

Date Submitted: 5/22/2020

Name: Andi Summerville Organization: WAMHSAC Phone: E-Mail: Support or Opposition: Support Plan to Testify: Yes Agenda Item: 2, 4, 5



Date Submitted: 5/27/2020

Name: Shawn Humberson Organization: N/A Phone: E-Mail: Support or Opposition: Support Plan to Testify: No Agenda Item: 5. Mental Health

Chairman Scott, Chairman Barlow, and Esteemed Members of the Committee,

The unintended consequences of Director Forslund's funding cuts in our rural Mental Health and Substance Abuse Services budget continue to be felt in our state. Any funding for our "gatekeepers" is essential in keeping people out of the State Hospital and reducing recidivism in drug/alcohol-related crimes.

As a woman in long term recovery and a Wyoming Certified Peer Support Specialist, I cannot express how vital support is to the recovery process. This support is primarily provided through mental health providers in rural areas. During the COVID-19 crisis, telehealth is the only way people seeking recovery get the counseling and medications needed. The Department of Health has a wonderful program which trains persons in long term recovery to assist counselors with their clients. I cannot speak for other counties however; in Goshen County Peak Wellness Center does not have the funding to employ Peer Support Specialists (PSS). The importance of having PSS available for people seeking recovery is to have someone who has been in their shoes to relate to - in addition to someone who provides the education and experience of dealing with mental health and substance abuse issues.

I urge the Committee to pass legislation providing available funding to rural MHSA providers across the state. Thank you for your time and consideration.



Date Submitted: 5/28/2020

Name: Bruce Burkland Organization: Wyoming Youth Service Association Phone: E-Mail: Support or Opposition: Other Plan to Testify: No Agenda Item: Availability of adult and youth residential services.

To help clarify information provided by Dept of Health, the Wyoming Youth Service Association (WYSA) membership includes 4 RTCs which includes one BOCES program, C-V in Jackson, Cathedral Home in Laramie, YES House in Gillette and Red Top Meadows in Jackson. Those facilities are licensed for approximately 160 beds but are staffed and for capacity of 120 youth. There are 10 Group Homes in WYSA and 11 Crisis Shelters. One PRTF, St. Joseph's in Torrington,, is a member.

None of the WYSA members take youth on a Title 25 but many serve youth post hospital discharge or as an alternative to Title 25.



Date Submitted: 5/28/2020

Name: DR. David Wheeler Organization: President, Wyoming Medical Society Phone: E-Mail: Support or Opposition: Support Plan to Testify: No Agenda Item: Telehealth/Stroke Registry

David B. Wheeler, MD, PhD Wyoming Neurologic Associates 2546 E 2ND ST #600 Casper, WY 82609 May 28, 2020

Labor Health Social Services

Re: System of Care for Stroke in Wyoming

Dear Committee Members:

I respectfully submit the following comments in support of the development of a statewide system of care for stroke. As you know, stroke is the 5th leading cause of death and a leading cause of long-term disability. While highly effective treatments are available, they are time sensitive (we lose nearly 2 million brain cells per minute during a stroke). The complexity of recent advances in stroke care are such that every hospital cannot provide every aspect of needed care. Therefore, hospitals need to clinically organize themselves to ensure every person has access to the best care available. If through these efforts even a few people avoid long term disability from stroke the financial expenditures on this program will be easily offset by savings to the state for healthcare services for the survivors.

There is abundant data showing that hospitals participating in data submission and process improvement deliver better stroke care. Recognizing this, Wyoming enacted a law in 2013 requires that patients with stroke be taken to the nearest appropriate stroke center. In this statute, appropriate is defined as "designated" by the state Department of Health as a stroke center and this requires participation in data submission and process improvement programs. Only one hospital in Wyoming so far has been designated as a stroke center, so the law has not yet helped the state achieve its worthy goal of

clinically organizing a system of care for stroke.

