

SUMMARY *of* PROCEEDINGS



JOINT LABOR, HEALTH AND SOCIAL SERVICES COMMITTEE

COMMITTEE MEETING INFORMATION

August 24-25
Lovell Community Center, Wyo. Retirement Center
Lovell and Basin, Wyoming

COMMITTEE MEMBERS PRESENT

Senator Charles Scott, Co-chairman
Representative Elaine Harvey, Co-chairman
Senator Brian Boner
Senator Bernadine Craft
Senator Ogden Driskill
Senator R. Ray Peterson
Representative Fred Baldwin
Representative Eric Barlow
Representative JoAnn Dayton
Representative Harlan Edmonds
Representative Lloyd Larsen
Representative Andy Schwartz
Representative Sue Wilson

COMMITTEE MEMBERS NOT PRESENT

Senator Brian Boner (did not attend Aug. 25th)
Senator R. Ray Peterson (did not attend Aug. 25th)
Representative Norine Kasperik

LEGISLATIVE SERVICE OFFICE STAFF

Ian Shaw, Attorney
Mitch Martin, Attorney
Michael Swank, Management Audit

OTHERS PRESENT AT MEETING

Please refer to Appendix 1 to review the Committee Sign-in Sheet
for a list of other individuals who attended the meeting.

The Committee Meeting Summary of Proceedings (meeting minutes) is prepared by the Legislative Service Office (LSO) and is the official record of the proceedings of a legislative committee meeting. This document does not represent a transcript of the meeting; it is a digest of the meeting and provides a record of official actions taken by the Committee. All meeting materials and handouts provided to the Committee by the Legislative Service Office, public officials, lobbyists, and the public are on file at the Legislative Service Office and are part of the official record of the meeting. An index of these materials is provided at the end of this document and these materials are on file at the Legislative Service Office. For more information or to review meeting materials, please contact the Legislative Service Office at (307) 777-7881 or by e-mail at lso@wyoleg.gov. The Summary of Proceedings for each legislative committee meeting can be found on the Wyoming Legislature's website at www.wyoleg.gov.

EXECUTIVE SUMMARY

The Committee met in Lovell, Wyoming on August 24th and 25th to conduct business. On the afternoon of August 25th, the Committee met in Basin, Wyoming to tour the Wyoming Retirement Center and to receive public testimony concerning the Center. During the two day meeting, the Committee received testimony concerning worker's compensation band rates, the status of the Affordable Care Act and health insurance in Wyoming, Miners' Hospital benefits, direct primary care, health care funding, medical education, Title 25 involuntary commitment funding and options for the emergency operation of failing nursing homes. The Committee considered legislation concerning the Workforce Investment Act, the Treasury Offset Program, insurance regulation of direct primary care, columbarium inspection authority and Department of Health-related statutory amendments.

CALL TO ORDER (AUGUST 24, 2015)

Co-Chairman Harvey called the meeting to order at 8:05 a.m. The following sections summarize the Committee proceedings by topic. Please refer to [Appendix 2](#) to review the Committee Meeting Agenda.

APPROVAL OF MINUTES

Minutes from the Committee's June 8-9, 2015 meeting were approved without amendment.

DEPARTMENT OF WORKFORCE SERVICES

Dr. Jimmie Biles, Orthopedic Surgeon from Cody, provided testimony by telephone concerning a Worker's Compensation requirement that physicians perform urine drug testing for patients to whom they provide narcotic medication for more than ninety days. Dr. Biles believes the requirement imposes an unfair burden on doctors' offices. John Ysebaert, Department of Workforce Services, will work with Dr. Biles to explore alternative methods that impose less of a burden while assuring the quality of the testing and the prevention of addiction.

Del McOmie, interim director of the Department of Workforce Services, introduced himself and introduced the reasons why Workforce Services is working to amend worker's compensation premium band rates. John Ysebaert discussed all the points included in the "Workers' Compensation Premiums & Experience Modification Ratings" slide presentation, included in a notebook provided to the Committee under the tab "Department of Workforce Services," included as [Appendix 4](#). Mr. Ysebaert's presentation explained the operation of the revised rate band system proposed by the Department of Workforce Services in response to 2015 House Bill 33. House Bill 33 directed the implementation of at least four rate bands and an experience modification rating (EMR) increase to +/-85%. Co-Chairman Scott encouraged the Department to identify the size of the employers who are included in the various rate bands.

