

# Spotlight on State: Wyoming

*This is part of a [series of summaries](#) that highlight notable legislation and initiatives in health policy and reform of all 50 states. Check back on The Source as we roll out additional states each week.*

See [Wyoming](#) state page.

Wyoming was one of the first states to permit out-of-state regulated insurers to sell insurance products domestically to increase competition and decrease the cost to enter the market. Wyoming also requires studies of high hospital costs in the state, loss of medical services, and the use of out-of-state providers. While this statutory-mandated [study](#) is not yet complete, Wyoming Hospital Association attempts to compensate by offering an online price disclosure database for its hospitals. A coalition of Wyoming employers is also interested in obtaining charge data across all insured in order to better negotiate rates directly with providers. Additionally, the state adopted a resolution in support of promoting health care billing transparency, health savings accounts, and more.

In market consolidation oversight, Wyoming requires notification of nonprofit hospital mergers to the Attorney General. Additionally, the state requires approval of general nonprofit corporation mergers, as well as court approval of nonprofit hospitals mergers.

To address the rise in prescription drug prices, Wyoming recently enacted law that prevents pharmacy benefit managers (PBMs) from prohibiting or penalizing the disclosure of prescription cost information or affordable alternatives. The state also permits a pharmacist to substitute biosimilar products or generic pharmaceutical equivalents unless a prescriber clearly prohibits substitution.

See below for an overview of existing Wyoming state mandates. Click on citation tab for detailed information of specific statutes (click link to download statute text).