2024 Pay Table Adjustment – Executive Summary

Request: $65 million to move executive branch pay tables from 2022 to 2024 market conditions while maintaining employee compa-ratios. **Turnover is already costing the state more than this request.**

Key Message: This proposal corrects long-term market lag, stabilizes the workforce, and reduces escalating turnover and contract labor costs. It does not exceed market benchmarks and is the most fiscally responsible option available. State employees are currently paid approximately 87.6% of 2024 market value.

Overall market lag is 8.7%, with nursing exceeding 21% lag. While aggregate increases since 2022 total ~27%, six of the last ten years provided no raises. Over the same decade, Wyoming inflation totaled 43.7%.

Inflation, Wage Growth, and Market Reality

From 2015–2025, cumulative wage growth for state employees totaled 27.6%.
Comparative metrics:

- Wyoming cumulative inflation: 43.7%
- U.S. cumulative inflation: 35.3%
- Wyoming private-sector wage growth: 37.2% average

Conclusion: State employee wages have not kept pace with inflation or labor market competition. Moving to 2024 pay tables merely restores purchasing power; it does not provide real wage growth.

Cost of Inaction: Turnover and Contract Labor

Turnover peaked near 25% prior to the 2022 compensation plan.
Agency examples:

- Department of Health turnover ~40%
- Game & Fish turnover ~43%
- Transportation turnover ~27%

Using a conservative 40% replacement cost model, annual turnover costs range from $42M–$60M. The Department of Health alone spent ~$17M on contract labor in 2025—2–3× the cost of full-time staff.

Why Targeted Raises Are Insufficient

Turnover is an enterprise-wide issue, not limited to nurses, troopers, or snowplow drivers.
Vacancy rates:

- **Enterprise average: ~16%**
- Nurses: 28%
- Highway Patrol: 15%
- Attorneys: 7%

Selective funding creates wage compression, internal inequity, and morale issues. Employees performing similar work on the same pay tables must be treated consistently.

Peer State Labor Market Movement

Wyoming's cumulative wage increases not only trail inflation but also trail peer-state labor market movement, even after recent adjustments, which is why recruitment and retention pressure persists.

- Peer states have moved faster, earlier, and more consistently
- Many states implemented market resets earlier (2019-2021)
- Several provided recurring COLA's
- Their base pay moved with the market, while Wyoming deferred adjustments in 6 of 10 years

NOTE: Wyoming is playing catch-up while peer states and other industries are maintaining

Expected Outcomes and Conclusion

- Reduced reliance on contractors
- Improved recruitment and retention
- Stabilized staffing levels
- Lower long-term costs

This $65M request is cost-neutral when compared to projected turnover losses.

Recommendation: Approve the 2024 pay table adjustment as proposed. This is a responsible investment in Wyoming's workforce and the services citizens rely upon.

2025 JAC Follow-Up

(Revised January 7, 2026)

Below is a follow-up from questions asked during testimony provided on December 3, 2026.

1. **Why telework?**

   The State of Wyoming Executive Branch Telework Policy allows agencies to utilize telework as necessary. The intent of this policy is to serve as a resource for agencies. Each agency outlines the benefits of telework in the provided State of Wyoming Executive Branch Telework Report. Common benefits agencies reference include:

   - Improves retention and employee morale
   - Cost avoidance - avoid costs of recruiting, hiring, and training
   - Improves efficiency - continuity of operations during a closure

   Telework not only benefits agencies, but it benefits employees as well. The Wyoming Executive Branch Employee Satisfaction Report, conducted by the University of Wyoming, confirms it as a valuable retention tool. According to the report, 43.5% of all employees cited telework as an important factor to consider if they were to transition to a different job. Additionally, 42.3% of employees teleworking would consider leaving employment if telework were removed. This report also dispels any concerns regarding productivity. 55.8% of employees feel more productive working from home rather than in the office, and 71.0% of employees feel teammates are just as easy to reach during remote work.

   As stated during the testimony, measuring monetary savings directly related to telework is difficult. Phase I of the Statewide Compensation Plan was implemented in 2022, one year after telework was instituted. The Wyoming Workforce Report revealed turnover reached its peak between July 2021 and June 2022, and turnover stabilized in the following years. It's difficult to know how much can be attributed to compensation increases and how much can be attributed to telework. Given telework does not have a large footprint in terms of full-time and part-time telework agreements, it's more likely that a majority of the stabilization can be attributed to compensation increases. However, we can't ignore the feedback agencies and employees provided.Telework benefits the workforce.

2. How does the state's telework data compare to other employers?

Arizona - As of January 2025, 7,514 employees out of 38,439 or 19.5% of the workforce teleworked fulltime.

Montana - 60.97% of total employees are marked eligible to telework; 6.24% work remotely full time, and 51.15% work remotely part time.

Nevada - Does not track fulltime telework metrics or the metrics of those who have been authorized to telework statewide.

Nebraska - Governor issued an executive order two years ago that generally opposes remote work; however, currently 3.1% telework full time and 4.4% are hybrid.

North Dakota - Does not have solid telework metrics because each agency determines its policy, and the related records are not always provided to central HR. What they do have shows 20% remote, 9% hybrid, 70% in the office, and 1% "on-the-go." Most of North Dakota's remote workers are in-state with the next largest number working from Minnesota.

Utah - Remote work eligibility is determined at the individual position level, and it's up to agency discretion. The Utah Executive Branch currently has 5% of its employees telework full time.

Washington - 56.4% of the workforce is eligible to telework, and of those eligible, 81.3% telework full time. 71.8% are eligible for flextime, and 63.6% are eligible for a compressed work week.

3. How does the state's turnover data compare to other employers?

According to the Department of Workforce Services, Research and Planning, turnover rates in Wyoming's public industry are not as significant as turnover in the private industry. Turnover in Wyoming has, historically, averaged around 28%. This includes both private and public industries. The turnover rates between state and local governments have been very similar throughout the years.

According to data collected from the National Compensation Association of State Governments (NCASG), the median vacancy rate across state governments in the last year is around 14.11%. To compare, turnover at the State of Wyoming in the last year is 17.0%.

Turnover by Comparator State:

Comparator State with Reported Turnover Data	Total Turnover for Most Recent Fiscal Year
Arizona	17.7%
Idaho	12.1%
Montana	15.21%
Nebraska	16.07%
North Dakota	11.79%
South Dakota	15.5%
Utah	12.76%

In summary, overall turnover at the State of Wyoming is low compared to other Wyoming employers but fair to high when compared to other state governments. While still a bit higher than what is healthy for an organization, the state's overall turnover has improved since reaching its peak in 2021-2022 at 24.8%. Reasons for this can be attributed to increasing state salaries and efforts related to improving culture. The primary issue we face today is that turnover still remains high in some critical positions. For example, the Department of Health experienced 25% turnover in the last year, and the majority of these positions work in direct patient care.

4. **How does the state's primary benefit package compare to other employers?**

On average, benefits account for roughly 40% of an employee's total compensation package. In other words, monetary benefits equal approximately 66% of an employee's salary. While this number feels lucrative, the reality is that we can make improvements. Below is a comparison of how some of our key benefits (retirement, insurance, and leave) compare to other states.