Participation in clinical registries and process improvement programs is expensive, requires considerable administrative support and clinical effort. Clinicians tend to believe they are delivering excellent care unless and until they are shown data to the contrary, so they rarely push administrators to embark on process improvement missions without some coaxing. The Department of Health has not enforced the rules pertaining to stroke transport and facility designation so there is no consequence to not participating.

We can overcome the financial and administrative barriers to participation by delivering this service on a regional or statewide basis. The American Heart Association's Get With the Guidelines (GWTG) program is the international standard for stroke registries and has provided the basis for our rapidly developing practice parameters in this field. Abstracting charts and entering data into this registry is time consuming and hard to do well if it is done only intermittently. Hospitals with low stroke volume may struggle to provide needed staffing and expertise to do this work properly. Q-Centrix is a company that specializes in supporting hospitals participating in registries like GWTG. They work remotely to abstract charts and enter data into GWTG charging per chart, based on the complexity of the registry, along with a 15% service fee.

I propose that Wyoming provide a subscription to GWTG, stroke limited, to every hospital in the state. Further, I recommend that we contract with Q-Centrix to provide chart abstraction and data entry for GWTG, stroke limited, to every hospital in the state. We should also provide for a "Superuser" account to be used by a Clinical Coordinator and a Medical Director. I would encourage the larger participating hospitals to bear the costs associated with the work of the Coordinator and Director for the statewide system. There are three hospitals participating in GWTG and they will see significant financial savings if GWTG, stroke limited, is provided to them for participating in the statewide system. These net savings could be diverted toward financial support of the Coordinator and Director.

Annual Cost Estimates:

•GWTG, stroke limited to every hospital in Wyoming and a Superuser account: \$69,000

•Q-Centrix contract based on 2016 stroke volumes: \$95,000

These are overestimates as it seems unlikely that every hospital will participate and because GWTG has just announced a small price reduction for 2020.

Thank you very much for your consideration and for your interest in improving the quality of care for Wyomingites affected by stroke. I believe that we can dramatically improve access to the best available care in Wyoming by helping hospitals and their clinicians work together in an organized fashion to deliver the right care at the right time. Together we can lead the way for improved health care delivery in rural environments across the country. Our efforts are being closely monitored and many groups and agencies are looking to us for guidance.

With sincere appreciation,

David B. Wheeler, MD, PhD, FAAN, FAES, FAHA President, Wyoming Medical Society Medial Director, Primary Stroke Center, Wyoming Medical Center



Date Submitted: 5/28/2020

Name: Lisa Finkelstein, DO Organization: Wyoming Medical Society Phone: E-Mail: E-Mail

Dear Joint Health and Labor Committee,

Telehealth has been thrust into the frontlines of healthcare. There is an opportunity for Wyoming patients to have their Telehealth network to become a shining star for other states to follow. We have developed a consortium over the last 12 years that has an infrastructure that we can build on and use to it's fullest potential. Now that doctors and other providers of healthcare have been forced to use virtual care to see their patients, they understand how telemedicine works. If we have funding then we can help practices ( that are struggling) to help their patients have access. Wyoming Medical Society, WYTN, and the WY Hospital Association, Broadband Advisory Council, and many others are working together to help keep patients in Wyoming and in their communities. This allows our economy to keep moving forward in our state. The funding can be used to help with the technology support that practices need for telemedicine to work well. Having reliable and fast internet is also a key component that needs funding now. Using data to help us understand where the needs are for the most vulnerable people. Healthcare from the home is where the future is going. Making telehealth a priority by giving the funding it needs will help Wyoming save money and increase revenue in our economy.