Tobi Cates, Department of Workforce Services, described the statutory changes suggested in 16 LSO 58–Workforce Investment Act–statutory reference amendments and 16 LSO 59 –Treasury offset program statutory reference amendments. This draft legislation is included under the tab "Department of Workforce Services" in [Appendix 3](#). These pieces of legislation respond to changes in federal law and maintain federal funding for the various programs operated under the Workforce Innovation and Opportunity Act. The Committee requested fiscal impact information for 16 LSO 58. The Committee discussed the use of the Treasury Offset Program to collect improperly paid unemployment insurance claims from federal tax refunds, as authorized by 16 LSO 59. Senator Craft moved that the Committee sponsor 16 LSO 58 and the motion was seconded by Representative Larsen. On a roll call vote, the motion passed, all members voting in favor of the motion. Representative Larsen moved for the

Committee to sponsor 16 LSO 59 and the motion was seconded by Senator Scott. The motion passed on a roll call vote, all members voting in favor of the motion.

INSURANCE DEPARTMENT

Wyoming Insurance Commissioner Tom Glause, Dennis Burke and Jeff Rude presented on behalf of the Department of Insurance. Commissioner Glause provided an update on the King v. Burwell case in the United States Supreme Court. The Court upheld the Affordable Care Act ("ACA") and, as a result, the ACA's health insurance marketplace will continue to operate in Wyoming and elsewhere.

Commissioner Glause reported on the status of the Wyoming Small Employer Health Reinsurance Program. Mr. Glause explained that the program will continue to get smaller as a result of people obtaining health insurance through ACA's health insurance marketplace. Mr. Glause believes the Legislature should start planning for the end of the program.

Denise Burke reminded the Committee of the discussion at its June meeting concerning Wyoming Miner's Hospital benefits. If a Wyoming miner receives benefits from the Miners' Hospital Fund, they no longer qualify under the federal tax code for a health savings account. Commissioner Glause discussed the information contained at pages 2-4 of the "Joint Labor Follow-up" document, included behind the "Insurance Department" tab in **Appendix 3**. Miners who qualify for Miners' Hospital benefits are not disqualified from maintaining health savings accounts if they do not actually apply for benefits. The annual hearing screening conducted at mines does not disqualify miners because it is a required screening by all employer mines.

Ms. Burke and Mr. Ralph Hayes, State Employees' Group Insurance, discussed the ACA's cadillac tax and its impact on the State. The information presented by Mr. Hayes is included behind the tab "Insurance Department" in **Appendix 3**. Starting in 2018, the cadillac tax imposes a 40% excise tax on annual health insurance premium amounts above \$10,200 for individuals and \$27,500 for families. Because of Wyoming's high medical costs and the resulting inability to significantly reduce health insurance premiums, the cadillac tax will have a significant impact on the state of Wyoming, local governments and on Wyoming's employers. The Committee passed a motion to draft a letter to Management Council and to the Joint Appropriations Committee advising them of the cadillac tax and its potential impacts on the State. The letter shall advise that it may be appropriate to assign this issue to a legislative committee and to consider potential legislation in the 2017 General Session as necessary to minimize the tax's impacts. The Department of Insurance agreed to advise the Committee via email if any action is taken in Congress which changes application of the cadillac tax.

The Committee was advised of the Department of Insurance's answers to the questions asked at the Committee's June meeting, included in the document "Joint Labor and Health Follow-up" behind the tab "Insurance Department" in **Appendix 3**.

Co-Chairman Harvey opened the floor to public comment on insurance and Department of Workforce Services issues. Miners' Hospital representatives Mary Ellen Young and Don Stauffenberg explained how a miner can withdraw from benefit qualification in order to then qualify for a health savings account. Three hundred eighty-three miners withdrew last year. Approximately 8,000 miners are in the program. Megan Degenfeldor with Cloud Peak Energy brought the issue of health savings account qualification to the Miners' Hospital's attention and she encouraged the Committee to work on the issue.

Ann Ladd, Wyoming Business Coalition on Health, explained that her organization is collecting health insurance claims data so as to better analyze the impact of the ACA's cadillac tax on private business.