Retirement

- States with a defined benefit (traditional pension plan): Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, South Dakota, Washington & Wyoming
- States with a hybrid plan: Nebraska (cash balance – annuity determined by cash balance at retirement), Utah (smaller pension (1.5% multiplier) + DC contribution), Oregon (similar to Utah)
- States with a Defined Contribution (DC) (401k type) plan: North Dakota

Comparative Multipliers, Average salary periods and COLA provisions:

State	Multiplier	Avg salary period (mos)	COLA
Arizona	2.1% to 2.3% based on years of service	60	ad hoc as approved by legislature
Colorado*	2.5%	60	CPI, not less than 0.5%
Idaho	2.0%	60	Automatic 1.0%
Montana	1.5% to 2.0% based on years of service	60	Variable up to 1.5% depending on funding status
Nevada	2.25%	36	2% - 3% depending on years since retirement
New Mexico	2.5%	60	0.5% to 3.0% depending on funding status
Oregon**	1.5%	36	CPI up to 1.25%
South Dakota	1.8%	60	CPI if fully funded (SD is)
Utah**	1.5%	60	CPI up 2.5%
Washington	2.0%	60	CPI up to 3.0%
Wyoming	2.0%	60	None until fully funded

** Colorado is a non-social security state. Public employees typically not enrolled in SS.*
***Utah and Oregon have smaller pensions complemented by a mandatory DC component, roughly equal to what a higher pension multiple would cost.*

Comparison Discussion and Conclusion:

- Wyoming is typical because we do have a pension. All states in our region also have pensions, except for North Dakota.
- Wyoming's 2.0% multiplier is also typical. AZ, NV, & NM have higher multipliers. CO is higher because it does not have social security. MT and SD have slightly smaller multipliers. UT and OR have smaller multipliers due to mandatory DC components.
- Wyoming's 60 month highest average salary is typical, although NV and OR have 36 months, which usually results in higher benefits.
- Cost of Living Adjustments (COLA) provisions vary, but Wyoming stands out for its lack of any COLA. Wyoming has not paid a COLA since 2008 and absent legislation, will not pay one until fully funded (projected to occur in roughly 20 years). Other states provide some COLAs to retirees, with some up to the Consumer Price Index (CPI).

Wyoming's public employee pension plan benefit is generally competitive with other area public employers. The benefit level is typical although the lack of a COLA reduces the value of the benefit during retirement. This is somewhat offset by many employers subsidizing the employee contribution cost, including the State of Wyoming, which subsidizes a 5.57% component of the 9.25% employee rate. 9.25% is typical, with ranges from 6.36% (WA) to 15.5% (NV). States vary in the ability of employers to subsidize the employee rate. ID does not allow it (employee rate is 7.18%).

Insurance

Sample of contributions for 2025 by the most popular health plan in comparator states:

State	Contribution for Employee Only Coverage					
	# of Employees Enrolled	ER (state) share $	EE share $	Total	ER (state) share %	EE share %
Arizona		$370.52	$26.17	$396.69	93.40%	6.60%
Colorado	4,721	$896.68	$47.00	$943.68	95.02%	4.98%
Montana	12,385	$1,011.00	$30.00	$1,041.00	97.12%	2.88%
Nevada		$806.24	$55.26	$861.50	93.59%	6.41%
New Mexico	N/A	$288.29	$72.07	$360.36	80.00%	20.00%
North Dakota	4,855	$1,893.00	$0.00	$1,893.00	100.00%	0.00%
Oregon	13,259	$889.59	$8.99	$898.58	99.00%	1.00%
South Dakota	3,042	$649.91	$0.00	$649.91	100.00%	0.00%
Utah	1,467	$759.04	$79.54	$838.58	90.51%	9.49%
Wasington	34,263	$759.00	$133.00	$892.00	84.99%	15.01%

State	Contribution for Family Coverage					
	# of Employees Enrolled	ER (state) share $	EE share $	Total	ER (state) share %	EE share %
Arizona		$863.99	$121.61	$985.60	87.66%	12.34%
Colorado	2,483	$2,382.24	$315.12	$2,697.36	88.32%	11.68%
Montana	7,745	$1,011.00	$101.00	$1,112.00	90.92%	9.08%
Nevada		$1,609.96	$410.94	$2,020.90	79.67%	20.33%
New Mexico	N/A	$850.46	$212.62	$1,063.08	80.00%	20.00%
North Dakota	12,088	$1,893.00	$0.00	$1,893.00	100.00%	0.00%
Oregon	N/A	$2,401.94	$24.26	$2,426.20	99.00%	1.00%
South Dakota	1,274	$1,679.57	$70.59	$1,750.16	91.93%	8.07%
Utah	3,599	$2,083.40	$218.74	$2,302.14	90.50%	9.50%
Wasington	12,927	$2,088.13	$366.00	$2,454.13	84.98%	15.02%

The State Employees' & Officials' Group Insurance (EGI) employer contribution is currently set at 82%. The State reduced the employer contribution from 85% to 82% in August 2020.

Each year, the state also comprehensively reviews its insurance plan. During this review, the state can see how its plans compare to others. Below are some results from the Segal 2024 State Employee Health Benefits Study (for selected Western States). This compares Wyoming to other Preferred Provider Organization (PPO) and High Deductible Health Plan (HDHP) offered in Alaska, Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, and Utah.

Below is a summary based on Western State peers' richest PPO:

	Option 1	Benchmarking Data		
		Average	Minimum	Maximum
Annual Deductible	$900 / $1,800	$506 / $1,169	$0 / $0	$1,000 / $2,000
Coinsurance	15%	21%	15%	25%
Out-of-Pocket Maximum (Med & Rx)	$2,900 / $5,800	$3,844 / $8,594	$2,900 / $5,800	$7,350 / $14,700
PCP / Specialist	$35 / $55	$27 / $44	$20 / $35	$40 / $60
Urgent Care Visit	15%	$59	$35	$80
Emergency Room Visit	15%	$569	$200	$1,000
Prescription Drug	$10 / $20 / $50	$11 / $35 / $61 / $101	$6 / $20 / $50 / $40	$15 / $50 / $75 / $200
Employee-Only Premium (2025)	$151.49	$86	$30	$151

Source: Segal 2024 State Employee Health Benefits Study for selected Western States

Segal

Below is a summary based on Western State peers' richest Consumer Driven Health Plan (CDHP):

	Option 4	Benchmarking Data		
		Average	Minimum	Maximum
Annual Deductible	$1,650 / $3,300	$1,675 / $3,350	$1,500 / $3,000	$2,000 / $4,000
Base HSA/HRA – Employee Only	N/A	$566	$0	$909
Coinsurance	15%	18%	10%	25%
Out-of-Pocket Maximum (Med & Rx)	$3,650 / $7,300	$3,933 / $8,283	$2,500 / $7,000	$5,000 / $10,000
PCP / Specialist	Ded / Co-Ins	18% / 18%	10% / 10%	25% / 25%
Urgent Care Visit	Ded / Co-Ins	18%	10%	25%
Emergency Room Visit	Ded / Co-Ins	18%	10%	25%
Prescription Drug	Ded / Co-Ins	$12 / $40 / $60 / 21%	$10 / $40 / $60 /20%	$15 / $40 / $60 / 25%
Employee-Only Premium (2025)	$69.98	$34	$0	$81

Source: Segal 2024 State Employee Health Benefits Study for selected Western States

Segal

Leave Benefits

Annual Leave Accrual Rates:

