

AI + WYOMING MANUFACTURING: AI, DATA, AND WYOMING MANUFACTURING



CONFIDENTIAL AND PROPRIETARY



INTRODUCTION

We have already built in Wyoming the facilities, technology, and IP needed to transform how healthcare is supplied and paid for.

What we are offering is: **AI-driven, cost-plus group purchasing and supply model** we operate for hospitals and manufacturers nationwide — and apply it for the **State of Wyoming**.

Built in Wyoming — validated MedTech plant, 100+ FDA-cleared devices, 135,000+ skews

Proven Model — we already manufacture, supply, and run GPO systems for commercial hospitals and OEMs.

AI-Powered — not just manufacturing and purchasing, but statewide data integration:

- Hospital usage + supply chain optimization
- Target and secure future grants and federal funding
- Critical access and workforce planning
- R&D and innovation driven by real-world patient and usage data

Statewide Advantage — one transparent source for Wyoming hospitals and ASCs, creating scale, lowering prices, and keeping dollars (and jobs) in-state.

Fundable Now — aligns directly with new federal rural health funding opportunities available to states by January 1, 2026.

In short: Wyoming can leverage what we have already built to secure federal dollars, lower healthcare costs, strengthen rural hospitals, and expand local manufacturing — all with a system that is proven, transparent, and immediately deployable.

AI ORCHESTRATOR

BUILT IN, NOT BOLTED ON

360-Degree Patient View

- Unify fragmented EHRs into a single, complete patient record.
- Empower clinicians with comprehensive data for better outcomes.
- Eliminate data silos to improve care coordination.

Unbreakable Patient Trust

- Provides an immutable, cryptographically secure audit trail.
- Guarantees HIPAA compliance and protection against data breaches.
- Builds confidence for patients, providers, and regulators.

Embedded from Day 1 — AI is integrated directly into manufacturing, supply chain, and hospital systems (not an add-on).

Connects the Entire System — normalizes data across hospitals, suppliers, and regulators; maintains immutable audit trails.

Learns Every Cycle — smarter with each run → faster setups, fewer deviations, better outcomes.

AI ORCHESTRATOR BUILT IN, NOT BOLTED ON

Operational & Financial Stability

- Use AI insights to reduce supply chain and staffing costs.
- Optimize the revenue cycle by identifying inefficiencies.
- Reinvest savings into patient care for long-term stability.

Proactive Public Health

- Create a live, statewide health intelligence system.
- Use predictive AI to forecast outbreaks and identify at-risk groups.
- Shift from a reactive to a proactive public health strategy.

Expert Agents — specialized AI modules for production, quality, compliance, and supply management — each focused-on accuracy, speed, and cost reduction.

Guides & Proposes — drafts purchasing plans, compliance docs, supplier reports, and cost models — humans approve.

Beyond Manufacturing — statewide, the same AI integrates hospital usage data, workforce planning, and funding strategy — giving Wyoming the intelligence of a billion-dollar healthcare company.

MANUFACTURED IN WYOMING



100+ FDA 510(k)
clearances &
registrations



135,000+ SKUs in
orthopedic &
surgical systems



Design/IP stack:
CAD & drawings,
IFUs/labels, BOMs



Manufacturing IP:
CNC
programs/cutter
paths, fixtures,
validated process
recipes



Proven cells:
production line
layouts, tooling,
and validation docs



STAGE I

DATA INTEGRATION & AI FOUNDATION

Hook into existing hospital systems — seamless integration, no disruption of workflows.

Aggregate and normalize statewide data — use purchasing, workforce, and outcomes.

Identify challenges and opportunities — AI pinpoints supply gaps, cost drivers, and critical access needs.

Proven capability — this is what we already do to commercial hospital networks and OEMs





STAGE II ***SUPPLY CHAIN & MANUFACTURING*** ***ACTIVATION***

Turn insights into action — define what to manufacture locally, what to purchase, and how to distribute.

Build Wyoming's distribution hub — central warehouse + AI-integrated ordering site for all hospitals and ASCs.

Leverage scale for cost savings — aggregate demand across Wyoming to unlock volume pricing.

Cost-Plus Model — every item delivered transparently at cost plus markup (vs. 2,500%+ traditional markups).

Immediate savings — hospitals see 30–70% reductions on products they already use.



STAGE III

OPTIMIZATION, EXPANSION & STRATEGIC IMPACT

Systemwide intelligence — continuous AI learning to optimize workflows and purchasing.