She believes a difficult but necessary conversation must take place with the state's health providers on the cost of their services. She asked the Committee to support the development of a comprehensive claims database. The cost would be approximately \$400,000 annually. The Committee discussed the potential drivers behind Wyoming's high health care costs and prior efforts of the Legislature to collect health claims data.

DIRECT PRIMARY CARE

Dr. Robert Chandler, Dr. Mike Tracy and medical student Galan Mills provided the Committee with information about direct primary care. Dr. Chandler and Dr. Tracy have started a direct primary care practice in Powell, Wyoming. Their patients pay a monthly fee to be part of the practice which entitles them to a comprehensive list of primary care services. No third parties are billed, so there is no insurance. Customers carry insurance for only big-ticket health issues. They believe taking insurance out of small and routine medical care will greatly reduce health care costs. Further, a direct primary care practice allows them to treat patients in new ways (email, texting, video conferencing, long phone calls) without dealing with the problems this creates for insurance. The practice does charge a small fee for some medications, diagnostic tests and supplies.

Dr. Chandler and Dr. Tracy presented research from Louisiana to support their discussion and conclusions about cost savings. The research is included as [Appendix 4](#). The state of Washington has studied direct primary care, found that it reduces the costs of primary care and has started covering the costs of membership within its Medicaid program.

Mr. Mills is a WWAMI student and thanked the legislature for its support of the WWAMI program. He shared his perspective on the direct primary care model and explained the substantial interest it is receiving from his medical school classmates. It is generating more interest in primary care which may lead to more doctors starting primary care practices.

The Committee discussed the need to reduce health care costs and promote primary care. Currently, however, direct primary care may be considered to be insurance under Wyoming's Insurance Code. The cost of complying with insurance regulations would make direct primary care unsustainable in Wyoming. Further, subscribing to a direct primary care plan does not meet the ACA's mandate for individuals to maintain health insurance. Insurance companies in some states are offering a "wrap-around" policy which provides those elements of mandated health insurance coverage which are not included with a direct primary care plan.

The Committee received public comment from Greg Wilson, Hart Mountain Farming Supply. Mr. Wilson cannot afford full health insurance coverage for his employees, but was able to provide direct primary care membership. He believes that this is a significant tool for employers. Mr. Wilson's family has saved significant money by belonging to the direct primary care practice in Powell.

The Committee discussed 16 LSO 70-Direct primary care-insurance exemption, included behind the tab "Direct Primary Care" in [Appendix 3](#). The legislation exempts direct primary care practices from application of Wyoming's Insurance Code. Ian Shaw, LSO Attorney, provided an overview of the legislation. Kevin Bohnenblust, Wyoming Board of Medicine, explained that the Board generally supports the legislation. Mr. Bohnenblust warned against adopting any statutory language concerning the ability to terminate a direct primary care patient since the Board's rules impose standards on the termination of the doctor-patient relationship. Termination of the direct primary care contract is workable, but not termination of the doctor-patient relationship.

Wendy Curran, BCBS of Wyoming, testified that BCBS is supportive of direct primary care practices but currently does not offer a health insurance policy which would provide the "wrap-around" coverage necessary to allow a direct primary care subscriber to comply with the ACA. Charlie Katehi from the Wyoming Liberty Group stated that his organization supports direct primary care and its exemption from insurance regulation.

Commissioner Glause and Jeff Rude testified that the Insurance Department generally supports the exclusion of direct primary care practices from insurance regulation. The Department has, however, reviewed many direct primary care contracts and found some to be good, while others are unfair. Strong law guiding the practices will be necessary, including potential limits on the number of patients a single provider can accept for care. The Commissioner proposed modifications to 16 LSO 70 which were adopted by the Committee, as indicated below.

The Committee further discussed the bill and adopted the following amendments which should be incorporated into a new bill to be considered at the Committee's next meeting:

Pg 3 – line 8 After "terminate" insert "without penalty".

Pg 3 – line 16 After "insurance" insert "and does not meet the individual health insurance mandate of federal law".

Pg 3 – line 19 Delete "but not the patient".

