# APPENDIX 10: INVENTORY OF WYOMING AND FEDERAL LAWS RELEVANT TO RURAL HEALTHCARE ACCESS

| Licensure of Health Professionals | |
|---|---|
| **Wyoming State Statutes** | |
| **Title 33: Professions and Occupations** | **Rural Healthcare Relevance** |
| Physician Licensure and Scope of Practice<br>(Chapter 26, Article 3) | • Canadian-trained and accredited physicians are allowed to apply for licensure within the state of Wyoming without completing the United States Medical Licensing Examination.<br>• Volunteer Wyoming medical licenses are granted to physicians who are currently retired but are interested in volunteering their services to low-income populations within Wyoming's nonprofit healthcare facilities. |
| Physician Assistant Licensure and Scope of Practice<br>(Chapter 26, Article 5) | • Physician assistants are licensed to treat patients with remote physician supervision (i.e. telephone or radio contact); on-site supervision is not required.<br>• Physician assistants, as an agent of a supervising physician, may prescribe all medications except Schedule I medications (as described in Wyoming statutes 35-7-1013 through 35-7-1014). In rural clinics, where pharmacy services are not physically available, physician assistants are allowed to dispense prepackaged medications under the supervision of a physician.<br>• Volunteer Wyoming physician assistant licenses are granted to physician assistants who are currently retired but are interested in volunteering their services to low-income populations within Wyoming nonprofit healthcare facilities. |

| Licensure of Health Professionals | |
|---|---|
| **Wyoming State Statutes** | |
| **Title 33: Professions and Occupations** | **Rural Healthcare Relevance** |
| Nurse Licensure and Scope of Practice<br>(Chapter 21) | • Nurse practitioners may practice independently of a physician as long as they create a plan for collaboration with a physician.<br>• Advance practice nurses, as an agent of a supervising physician, may prescribe all medications except Schedule I medications (as described in Wyoming statutes 35-7-1013 through 35-7-1014). In rural clinics, where pharmacy services are not physically available, advance practice nurses are allowed to dispense prepackaged medications under the supervision of a physician.<br>• Volunteer Wyoming nursing licenses are granted to nurses who are currently retired but are interested in volunteering their services to low-income populations within Wyoming nonprofit healthcare facilities. |
| Dentist and Dental Hygienist Licensure (Chapter 15) | • Canadian-trained and accredited dental surgeons or doctors of dental medicine can be licensed in the state of Wyoming.<br>• Volunteer Wyoming dentist and dental hygienist licenses are granted to dentists and hygienists who are currently retired but are interested in volunteering their services to low-income populations within Wyoming nonprofit healthcare facilities. |
| Psychologist Licensure (Chapter 27) | • Canadian-educated and trained psychologists may be awarded licensure. Psychologists educated and trained outside the United States and Canadian systems are awarded licensure on a case-by-case basis.<br>• The State Board of Psychology may issue a provisional license to an applicant who does not meet the normal requirements if:<br>➢ A need for psychological services exists in a rural part of Wyoming<br>➢ The applicant is employed by a state or community mental health center |

| Licensure of Health Professionals | |
|---|---|
| **Wyoming State Statutes** | |
| **Title 33: Professions and Occupations** | **Rural Healthcare Relevance** |
| Professional Counselor, Marriage and Family Therapist, Social Worker and Chemical Dependency Specialist Licensure (Chapter 38) | Professional counselors, marriage and family therapists, social workers and chemical dependency specialists are allowed to treat clients under the supervision of physicians, psychologists or nurse practitioners. |
| Pharmacy Licensure (Chapter 24) | Non-resident pharmacies that ship, mail or deliver pharmaceuticals into the State of Wyoming are required to:<br>• Register with the Wyoming Pharmacy Board<br>• Provide evidence of licensing in the state in which the pharmacy resides<br>• Provide information on dispensing pharmacists |
| Emergency Medical Service Licensure (Chapter 36) | Volunteer ambulance services are exempt from licensing provision if they are in an area in which no other ambulance services that can meet the emergency medical service licensure exist. |

