Wyoming Healthcare Commission

T. Chris Muirhead, Chairman

COMMISSIONERS:
George Bryce
Ford Bussart
Stacy J. Childs, M.D.
Carol V. Jenkins
Paul A. Lang
Dixie M. Roberts
John H. Vandel
Robert Volz, M.D.

Diane Harrop, Director
Emily Genoff, Assistant

18 November 2003

Joint Interim Labor, Health & Social Services Committee
Senator Charles Scott, Co-Chairman
Representative Doug Osborn, C0-Chairman

Gentlemen;

Attached please find the first nine (9) recommendations from the Wyoming Healthcare Committee. These were all adopted at our meeting on November 17, 2003.

Recommendations #1 and #2 came forward from our Medical & Legal Reforms Subcommittee. #3 includes all of the recommendations sent to the WHC by the State Planning Grant (SPG) Taskforce working under the direction of Former Ambassador Tom Stroock and Linda O'Grady. And finally, recommendations #4 through #9 came forward from our Healthcare Access Subcommittee.

As you are certainly aware, all recommendations reflect many hours of work and much deliberation by both WHC members and a great many other volunteers who gave freely of their knowledge and expertise. I thank you for your confidence in the Wyoming Healthcare Commission, and I assure you that everyone associated with our group is looking forward to the opportunity to continue to be of service to your Legislative Committee and the State of Wyoming.

Sincerely,

T. Chris Muirhead

T. Chris Muirhead,
Chairman

P.O. Box 2760 (100 West Midwest Ave., Third Floor) · Casper, WY 82602
E-Mail: dharro@state.wy.us · *FAX (307) 235-3266* · *PHONE (307) 235-3221*

WHC Recommendation #1
ADOPTED 11-17-03

Subcommittee: Medical/Legal Reform
Topic: CONSTITUTIONAL AMENDMENT

The Wyoming Healthcare Commission recommends adoption of the Constitutional Amendment as proposed by Governor Dave Freudenthal.

NEW Article 10, Section 4A:

Any section of this Constitution to the contrary notwithstanding, the Legislature shall, in any civil action where the act or omission of a health care provider has been alleged to have resulted in death or injury to any person, have the right to:

(a) Limit the amount to be recovered for noneconomic loss arising from the death or injury;

(b) Mandate an alternate dispute resolution process or other review of the matter by a medical review panel prior to the filing of a civil action against a health care provider.

This allows for the legislature to set caps, if appropriate, for noneconomic damages in medical liability cases.

This would also allow for the creation of a medical review panel or other mechanism for determining the validity of a complaint prior to the filing of a civil action against a healthcare provider.

This approach allows the people of Wyoming to decide whether or not the Wyoming Constitution should be amended.

This approach allows the Wyoming Legislature the flexibility to set and change noneconomic cap levels according to current market conditions.

WHC Recommendation #2
ADOPTED 11-17-03

Subcommittee: Medical/Legal Reform
Topic: Feasibility & affordability study of Worker's Compensation-Style proposal to address medical errors

The Wyoming Healthcare Commission supports a study to determine the feasibility and affordability of Senator Charles Scott's Worker's Compensation-Style proposal to improve the quality of healthcare in Wyoming. Further, the Wyoming Healthcare Commission is willing and able to facilitate such a study under the direction of the Wyoming Legislature.

Senator Scott's proposal aims to:

- **Identify healthcare errors**
- **Identify general causes of healthcare errors**
- **Pin-point and address systemic causes of errors**
- **Prevent future errors through systems improvements**
- **Improve the delivery of healthcare services through enhanced patient safety**
- **Compensate individuals injured as a result of a major medical error**

The Wyoming Healthcare Commission recognizes that this is an original idea, and therefore untested anywhere else. However, we see enough potential in the concept to recommend that a focused analysis be done if the Wyoming Legislature appropriates study funds.

WHC Recommendation #3
ADOPTED 11-17-03

Subcommittee: SPG Taskforce
Topic: Covering the Uninsured in Wyoming

The Wyoming Healthcare Commission recommends adoption of all nine (9) recommendations as proposed by the State Planning Grant (SPG) Taskforce at their final meeting on November 14, 2003.

