license midwives in Wyoming passed, but not without a successful effort from the Wyoming Medical Society and the WHA to create the most palatable bill possible. A similar bill failed during the 2009 session, but

support for it increased in the interim, largely as a result of meetings that brought supporters and opponents of the measure together to work out a compromise. Recognizing that compromise offered the best opportunity to develop a bill that providers could live with, the medical society worked hard to favorably amend the bill and ultimately get it to a point where the WMS would not oppose it. Those efforts succeeded, and the bill passed.

In addition to bills that were filed, the WHA also kept a close on the state budget, particularly as it related to Medicaid funding and the Physician Loan Repayment Program. And the WHA was successful in both cases. Regarding Medicaid, a Denver-based hospital succeeded in passing a budget footnote in the House of Representatives that would have empowered the Governor to increase its Medicaid reimbursement rate. Previous cuts in Medicaid reimbursements had focused most acutely on out-of-state hospitals. That footnote failed in the Senate, where there were no legislators willing to sponsor it. The WHA also supported a Department of Health budget request for \$1 million to continue funding for the Physician Loan Repayment Program, and the legislature approved that request.

Nurse for a Day Program

The Legislative Session occurs at the height of cold and flu season, and legislators, staffers, and visitors are therefore quite thankful for the WHA's Nurse for a Day Program. Since 1980, volunteer nurses have provided high-quality nursing care in the Capitol building. The WHA is proud that our nurses are introduced on the floor of the Senate each day, and we appreciate the contribution of their time and skills during the session.

We would like to thank the nurses and their employers for their participation in the program:

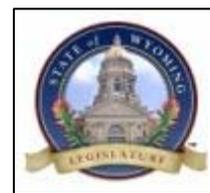
- Cheyenne Regional Medical Center
 - Celine Barbour, RN
- Crook County Medical Services District
 - Mary Ann Duncan, RN
 - Angela Harr, RN
- Ivinson Memorial Hospital
 - Jeanne Kennedy, RN
 - Kacia Hansen, RN
 - Rebeka Rutar, RN
- Platte County Memorial Hospital
 - Cindy Woods, RN
- Wyoming State Hospital
 - Michelle Parks, RN
 - Amanda Gonzales, RN
 - Alyssa Morrison, RN
- Betsy Hartman, RN, Cheyenne
- Donna Hays, RN, Riverton

Grassroots Efforts

A hospital CEO's voice is critical to the success of any of WHA's lobbying efforts, and we would like to thank Wyoming's hospital CEOs for your active engagement in the legislative process. Your participation in our weekly legislative briefings, and your willingness to engage in our VoterVoice calls to action are essential parts of our advocacy strategy. We appreciate your efforts and look forward to your continued support during the interim.

Legislative Interim Topics

Near the end of each Legislative session, each committee meets to determine its priorities for study during the interim period. Each committee typically schedules two to three meetings to be held through the year, and these meetings typically produce bills that will be introduced in the following session. The Joint Labor, Health, and Social Services Committee addresses most issues of interest to the healthcare community, though other committees are occasionally assigned to study health-related topics. Following are the prioritized topics recommended by the committees and approved by the Legislative Management Council.



Joint Labor, Health and Social Services Committee

Priority 1 – Traditional Committee Assignments

The committee's jurisdiction includes areas that require federal compliance or coordination, and that are the subject of numerous reports from executive branch agencies. The committee will monitor and respond as needed to federal legislation and state agency reports.

Priority 2 – Community Health Centers

The committee will review the functions, effectiveness, and efficiency of community health centers in Wyoming, and whether the state should facilitate or encourage them.

Priority 3 – County Health Officers

The committee will investigate state and county public health needs, and whether some Department of Health funding should be transferred to counties for public health functions of the department that are performed by county health officers.

Priority 4 – Telehealth

The committee will investigate licensure and reimbursement issues that arise from the provision of telehealth services, especially regarding mental health and substance abuse services.

Priority 5 – Interstate Purchase of Health Insurance

The implementation of a bill which authorizes the insurance commissioner to enter into interstate consortiums for the purchase of health insurance across state lines will be monitored. Consideration will

be given especially to those state law protections that should be preserved and the effect of interstate competition on Wyoming insurers.

Committee Schedule

The Joint Labor, Health, and Social Services Interim Committee has tentatively scheduled three, two-day meetings to discuss the topics above. The committee's tentative schedule is as follows:

- May 24, Basin and May 25, Thermopolis
- September 8 and 9, Buffalo
- December 9 and 10, Cheyenne

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Dan Perdue, President, Wyoming Hospital Association, 2005 Warren Avenue, Cheyenne, WY 82001

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Carol Dozier, Chief Executive Officer, Iverson Memorial Hospital, 255 North 30th Street, Laramie, WY 82070

Dan Perdue, President, Wyoming Hospital Association, 2005 Warren Avenue, Cheyenne, WY 82001

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S02	Senator Jim Anderson	Converse
S03	Senator Curt Meier	Goshen
S04	Senator Tony Ross	Laramie
S05	Senator Rick Hunnicutt	Laramie
S06	Senator Wayne Johnson	Laramie
S07	Senator Kathryn Sessions	Laramie
S08	Senator Floyd Esquibel	Laramie
S09	Senator Mike Massie	Albany
S10	Senator Phil Nicholas	Albany
S11	Senator James E. Elliott, Jr.	Carbon
S12	Senator Marty Martin	Sweetwater
S13	Senator John Hastert	Sweetwater
S14	Senator Stan Cooper	Lincoln
S15	Senator Sandra Meyer	Uinta
S16	Senator Dan Dockstader	Lincoln
S17	Senator Grant Larson	Teton
S18	Senator Henry H.R. "Hank" Coe	Park
S19	Senator R. Ray Peterson	Big Horn
S20	Senator Gerald Geis	Washakie
S21	Senator Bruce Burns	Sheridan
S22	Senator John Schiffer	Johnson
S23	Senator John Hines	Campbell
S24	Senator Michael Von Flatern	Campbell
S25	Senator Cale Case	Fremont
S26	Senator Eli Bebout	Fremont
S27	Senator Bill Landen	Natrona
S28	Senator Kit Jennings	Natrona
S29	Senator Drew Perkins	Natrona
S30	Senator Charles Scott	Natrona

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60TH WYOMING LEGISLATURE**

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