| Medicare Reimbursement | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 108-173: Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003**<br>(This act amends Title 18: Social Security Act) | **Rural Healthcare Relevance** |
| Equalizing Standardized Payment Amounts (Title IV, Sec. 401) | The act equalizes the urban and rural amounts under Medicare's prospective payment system for inpatient hospital services. This provision establishes a single base payment for hospitals. Previously, there were two different operating base payments for large urban hospitals and small rural or urban areas. |
| Enhancing Disproportionate Share Hospital (DSH) Treatment for Rural Hospitals (Title IV, Sec. 402) | The act increases the rural and small urban disproportionate share adjustment cap from 5.25 percent to 12 percent. |
| Adjusting Labor-Related Wage Index (Title IV, Sec. 403) | The act revises the labor-related share of the wage index used in Medicare's prospective payment system for inpatient services. The labor-related share is reduced to 62 percent from a previous level of 71.1 percent. Some rural hospitals claim that because their local wage levels are low, they are adversely affected by a high labor-related share. |
| Improving the Critical Access Hospital Program (Title IV, Sec. 405) | • The act increases critical access hospital payments to 101 percent of reasonable costs and extends cost-based reimbursement to on-call emergency care providers.<br>• The act provides payment to critical access hospitals every two weeks in order to help them with their cash flow.<br>• The act eases the requirements for becoming designated as a critical access hospital by allowing up to 25 beds to be used for acute care (the previous limit was 15 beds).<br>• The act also allows critical access hospitals to establish distinct psychiatric and rehabilitation units with up to 10 beds each. |
| Treating Missing Cost Reports for Sole Community Hospitals (Title IV, Sec. 407) | The act permits hospitals with missing cost reports to have Sole Community Hospital status, as long as data are available for at least one applicable base cost reporting period. |

| Medicare Reimbursement | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 108-173: Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003**<br>(This act amends Title 18: Social Security Act) | **Rural Healthcare Relevance** |
| Adjusting Payment for Low-Volume Hospitals (Title IV, Sec. 406) | • For hospitals that are located 25 miles away from another hospital and have less than 800 discharges in a given year, the act creates a graduated adjustment/add-on payment that is determined by the relationship between cost-per-case and discharges in low-volume hospitals.<br>• This adjustment may not exceed 25 percent of the applicable prospective payment rate. |
| Excluding Rural Clinics and Centers from Prospective Payment (Title IV, Sec. 410) | Professional services provided by physicians, nurse practitioners, physician assistants and clinical psychologists within Rural Health Clinics and Federally Qualified Health Centers are excluded from the skilled nursing facility prospective payment system. |
| Extending Hold-Harmless Provisions for Sole Community Hospitals (Title IV, Sec. 411) | The act allows sole community hospitals and small rural hospitals to be held harmless under the outpatient hospital prospective payment system for two years. |
| Establishing a Floor on the Geographic Work Component (Title IV, Sec. 412) | • The act modifies the geographic adjustment for the physician work component of physician Medicare payments by establishing a floor on this component.<br>• This floor increases the payments to physicians in some rural areas. |
| Improving Incentive Payment Program (Title IV, Sec. 413) | The act builds upon an existing program that provides bonus payments to physicians in Health Professional Shortage areas, and adds an extra 5 percent bonus for providing services in newly defined shortage areas. |
| Paying and Providing for Ambulance Services (Title IV, Sec. 414-415) | • The act increases payments to ambulance providers and suppliers furnishing services in rural areas.<br>• Payments for rural ground ambulance services are increased by 2 percent and payments are also increased for ambulance trips that are longer than 50 miles. |

| Medicare Reimbursement | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 108-173: Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003**<br>(This act amends Title 18: Social Security Act) | **Rural Healthcare Relevance** |
| Paying for Laboratory Tests Taken in Rural Hospitals (Title IV, Sec. 416) | The act establishes reasonable cost payment for clinical laboratory tests furnished by certain rural hospitals as part of their outpatient services. |
| Increasing Rural Home Health Services (Title IV, Sec. 421) | The act increases payments by 5 percent for home health agencies that operate within rural areas. |
| Medicare Payment Advisory Commission (MedPAC) Study (Title IV, Sec. 433) | The act directs the Medicare Payment Advisory Commission to conduct studies analyzing the effect of total payments, growth in costs, capital spending and other payment effects due to certain rural sections of the bill. |
| Extending Frontier Stay Clinic Project (Title IV, Sec. 434) | The act authorizes a new demonstration project under which frontier extended-stay clinics in isolated rural areas are treated as providers under the Medicare program. |
| Paying Medicaid Disproportionate Share Hospitals (Title X, Sec. 1001) | • The act includes a provision in which payment allotments for Medicaid disproportionate share hospitals will increase by 16 percent for five years.<br>• These payments will apply to 10 states with low Medicaid disproportionate share hospital payments; Wyoming does not qualify as one of the 10 states. |