The State Planning Grant Task Force

Thomas Stroock, Chairman
Casper
Thomas Spicer, MD, Vice Chairman
Rock Springs
Senator Cale Case
Lander
Senator Mike Massie
Laramie
Representative Jerry Iekel
Sheridan
Representative Jane Warren
Laramie
Ken Kamis
Cheyenne
George Bryce
Casper
Jeffrey Feike
Laramie
T. Chris Muirhead
Casper
John Vandel, RPh
Torrington
Laurie Quade
Cody
Cathy Keene
Ft. Washakie
Virginia Basse, NP
Worland

Ex Officio Members:

Deborah Fleming, PhD
Cheyenne
Ken Vines
Cheyenne
James Page MD, JD
Laramie

SPG Task Force Recommendations

- **Maintain access to affordable health insurance coverage for 9,000 uninsured children who are eligible for Kid Care CHIP by continuing to fund the program at a level sufficient to cover all 9,000 uninsured children who are eligible within the income level established by the Legislature.** Kid Care CHIP is the Wyoming version of the federal/state financed State Children's Health Insurance Program (SCHIP), The Legislature authorized an increase in the amount of income a family may have to obtain coverage for their children through this program in March 2003 and recreated the program as a private insurance program effective October 1st. An additional 6,000 children will be enrolled in this program when fully implemented which should contribute to a significant decrease in the number of uninsured children in Wyoming when fully implemented. It was also recommended that the State continue to explore an option to provide premium assistance if a family elects to purchase employer sponsored insurance when it is available.

- **Provide access to affordable health insurance coverage for up to 5,600 uninsured low-income parents by developing a SCHIP Health Insurance Flexibility and Accountability Initiative (HIFA) Demonstration Waiver.** This waiver would allow the state to offer a private insurance package similar to Kid Care CHIP (exclusive of dental and vision) and modified to cover adult services. Insuring parents was determined to be a good strategy because the absence of coverage can have serious consequences to the entire family if the parent's physical and mental health needs are not met. The annual cost of premiums when fully implemented is estimated to be $8,100,000 to cover 3,750 parents with family income under 133% of the federal poverty level or $11,652,000 to cover 5,600 parents with family income under 185% of the federal poverty level (state funds and matching federal funds.) The annual state share would be $3,240,000 to cover 3,750 parents or $4,660,800 to cover 5,600 parents depending the income level set for eligibility. The waiver request would include an option for the state to provide premium assistance if a family elects to purchase employer sponsored insurance when it is available.

- **Provide access to a limited benefit package for up to 8,000 uninsured low-income adults by developing a Medicaid 1115**

demonstration waiver. This strategy would emphasize prevention and the use of condition/treatment pairs to maximize improved health outcomes and will require some limited fine-tuning of current Medicaid program benefits and some redirection of funds from programs funded totally by state funds to meet the budget neutrality requirements of this waiver. The total annual estimated cost of this strategy including medical services and outcome tracking for 8,000 uninsured adults below 150% of the federal poverty level would be $6,200,000 (state funds and matching federal funds). The annual state share would be $2,480,000 to cover up to 8,000 individuals with this benefit. A pilot project was recommended which would implement the program on a small scale for employed adults.

- **Establish a Wyoming purchasing cooperative designed to make health insurance more available and affordable which would provide the convenience of multiple premium payers for a single coverage; choice at the individual level of carriers and plans; streamlined claims administration; and a provider agreement to manage claim costs**. This strategy will require additional study and a collaborative effort from a number of creative individuals inside and outside government to develop a model that is viable for Wyoming. It is recommended that this strategy be given immediate attention by the Health Care Commission and that supplemental State Planning Grant funds in the amount of $150,000 be used to fund a Health Care Commission study to fully investigate this strategy and to produce a report for the 2005 Legislature.

