

# Healthcare Affordability State Policy Scorecard

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 scorecard identifies areas where Wyoming is doing well and areas where it can improve.

STATE:

**WYOMING**

RANK:

**N/A**

out of 42 states + DC

Wyoming is close the national average in terms of healthcare spending per person, but with somewhat high recent growth in spending. Like most of the U.S., residents report high levels of healthcare affordability problems.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
<b>EXTEND COVERAGE TO ALL RESIDENTS</b> 	<b>1 OUT OF 10 POINTS</b> Childless adults are not eligible for Medicaid and parents are only eligible if their incomes are less than 54% of FPL. Certain recent immigrants have state coverage options.	<b>5 OUT OF 10 POINTS</b> In 2018, WY was in the bottom third of states in terms of covering the uninsured, ranking 40 out of 50 states, plus DC, for this measure.	<i>Close the coverage gap by expanding Medicaid to all very low income state residents and consider options to help families that make too much to qualify for Medicaid, like Basic Health Plan, reinsurance or supplementary premium subsidies. Additionally, WY should enact an effective rate review program.</i>
<b>MAKE OUT-OF-POCKET COSTS AFFORDABLE</b> 	<b>0 OUT OF 10 POINTS</b> WY has not enacted any measures to ease out-of-pocket cost-sharing burdens for consumers.	<b>3 OUT OF 10 POINTS</b> Forty-six percent of adult residents report healthcare OOP affordability burdens and WY ranked 38 out of 49 states, plus DC, for this measure.	<i>In light of grave affordability problems, WY should consider a suite of measures to ease consumer burdens starting with SMB protections – a proven measure for helping consumers.</i>
<b>REDUCE LOW-VALUE CARE</b> 	<b>0 OUT OF 10 POINTS</b> WY has not enacted meaningful patient safety reporting. WY performs below average for hospital antibiotic stewardship and has not measured the provision of low-value care.	<b>7 OUT OF 10 POINTS</b> WY ranks highly in terms of reducing C-sections for low risk mothers (8 out of 50 states, plus DC), and ranks 21 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	<i>Curtailling low- and no-value care is a key part of a comprehensive approach to affordability. WY should use claims &amp; EHR data to identify unnecessary care &amp; enact a multi-stakeholder effort to reduce it. WY should stop paying for 'never events,' use other techniques to reduce medical harm &amp; increase efforts to address antibiotic overprescribing.</i>
<b>CURB EXCESS PRICES IN THE SYSTEM</b> 	<b>3 OUT OF 10 POINTS</b> While the state has a voluntary APCD, WY is otherwise a middle-ranked state with a few policies to curb the rise of healthcare prices.	<b>N/A OUT OF 10 POINTS</b> Data on private sector prices, relative to the national median, are not available for WY.	<i>Year-over-year increases in healthcare prices overwhelmingly drive healthcare spending in a state. WY should consider strong price transparency requirements; establishing a health spending oversight entity; and creating health spending targets.</i>

APCD = All-Payer Claims Database FPL = Federal Poverty Level EHR = Electronic Health Records OOP = Out-of-Pocket Costs SMB = Surprise Medical Bill STLD = Short-Term, Limited-Duration

See state notes on page 2.

Full report and additional details at [www.HealthcareValueHub.org/Affordability-Scorecard/Wyoming](http://www.HealthcareValueHub.org/Affordability-Scorecard/Wyoming)

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## WYOMING NOTES

### Methodological Notes:

State rank reflects the weighted sum of the policy and outcome scoring components. In this summation, the Extend Coverage to All Residents category received the biggest weight (reflecting its large impact on the uninsured population) and Reduce Low-Value Care received the smallest weight, reflecting its smaller impact on spending. A lower state rank number (i.e. close to 1) reflects a higher overall score and better performance when compared to other states.

For a complete discussion of methodology, please see [healthcarevaluehub.org/affordability-scorecard/methodology](https://healthcarevaluehub.org/affordability-scorecard/methodology).

### The Problem:

Wyoming ranks in the bottom third of states in terms of high healthcare affordability burdens, with a rank of 38 out of 49 states, plus DC, and 46% of Wyoming adults reporting healthcare OOP affordability burdens. The most common burden reported was ‘trouble paying medical bills’ (37% of adults), followed by ‘made changes to medical drugs because of cost.’ According to the BEA, healthcare spending in Wyoming totalled \$6,722 per person in 2018.\* Moreover, between 2013 and 2018, healthcare spending per person grew 25.8%.\* Residents are struggling to afford needed healthcare, in part due to high rates of uninsurance among the population. Wyoming has much work to do to ensure wise health spending and affordability for residents.



### Extend Coverage to All Residents:

Lawfully residing immigrant pregnant women are covered by Medicaid without a 5-year wait.

Wyoming does not conduct effective rate review, per the federal government.



### Make Out-of-Pocket Costs Affordable:

High-deductible health plans create barriers to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 7.9% per year in Wyoming.\*



### Reduce Low-Value Care:

Addressing medical harm to improve patient safety can take many forms. One form is declining payment for services related to “never events,” serious reportable events identified by the National Quality Forum (NQF) that should never occur in a healthcare setting.

Seventy-four percent of Wyoming hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship – short of the goal of 100% of hospitals.



### Curb Excess Prices in the System:

Wyoming has a voluntary, multi-payer claims database that includes claims data for self-insured plans.

\* Informational data, not used in state score or ranking. DOI = Department of Insurance BEA = U.S. Bureau of Economic Analysis • Scorecard Updated: Jan. 7, 2020