| Medicare Reimbursement | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 94-437: Indian Healthcare Improvement Act of 1976**<br>(This Act expired on September 30, 2001 and is awaiting reauthorization) | **Rural Healthcare Relevance** |
| Access to Health Services (Title IV) | This act:<br>• Makes hospitals and skilled nursing facilities that are part of the Indian Health Services eligible for Medicare payments<br>• Authorizes Medicaid reimbursement to states for health services to Native Americans |

| Organization and Infrastructure Development of Health Services | |
|---|---|
| **Wyoming State Statutes** | |
| **Title 35: Public Health and Safety** | **Rural Healthcare Relevance** |
| Establishment and Organization of County, Municipal, and District Health Departments (Article 3) | • Local health departments are charged with enacting rules and regulations pertaining to the prevention of disease and the promotion of public health.<br>• The local Board of Health may appoint health officers, public health nurses, sanitarians and environmental health specialists that may be needed to protect the public health. |
| Community Human Services (Article 6) | The intent of this act is to establish and maintain a range of services throughout the state that provide for:<br>• Prevention and treatment of mental illness, substance abuse, and developmental disabilities<br>• Provide shelter and crisis services for victims of family violence and sexual assault |
| Emergency Medical Services and Trauma System (Article 8) | • This act charges the state department of health to develop a comprehensive trauma system and to designate within the state trauma areas consistent with local resources, geography and current patient referral patterns.<br>• The Department of Health must also assure that each trauma area has medical control for all field care and transportation consistent with geographic and current communications capability. |
| State Hospital and Medical Facilities Survey and Construction (Chapter 2, Article 3) | • The Survey and Construction Act directs the state department of public health to make an inventory of existing hospitals and medical facilities.<br>• The Department of Public Health is also responsible for developing a program of hospital construction that will afford the necessary physical facilities for furnishing adequate hospital, medical facility and similar services to all the people of the state |

| Organization and Infrastructure Development of Health Services | |
|---|---|
| **Wyoming State Statutes** | |
| Rural Healthcare Districts (Article 7) | This act allows districts deemed as rural health districts to perform activities similar to other hospital districts including:<br>• Enter into contracts<br>• Sue and be sued<br>• Hold property<br>• Issue bonds for the purchase of property and improvement of equipment |

| Organization and Infrastructure Development of Health Services | |
|---|---|
| **United States Federal Statutes** | |
| **Title 42: Public Health Service Act** | **Rural Healthcare Relevance** |
| Medicare Rural Hospital Flexibility Program (Chapter7, Subchapter XVIII, Sec. 1395i-4) | • The purpose of the Rural Hospital Flexibility Program is to:<br>➢ Provide for one or more rural health networks within a state<br>➢ Promote regionalization of rural health services<br>➢ Improve access to hospital and other hospital services for rural residents of the state<br>• The Flexibility Program also designates the criteria for designating a facility as a critical access hospital and establishes the grants for the critical access hospitals and rural emergency medical services. |

| Organization and Infrastructure Development of Health Services | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 108-173: Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003**<br>(This act amends Title 18: Social Security Act) | **Rural Healthcare Relevance** |
| Organizing a Rural Community Hospital Demonstration Program (Title IV, Sec. 410A) | The act establishes a five-year demonstration program to test the advisability and feasibility of establishing rural community hospitals. |
| Extending Telemedicine (Title IV, Sec. 417) | The act extends the current telemedicine demonstration project by four years and authorizes and additional $30 million in funding. |
| Permitting Skilled Nursing Facilities to be Telehealth Sites (Title IV, Sec. 418) | The act includes an evaluation to determine if skilled nursing facilities should be treated as originating sites for telehealth services. |
| Improving the Office of Rural Health (Title IV, Sec. 432) | The act expands the responsibilities of the Office of Rural Health Policy to administer grants, cooperative agreements and contracts and to provide technical assistance to support improving healthcare in rural areas. |