- **Develop a Wyoming approach to address the urgent crisis of uncompensated catastrophic care which is provided by hospitals who treat uninsured individuals, especially in small communities where even a small number of high cost cases can threaten the solvency of the community hospital.** A strong recommendation was made to immediately address this crisis by establishing a one-time appropriation of state funds to reimburse all Wyoming hospitals for one half the cost of outlier catastrophic care provided to uninsured patients during calendar year 2003. This recommendation is estimated to cost $10,000,000 in state funds if the outlier is set at $25,000. A study funded by the legislature and costing approximately $150,000 is also recommended to explore the purchase of a state funded secondary

catastrophic insurance policy to cover all Wyoming citizens, which might be funded by a catastrophic insurance tax.

- **Maintain access to direct care for the uninsured by increasing the capacity of the Family Practice Residency programs to serve the uninsured and encourage physicians to continue in the program and ultimately to practice in the state.** The first recommendation is to change the WWAMI payback provision to allow credit for the last two years of the family practice residency program equal to six months for the second year and 12 months for the final years for medical students graduating from the WWAMI contract program. The second recommendation is to provide reimbursement for travel expenses for resident interviews; provide a moving allowance for all new residents; and provide a retention stipend at the completion of each program year. The additional reimbursement to the residents would require state funding in the amount of $336,000 on an annual basis.

- **Increase access to direct care for the uninsured by exploring one or more pilot projects to expand family practices residency services to rural areas of the state.** A feasibility study would be conducted to select appropriate sites. The study would consider four areas including: rural training tracks and rural sites; expansion of the quality and types of training offered through institution of fellowships; increasing the number of residents at existing sites; and development of other approaches such as telemedicine and mobile clinics. The study would cost the state approximately $325,000 over a period of two years.

- **Increase access to direct care for the uninsured by enhancing the funding available to the residency centers to increase their capacity to provide direct care while requiring more personal responsibility by the patients.** A co-payment would be required for patients who do not have public or private insurance which would not exceed $10 for outpatient care and $25 for inpatient care to be matched on a three to one basis by the State. State funding for the enhanced payments would be limited to $300,000 on an annual basis.

- **Increase access to direct care for the uninsured by providing the specialized technical assistance needed by Wyoming communities to develop and submit applications for community health centers or other types of federally designated clinics that serve the**

uninsured. The Office of Rural Health in the Wyoming Department of Health would need to retain the services of a designation specialist, a technical assistant and a fiscal consultant to work with communities to define their needs and to prepare applications to the federal government on their behalf. This strategy would require two and one half new positions and would cost approximately $175,000 in state funding on an annual basis.

During the final discussion of recommendations, the Wyoming Health Care Commission raised several additional issues for consideration:

Oral Health – There is a critical need to address the availability of services and funding to cover emergency dental care for low-income adults in Wyoming. Investing in some services for this population might decrease the cost of uncompensated care for medical conditions that result from not providing these services.

Mental Health – There is an ongoing need to recognize that mental health services are an important part of the total health picture and should be given full consideration when discussing any type of care delivery systems.

Outreach and Education – State agencies should continue to conduct outreach to individuals, organizations, and the business community to make them aware of the eligibility requirements for public programs. Organizations working with small business should explore additional ways to inform businesses of the options available through the private market to provide insurance to their employees.

The SPG Task Force will also make several recommendations to the federal government in the final report submitted to HRSA related to Medicare and Medicaid reimbursement; equitable funding for Indian Health Services; funding and flexibility for the State Children's Health Insurance Program; and changes to tax law related to flexible spending accounts.

Summary:

The estimated additional new cost to State Government to implement these options is broken down as follows:

- **SCHIP HIFA Waiver for Uninsured Parents**
  Estimated Annual Cost: 3,750 parents $ 3,240,000
  Or 5,600 parents $ 4,660,800

- **Medicaid Waiver for Uninsured Adults**
  Estimated Annual Cost: 8,000 adults $ 2,480,000

- **Wyoming Purchasing Cooperative Study - 0 -**
  SPG Project Funds

- **Catastrophic Care Reimbursement $ 10,000,000**
  Study State funded Catastrophic Ins $ 150,000