Thank you,

Lisa Finkelstein DO, FACOS Urology Medical Director of Telehealth SJH

Jackson, WY



Date Submitted: 5/28/2020

Name: Marcia Shanor Organization: Wyoming Trial Lawyers Association Phone: E-Mail: Support or Opposition: Other Plan to Testify: Yes Agenda Item: Work Force Services - Workers' Compensation



Date Submitted: 5/28/2020

Name: Mike Mores Organization: American Heart Assoc. Phone: E-Mail: E-

Joint Labor Health and Social Services Committee Re: Stroke Registry

Dear Committee Members:

The AHA believes it is in the best interest of the residents of Wyoming to establish a program to facilitate development of stroke treatment capabilities throughout the State. This program will provide specific patient care and support services criteria that stroke centers must meet in order to ensure that stroke patients receive safe and effective care. Existing telemedicine infrastructure is being utilized and expanded nationally to support care of stroke patients in the current COVID pandemic, not only for acute stroke treatment, but also for follow up care to reduce person-to-person contact.

Despite significant treatment advances, stroke is the fifth leading cause of death and the leading cause of disability in the United States. Rapid identification, diagnosis and treatment can save lives and potentially reverse neurological damage like paralysis and speech impairment, leaving patients with little or no neurological deficit. An estimated 795,000 new and recurrent strokes occur each year, and with our aging population, that number is projected to rise. Although treatments are available to improve the clinical outcomes of stroke, many acute care hospitals lack the necessary resources to provide optimal, safe and effective emergency care.

An effective and efficient stroke system of care is needed in our communities to ensure all stroke patients are treated in a timely and appropriate manner to increase survival and decrease disabilities. There is a public health need to increase the number of acute care hospitals in Wyoming that are certified stroke centers. Certified centers are prepared to rapidly evaluate, stabilize, and provide emergency and inpatient care to patients with acute stroke using the most current evidence-based practices. Because access to care is limited in rural Wyoming due to limited physician specialists, high-tech imaging equipment and transportation services, Acute Stroke Ready Certified Hospitals should be established to ensure provision of equal, evidence-based care.

In order to fully develop stroke treatment capabilities that ensure equal access to evidence-based care, comprehensive data collection is needed. This can be achieved through state-wide participation in a Stroke Registry. Rural facilities can utilize the registry to achieve Acute Stroke Ready Hospital certification and ensure adherence to evidence-based care. Stroke Registries:

•Registries provide a platform to track patients throughout state, including the most rural areas where data is not currently available. It allows for tracking, appropriate comparison of care and improvement in care.

•Data collection can be achieved with minimal effort for approximately \$150K/year for the state of Wyoming.

•National registries allow continuous access to the most up-to-date guidelines and the ability to track adherence to guidelines.

•Other states have improved care by participating in Stroke Registries

•Process improvement opportunities are identified through data collection and feed the development of a statewide stroke system of care.

Thank You,

Mike Mores Wyoming Government Relations Director American Heart Association



Date Submitted: 5/28/2020

Name: Ramsey Scott Organization: Alzheimer's Association Wyoming Chapter

Phone:

E-Mail:

Support or Opposition: Support

Plan to Testify: Yes

Agenda Item: 20LSO-0716, Community health center and rural health clinic assistance/Telehealth/ Health: Evaluate costs of possible self-directed care waiver amendment for aging / Health: Discussion of Skilled Nursing Facility/Assisted Living rebasing



Date Submitted: 5/28/2020

Name: Sheila Bush Organization: Wyoming Medical Society Phone:

E-Mail:

Support or Opposition: Other

**Plan to Testify: Other** 

Agenda Item: I'm submitting the form to be available to answer questions in the event that the discussion warrants it and is requested by the Committee.



Date Submitted: 5/28/2020

Name: Tom Lacock Organization: AARP Wyoming Phone: E-Mail: Support or Opposition: Support Plan to Testify: Yes Agenda Item: 20LSO-0719, MHSA telehealth coverage parity.