Pg 4 – lines 15 through 20 and Pg 5 – lines 1 through 11 Delete and insert:

(i) Screening, assessment, diagnosis and treatment for the purpose of promoting health or for the detection and management of disease or injury and may include:

(A) Supplies and prescription drugs that are dispensed in a health care provider's office; or

(B) Laboratory work, such as routine blood screening or routine pathology screening.

HOSPITAL FUNDING / HOSPITALS SURVEY

Mr. Shaw provided an update on LSO's efforts to locate non-statutory obligations for Wyoming hospitals to provide charity care. Eight hospitals did not respond to LSO's request for information. Of the sixteen hospitals that did respond, two have a non-statutory-based obligation to provide some type of charity care. LSO's research report is included behind the tab "Hospital Funding/Hospital Survey" in [Appendix 3](#).

Eric Boley, Wyoming Hospital Association, discussed the potential for requiring new hospitals to receive a certificate of need prior to opening a new Wyoming hospital. Mr. Boley provided the information contained in [Appendix 5](#). Requiring a certificate of need would help stabilize hospital funding by assuring consistent patient flows. Mr. Boley does not intend to pursue this topic with the Committee.

Aaron Coers, Slattery & Holman, P.C., and Kristen Gentry, Quarles & Brady LLP, discussed supplemental payment programs that can be used to better compensate nursing homes for services rendered under Medicaid. These programs maximize upper-payment limits established by the federal government. Mr. Course and Ms. Gentry proposed a Governmental Nursing Facility Gap Payment Program, as outlined in the materials included in [Appendix 6](#). Government operated facilities would benefit as would private facilities willing to enter into contractual operating agreements with governmental entities. The Committee questioned whether this would potentially increase the liability of

the government. **Appendix 6**, page 16, explains the step or steps that would need to be pursued to establish the program, including a Medicaid plan amendment, submitted by the Wyoming Department of Health to CMS. Department of Health Director, Tom Forslund, discussed how the plan amendment could be pursued.

Dee Cozzens and Carolyn Paseneaux, Wyoming Health Care Association, believe the proposed gap payment program would be good for Wyoming's hospitals and attached nursing homes.

The Committee voted to have LSO work with the Department of Health to draft legislation which would authorize the Department of Health to pursue a Medicaid plan amendment for a Governmental Nursing Facility Gap Payment Program.

The Committee then heard recommendations from the working group assigned to consider hospital funding. Representative Barlow discussed the sources of governmental funding for hospitals, detailed in an August 5, 2015 memo from LSO, included behind the tab "Hospital Funding/Hospital Survey" in **Appendix 3**. The government has provided more than \$17 million to hospitals and health care clinics in the past five years. Representative Barlow also discussed the Fact Sheet on special district bonding authority, located in **Appendix 3**. County memorial hospital districts, special hospital districts and rural health care districts do not all have the same bonding authority or other authority to generate funding.

Representative Schwartz discussed his proposed regional incentive program for improved health outcomes. The concept is outlined in the materials included in **Appendix 7**. Representative Schwartz believes a model for this program could be found in the provisions of W.S. 9-2-127, dealing with funding for community health centers and rural health clinics. Representative Wilson believes a formula for providing additional funding to health care programs could be found in the statutes creating existing programs, like the public health nursing program. Representative Wilson discussed the hospital discharge data included in **Appendix 8**. The data points to the different problems that exist in parts of Wyoming and which might be addressed by a new program. The working group will bring any proposed legislation to the Committee's October meeting.

Public comment was invited and representatives from Sublette County provided a handout which proposes changes to Wyoming's special district laws, see **Appendix 9**. Malenda Hoelscher and Lorraine Gatzki testified that Sublette County maintains a rural health care district which does not enjoy the same bonding authority and financial administration authority as do other health care-related special districts. Ms. Hoelscher and Ms. Gatzki proposed the statutory amendments outlined in **Appendix 9** which would place the county's rural health care district in parity with other special districts. The proposed amendments also would make clear that a rural health care district does have the authority to own or operate a hospital, consistent with a Wyoming Attorney General's Opinion issued on this topic, dated January 20, 2015 and included in **Appendix 9**. The Committee voted to have LSO draft legislation consistent with Sublette County's proposal for presentation at the Committee's next meeting. The Committee would like additional information from Sublette County describing what additional services will be provided if rural health care districts are given expanded authority.