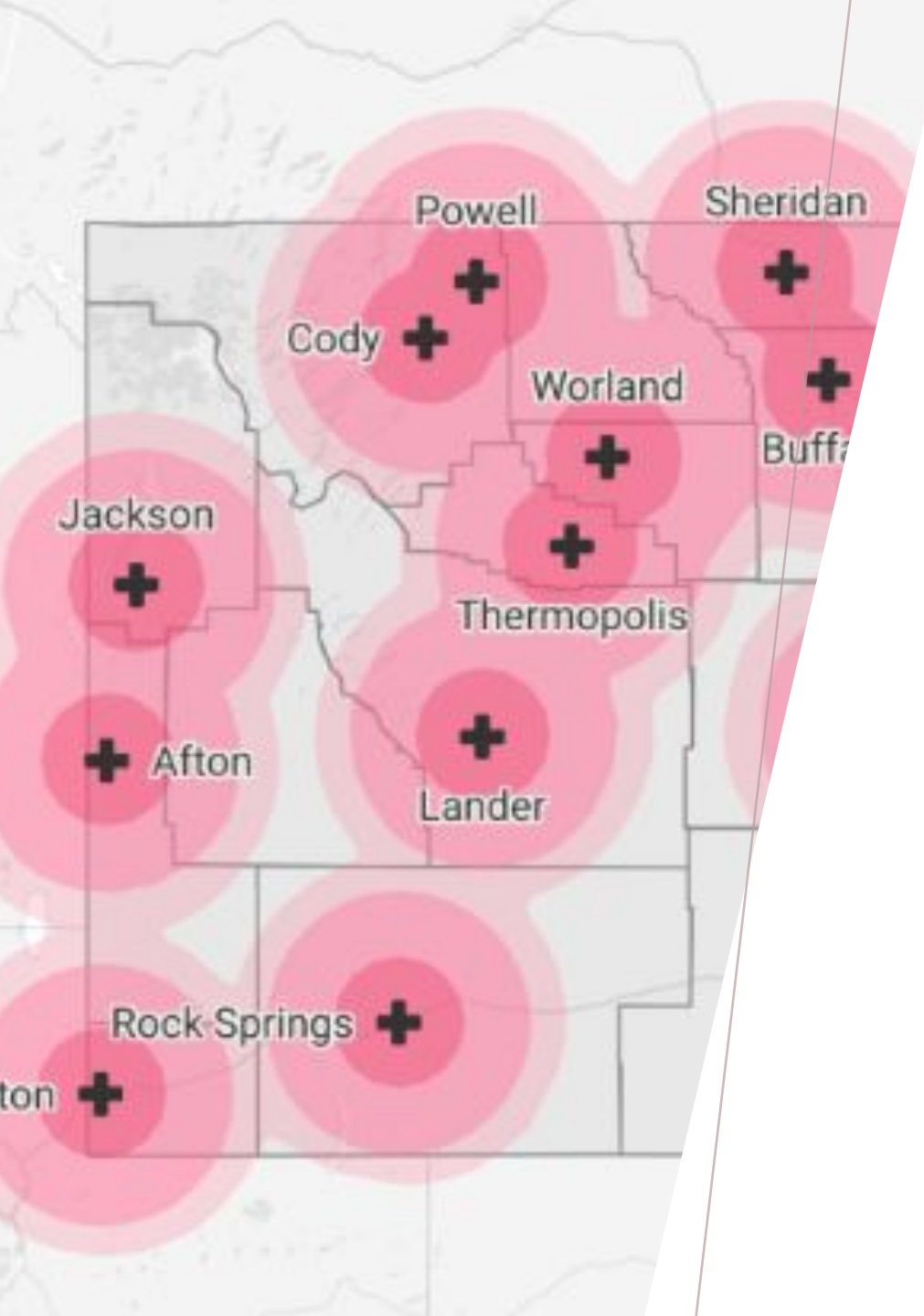
Trend prediction — integrate international manufacturing and raw material data to forecast demand (e.g., flu season).

Expand Wyoming's healthcare capacity — identify needs for trauma centers, ASCs, workforce planning.

Attract new providers — transparent pricing and reduced overhead make it easier to start and grow facilities.

Grant & funding engine — data supports applications for federal grants, rural health funds, and long-term investment.

Wyoming as a model — connected systems transform rural healthcare, giving even small ASCs the purchasing power of a statewide network.



THE VISION — WHAT WYOMING HEALTHCARE LOOKS LIKE WHEN COMPLETE

- Unified System:** Every Wyoming hospital and ASC connected through a single, AI-powered GPO platform.
- Cost-Plus Model:** Transparent pricing that eliminates 2,500%+ markups; hospitals save 30–70% on supplies and devices.
- Local Manufacturing:** Devices and supplies manufactured in Wyoming under 510(k) licenses, curated to each hospital/clinic for maximum workflow efficiency and reduced staffing strain.
- Smart Data Integration:** Real-time AI spotting trends, predicting needs, and turning statewide usage into actionable insights for staffing, care delivery, and supply chain.
- Grant-Ready Intelligence:** Agentic AI aligns data outputs with grant requirements — auto-curates the exact evidence needed to secure new federal funds.
- Outcome:** Lower costs, stronger rural hospitals, new surgical capacity (e.g., hip surgeries closer to home), and a sustainable statewide healthcare system.

FEDERAL FUNDING ALIGNMENT

OUR PROPOSAL DIRECTLY MATCHES FEDERAL GRANT CRITERIA (P.L. 119-21, SEC. 71401)

Chronic Care Management — Localized ASCs & proactive AI data reduce complications, expand access to hip/knee, cardiac, and diabetes care.