STATE	Accrual Rates (Days)					
	1 to 4 Years	5 to 9 Years	10 to 14 Years	15 to 19 Years	20 to 24 Years	25 or More Years
Colorado	12	13.5	16.5	19.5	24	
Idaho	12	15	18	21	21	21
Montana	15	15	18	21	24	24
Nebraska	12	12-18	19-23	24-25	25	25
New Mexico	10 to 12	12 to 15	15 to 18	20	20	20
North Dakota	12	15	18	21	24	24
Oregon	12	15	18	21	24	27
South Dakota	15	15	15	20	20	20
Utah	13	16.25	19.5	19.5	22.75	22.75
Washington	1 = 14 2 = 14 3 = 15 4 = 16	5 = 17 6 = 17 7 = 18 8 = 18 9 = 18	10 = 20 11 = 20 12 = 20 13 = 20 14 = 20	15 = 22 16 = 22 17 = 22 18 = 22 19 = 22	20 = 24 21 = 24 22 = 24 23 = 24 24 = 24	25
Wyoming	12	15	18	21	24	24

Sick Leave Accrual Rates:

STATE	Accrual Rates	
	Days per year	Accrual Limits
Arizona	12	Unlimited
Colorado	10	45
Idaho	12	Unlimited
Montana	12	Unlimited
Nebraska	12	Unlimited
Nevada	30	
North Dakota	12	Unlimited
Oregon	12	Unlimited
South Dakota	14	Unlimited
Utah	13	Unlimited
Washington	12	Unlimited
Wyoming	12	Unlimited

Paid Holidays Per Year:

STATE	Total Holidays	5 Major*	M. L. King Day	Presidents' Day/ Washington' B-day	Good Friday	Memorial Day	Columbus Day	General Election	Veteran's Day	Day After Thanksgiving
Arizona	10	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No
Colorado	11	Yes	Yes	Yes	No	Yes	No	No	Yes	No
Idaho	11	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No
Montana	11	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No
Nebraska	13	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Nevada	12	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes
New Mexico	11	Yes	Yes	No	No	Yes	No	No	Yes	Yes
North Dakota	10	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Oregon	12	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes
South Dakota	11	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No
Utah	12	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No
Washington	11	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes
Wyoming	9	Yes	Yes	Yes	No	Yes	No	No	Yes	No

5. What additional benefits do we offer to help with recruitment and retention?

Besides the primary benefits provided under question 4, the State of Wyoming also provides many second-tier benefits to employees.

As outlined in the State of Wyoming Compensation Policy, employees under certain circumstances are eligible for additional monetary benefits. This includes things like holiday premium pay, paid FMLA leave, shift differential, tuition reimbursements, on-call pay, and leave payouts upon separation. Policy requires some of these benefits, but others like tuition reimbursements are contingent upon the agency and their budget. Longevity pay is another benefit delivered in the form of compensation. Per Wyoming statute, this provides employees with an additional $40/month for each 5 years of continuous service.

As we know, not all benefits must be paid. The State of Wyoming provides numerous other benefits. This includes things like personnel rules, progressive discipline, flexible work schedules, remote work options, sick leave donations, and access to an employee assistance program. We continuously seek out additional perks, resources, and benefits for state employees in order to improve recruitment and retention.

6. What is the cost of moving pay tables versus the cost of not moving pay tables?

The cost of moving pay tables is included in the exception request. HRD has proposed moving pay tables to 2024 market conditions. Currently, pay tables are based on 2022 market conditions. We could consider moving to 2025 market conditions; however, this would increase the request by approximately another 3-5%. The objective with the exception request is to be competitive, not outpace other employers. Rather than pursuing a larger request, HRD believes the 2024 movement will provide a sufficient return on investment.

As shared in the document, "Executive Branch Compensation Talking Points," nursing, attorney, and highway patrol and criminal investigation (HPCI) pay tables are expected to see the largest movement with A&I's exception request. This happens to be where some of our largest and most critical turnover rates exist in our workforce.

To validate HRD's findings, the Department of Health independently reviewed the wage they need to pay nurses to be competitive. Their answer - around $39.00/hour. According to the Department of Health, this is a difficult challenge, both financially and structurally. The current pay range for entry level nurses is set at $30.84 - $41.12/hour. Even if the agency had the funding, they couldn't start nurses at $39.00/hour without creating compression issues for longer tenured staff. Under A&I's exception request, this range shifts to $36.42 - $48.55/hour. With the funding received, average pay will move from around $33.46 to $39.50/hour. This rate aligns with the agency's calculations to be competitive.

To understand the cost of not moving pay tables, we need to look back to the state of the state prior to Phase I of the statewide compensation plan implemented in 2022. At this time, overall turnover reached its peak of nearly 25%. Just to highlight a few agencies, the Department of Health turnover rate hovered around 40%. The Department of Corrections turnover rate was around 21%. The Attorney General's Office turnover rate was around 23%. The Department of Transportation turnover rate was around 27%. The Game & Fish Commission turnover rate was around 43%. Studies differ on how to best calculate turnover replacement cost. The annual cost of this often ranges from 20% to 200% of a salary, depending on the business model and the position's role. If we use a conservative number (since the government does not fear profit loss) such as 40% and apply this to the average state salary at the time, the cost of turnover then for one year was approximately $42,337,024.

Most models here include direct costs like overtime, recruitment, and training or indirect costs like loss of productivity or operational disruption; however, there are other costs that need to be considered as well. For example, since the peak of this turnover, some agencies have had to rely on contract labor to offset staff shortages. This often costs 2-3 times what it would cost to hire a full-time employee. The most notable agency to rely on contract labor is the Department of Health. In 2025, they will have spent around $17 million on contract labor so that facilities can continue to operate with appropriate staffing. This increased 30% from 2024. With A&I's exception request, the Department of Health will receive around $12 million per year (around $7 million of this is general funds). This includes all positions, not just those that work in direct patient care.

Historically, less than half of the State of Wyoming's workforce is traditionally found in Laramie county. Another potential impact worth considering is how this affects the state's economy or more specifically, each community throughout Wyoming. As can be seen in the table below, Laramie county employees will actually receive less on average compared to others. This can be attributed to the types of positions found in Laramie county. For example, over 80% of positions on our executive pay table are found in Laramie county. With A&I's exception request, these positions will receive less of a percent increase compared to other employees. (Note: it's also not uncommon for local governments to utilize state pay tables to determine pay rates as well, so the impact could be felt even further.)

Projected Employee Increases by County:

County	% Increase
Albany	9.61%
Big Horn	11.47%
Campbell	10.51%
Carbon	11.11%
Converse	12.08%
Crook	11.71%
Fremont	10.67%
Goshen	11.09%
Hot Springs	12.63%
Johnson	11.91%
Laramie	8.89%
Lincoln	10.63%
Natrona	10.03%
Niobrara	10.61%

Park	10.11%
Platte	11.20%
Sheridan	10.24%
Sublette	9.94%
Sweetwater	10.54%
Teton	9.16%
Uinta	12.61%
Washakie	10.99%
Weston	10.81%

7. **How does inflation over the past 10 years compare to the total increases given to state employees?**

   According to the U.S. Bureau of Labor Statistics Consumer Price Index, the cumulative inflation for the U.S. was 35.3% from June 2015 to June 2025. Per the Economic Analysis Division Wyoming Cost of Living Index, the cumulative inflation for Wyoming was 43.7% from the 2nd Quarter of 2015 to the 2nd Quarter of 2025.

   To illustrate the impact inflation has on consumers, the Bureau of Labor Statistics developed the CPI Inflation Calculator (https://www.bls.gov/data/inflation_calculator.htm). This calculator uses a term called "buying power," which is defined as the amount of goods and services a unit of currency can buy. The calculator allows consumers to compare buying power across different time periods. For example, if we compare various jobs' average hourly rate from September 2015 to present day, it confirms that the request to move to 2024 pay tables barely keeps most jobs up with national inflation. It also shows how many hard to recruit jobs have to gain against inflation to remain competitive.