| Organization and Infrastructure Development of Health Services | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 93-638: Indian Self-Determination and Education Assistance Act** | **Rural Healthcare Relevance** |
| Indian Self-Determination Act (Title I) | This act provides Native-American and Alaskan tribes the opportunity to choose whether to remain within the Indian Health Service system, or to assume the administration and operations of health services and programs in their communities. |

| Organization and Infrastructure Development of Health Services | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 94-437: Indian Healthcare Improvement Act of 1976**<br>(This Act expired on September 30, 2001 and is awaiting reauthorization) | **Rural Healthcare Relevance** |
| Health Services and Facilities (Titles II and III) | This act authorizes expenditures on:<br>• Health services including dental and mental health for Native Americans<br>• Renovations and construction of hospitals and health centers of the Indian Health Service |
| Health Services for Urban Indians (Title V) | This act authorizes contracts with urban Indian organizations to assist them in establishing and administering programs to meet urban Indian health needs. |

| Education and Workforce Development of Health Professionals | |
|---|---|
| **Wyoming State Statutes** | |
| **Title 35: Public Health and Safety** | **Rural Healthcare Relevance** |
| Medical Malpractice Insurance Assistance Account (Article 9) | The Medical Malpractice Insurance Assistance Account is available to state licensed physicians if coverage by an insurer is not available due to:<br>• Insolvency of the insurer<br>• Withdrawal of the insurer from the medical malpractice insurance market in the state |

| Education and Workforce Development of Health Professionals | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 107-251: Healthcare Safety Net Amendments of 2002**<br>(This act amends Title 42: Public Health Service Act) | **Rural Healthcare Relevance** |
| National Health Service Corps Program (Title III) | This amendment makes a number of changes to the National Health Service Corps Program. Some of these changes include:<br>• Expanding the National Health Service Corps to include psychologists, licensed clinical social workers, licensed professional counselors, marriage and family therapists, psychiatric nurse specialists and psychiatrists<br>• Allowing Federally Qualified Health Centers and Rural Health Clinics to be automatically designated as health professional shortage areas |

| Education and Workforce Development of Health Professionals | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 108-173: Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003**<br>(This act amends Title 18: Social Security Act) | **Rural Healthcare Relevance** |
| Recognizing Nurse Practitioners That Serve Hospice Patients (Title IV, Sec. 408) | The act allows nurse practitioners to act as the attending physician for a Medicare beneficiary that elects hospice. |
| Redistributing Residency Positions (Title IV, Sec. 422) | • The act redistributes resident positions from hospitals that that have not met their resident cap.<br>• Hospitals located in rural areas are given top priority for receiving redistributed resident positions. |

| Education and Workforce Development of Health Professionals | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 94-437: Indian Healthcare Improvement Act of 1976**<br>(This Act expired on September 30, 2001 and is awaiting reauthorization) | **Rural Healthcare Relevance** |
| Indian Health Manpower (Title I) | This act provides support to encourage Native Americans to enter the health professions. This is done through:<br>• Grants to health or educational entities of tribal organizations to assist in identifying students with potential for training in the health professions<br>• Two-year scholarships for Native Americans that want to enter a health professions school<br>• Granting top priority to Native Americans who apply to the Health Professions Scholarship Program as long as scholarships are met by service in the Indian Health Service |

| Education and Workforce Development of Health Professionals | |
|---|---|
| **United States Federal Statutes** | |
| **Public Law 103-416: Immigration and Nationality Technical Corrections Act of 1994** | **Rural Healthcare Relevance** |
| Waiver of Foreign Country Residence Requirement With Respect to International Medical Graduates (Sec. 220) | This act allows an interested state agency to request a waiver of the two-year foreign residence requirement if an alien agrees to practice medicine for a total of not less than three years in an area that is designated as having a shortage of healthcare professionals. |