MEDICAL EDUCATION

College of Health Sciences Dean Joseph Steiner, Meredith Asay and Dr. Kevin Murray, representing the University of Wyoming and the WWAMI program, addressed the Committee regarding medical education at the University. The presenters reviewed in detail the information contained in **Appendix 10**. The WWAMI program is a program where Washington, Wyoming, Alaska, Montana and Idaho contract with the University of Washington to guaranty placements into its medical school. The presenters

provided detailed information about medical education in Wyoming and the time-line for medical education, including acceptance into the WWAMI program, the structure of the WWAMI program, the instructional methods used in the program and residency/training opportunities. The WWAMI program was adopted in Wyoming to address Wyoming's need for medical doctors. The program has been successful as indicated by the statistics included in the presentation materials. Starting in 2017, Wyoming's WWAMI classes will spend two years in Laramie, rather than one. The University is working to find sufficient space to accommodate all the students. The University will be seeking additional funding from the Legislature to allow it to accommodate these students.

Ms. Asay referenced a 2010 study on the feasibility of starting a physician's assistant program at the University of Wyoming. The materials are included in [Appendix 10](#).

Co-Chairman Harvey opened the floor to general public comment and there was none.

MEETING RECESS

The Committee recessed at 5:15 p.m.

CALL TO ORDER (AUGUST 25, 2015)

Co-Chairman Scott called the meeting to order at 8:00 a.m.

DEPARTMENT OF HEALTH

Director Tom Forslund reported on two legislative reports: 1) August 15, 2015 Semi-Annual Medicaid Enrollment Report; and 2) July 15, 2015 Exercise of 100 Series Budget Transfer Authority and Title 25 Update. Both reports are included behind the tab "Dept. of Health Agency Reports" in [Appendix 3](#). As part of his report, Director Forslund provided an update on the changes that have been made in the Medicaid system and the nature of the people being served by Medicaid. The Committee questioned Director Forslund about the highest need/cost populations within Medicaid. The Department is considering engaging in a small direct primary care pilot program to determine if direct primary care might reduce costs for Medicaid. With regard to the Title 25 report, Director Forslund described the Title 25 involuntary commitment system and emphasized the shortfalls in its funding. He estimates a \$10.6 million budget shortfall for this biennium. The Committee engaged in a lengthy discussion about funding for Title 25.

Director Forslund then discussed emergency nursing home management and the Department of Health's report, Recommended Statutory Language in Response to the Deseret Closures, dated August 3, 2015, included behind the tab "Dept. of Health Nursing Home Issues" in [Appendix 3](#). The report summarizes the reasons why Wyoming may want to consider adopting a state receivership act which would provide a statutorily-defined way for the state to take over a failing nursing home for the safety and benefit of its residents. The Attorney General's Office has drafted proposed language which is included in the report. The Committee voted to have LSO draft a bill consistent with the language suggested by the Attorney General's Office. The Committee instructed LSO to draft the bill to exclude from the Act's coverage all entities that do not routinely provide overnight stays.

The Committee then considered 16 LSO 66-Columbarium inspection authority, included behind the tab "Department of Health Proposed Legislation" in [Appendix 3](#). Dr. Wendy Braund, Senior Administrator and State Health Officer, testified on behalf of the Department of Health. Background information for this topic was presented at the Committee's last meeting. Dr. Braund testified that county commissioners

are comfortable accepting inspection authority if it can be delegated to an appropriate, specific entity. Mike Nickel, Sheridan County Commissioner and member of the Wyoming County Commissioners' Association, testified that the County Commissioner's Association has received generally good feedback about this proposal and that counties are generally willing to accept inspection authority if it can be delegated to the appropriate authority. Mr. Nickel warned, however, that no formal Association vote has been taken. After discussion, the Committee voted to amend the bill as follows and then consider the amended version at the next Committee meeting:

Pg 3 – after line 5 Insert:

35-8-403. Supervision ~~of inspector required~~ and inspection in erecting structure; compliance with requirements for perpetual care and maintenance.