Job Title and Class Code	Average Hourly Rate - September 2015	CPI Equivalent Buying Power - September 2025	Actual Average Hourly Rate - September 2025	Projected Average Hourly Rate (with move to 2024 tables)
Office Support Specialist I (BAAS05)	$15.84	$21.62	$19.42	$22.34
Correctional Officer (COPR05)	$16.90	$23.07	$25.65	$28.82
Engineer I (ENEG08)	$22.40	$30.58	$27.49	$30.15
Accountant (FIAC07)	$21.31	$29.09	$25.81	$28.58
Nurse (HSNU08)	$26.41	$36.05	$33.45	$39.50
Highway Patrol Trooper I (PSHP07)	$21.38	$29.18	$29.34	$33.03
Youth Services Aide (SOYS03)	$15.03	$20.52	$17.78	$20.56
Journeyman Electrician (TDEL08)	$28.18	$38.47	$31.14	$33.89
Highway Maintenance Technician (TNHM05)	$17.86	$24.38	$21.51	$24.16

Another meaningful metric to consider is cumulative wage growth. The cumulative wage growth for state employees was 27.6% from June 2015 to June 2025 (including the 2.93% average increase provided in 2015). If we compare wage growth to other industries within Wyoming, the state government falls behind others as well. According to the Department of Workforce Services, Research and Planning, wage growth in the last ten years averaged around 37.2% across all industries, some peaking as high as 65.1%.

Consequently, inflation, both nationally and within Wyoming, as well as wage growth in other Wyoming industries, has outpaced state employee raises in the last 10 years. According to the Economic Analysis Division, most economists expect about 3% inflation annually for the next few years. With A&I's exception request, employee wage growth will be much closer to (still less than) the total inflation experienced in Wyoming over the last decade.

8. How long do individual classification reviews and occupational studies typically take? Does HRD prioritize requests for investment staff?

It is HRD's internal standard to complete individual classification reviews in less than ninety (90) days once all of the documentation and approvals have been received. Although HRD has given itself up to ninety (90) days to respond, reviews are often completed within thirty (30) days. Reviews are typically handled in the order they are received. Primary factors that influence the timeline include whether or not HRD is simultaneously conducting an occupational study, whether or not positions are filled, scheduling meetings with employee(s) and/or leadership, and how many layers within an organization or additional positions are impacted by the changes being made. Currently, HRD's turnaround time is closer to forty-five (45) or sixty (60) days given the additional two large occupational studies currently underway.

Individual classification reviews are a majority of what HRD reviews. These occur when a specific job or small group of jobs experience permanent and substantial change. HRD defines substantial as 30% or more of the job changes. Any changes that are less than this should be adjusted using compensation and the ranges provided under the State of Wyoming Compensation Policy. Occupational studies are a little more robust and include a review of each position in a particular occupation (usually hundreds of positions) as well as a review of the job structure that these occupations fall within. Occupational studies allow HRD to create or refine jobs, update minimum qualifications, update market benchmarks, etc. Given the number of positions and agencies typically impacted and the comprehensive list of details reviewed during an occupational study, these will take much longer than individual classification reviews. The current study for attorneys and legal support launched in January 2025 and we are now entering the final stages of that project.

When there are agency needs outside the norm, it is a standard practice for HRD to expedite reviews. A good example of this can be seen within our elected officials. Since 2018, the average turnaround time for an elected official's review is twenty-three (23) days. Investment positions were specifically mentioned during the testimony. Since 2018, the average turnaround time for the State Treasurer's Office is fourteen (14) days. This time reflects the average time it takes for HRD to render its decision after all documentation and approvals are received.

The following questions are follow-up from testimony provided on January 6, 2026.

9. What is the cost benefit analysis for moving pay tables? What does this look like, specifically, for snow plow drivers, highway patrol, nurses (by facility), and attorneys?

Below is some information related to what has been given and what is proposed in A&I's budget exception request, broken down by the enterprise and specific jobs requested. Again, A&I's proposes to keep employees at the percentage in the range they are paid currently using 2024 market figures. For example, if an employee is paid 98% of the 2022 market, they will be moved to 98% of the 2024 market.

Enterprise

	Total Yearly Cost of Proposal (All Funding Sources)
All Positions	$69,915,090

	Average Hourly Rate (Before Phase I)	**Average Hourly Rate (After Phase III)**	**Average Hourly Rate (With Proposal)**	**Percent Increase (Total Phases I-III)**	**Percent Increase (With Proposal)**
All Positions	$26.55	$32.31	$35.30	21.7%	10.3%

Note: Studies differ on how to best calculate turnover replacement cost. The annual cost of this often ranges from 20% to 200% of a salary, depending on the business model and the position's role. If we use a conservative number (since the government does not fear profit loss) such as 40% and apply this to the average state salary at the time, the cost of turnover for one year was approximately $42,337,024. If turnover again reaches its peak in the last ten years at nearly 25%, today, this would cost the state approximately $59,837,853 per year. More specific details would need to be gathered from independent agencies because direct and indirect costs will vary.

While turnover costs can be a useful measurement, some caution is recommended since turnover can never be completely eradicated. Data suggests that in the last year, turnover in its entirety is starting to trend in a negative direction. The likelihood that turnover will improve if we keep paying tables at 2022 market levels is unlikely. On average, state employees are paid 87.6% of 2024 market value. This number will decrease another 3-5% each year if we do not update pay tables. Over 80% of turnover in the last year is from employees being paid below 2022 market values. There's a variety of reasons employees leave, but what this could suggest is that the "work" is not worth the pay. Without a competitive compensation plan, services offered to the general public may suffer. One way agencies have avoided this is to pay a premium for contract labor. In some cases, this is attainable (Ex. Department of Health). In some cases, this is not attainable and the burden is placed on the most productive staff who eventually leave from burnout due to staffing shortages.

Issues with turnover do not live only in specific occupations. In fact, some of the state's highest turnover jobs are not classified as highway patrol, highway maintenance, nurses, or attorneys. The vacancy rate (percentage of vacant positions to total positions) across the enterprise hovers around 16%. To compare, this number for highway patrol is 15%, this number for highway maintenance is 7%, this number for nurses is 28%, and this number for attorneys is 7%. Therefore, there are concerns with these occupations, but there are also concerns with others as well, making this an enterprise issue.

Highway Patrol

Positions	Total Yearly Cost of Proposal (All Funding Sources)
PSHP07 Trooper I	$297,864
PSHP08 Trooper II	$1,763,957
PSHP09 Trooper III	$560,986
PSHM09 Sergeant	$484,556
PSHM11 Lieutenant	$379,613
PSHM12 Captain	$143,219
PSHM14 Major	$21,134
PSHM16 Lieutenant Colonel	$25,914
Total	**$3,677,243**

Positions	Average Hourly Rate (Before Phase I)	Average Hourly Rate (After Phase III)	Average Hourly Rate (With Proposal)	Percent Increase (Total Phases I-III)	Percent Increase (With Proposal)
PSHP07 Trooper I	$21.73	$29.34	$33.03	35.0%	12.6%
PSHP08 Trooper II	$29.54	$33.91	$40.64	14.8%	19.8%
PSHP09 Trooper III	$33.22	$37.88	$44.56	14.0%	17.6%
PSHM09 Sergeant	$35.70	$41.52	$48.84	16.3%	17.6%
PSHM11 Lieutenant	$38.45	$46.71	$52.90	21.5%	13.5%
PSHM12 Captain	$45.04	$54.38	$60.59	20.7%	11.4%
PSHM14 Major	$51.91	$65.89	$69.56	26.9%	5.6%
PSHM16 Lieutenant Colonel	$55.92	$72.54	$81.54	29.7%	12.4%

Note: Highway Patrol has the benefit of having their own premium pay table. Unlike the general pay table, this means that pay ranges on the HPCI pay table are determined using more specific benchmark matches. Jobs on the HPCI pay table not only include highway patrol, but also special agents and criminal investigators from other agencies. Choosing to fund changes only for highway patrol will create wage disparity with other positions being paid on the same pay table.