Workforce Stabilization — AI-driven scheduling & workflow optimization cut burnout, reduce temp staffing costs, and attract rural providers.

Cost Containment & Sustainability — Cost-plus model eliminates 2,500%+ markups; \$176M in avoidable costs reclaimed.

Interoperability & Data Integration — Unified platform ensures statewide EHR compliance with 21st Century Cures Act (Jan 2026 deadline).

Value-Based Care & Innovation — AI enables outcomes-driven purchasing, proactive chronic disease management, and tailored grant-ready reporting.

Collaboration & Governance — Public-private partnership



PATH TO FEDERAL FUNDING — HOW WE PROVE ELIGIBILITY

Chronic Care Management

Requirement: Demonstrate improved chronic care access.

Our Proof: More local ASCs and surgical capacity reduce complications (e.g., hip surgeries done closer to home reduce risk of clots, immobility, and costly chronic conditions).

Workforce & Access Expansion

Requirement: Show solutions for rural staffing and critical access shortages.

Our Proof: AI-optimized workflows reduce admin burden, and curated supply ensures providers can deliver care efficiently, attracting more clinicians to rural sites.

Cost Savings & Sustainability

Requirement: Demonstrate sustainable financial model.

Our Proof: Cost-plus GPO with statewide manufacturing integration slashes device costs by up to 70%, stabilizing Critical Access Hospitals' margins.

Interoperability & Data Use

Requirement: Prove ability to generate and leverage interoperable data.

Our Proof: Unified AI-driven system integrates EHRs statewide, delivering mission-critical insights and tailored grant-ready data for federal reporting.



WYOMING RURAL HEALTH TRANSFORMATION

Funding Structure (Milestone-Gated)

Phase 1 (Years 1–2): \$275M–\$350M
Pilot + Proof Points



Phase 2 (Years 3–5): Scale & Diversification

Diversifies Wyoming's economy through healthcare, manufacturing, and data infrastructure.

Statewide AI integration live in first 4–6 months

- Central warehouse + online ordering operational
- Bulk purchasing & local manufacturing scaled immediately
- Independent evaluation of cost savings, access, and workforce

- Expansion to additional hospitals & ASCs
- Broader product categories manufactured in Wyoming
- Advanced AI analytics: trend forecasting, chronic care KPIs
- Economic growth through high-paying jobs & service industries

TOTAL INVESTMENT: \$1.1 BILLION (~ \$220M/YEAR ≈ \$1 PER CITIZEN PER DAY)

Funding is milestone-gated; state owns the platform and data; private execution ensures delivery.



THANK YOU

Appendix I

The Cost Baseline — \$176M Annual Drag

Supply Chain Premium: CAHs pay **8–12% more** than GPOs → \$90M excess costs/year

Admin Overhead: 28% of net revenue vs 22% national → \$65M annually

IT Fragmentation: 5.5% of budgets vs 4.5% benchmark → \$18M annually

Total Impact: \$176M/year in avoidable non-clinical costs

Appendix II

Workforce Crisis — The Revolving Door

RN Turnover: 22.5% vs 18.1% national benchmark

Physician Vacancies: PCP searches average **380 days**

Recruitment Costs: \$28K per RN / \$185K per PCP

Temp Staffing: \$25.6M/year on travel nurses + locums

Impact: Cycle of burnout, high cost, unstable care access

Appendix III

Digital Divide & Federal Mandates

EHR Fragmentation: 16 CAHs running **4+ different vendors**, often fax/phone for transfers

Cures Act Compliance: FHIR API mandate in effect Expanded data-sharing (EHI) since 2023

USCDI v3 required by Jan 1, 2026

Implication: Statewide interoperability hub is cheaper, safer, and required

Appendix IV

Chronic Disease Burden — Targeted Need

Fremont County: 13.1% diabetes, 36.8% hypertension

Niobrara County: 12.5% diabetes, 37.5% hypertension

Washakie County: 11.9% diabetes, 36.2% hypertension

Challenge: Data latency (12–24 months) leaves public health reactive

Solution: Real-time statewide AI platform → proactive management & funding leverage

Appendix V

ROI & Economic Multiplier

10-Year ROI: 102% cumulative

Break-Even: Between Year 5–6

Direct Savings: \$338M (supply chain, admin, IT)

Workforce Stability Benefits: \$118M saved from reduced temp staff

Economic Preservation: \$36M from preventing hospital closures

Message: Grant-funded investment → high-yield economic engine

Appendix VI

Lessons from Other Rural States

Montana (BSCC): Public-private board → 18% fewer duplicate labs

South Dakota (SDHL): Member-driven HIE → statewide access to end-of-life care docs

Alaska (healtheConnect): Telehealth backbone → reduced costly patient evacuations

Key Takeaways for Wyoming:

Neutral governance (public-private partnership)

Phased rollout with high-value use cases first

Inclusive design (CAHs + tribal health + providers at the table)