~~Such structure shall be erected under the supervision of an inspector to be appointed by the state department of health, which shall determine the amount of his compensation, and the compensation shall be paid by the person, partnership, firm, association, company or corporation erecting the same. No community vault, crypt, niche, mausoleum, columbarium or structure, and no addition or alteration thereof, shall be used for the purpose of interring therein a body or the remains of a deceased human being until the person, partnership, association, company, firm or corporation operating such structure shall have obtained from the department of health a certificate, signed by the state health officer, certifying that the plans and specifications filed pursuant to the provisions of W.S. 35-8-401 and 35-8-402 have been complied with, and~~ A city, town or county approving plans and specifications pursuant to W.S. 35-8-402 may require appropriate supervision and inspection to ensure that the construction of any community vault, crypt, niche, columbarium, mausoleum or structure is completed in accordance with approved plans and specifications and may allow the inspectors to approve deviations from the plans and specifications. Before any community vault, crypt, niche, columbarium, mausoleum or structure may be used for the purpose of interring therein a body or the remains of a deceased human being, the city, town or county approving the plans and specifications shall have received from the state insurance commissioner a certificate certifying that the requirements for a perpetual care and maintenance fund set forth in W.S. 35-8-404 have been complied with, which certificates shall be filed in the office of the county clerk of the county wherein the community vault, crypt, niche, mausoleum, columbarium or structure is located.

The Committee considered 16 LSO 60-Obsolete statutory language-healthcare, included behind the tab "Department of Health Proposed Legislation" in **Appendix 3**. The background for the proposed statutory changes was presented at the Committee June meeting. Dr. Braund and Teri Green, State Medicaid Agent, reviewed each proposed change with the Committee. A motion was made and seconded to have the Committee sponsor this legislation. On a roll call vote, all members voted in favor of the motion with the following amendments to the bill:

Pg 8 lines 13-14	Delete.
Pg 10-line 13	Strike "on December 31" and insert language allowing the Department to choose the date of expiration.
Pg 11-lines 5 through 29	Adopt the staff comment and insert a conforming amendment on page 10. The bill should be revised so that the \$2 fee is repealed and there is no fee. The bill should remove all statutory language specifying that a fee should be placed in a trust fund.

The Committee will consider 16 LSO 61-Healthcare federal compliance-statutory changes, included behind the tab "Department of Health Proposed Legislation" in [Appendix 3](#), at its October meeting.

PUBLIC HEALTH NURSING PROGRAM - REPORT

The Committee did not consider this issue.

MEETING RECESS

The Committee recessed at 11:30 a.m. to allow members to travel to Basin, Wyoming.

CALL TO ORDER IN BASIN, WYOMING (AUGUST 25, 2015)

Co-Chairman Scott called the meeting back to order at the Wyoming Retirement Center in Basin, Wyoming at 1:45 p.m.

WYOMING RETIREMENT CENTER

Representative Larsen and Director Forslund presented information to the Committee on the work of the Joint Legislative-Executive Task Force on Department of Health Facilities ("Task Force").

Representative Larsen described the work of the Task Force last interim and this interim. The Committee discussed the purpose of the Task Force as established in Section 329 of the 2015 Budget Bill, included behind the "Wyoming Retirement Center" tab in [Appendix 3](#). As indicated in the Budget Bill through its reference to "Option 1a," the Task Force last year determined that the mission of the State's health care facilities should be to act as safety net facilities. The facilities are not intended to provide services to persons who can obtain those services from other providers. Last year, the Task Force also determined that the Wyoming Life Resource Center and the State Hospital should be substantially reconstructed to meet the needs of Wyoming in providing safety net services. The 2015 Budget Bill requires the Task Force to retain a design firm to conduct Level I/II design planning for the State Hospital and Wyoming Life Resource Center. The Budget Bill also expressly requires the Task Force to study and recommend "alternative uses for the Wyoming Retirement Center." The Task Force has met and is in the process of selecting a firm to begin the Level I/II planning.

Director Forslund made clear that neither the Retirement Center in Basin, nor the Pioneer Home in Thermopolis, are scheduled for closure.

Representative Larsen and Director Forslund discussed a series of statutory changes being proposed by the Task Force. The proposed changes were presented to the Committee and are included in [Appendix 11](#). The changes are intended to bring the statutes related to State health care facilities up to date and to make them comply with the facilities' newly defined, safety-net, focus. The changes also make clear that the Wyoming Veterans' Home's mission is, in part, to provide skilled nursing services. This change will allow the Veterans' Home to better qualify for federal construction funds. Many of the proposed statutory changes focus on redefining admission standards for the Life Resource Center. Finally, the proposed statutory changes exempt the Veteran's Home and Life Resource Center from limitations on the construction of additional beds, consistent with the mission of the facilities.