Snow Plow Drivers

Positions	Total Yearly Cost of Proposal (All Funding Sources)
TNHM05 Technician	$2,167,067
TNHM06 Specialist	$705,921
TNHM08 Supervisor I	$586,632
TNHM11 Supervisor II	$156,281
Total	**$3,615,901**

Positions	Average Hourly Rate (Before Phase I)	Average Hourly Rate (After Phase III)	Average Hourly Rate (With Proposal)	Percent Increase (Total Phases I-III)	Percent Increase (With Proposal)
TNHM05 Technician	$18.20	$21.52	$24.16	18.2%	12.3%
TNHM06 Specialist	$20.43	$24.45	$27.23	19.7%	11.4%
TNHM08 Supervisor I	$29.03	$32.99	$35.87	13.6%	8.8%
TNHM11 Supervisor II	$34.23	$41.08	$43.65	20.0%	6.3%

Note: The State of Wyoming does not have a specific snow plow driver classification. Rather, these positions are lumped in with other highway maintenance technicians (TNHM05). This means that other positions perform similar work. Choosing to fund changes only for snow plow drives will create wage disparity with other positions paid on the same pay table.

Nurses

Positions	Total Yearly Cost of Proposal (All Funding Sources)
HSNU06 LPN	$1,705
HSNU08 Nurse	$1,484,392
HSNU10 Senior Nurse	$936,824
HSNU11 Manager I	$549,072
HSNU12 Manager II	$238,551
HSNU13 Manager III	$92,048
HSNU14 Nurse Director	$60,109
Total	**$3,362,701**

Facilities (Specific to Department of Health)	Total Yearly Cost of Proposal (All Funding Sources)
Pioneer Home	$63,226
Retirement Center	$223,546
Life Resource Center	$436,574
Veterans' Home	$114,127
Skilled Nursing Facility	$152,212
State Hospital	$947,724
Other Locations	$1,304,157
Total	**$3,241,566***

*This figure will not match the figure from the first table because this figure is isolated to the Department of Health only. Some other agencies have nursing positions, contributing to the figures shown in the first table.

Positions	Average Hourly Rate (Before Phase I)	Average Hourly Rate (After Phase III)	Average Hourly Rate (With Proposal)	Percent Increase (Total Phases I-III)	Percent Increase (With Proposal)
HSNU06 LPN	$21.67	$31.78	$31.83	46.7%	0.2%
HSNU08 Nurse	$28.19	$33.62	$39.50	19.3%	18.1%
HSNU10 Senior Nurse	$34.94	$40.40	$46.00	15.6%	13.9%
HSNU11 Manager I	$35.93	$43.32	$51.27	20.6%	18.7%
HSNU12 Manager II	$40.37	$48.12	$59.51	19.2%	23.7%
HSNU13 Manager III	$48.48	$53.00	$71.16	9.3%	34.3%
HSNU14 Nurse Director	$46.61	$57.51	$80.46	23.4%	39.9%

Note: Nurses receive the benefit of having their own premium pay table. Unlike the general pay table, this means that pay ranges on the nursing pay table are determined using more specific benchmark matches. The difficulty here is that some direct care positions (Ex. HSHS04 Human Services Aide or CNA) are not linked to the nursing pay table. As provided by the Department of Health, these positions are of equal concern.

Turnover costs can be direct or indirect. For the Department of Health, they will spend nearly $17 million in 2025 to supplement nursing staff shortages. This increased 30% from 2024. With A&I's exception request, the Department of Health will receive around $12 million per year (around $7 million of this is general funds). This includes all positions, not just nurses.

Attorneys

Positions	Total Yearly Cost of Proposal (All Funding Sources)
ATPA01 Attorney I	$697,227
ATPA02 Attorney II	$807,312
ATPA03Attorney III	$657,196
ATPA04 Attorney IV	$381,220
ATPA05 Attorney V	$9,638
ATMA01 Manager I	$189,987
ATMA02 Manager II	$11,687
ATHE04 Hearing Examiner	$62,597
Total	**$2,816,864**

Positions	Average Hourly Rate (Before Phase I)	Average Hourly Rate (After Phase III)	Average Hourly Rate (With Proposal)	Percent Increase (Total Phases I-III)	Percent Increase (With Proposal)
ATPA01 Attorney I	$30.18	$34.69	$47.64	14.9%	36.6%
ATPA02 Attorney II	$33.92	$39.56	$50.03	16.6%	26.5%
ATPA03 Attorney III	$38.41	$46.99	$55.06	22.3%	17.2%
ATPA04 Attorney IV	$45.82	$55.42	$60.18	21.0%	8.5%
ATPA05 Attorney V	$50.07	$69.39	$69.76	38.6%	0.5%
ATMA01 Manager I	$45.81	$57.02	$61.80	24.5%	8.5%
ATMA02 Manager II	$50.81	$70.22	$70.86	38.2%	0.5%
ATHE04 Hearing Examiner	$46.71	$55.99	$60.78	19.9%	8.5%

Note: Attorneys receive the benefit of having their own premium pay table. Unlike the general pay table, this means that pay ranges on the attorney pay table are determined using more specific benchmark matches. The positions in the table are all that are included on the attorney pay table, so there is no fear of wage disparity; however, there is a concern that funding only these positions could create wage compression with other positions. Some attorney positions report to executive level positions. If we fund attorneys without funding those that supervise attorneys, we risk creating wage compression. This same concern is shared with other occupations in question as well as throughout the enterprise.

In summary, the jobs in question (Troopers I-III, Snow Plow Drivers - TNHM05, Nurses - HSNU08, and Attorneys) have either outpaced raises others have received in the past, or they will receive more than others should A&I's budget exception be approved as is, or both. How much certain occupations move depends on the market volatility at the time pay tables are moved. Below is a table which shows the average market lag currently associated with each pay table. Market lag is defined as the amount by which a classified jobs' pay range midpoint falls behind comparable jobs in the market. Each pay table has different pay grades assigned within the pay table.

Pay Table	Current Market Lag (difference between 2024 and 2022)
General Pay Table	5.7%
Executive Pay Table	6.4%
HPCI Pay Table	12.5%
Nursing Pay Table	21.2%
Attorney Pay Table	17.9%
Overall	**8.7%**

10. What does the 10-year history of employee increases look like and how does this compare to inflation?

Below is data pulled from the Wyoming Workforce Report, outlining a 10-year history of increases for state employees.