- **Family Practice Residency increased**
  Capacity - Estimated Annual $ 336,000

- **Study to Expand FP Residencies –2 yr $ 325,000**

- **Enhanced funding for FP Residencies $ 300,000**
  Estimated Annual

- **Technical Assistance to develop clinics $ 175,000**
  Estimated Annual

Estimated state funding for one time expenditure and specialized studies: $ 10,475,000

Estimated annual state funding for other options:
$ 6,531,000 to $7,951,800

The State Planning Grant (SPG) Task Force met six times over the past year to provide direction to the Wyoming Department of Health State Planning Grant Project and to hear testimony from a number of organizations and individuals regarding health insurance cost and availability. Task Force members also participated in several Task Force committees formed to focus on a diverse range of strategies. Although the goal of the Task Force was to increase access to high quality affordable health insurance for all Wyoming citizens, the Task Force also examined access to health care and the direct care options available to the uninsured.

The final SPG Task Force meeting was held November 14. The attached preliminary report is a brief summary of the recommendations that will be outlined in detail in the final report produced for this project. The final report will also include a comprehensive review of all the SPG Project research that these recommendations were based on and a discussion of potential strategies that were considered and rejected.

The State Planning Grant Project (SPG) was funded by a grant from the Health Resources and Services Administration to the Wyoming Department of Health. The Department contracted with the Center for Rural Health Research and Education at the University of Wyoming to conduct a number of studies over the past year which were used by the Task Force to obtain a better picture of the uninsured in Wyoming including the causes, the public health concerns, and the economic consequences of not covering the uninsured.

The research study estimated that 70,217 individuals in Wyoming were uninsured at the time of study in 2002, which leads to serious economic consequences for individuals, families, and communities. The SPG Task Force recommends that the Health Care Commission continue to focus on short term and long-term strategies that will increase access to coverage for Wyoming citizens.

Questions about the SPG Project should be directed to Linda O'Grady, SPG Grant Administrator, Wyoming Department of Health at 307-777-5472 or by e-mail at lograd@state.wy.us

WHC Recommendation #4
ADOPTED 11-17-03

Subcommittee: Healthcare Access
Topic: Feasibility & affordability study for healthcare information technology (HCIT)—Electronic personal health records

The Wyoming Healthcare Commission (WHC) supports a feasibility study of information technology deployment and use in the health care industry via an electronic personal health record (PHR). Primary outcomes of use of the PHR are to: reduce costs, reduce medical errors, increase patient safety, reduce duplication of services, improve effectiveness of service delivery and ultimately improve the overall quality of healthcare in Wyoming.

Background

- Out of every dollar of goods and services that we produce in America today, 14 cents goes to pay for healthcare. (13 cents went to health care in 2000.)
- Of the next thirty industrialized countries, only 8 cents on average in 2000 went to pay for healthcare.
- The Institute of Medicine in 1999 reported that 44,000-98,000 people died **EVERY YEAR** in America from medical error.
  The National Center for Quality Assurance reported in 2003 that 50,000 people die **EVERY YEAR** in America because known conditions such as high blood pressure or elevated cholesterol are not adequately monitored and controlled.
- Business is impacted by skyrocketing, double-digit health insurance premium increases. Wyoming businesses have now seen five years of such increases.
- The Health Technology Center reported in a presentation to the Joint Labor, Health and Social Services Committee in October 2003 that computerized physician order entry reduced adverse drug events by fifty-five percent (55%).
  Nine percent (9%) of redundant lab tests at a hospital could be eliminated using a computerized system.
  Administrative costs for providers, insurers and the consumer may be reduced by shared data sets, standards and formats.
  The healthcare industry spends only 2% of its revenue for information technology compared to an average 6% share spent by American businesses.
  PHRs assist consumers in assuming personal responsibility for their healthcare.

Conclusion

Healthcare information technology (IT) may represent one of the most promising efforts to meet the needs and standards of all stakeholders. Savings captured by use of IT may make healthcare more affordable and accessible for our citizens. The PHR will enable consumers to assume personal responsibility, particularly with the implementation of evidence based best practices used to manage chronic diseases which account for over 75% of all health care spending. Savings may be further enhanced by reduction of medical errors which result in additional need for services to fix the error. Increased effectiveness of health service delivery through the use of IT should result in improved health outcomes.