The Committee discussed "informed choice" that has, in the past, been applied to allow a guardian to keep a person institutionalized at the Life Resource Center. The new safety-net mission of the facility will not be consistent with allowing a ward to choose to leave a person at the Life Resource Center if other facilities are available to provide care.

The Committee then took public comment concerning the Wyoming Retirement Center. Representative Larson notified the crowd that the Task Force will be meeting at the Retirement Center on September 3rd to consider the future of the Center.

Doug Crouse testified to the importance of the Center as one of the community's largest employers.

Representative Greear was in attendance and explained the intent of the Joint Appropriations Committee in crafting the Budget Bill's Task Force language. The language in the Budget Bill is intended to leave options open for the Retirement Center. He believes the proposed statutory language may be too restrictive.

Representative Winters also was in attendance. He believes the State's resources may be best used by maximizing use of the Retirement Center, without spending large sums of money at other facilities which duplicate services. The Committee discussed whether the Retirement Center could find a sufficient number of qualified staff to operate a bigger facility.

Patty Holsier stated that agency staffing is necessary throughout the area. She believes the Center is being used as a safety net facility since some patients cannot be served elsewhere. John Worrall testified to the very good quality of care that his wife has received at the Center and the importance of the services offered. Shawn Humberson testified about the proposed statute changes, as reflected in her written comments included as **Appendix 12**. She is concerned about the impact the changes will have on informed consent and the choices available to patients who need help.

Shirley Elliott and Wayne Wright are residents at the Wyoming Retirement Center and both believe the Center saved their lives when they suffered health emergencies. They do not want the Center to be closed. Mr. Wright is concerned with the way the State treats the Center and how it treats people who need health care. South Big Horn Hospital District Administrator Jackie Claudson does not want to lose the Center and encouraged the community to come up with innovative ideas about what can be done at the Center. Tim Mills warned that a private entity might have a challenge taking over the facility because of its size and the property it includes.

Senator Geis was in attendance and pointed to the fact that the facility has been operated by the State since it was built. Senator Geis described the history of the site and expressed his belief that the facility should be maintained by the State.

Neil Bison, an employee at the Center, warned that the State's actions to change the Center are hurting its ability to attract staff. Mr. Bison believes the Center is in good enough shape to handle additional duties without having to put money into other state facilities.

Jerry Ewen, Big Horn County Commissioner, addressed the responsibility of the State. He believes that the State must care for those who cannot care for themselves.

There was no further public comment.

The Committee voted to have LSO prepare the Task Force's proposed statutory changes, **Appendix 11**, in a formal bill draft to be considered at the Committee's October meeting.

MEETING ADJOURNMENT

There being no further business, the meeting was adjourned at 3:55 p.m.

Respectfully submitted,

Representative Elaine Harvey, Co-chairman

Committee Meeting Materials Index

Appendix	Agenda Item	Appendix Description	Appendix Provider
1	Committee Sign-In Sheet	Lists meeting attendees	Legislative Service Office
2	Committee Meeting Agenda	Provides an outline of the topics the Committee planned to address at its meeting	Legislative Service Office
3	Health Care System Problems	Nursing home failure time line	Department of Health
4	All Items	Notebook provided to the Committee containing meeting materials	Legislative Service Office
5	Health Care System Problems	HMS – Handout concerning failed Saratoga nursing home	Joe Rude, HMS
6	Health Care System Problems	Small hospital data sheet; map of critical access availability in Wyoming	Rep. Sue Wilson
7	Workforce Safety Compliance Improvement Grants	Suggestions for improvement	Janet Cutler, WBI Energy
8	Review of Reports	Department of Family Services reports	Brenda Lyttle
9	Hospital Funding/survey	Letter to Committee	Malenda Hoelscher
10	Medical Education	UW Medical Education	University of Wyoming
11	Report on Wyoming Retirement Center and Work on the Task Force of Dept. of Health Facilities	Proposed Statutory Changes	LSO
12	Public Comment	Letter to Committee	Shawn Humberson