Date Submitted: 5/28/2020

Name: Wendy Curran Organization: Blue Cross Blue Shield of WY Phone: E-Mail: Support or Opposition: Support Plan to Testify: Yes Agenda Item: Telemdedicine mental health parity

## LSO - Elizabeth Martineau

From:	LSO - Katie Talbott	
Sent:	Thursday, May 28, 2020 2:59 PM	
То:	LSO - Elizabeth Martineau	
Subject:	FW: register to speak tomorrow at the JLHSS meet	
Importance:	High	

From: Eric Boley <eric@wyohospitals.com> Sent: Thursday, May 28, 2020 2:57 PM To: LSO - Katie Talbott <Katie.Talbott@wyoleg.gov> Subject: register to speak tomorrow at the JLHSS meeting Importance: High

Katie,

I went to register to testify for the Joint Labor Committee meeting tomorrow and the server crashed. I don't know if I am registered but I want to testify in the morning in favor of 20LSO-725. I would also like to testify during public comment regarding telehealth. I have been instructed by both chairmen to present a proposal for a bill for another UPL program for EMS services and I was instructed to do that during public comment at the end of the meeting. Can you please get me set up to testify tomorrow?

Thanks!



See 7. See Wyerning Hespital Association aem

## LSO - Elizabeth Martineau

From:	LSO - Katie Talbott	
Sent:	Thursday, May 28, 2020 2:51 PM	
То:	LSO - Elizabeth Martineau	
Subject:	FW: For tomorrow's Joint Labor Health and Social Services Interim Committee	
Importance:	High	

From: Jan Cartwright Sent: Thursday, May 28, 2020 2:50 PM To: LSO - Katie Talbott <Katie.Talbott@wyoleg.gov> Cc: Mary Lynne Shickich Subject: For tomorrow's Joint Labor Health and Social Services Interim Committee Importance: High

Hi Katie,

I am sending you the information that I would have included in the Public Comment form on the legisweb website if it had been available.

You see my contact information below. I am interested in testifying and offering answers to questions from the committee members on two potential bill drafts:

<u>20LSO-0716</u> (in support) Community health centers (aka FQHCs) are an important part of the healthcare safety-net in Wyoming and have been on the forefront of the COVID-19 response. However, as with many issues related to public health and the gaps in Wyoming's healthcare system to respond to this crisis, health centers found that their facilities and clinic flows were not effective against the contagion. Care was moved to the parking lot, to telemedicine and even the telephone. The allocation of the CARES Act funding into an already successful state grant program, the Primary Care Support Program which is existing and effective, will provide the process to spend the funds in the limited time available.

<u>20LSO-0725</u> (in support) Wyoming Primary Care Association represents the safety-net organizations that provide primary care to over 30,000 Wyoming residents regardless their ability to pay. As a primary care provider, recruitment of talented providers and allied staff is important part of the success of these community based health centers. With recent cuts to the state-based program, these funds will go a long way to providing more tools to the state.

Katie, thank you for letting me know that you received this request.

Jan Cartwright, Executive Director Wyoming Primary Care Association

1816 Central Avenue



#### LSO - Elizabeth Martineau

From:	LSO - Katie Talbott
Sent:	Thursday, May 28, 2020 3:00 PM
То:	LSO - Elizabeth Martineau
Subject:	FW: Testimony - Labor, Health

From: Mary L. Shickich Sent: Thursday, May 28, 2020 2:58 PM To: LSO - Katie Talbott <Katie.Talbott@wyoleg.gov> Subject: Testimony - Labor, Health

Hello Katie,

I am unable to submit the form and learned from Jan Cartwright to send you my request related to the Labor, Health Meeting to submit public comment in **support of**:

20LSO-0716v0.4 Community Health Center and rural health clinic assistance

20LSO-0725v0.4 Health care provider loan repayment.

Along with Jan Cartwright, I am representing the Wyoming Primary Care Association and will be in the same room as Jan Cartwright.

My email is Zoom name mshickich My phone number is

I also would like to testify in the public comment period at the end of the meeting on behalf of Wyoming Medical Center asking for consideration of CARES dollars for hospital uncompensated care.

Thank you. I appreciate your response to know you received this request.

Mary Lynne Shickich



Mary Lynne Shickich P: