



[Commentary: Local care in Wyoming hinges on fixing flawed policy](#)

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If you've ever struggled to find care close to home, then you understand something that policymakers in Washington often forget: access to care isn't a theoretical issue. It's measured in miles, long stretches of highway and time spent away from your loved ones.

When you're receiving treatment for a complex condition, like cancer or diabetes, these challenges are multiplied. You can't afford to travel hours to Salt Lake City or Denver to receive treatment. That's why it is vital to have close-to-home options you can trust.

Unfortunately, Wyoming patients' access to local care is under threat. That's because the 2022 Inflation Reduction Act slashes payments that help independent medical practices cover the costs of storing, acquiring and administering specialty treatments, like chemotherapy.

For large hospital systems, that's a storm that can likely be weathered. But for small, independent practices in rural states like Wyoming, it's a completely different story.

Independent practices operate like small businesses, operating on thin margins while facing rising costs, staffing challenges and increasing administrative burdens. This reduction in payment for specialty drugs is yet another challenge that may push independent practices to the brink, forcing them to close or merge with a larger hospital system. This will only increase healthcare consolidation in Wyoming, which already ranks third highest of 50 states in hospital monopoly power. For patients, this means fewer local options for care and higher out-of-pocket costs.

Multiple analyses confirm the scale of the threat. One research group estimates physicians could lose at least \$25 billion in add-on payments across the first 10 negotiated Part B drugs. Another projects \$56.3 billion in reimbursement losses in the next decade. These cuts will likely translate into staffing

reductions, scaled-back services, and, in some cases, shuttered clinics.

For Wyoming patients, where specialty access is already limited, this could mean even longer drives, delayed care or skipped treatments altogether.

Congress can help by passing the Protecting Patient Access to Cancer and Complex Therapies Act (H.R. 4299). This policy solution would establish adequate reimbursement for physicians, removing physicians and patients from the middle of drug-pricing negotiations while preserving cost savings for Medicare. Under this approach, patients would still see \$93.3 billion in cost-sharing savings, and Medicare would save \$71.3 billion overall.

This bill is an important first step in a larger effort to address the challenges facing our healthcare system and stem the tide of consolidation. By fixing a structural flaw in Medicare policy, this legislation would protect independent practices and the high-quality, innovative care they provide close to home.

No single policy can solve every challenge facing healthcare, but we can begin by ensuring that efforts to lower drug costs don't unintentionally undermine access to community-based care.

Congress must advance this legislation, so it becomes law this year. Doing so will ensure that Medicare reform lowers costs without sacrificing access or standing in the way of the innovation that has long driven American medicine forward.

Wyoming patients deserve close-to-home care. Congress still has time to protect it.