WHC Recommendation #5
ADOPTED 11-17-03

Subcommittee: Healthcare Access
Topic: Expanded disease management programs in Wyoming Medicaid

The Wyoming Healthcare Commission (WHC) supports the Department of Health (DOH) in its efforts to implement utilization, case management and diabetes disease management programs in the Medicaid program. The WHC recommends expansion of disease management programs to other chronic disease areas as identified through Medicaid claim analysis. The WHC recommends the DOH review other states' efforts to implement disease management programs and pilot program(s) tailored to Wyoming's healthcare delivery system.

Background

Disease management provides a strategy to improve health outcomes by helping patients and providers better adhere to proven interventions and allowing patients to assume personal responsibility in monitoring their own care.

The Institute of Medicine report "Crossing the Quality Chasm, 2000" reports that patients received inappropriate care in forty-five percent (45%) of the cases.

- Chronic diseases are among the most prevalent, costly and preventable of all health problems. Examples are: cardiovascular disease, cancer, diabetes, asthma and HIV.
- The NGA Center for Best Practices estimates that 39% of the Medicaid population has one or more chronic disease and the costs associated with treating these diseases account for 80% of Medicaid expenditures.
- Johns Hopkins University, Partnership for Solutions, reports 76% of all hospital admissions, 88% of all prescriptions filled, and 72 percent of all physician visits are incurred by people with chronic disease.

  Many programs report improved quality outcomes as best practices are incorporated into the care delivery system.
- Cost savings have been identified in some disease management programs and not in others. Study design and problems with outcome measures seem to have contributed to the inconsistency of measurement of savings.

  Costs may increase initially in a disease management program as people underutilizing services receive recommended care.

  Wyoming can buy disease management programs by contracting with vendors or build their own program by developing in-house systems. Colorado's disease management pilot programs are funded entirely by pharmaceutical companies.

- Wyoming will need to work with the Centers for Medicare & Medicaid Services to determine if any proposed disease management strategy requires a Medicaid plan amendment or waiver.

Conclusion:

According to the Disease Management Association of America, "Disease management programs vary in design but often include: educating providers and supporting their efforts to adhere to evidence based practice guidelines; assisting physicians in monitoring patients; enhancing patient self-management and adherence to treatment plans; providing feedback to the healthcare provider and patient; establishing communication and collaboration among providers and between the patient and providers and measuring outcomes." These programs offer a means to improve health outcomes and potentially reduce healthcare costs without limiting Medicaid enrollment, cutting provider reimbursement, cutting benefits, or limiting access to care. In an era of increasing chronic diseases, even among children, disease management offers the opportunity for improved quality outcomes, engaging patients in self-care and improving patient responsibility. Programs to assist providers in adherence to evidence based best practices should be paramount. According to Dr. Paul Ellwood, "when care processes and outcomes are measured, patients and physicians do better."

WHC Recommendation #6
ADOPTED 11-17-03

Subcommittee: Healthcare Access
Topic: Expanded funding for healthcare provider recruiting through WHRN and the Office of Rural Health

The Wyoming Healthcare Commission (WHC) recommends increased funding to the Wyoming Office of Rural Health created under W. S. 9-2-117 for expanded recruitment, retention and education of all healthcare providers.

