

**Testimony for Senate Health, Education, Labor and Pensions**

**Primary Health and Aging Subcommittee**

**“30 Million Patients and 11 Months to Go: Who Will Provide Their Care?”**

**Toni Decklever, MA, RN, Wyoming Nurses Association**

Good morning, Chairman Sanders, Ranking Member Enzi, and Members of the Subcommittee. Thank you for the opportunity to testify today.

I am Toni Decklever, MA, RN representing the Wyoming Nurses Association and the American Nurses Association. I have been a nurse for almost thirty years and have worked in acute care, long term care, education and administration.

Wyoming is the ninth largest state in the U.S. with almost 100,000 square miles of land, but has the nation’s smallest population at a little over half a million people. Wyoming’s frontier and rural environment impacts our health care systems. Wyoming has 25 hospitals, with 16 designated as critical access hospitals. There are also two veteran’s hospitals and 16 rural health clinics - half of which are associated with hospitals in their communities. Wyoming has eight community health centers, three are special population health centers and three are satellites of larger health centers.

Wyoming does not have a medical college at the University, but through partnerships with other state education programs, medical students can receive their education. In terms of other healthcare educational opportunities, Associate, Bachelor and Advance Practice nursing programs are offered through the Wyoming Community College network and the state’s only university.

Even with these providers, many small towns and huge areas of Wyoming are without access to primary care. Because many communities do not have a primary care

provider, factors such as weather, terrain, distance, and reliable transportation become barriers when travel is necessary to access care.

When dealing with the expanding number of patients and the barriers to care for these patients, several components need to be considered. One is the ability for providers to be able to practice to the fullest scope of their education and licensure. Another is addressing the shortage of providers due to retirement and a shortage of qualified faculty to educate new providers. Others include perception of quality care and support funding for rural areas.

With Baby Boomers turning 65 at the rate of 10,000 a day, there will be an increase in demand for health care in traditional acute care settings along with the expansion of non-hospital settings such as home care and long-term care.

Wyoming's Nurse Practice Act allows Advanced Nurse Practitioners to practice independently in the state. This ability helps nurses provide patients in rural areas with access to primary care. Unfortunately, some federal laws and regulations often limit a nurses' ability to practice to the full scope. A quirk in Medicare law has kept APRNs from signing home health plans of care and from certifying Medicare patients for the home health benefit.

In areas where access to physicians is limited, this prohibition has led to delays in home health services. Moreover, the delays in care inconvenience patients and their families, and can lead to increased costs to the Medicare system. This occurs when patients are unnecessarily left in more expensive institutional settings or are readmitted after discharge because they did not receive needed support at home.

A sufficient supply of nurses is critical in providing our nation's population with quality health care now and into the future. Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) are the backbone of hospitals, community health

clinics, school health programs, home health and long-term care programs, and serve patients in many other roles and settings.

According to the *2008 National Sample Survey of Registered Nurses*, over one million of the nation's 3.1 million practicing RNs are over the age of 50 with more than one-quarter of these nurses over the age of 60.

Much like all rural populations and that of Wyoming, the provider population, is aging and nearing retirement age. This runs counter to the increasing needs of a growing older population and a regional or sporadic growth of younger populations. Studies have identified the retirement of providers as one of the obstacles to providing comprehensive care.

A study by the Wyoming Health Care Commission stated, "Assuming no changes to the current policy scenario, projections show that Wyoming's health care industry will need a total of 3,307 more nurses by 2014 than were employed in 2006 (estimated at 3,145) to fill the projected demand. "

Wyoming responded to this increasing need for nurses by creating a funding stream that would assist nurses wanting to continue their education and work as faculty at the community colleges and university. This allowed the nursing programs to increase their enrollment numbers, and thus educate more registered nurses. RN's are encouraged to continue their education into the Advanced Practice Nursing level.

Wyoming has a small amount of **state incentive and loan repayment money** for students, but the dollar amounts do not meet the demand through each biennium. To fill this void in funding, some students are able to receive funds from Nursing Workforce Development Programs, Title VIII and Health Professions Program – Title VII.

These programs are designed to meet the nation's needs by increasing the supply of primary medical and dental care providers and public health and allied health professionals, training more health professionals in fields experiencing shortages,

improving the geographic distribution of health professionals, and expanding access to health care in underserved areas.

The perception that healthcare delivered in bigger health centers equals quality is not easily overcome. Many residents are using health services in surrounding states that could have been served in Wyoming. To address this issue, one report suggested ways to “re-characterize” the system by:

1. Having a stable supply of healthcare professionals to support primary and secondary care,
2. Have appropriately located tertiary care services that are preferred by residents of the state.
3. Integrate services at the point of care – Medical Home concept
4. Collaborative planning and policy implementation within regions of the state
5. Effective use of pooled financial resources to extend financial access to all citizens.
6. Shared responsibility for achieving goals for individual and population health
7. Organized leadership that keeps the state responsive to changes in national policy, healthcare practice and the demographics.

Federal designations provide eligibility for federal programs like HRSA 330 funding and enhanced reimbursements to rural Health Clinics. Health Provider Shortage Areas, medically Underserved areas and Medically Underserved populations are based on factors that make it difficult to provide the needs of the underserved in rural and frontier areas. For example, one provider per 3500 people in an urban setting is entirely different than 3500 people living in a county that is almost 10,500 miles of land mass.

Wyoming’s economy is based primarily on energy production, coal, natural gas, oil, uranium, and even wind, making it a “boom and bust” economy. Many people working in the energy industry make a sufficient salary when they work. In some cases,

these salaries are significant enough that it can skew the average income for families based on statewide data. Though some families do very well financially, there are still a number of people struggling to make ends meet. This income disparity can be another challenge to meeting designation guidelines.

Committee members, thank you for your time and your attention to this matter. I look forward to answering any questions you may have.