Year	Increase
2015	2.93% (average)
2016	0%
2017/2018	0%
2018/2019	0%
2019/2020	2.5%
2020/2021	0%
2021/2022	0%
2022/2023	7.9% (average)
2023/2024	9.8% (average)
2024/2025	2.08% (average)

The average increase the state legislature provided in the last ten years is equivalent to 2.52% per year. To compare, average inflation in Wyoming during this time period is equivalent to 4.37% per year. This indicates that increases to state wages historically have not kept up with inflation rates. State employee wage growth is also lacking compared to others in Wyoming. The cumulative wage growth for state employees is 27.6% in the last ten years. To compare, the average cumulative wage growth in the last ten years across all Wyoming citizens and industries is 37.2%.

11. Would the 2024 Paytable move eliminate the need for the Department of Health to contract for traveling nurses at the Department's five facilities?

Director Bach received this information from Director Johannsen. The simple answer to this is: yes -- we would likely be able to eliminate a good portion of our contract labor with the pay adjustments that A&I proposed. Given the nature of the facilities, we will always need to rely somewhat on contractors (emergencies/surge periods, concurrent resignations/retirements, etc.), so I don't see those contracts being fully eliminated. However, with the increases proposed, I'm confident we could see a major reduction in their use and, thus, the overall costs.

Please see Attachment "A" for more specific details if there are more questions. This document was shared with the JAC Subcommittee a few months ago. Figure 1 on page 3 shows the analysis that aligns well with what A&I has proposed in the pay table adjustment. To get more specific on the questions that were raised, attached is the brief we shared with the subcommittee a few months ago. Figure 1 on page 3 shows the analysis that aligns pretty well with what A&I has proposed in the pay table adjustments. Should the 2024 pay tables be implemented, the Department's pay for direct care will likely be above the regional median wage for those types of positions, leading the Department to be more competitive with recruiting of these necessary positions.

12. Employees' Group Insurance History (TIMELINE)

1/1/2026

EGI implemented a 6.3% rate increase to the health/rx plan. Dental increase of 9.9% and 11.9%.

- Benefit changes for 2026 include removal of the decades-long lifetime benefit limit on weight loss drugs (GLP1) and addition of a required weight loss program for coverage of such drugs. A $75 copay has been added for urgent care (office visit only). Other services (X-rays, Labs, etc.) are deductible and co-insurance. New dental benefits of night guards covered max every 5 years, limited allowable $562.
- High Deductible Health Plan (HDHP) also increased per IRS to $1,700 deductible for employee only coverage and $3,400 deductible for family coverage..
- Began Health Shift Wellness Program AND new statewide (executive branch incentive) plan via the Motivation Alliance app.

6/2025

EGI hosted its first annual Wellness Fair in Cheyenne with approximately thirty (30) vendors. EGI had its first online virtual benefit fair for a full week in October. EGI Facebook page became official and has as of 11/2025 over 350 followers.

1/1/2025

NO rate changes. Per IRS requirement, the High Deductible Health Plan (HDHP) plan deductible was increased from $1,600 to $1,650 for employee only coverage and $3,200 to $3,300 for family coverage. EGI began collecting and sending out with retiree packets an alternate fiscal contact person. This is directly to aid in issues we've experienced with an increase in dementia.

10/1/2024
Hinge Health program became available to EGI members covered under the health plan. It is a physical therapy (PT) virtual option via an app, and is at no cost to the member. The program bills EGI through CVS, our Pharmacy Benefit Manager (PBM) claims, and its intent is to provide more access to PT services, reduce cost. Additionally, it should reduce both opioid use and help with orthopedic medical claims.

7/1/2024
First Responders were able to join EGI coverage per the Legislature. The bill reads that you must not be eligible for any health plan in order to join EGI. The Program Manager at the time worked with the Attorney General's office and determined that if EGI premium is no more than 10% higher than the comparable marketplace plan, they can join.

4/1/2024
Behavioral/Mental health copay on Cigna changed from $55/visit to $35/visit to be the same as Primary Care Provider office visits.

2/1/2024
The Town of Hudson joined EGI as a municipality employer group.

1/1/2024
EGI changed the colonoscopy benefit coverage (at 100% preventive service) from every 5 years to every 3 years. Per IRS requirements, the High Deductible Health Plan (HDHP) deductibles increased from $1,500 to $1,600 for employee-only coverage and $3,000 to $3,200 for family coverage. EGI changed the long-standing 3 year waiting period to 1 year. The disability insurance carrier changed with RFP from Standard to Aflac. Added MetLife pet insurance. The employee enrolls directly with MetLife, premium paid directly by the employee. The discount is approximately 10% with having a contract. In-person employee meetings were done, (Ralph's last year before retiring).

8/1/2023
City of Laramie joined EGI program as a municipality employer group.

1/1/2023
NO rate change, Optional dental annual max benefit increased from $1,500 to $2,000/member.

7/1/2022
Goshen County joined EGI as a municipality employer group.

1/1/2022
Health premium rates were reduced by 6%. Most notably due to COVID19 and network improvements. EGI moved to CVS for its PBM and changed from a board open formulary to a tighter formulary.

1/1/2021
Eliminated the $500 Deductible option. $900 became option 1, $2,000 became option 2, added $4,000 deductible as an option, leaving HDHP in place. Also, added office visit copays for regular plans (non HDHP plans) of $35 Primary Care Provider office visits and $55 for specialty provider office visits. NEW voluntary life benefit added as well as the addition of MASA ambulance coverage. Due to COVID19, employee meetings were done virtually, with 4 meetings and a recording put on the EGI webpage. EGI also changed from a calendar set deadline for flex claims payments, due to efficiency of portal use, to a weekly deadline, so payments are made weekly rather than 2x/month.

8/1/2020
Midyear rate increase effective 8/1/2020 of 10% along with a decrease in the employer contribution from 85% down to 82%. Also allowed for a special Open Enrollment given these changes. Also, for any new part-time hires (working less than 30 hours per week), the employer contribution is 50% rather than 100% for full-time.

7/1/2020
City of Casper joined EGI as a municipality employer group. This was the first municipality, and the ability to opt into EGI was questioned and upheld.

1/1/2020
Rate increase of 12% for health premium as well as 1.5% for preventive dental and 24.06% for optional dental. Omada pre-diabetes program launched 1/1/2020.

1/1/2019
NO rate increases. Fall 2017 portal use yielded 70% paper applications and 30% online applications for the first year.

1/1/2018
Rate increases for Medical and dental. Telehealth with Cigna (MDLive and Amwell) introduced.

5/2017
EGI benefit portal was introduced and made available to employees in May 2017.

1/1/2017
No health rate change. The $350D deductible changed to $500, and $750 changed to $900. Non-participating WY providers changed from 80% to 75%. Out of State participating providers also changed 80% to 75%. Non-participating claims payment began going to the member instead of the provider. Dental benefits increased from 50% for basic restorative to 80%.

7/2016
A one month rate (budget) holiday was done for July payroll (August premium).

- Program Manager notes: Reserve levels were healthy in 2016 but not excessive
- Governor Mead implemented rate holiday to achieve general fund budget recapture.
- Approximate $23.7 million reduction in EGI income with roughly $6.4 million in one-time budget recapture (State employees, LSO, Judicial).

1/1/2016
State Temporary (TP01) employees, employer contribution change, to Employee Only contribution level and benefit waiting period added. Benefits effective 1st of month following 90 days. Also a special OE for Contract or Temporary for 1/1/16.

5/2015
2014 Joint Appropriation sponsored HB 0065 proposing counties opt into EGI. The House rejected and postponed the bill.

7/2014
HEA0003, boards of cooperative educational services (BOCES) are now able to opt into the EGI program, effective 7/1/2014.

