Polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This checklist identifies areas where Wyoming is doing well and areas where it can improve.

### 1. Curb Excess Healthcare Prices:
- Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices.
  - Not implemented by state
- Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization.¹
  - Implemented by state
- Create a permanently convened health spending oversight entity.
  - Not implemented by state
- Create all-payer healthcare spending and quality benchmarks for the state.
  - Not implemented by state

### 2. Reduce Low-Value Care:
- Require validated patient-safety reporting for hospitals.²
  - Not implemented by state
- Universally implement antibiotic stewardship programs using CDC’s 7 Core Elements.³
  - Not implemented by state
- Analyze claims and EHR data to understand how much is spent on low- and no-value services.
  - Not implemented by state

### 3. Extend Coverage to All Residents:
- Expand Medicaid to cover adults up to 138% of the federal poverty level.⁴
  - Not implemented by state
- Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.
  - Not implemented by state
- Provide options for immigrants that don’t qualify for the coverage above.⁵
  - Implemented by state
- Conduct strong rate review of fully insured, private market options.⁶
  - Not implemented by state

### 4. Make Out-of-Pocket Costs Affordable:
- Protect patients from inadvertent surprise out-of-network medical bills.⁷
  - Not implemented by state
- Limit the availability of short-term, limited-duration health plans.
  - Not implemented by state
- Waive or reduce cost-sharing for high-value services.
  - Not implemented by state
- Require insurers in a state-based exchange to offer evidence-based standard plan designs.
  - Not implemented by state

Additional detail is available at:
NOTES

1. Wyoming has a voluntary multi-payer claims database that includes claims data for self-insured plans.
2. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Wyoming does not mandate any patient safety reporting or validation for CLABSI/CAUTI. For more information, see: https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables.
3. 73% of WY hospitals have adopted antibiotic stewardship. For more information, see: https://www.cdc.gov/antibiotic-use/stewardship-report/current.html.
4. WY lawmakers have repeatedly considered, but have not passed, Medicaid expansion.
5. WY offers Medicaid coverage to lawfully residing immigrant pregnant women without a 5-year wait. WY does not offer Medicaid coverage for legally residing immigrant children without a 5-year wait or for undocumented children/pregnant people/adults.
6. Wyoming does not conduct effective rate review, per the federal government.
7. The federal No Surprises Act prohibits surprise medical billing in most plans effective January 2022. However, it does not cover ground ambulances which often result in surprise bills for consumers. An analysis by Johns Hopkins University conducted specially for Altarum revealed that 37% of ground ambulance rides in WY charged to commercial insurance plans had the potential for surprise medical billing. WY had a small sample size [196] compared to other states, so interpret percentage with caution.