Background:

- In November, 2002, participants at the Wyoming Visioning Summit on Health Care Access completed a survey to gather health professionals' perspectives on the "state of the state," with regard to healthcare access barriers. 53 percent indicated that the lack of providers in many rural communities create barriers to accessing health care.
- The actual recruitment and retention activities of the Office of Rural Health have been contracted out to a private nonprofit organization with public/private oversight.
- Wyoming Health Resources Network (WHRN) is a public-private partnership formed in 1995 by the Wyoming Department of Health, Wyoming Hospital Association, Wyoming Medical Society and Wyoming Nurses Association to improve and enhance rural health services and to promote healthier individuals and communities in Wyoming.
- WHRN's primary focus is recruiting and works with health care providers in Wyoming (hospitals, clinics, medical practices), the University of Wyoming, the Wyoming Department of Health, the Wyoming Hospital Association, the Wyoming Medical Society, the Wyoming Primary Care Association, the Office of Rural Health and others to attract nurse practitioners, physicians, physician assistants and locum tenens physicians.
- Most areas of Wyoming have been federally declared a primary health care practitioner shortage area.
- Many communities lack the knowledge and resources to recruit individual practitioners, while facilities (hospitals, clinics) do not have the money to hire "headhunters" and advertise, screen and interview potential new medical staff. WHRN fees are a quarter of what national headhunting firms charge.
- WHRN has effectively matched communities and providers based on criteria provided and has a 76% retention rate for permanent placements.
- Since January of 1996 , WHRN has placed 73 permanent healthcare providers, including 43 physicians, 21 physician assistants, and 9 nurse practitioners, in 19 of the 23 Wyoming counties. Of the 43 physicians placed, only two have been sub specialist (general surgery and emergency medicine) with the remainder being primary care providers (family practice, internal medicine, obstetrics and gynecology, pediatrics and psychiatry). All midlevel placements have been in primary care. WHRN has also assisted facilities by providing 48 temporary, or locum tenens, providers.
- As of August 6, 2003, there were 52 total opening in 19 communities: 23 are subspecialty physicians (Card, Anes, Hem/Onc, Gastro, Neuro, EM, Ortho, Rheum, End, Rad, GS, Path), 2 locum physicians (EM and FP), 2 midlevel (NP and CRNA), and 25 are primary care physicians (OBG, FP, IM, Psych and Peds).

Conclusion:

WHRN employs three full time staff and presently lacks funding and staffing for "recruitment, retention, and education" of healthcare professionals other than physicians, physicians assistants,

nurse practitioners and locum tenens. The shortages in the medical profession are beyond these limited areas. One of the first steps in providing statewide access of healthcare to Wyoming residents is to have competent medical professionals available to give treatment in all communities. The Wyoming Office of Rural Health has demonstrated the ability to meet these goals with limited resources and could multiply their results with additional staffing.

WHC Recommendation #7
ADOPTED: November 17, 2003

Subcommittee: Healthcare Access
Topic: Funding for physician and allied healthcare provider loan repayment programs

The Wyoming Healthcare Commission (WHC) recommends the funding of W. S. 9-2-118, the physician loan repayment program, W. S. 9-2-119, the allied health care provider loan repayment program, and W. S. 9-2-123, Wyoming investment in nursing loan and grant program.

Background:

- W. S. 9-2-118, the physician loan repayment program and W. S. 9-2-119, the allied health care provider loan repayment program were created by the legislature but not funded.
- One of the duties of the Office of Rural Health under W. S. 9-2-117, is to administer the loan repayment programs created by W. S. 9-2-118 and W. S. 9-2-119.
- W. S. 9-2-118 (a) (ii) provides for 100% repayment of the amount of outstanding educational loans, not to exceed thirty thousand dollars ($30,000) per year in exchange for practicing under the terms of the section. W. S. 9-2-118 (d) requires equally matched funds from any combination of county, city, school district or hospital.
- W. S. 9-2-119 (a) (ii) provides for 100% repayment of the amount of outstanding educational loans, not to exceed ten thousand dollars ($10,000) per year in exchange for practicing under the terms of the section, including a minimum of three (3) years under the agreement. W. S. 9-2-119 (d) requires equally matched funds from any combination of county, city, school district or hospital.
- W. S. 9-2-123, The Wyoming Investment in Nursing Program (WYIN) loan and grant program was funded in the past, but needs additional funding to continue to recruit nursing professionals.
- The Wyoming Healthcare Commission (WHC) heard testimony that Wyoming cannot be competitive with other states in recruiting healthcare professionals without a loan repayment program. There are weekly inquiries from healthcare providers in other states about Wyoming's loan repayment programs.
- In November, 2002, participants at the Wyoming Visioning Summit on Health Care Access completed a survey to gather health professionals' perspectives on the "state of the state," with regard to healthcare access barriers. 53 percent indicated that the lack of providers in many rural communities create barriers to accessing health care.
- Most areas of Wyoming have been federally declared a primary health care practitioner shortage area.
- .As of August 6, 2003, there were 52 total opening in 19 communities listed with Wyoming Health Resources Network, Inc. (WHRN): 23 are subspecialty physicians (Card, Anes, Hem/Onc, Gastro, Neuro, EM, Ortho, Rheum, End, Rad, GS, Path), 2 locum physicians (EM and FP), 2 midlevel (NP and CRNA), and 25 are primary care physicians (OBG, FP, IM, Psych and Peds).

Conclusion:

One of the first steps in providing statewide access of healthcare to Wyoming residents is to have competent medical professionals available to give treatment in all communities. Wyoming cannot be competitive with other states in recruiting healthcare professionals without a loan repayment program. These "tools" will help recruit Wyoming natives back to the State and will enable recruiters to cultivate and nurture Wyoming people that are in med school or residency programs NOW, rather than later.

WHC Recommendation #8
ADOPTED 11-17-03

Subcommittee: Healthcare Access
Topic: Nursing workforce shortage study and nursing faculty funding

The Wyoming Healthcare Commission (WHC) recommends additional funding for W. S. 9-2-123, the Wyoming Investment in Nursing Loan and Grant Program, WYIN Program. In addition provide funding to the Wyoming Commission on Nursing to continue to study workforce shortages. In addition, it is recommended the provisions in W. S. 21-17-107 for funding additional entry level faculty positions be reviewed and relaxed to accommodate the faculty shortages.

Background:

- W. S. 9-2-123, the WYIN Program was funded with a one million dollar biennium appropriation by the legislature effective July 1, 2002. Applicants may apply for loans from the WYIN program if they are a Wyoming resident or a graduate of a Wyoming high school and meet the requirements outlined.
- The loans can be used for applicants accepted into Wyoming licensed practical nurse or registered nursing education programs, a baccalaureate degree program in nursing, master's degree in nursing or nursing education, or doctoral level degree in nursing.
- W. S. 9-2-123, outlines appropriate repayment of the loans including cash payments, qualified work, or teaching at a qualified Wyoming College or the University of Wyoming for master's and doctoral candidates. Qualified work reduces the loan balance on the basis of one year of full-time employment for one academic year of full-time enrollment, or twelve thousand dollars ($12,000) of the loan, whichever is less.
- Approximately 32 students were funded by the program, five were baccalaureate degree students and the remainder were associate degree students. The associate degree programs are considered a two-year program, but it takes students three to four years to complete the program due to scheduling and part-time status.
- Most of the funding has gone to associate degree students, but the community colleges are having difficulty accommodating new students due to insufficient faculty.
- There is a need for baccalaureate degree and master's degree nurses to take faculty positions at the community colleges.
- W. S. 21-17-107 provides funding for an entry level faculty position if the university or a community college expands its nursing program capacity by not less than eight (8) or more students. Since the University of Wyoming had only five baccalaureate students awarded the loan, there was $150,000 that reverted to the general fund. There are five community colleges and the University offering nursing programs, it is unlikely the university or any community college would have more than eight students to qualify for the additional faculty funding.
- In November, 2002, participants at the Wyoming Visioning Summit on Health Care Access completed a survey to gather health professionals' perspectives on the "state of the state," with regard to healthcare access barriers. Fifty-three percent (53%) indicated that the lack of providers in many rural communities create barriers to accessing health care.
- Tony Glover, Senior Analyst from the Wyoming Department of Employment Research and Planning Department conducted a study of "Nursing, Supply Shortage or Retention Issue?" The shortage of nursing related health care practitioners is not exclusively limited to Registered Nurses, but also to support occupations.
- The Glover Study finds the demand for Registered Nurses in Wyoming will increase 13 percent from 1998 to 2008. All of Wyoming's border states have a greater projected demand. See Table 1 for documentation.
- The study also found all of Wyoming's border states pay higher wages than Wyoming, which was ranked as 49th of the 50 states in average hourly wage.

Background (continued):

- The study shows the number of graduates from Wyoming-based schools has declined 33.2 percent over the last decade. This coincides with the national finding of enrollments declining by 11 percent in associate degree programs and 19 percent in baccalaureate programs. See Table 2 for documentation.
- The Glover Study also details the number of new licenses issued has declined by 20 percent in Wyoming. Secondly, the proportion of those licenses issued to graduates of Wyoming schools has declined from 41.3 percent to 25.3 percent. The decline is likely due to the increased demand for registered nurses elsewhere in the country. See Table 3 for documentation.
- The importance of the origin of education (i.e. Wyoming versus out-of-state) is demonstrated when 91.6 percent of those with a Wyoming-based education showed up with wages in the four quarters immediately following the license issue. In contrast, only 61.7 percent of those with an out-of-state education showed during the same period. Longevity was also deemed to be higher for those with Wyoming based education. See Table 4 for documentation
- The findings suggest that the current and impending nursing shortage is likely to grow. The decline in the number of graduates with RN degrees from Wyoming based institutions will increase the difficulty of attaining RN's in our state. The increased demand for nurses throughout the country will make it more difficult to retain nurses in Wyoming.

Conclusion:

One of the first steps in providing statewide access of healthcare to Wyoming residents is to have competent medical professionals available to provide treatment in all communities. The loan program has been popular and well received by Wyoming students. It has been a beginning in recruiting nursing healthcare professionals. The Glover study demonstrates the importance of Wyoming based education and the relationship to employment within Wyoming. Unfortunately, some the colleges in Wyoming are unable to accommodate the increased enrollments because of a shortage of faculty. The review of W. S. 21-17-107 and reducing the requirements for funding entry level faculty positions to more reasonably coincide with Wyoming's student population and the number of programs in the state will help alleviate the need for additional faculty.

WHC Recommendation #9
ADOPTED 11-17-03

Subcommittee: Healthcare Access
Topic: Added FTE for the Prescription Drug Assistance Program (PDAP)

The Wyoming Healthcare Commission recommends budgetary funding of a full time equivalent (1FTE) position within the Department of Health, Pharmacy Unit, to facilitate the operational management of the Prescription Drug Assistance Program (PDAP).

Background:

* In 2002, the WSL enacted the Prescription Drug Assistance Program (W.S. 42-4-118) to assist with the cost of prescription drugs for eligible individuals at or below the 100% PL.
* W.S. 42-4-118 did not provide for personnel administrative funding.
* The program has been well received by the qualifying citizens of the state and is growing at a yearly rate of ___%
* The present manpower allocation in the Pharmacy Unit which administers the PDAP is not adequate to manage the program effectively as it presently exists.
* Funding of a Pharmacy Services Analyst would provide the following critical management areas of PDAP:

1.management of the PDAP budget by monitoring expenditures and making recommendations as required by W.S. 42-4-118,.
2. establish procedural and monitoring requirements for PDAP, including establishing criteria and guidelines necessary to maintain program records as well as develop and maintain PDAP databases,
3.assuring that PDAP rule and policies are current,
4. coordinate eligibility for the program and work with DFS to develop a new application as well as track eligibility data as needed,
5. research and develop supplemental rebates and /or any other innovative budget strategies for PDAP,
6.review prescription claims, patient monitoring, and drug information,
7. provide information to entities requesting information about PDAP,
8. make telephone calls to health care providers
9. provide back up to the Pharmacy Case Manager and the Pharmacy Program Coordinator.

Conclusion:

As this program has continued to grow, the need for personnel management specific to this program has become more critical. Because the program is state funded, the management techniques often are different than is required by the strict federal rules of Medicaid. Consequently, the Pharmacy Unit of the Department of Health is unable to develop new and much needed initiatives, such as a state program of rebates without a full time individual devoted to the various needs of the PDAP as referenced above.