1/1/2014
$100 Emergency Room visit copay added to the benefit, along with deductible & coinsurance. An Employer Group Waiver Plan (EGWP), a type of Part D drug coverage for our Medicare Eligible retirees, was implemented eff. 2014. White filings (composite) for molars will be covered under restorative dental coverage.

1/1/2013
EGI health premium rate reduction for 2013 was -4.7% while the preventive dental had an increase of .3% and optional dental had an increase of 8.6% in premiums. No change to life. The Wyoming on Wellness program launched. The IRS changed the limit to Flex medical reimbursement to an annual max of $2,500 per employee per year. Prior to this, EGI had a $4,000 max.

1/1/2012
Request for Proposal **(**RFP) issued in 2011, and the pharmacy benefit manager (PBM) changed to MedImpact.

2012
Year 4 four (final year) of the Healthier WY wellness program. Participate and comply with the program earned credit on the next year's premiums. [Health Risk Assessment (HRA), Annual wellness physical, complete 3 of 6 every other month challenges.]

2011
EGI implemented a two-month rate holiday for June and July payroll (August premium).

(EGI) instituted a rate increase in December of 2010 based upon calculations of anticipated paid claims for the health and dental programs using the most recent 12 months of paid claims prior to June 2010 plus medical and dental trends. Since that time, the health program's utilization has moderated, and we currently have a reserve level that exceeds the level the federal government allows." 06/2011 Benefit Press"

- Program Manager documentation- Reserve levels were healthy but rapid growth due to enrollment of NCSD coupled with unanticipated income along with development of claims' lag (three months of income with virtually no paid claims) created a situation where reserves were above the three month level.
- Reserve exceeded three months and premium reductions could not impact reserve levels quickly enough to avoid federal reclamation of excess reserves.

10/1/2010
Natrona County School District (NCSD) came onto the EGI plan with approximately 2,000 employees. NCSD had a self-funded plan prior to joining the EGI program.

2007
The 2007 Legislature enacted HB90 for a monthly state contribution (subsidy credit) effective July 1, 2007, at the rate of $11.50/mo/year of service for Pre-Medicare and $5.75/mo/year of service for Medicare retirees towards health premiums only.

2007
HB 204 (effective: 7/1/07) provides a state contribution for surviving dependents of an active employee who suffer a work related accidental death as a result of their employment. The employer contribution is available to the survivors for up to 6 months.

7/2007
A one month **rate holiday** was done for June payroll for July premiums.

- Employer contributions designed in 2003 did not predict that the change to include families and provide 85% coverage would be so successful in increasing enrollment and the premium income to the program.
- Reserve exceeded three months and premium reductions could not impact reserve levels quickly enough to avoid federal reclamation of excess reserves.

2006
Sept 1, instituted the Wyoming on Wellness (WOW) program.

2003
Governor Dave Freudenthal changed the flat single rate employer contribution to a tiered system. New tiers are Employee Only (EO), Employee + Children (EC), Employee + Spouse (ES), Family, and Split (both married adults have family coverage but "split" the premium. Making the employer contribution equitable between both agencies/entities. This improved adverse selection and cash balances improved.

2003
A health premium rate increase of 32.6%

2002
A health premium rate increase of 38.4%

2002
The State implemented a mail order drug plan. The mail order program provides deeper discounts primarily dispensing maintenance drugs through the mail.

2000
Jan 1, the State implemented a three-tiered prescription card program provided by Express Scripts. This provided a network of participating pharmacies who contract with Express Scripts to dispense prescriptions within contractual costs.

1988
Jan 1 the State implemented a Preferred Provider Program. Commonly known as a PPO; the program attempts to influence employee and provider behavior. Under the PPO approach, a preferred Network of providers (physicians and hospitals) was established. These providers contract to provide their services based on a predetermined price schedule that is discounted from normal charges. Employee behavior is influenced through financial incentives to use the PPO providers.

13. The Wyoming State Library:

- Collects and curates the State Library's digital and print materials which are:
    - State and federal documents, newspapers, library professional collection, patent and trademark collection, a collection of books owned by the Department of Family Services, and general interest of Wyoming history or government collection.
- Provides outreach to state agencies, informing them of resources available and instructs on collection requirements
- Provides interlibrary loan access to state employees
- Provides, creates, conducts, and facilitates professional development opportunities to Wyoming library community
- Coordinates the Library Services and Technology Act (LSTA) federal grant for statewide library professional development and library services
- Provides access to information products or databases for research, expand downloadable or electronic collections
- Partners with local, regional, and national organizations for library staff training
- Coordinates the collection of library statistics to give local libraries the information needed to make informed decisions
- Liaise with state agencies and partner organizations to coordinate library-related conferences, services, and resources
- Supports the library system software for the WYLD network of libraries
- Supports statewide interlibrary loan cooperation and resource sharing efforts
- Supports public catalog for item discovery
- Provides training and support for library analytics and information reporting
- Provides Wyoming libraries central purchasing and fiscal services that help with item discounts for collections and to minimize local processing costs
- Consults on library related topics

Regarding Libby:

WSL does:

- Subscribes to Libby for state employees. There is no annual fee for WSL, just the cost of new items
- Purchases content for state employees
- Use federal funds to reduce waitlist time for popular titles and authors for Wyoming residents
- Uses federal funds to purchase a yearly subscription of magazines and newspapers in Libby for Wyoming residents

Does not:

- Have authority or govern over any other Wyoming library
- Pay for any library's contract with OverDrive's Libby
- Have control over the Libby app for other libraries

Libby

Each public and academic library has their own agreement with Overdrive for content on Libby.

On June 23, 2025, OverDrive announced that they would be releasing a new feature called Content Controls that "allow users to configure what library content appears in Libby, for themselves or for their family, based on the *intended audience* for each book, audiobook, and magazine in the library collection." The Libby for kids allows parents to turn off young adult content and only show titles for a juvenile audience (0-12). A parent/guardian can set a passkey, which will keep others from changing the settings. All Libby users, in every state, have Content Controls. "Libby for Everyone" is the default setting.

For a minor to access content, parents must get a library card for their child. People can only access content through a device connected to the Internet. Once access to the app with a library card is applied, a parent can choose to limit search results by intended audience. These designations are set by the publishers.

Member libraries can request titles be reviewed if they think the title has been incorrectly classified. However, it is up to OverDrive to make the change.

Other e-content resources:

The State Library subscribes to TumbleBooks (K-6) and Bookflix (PreK-3) for Wyoming residents. These are literacy resource databases that the State Library provides access to on our GoWYLD webpage. As a State Library resource, these databases are accessible at any Wyoming library location, public school, state government office location, or to any Wyoming resident who has a library card in good standing by using their library card and pin.

Wyoming Libraries do not pay a fee for these two databases since they are resources that the State Library provides. The collections in BookFlix and TumbleBooks are sold as packages by the vendors (Scholastic and Tumbleweed Press, respectively). Libraries do not select individual titles within the packages

The Wyoming State Library does not have a license with Kanopy or Hoopla.
Kanopy has parental controls that can be activated using a pin number

Hoopla offers preset parental controls for AV items and comics, but not for books. Parents can set restrictions on adult books by enabling "Kids Mode" in the Hoopla dashboard.

JAC Follow-Up for A&I - Attachment "A"

Safety Net Facility Direct Care Vacancies and Consequences

October 2025

Summary

Recruitment and retention of direct care workers at our safety-net facilities is a challenge, largely due to stagnating hourly wages compared with a highly-competitive market. Staff vacancies reduce facility capacity, creating waitlists for services that back up into community jails and hospital emergency departments.

1. Problem

1.1. Our safety-net health facilities exist on a continuum of care, admitting and discharging patients to and from the community, often based on court orders. When our facilities can't handle this volume, it 'backs up' into the community.

- The State Hospital, for example, has treatment capacity for people who are civilly-committed (W.S. 25-10-101 et. seq.), require forensic evaluation or restoration to competency in a criminal case (W.S. 7-11-301 et. seq.), or are committed there on a more long-term basis under a "not guilty by reason of mental illness" (NGMI) judgment (W.S. 7-11-306). Most of our other facilities have statutory missions to provide long-term care to people who are difficult to place in the private sector, whether due to difficult behaviors or high medical needs.
- When these facilities can't take placements, the community system backs up: people end up having to stay longer in jails or hospital Emergency Departments.
- In some cases, like under Title 25, the Department pays designated hospitals like Wyoming Behavioral Institute (WBI) and other community providers to treat or hold the overflow. This comes at a significant cost; last biennium, the Department spent just over $12 million. This biennium, we project spending $6.5 million.
- In other cases, e.g., people staying in jail awaiting an inpatient evaluation, we do not directly pay for treatment, and the costs are absorbed by the sheriffs and hospitals.

1.2. In order to operate safely, each facility has minimum staffing requirements for any given census. Direct care staffing remains difficult, however, and our vacancy rates are unacceptably high.

- Many of these staff are nurses or lower-level nursing staff (Licensed Practical Nurses and Certified Nursing Assistants). Since the COVID pandemic and subsequent federal response, the nurse labor market has been stretched tight. We are only now seeing some signs of easing, but our facilities still compete with local hospitals, nursing homes, jails, and other community providers for labor.

- Nursing-related vacancies at four of our five facilities are our single largest problem. Table 1, below, describes this in detail.

Table 1: Vacancy rates, as of August 2025

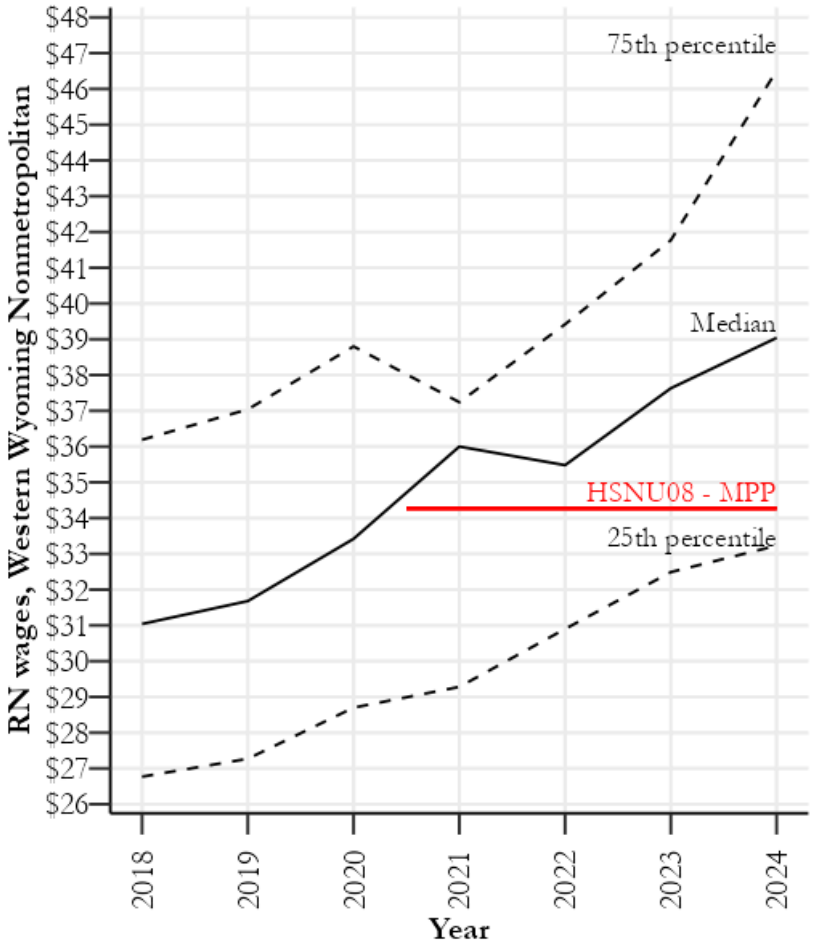
Nursing classification	Facility	Vacancies	Positions	Vacancy rate
Certified Nursing Assistant (CNA) HSHS 04 - 09	Life Resource Center	145	215	67%
	Pioneer Home	0	7	0%
	Retirement Center	22	38	58%
	Veterans' Home	1	5	20%
	Veterans' Skilled Nursing	10	19	53%
	Wyoming State Hospital	25	151	17%
Licensed Practical Nurse (LPN) or Registered Nurse (RN) HSNU 06 - 10	Life Resource Center	14	24	58%
	Pioneer Home	0	3	0%
	Retirement Center	13	18	72%
	Veterans' Home	5	9	56%
	Veterans' Skilled Nursing	4	11	36%
	Wyoming State Hospital	22	56	39%

1.3. State wages for nurse salaries are approximately five (5) years behind the market. Our median hourly wage for RNs is actually closer to the 25th percentile of the market today.

- Figure 1, on the next page, shows how the 2025 MPP for HSNU08 (RNs) compares with the actual market distribution for nurses in Western Wyoming non-metropolitan areas (where all WDH safety-net facilities are located).[1]
- Note how MPP is closer to the 25th percentile of the distribution today, and only corresponded to the actual median (50th percentile) in the middle of 2020.

[1] Occupational Employment and Wage Statistics, BLS. Consolidated data from 2011 to 2024 for occupation code 29-1141.

Figure 1: HSNU08 (Nurse) MPP vs actual market distribution, Western Wyoming nonmetropolitan



1.4. When we can't hire State employees, we have turned to contract staff. While this helps the immediate need for labor, they come with significant downsides :

- Contract staff are very expensive. As an anecdote, the State can pay an entry-level nurse ~$31-33/hr. Because we can't recruit, we end up paying $80/hr for contract nurses; the staffing agency takes its cut and pays the nurse up to $60/hr. Table 2, on the next page, shows how contract labor costs at WDH facilities have significantly increased over the past five years.
- Hiring too much contract labor can be difficult on staff morale, especially when pay inequities become known. This can lead to the cannibalization of the workforce into contractors.

Table 2: Contract labor costs

SFY	Facility					Total contract labor cost
	State Hospital	Life Resource Center	Pioneer Home	Veterans' Home	Retirement Center	
2019	$3,947,634	$1,652,004	$3,209	$385	$852,602	$6,455,834
2020	$2,638,941	$1,285,465	$9,628	$33,829	$1,136,018	$5,103,881
2021	$770,551	$757,518	$35,502	$44,829	$1,223,051	$2,831,450
2022	$577,220	$140,000	$45,986	$1,230	$1,811,172	$2,575,608
2023	$1,630,286	$542,906	$23,387	$203,026	$3,560,429	$5,960,034
2024	$3,131,451	$3,883,414	$1,285	$1,074,177	$4,856,612	$12,946,938
2025	$2,420,570	$3,690,177	$82,512	$3,126,988	$7,512,880	$16,833,128

In order to address this issue, improving recruitment and retention of direct care workforce in the most cost-effective manner is critical.