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Governor Discusses Premium Stabilization Plan, State Waivers with WHA Board Borgerding Shares 2018 WHA Goals; "WHA goes where its members are"

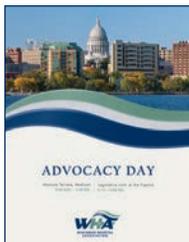


WHA President/CEO Eric Borgerding introduces Gov. Walker at the February 8 WHA Board meeting.

Gov. Scott Walker makes no apologies – he brags about Wisconsin’s health care.

“In the State of the State address, we listed off the great things about Wisconsin...and we pointed out that we are literally the best state in the nation for the quality of our health care system,” Walker told the WHA Board at its February 8 meeting in Madison. “We brag about Wisconsin health care and talk about not just how it attracts economic development, but how it attracts talent and adds to the overall quality of life.”

Walker acknowledged the health care systems in the state for providing good health care, but he also recognized hospitals are an asset to the community and another reason people want to live in Wisconsin. *(continued on page 7)*



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Hospitals Notch Several Wins Under New Federal Funding Law

About a dozen expired Medicare payment provisions—many of which benefit Wisconsin hospitals operating in rural parts of the state—have been extended over the next several years under broad legislation passed by Congress and signed into law February 9.

The legislative package, which also boosts domestic and defense spending, includes scores of provisions impacting how hospitals and providers are paid under Medicare, Medicaid and CHIP. Most of the measures will return—and in some cases boost—hospital reimbursement. And several more provisions are seen as mostly provider friendly. *(continued on page 2)*

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At the outset, the package includes the so-called “Medicare Extenders,” including:

- Extension of Geographic Practice Cost Index: Two-year extension, through Dec. 31, 2019, boosting physician payment in rural communities;
- Permanent repeal of the Medicare therapy caps: The provision gets rid of the annual payment limits for certain therapies, such as physician and speech services;
- Extension of increased inpatient payment for low-volume adjustment: Higher payments included for five years;
- Extension of Medicare Dependent Hospitals: Higher payments extended for five years; and,
- Extension of home health rural add on: Boosts payments for home health services provided in rural areas.

The package also includes an extra four-year extension of the Children’s Health Insurance Program (CHIP), bringing it up to a total of 10-years and providing stability for hospitals that treat lower-income families.

CHIP aside, hospitals should also benefit from a continued delay of the scheduled Medicaid Disproportionate Share Hospital (DSH) payment cuts. The legislation puts a stay on the \$5 billion in reductions scheduled for fiscal years 2018 and 2019.

Other provisions are designed to ease the path for Accountable Care Organizations as the advance through new payment models, and increase the availability and payments around telehealth services.

Broadly, the package is seen as an overall win for Wisconsin hospitals and others across the United States. Hospital groups worked hard to get the expired Medicare extenders re-upped, and pushed federal lawmakers to delay the cuts under the DSH program.

Senate Health Committee Approves WHA-Led Medicaid, Mental Health Priorities *Bills would fund provider care coordination and reform emergency detention processes to align with EMTALA*



Kyle O’Brien, WHA; Cheryl Taylor (testifying) and Elizabeth Cliffe, Ascension Wisconsin

programs in hospitals throughout Wisconsin and expand programs that exist today. The Committee received testimony from Ascension-Wisconsin’s Cheryl Taylor and Aurora’s Jane Pirsig-Anderson, both of whom work with their respective organization’s intensive care management programs.

As mentioned in testimony by the lead authors of this legislation, Sen. Alberta Darling (R-River Hills), Rep. Jessie Rodriguez (R-Oak Creek) and Rep. Joe Sanfelippo (R-New

In one of their last actions of the legislative session, the Senate Health and Human Services Committee met February 6 to take up a variety of appointments and legislation, including two bills that are key WHA priorities.

The Committee heard Senate Bill 742, legislation that would authorize a grant program to reimburse hospitals and health systems for services provided to high utilizers of Wisconsin emergency departments. The goal of this legislation is to incentivize the creation of provider-based care coordination



Jane Pirsig-Anderson (testifying) and Andrew Hanus, Aurora Health Care

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Berlin), the Ascension and Aurora programs have shown strong results and promise in the idea of provider-based care coordination.

“We need to meet these patients where they are, not where we think they should be,” said Taylor. “We help patients navigate the system by helping the doctor understand what the patient is saying and help the patient understand what the doctor is saying.”

Pirsig-Anderson said the legislation will “bridge a care coordination gap for Medicaid patients who have not responded to traditional case management” and said Aurora’s program has already demonstrated a significant reduction in high-utilizers presenting at the emergency department, with a 39 percent reduction at Aurora Sinai and a 68 percent decrease in utilization at Aurora St. Luke’s.

Senate Bill 742 was approved by the Senate Health and Human Services Committee unanimously February 8. The bill’s Assembly counterpart, Assembly Bill 871, was approved unanimously by the Assembly Health Committee February 1. Both bills are expected to be ready for floor action in the Senate and Assembly yet this month.

In addition, the Senate Committee heard Assembly Bill 538 which would align Wisconsin’s emergency detention statutes with the obligations that currently exist for hospitals and health care providers under federal law. In addition, this legislation provides necessary clarification and liability protection to health care providers when they feel an obligation to warn about someone they believe is a harm to themselves or others.

This legislation was a key recommendation of WHA’s Behavioral Health Task Force. The bipartisan bill, which was approved unanimously by the full Assembly in November, was also unanimously supported by the Senate Health and Human Services Committee February 8. WHA expects the legislation to be ready for a Senate floor calendar February 20.

Conflict Resolution and Principles of High Reliability Focus of 2018 Physician Leader Conference

On March 9-10, WHA will host its annual Physician Leadership Development Conference at The American Club in Kohler. This year’s Friday agenda will focus on strategies for physician leaders to resolve conflict utilizing effective feedback and the skills needed to make conflict productive. In addition, the Saturday morning session will focus on the physician leader’s role in shaping performance culture, discussing the principles of high reliability, and demonstrating various skills physician leaders can use to shape culture.



Sessions will be presented by Allison Linney and Craig Clapper, both nationally-recognized faculty from the American Association for Physician Leadership (AAPL), and both will discuss important and practical leadership skills that help physician leaders to move beyond their clinical training and take a new approach to managerial decision-making and problem solving.

Over the past 12 years, WHA has hosted nearly 1,800 physician leaders at the annual WHA Physician Leadership Development Conference, in an effort to assist members in providing the necessary education to new physician leaders and those identified as having leadership potential. Make sure your new physician leaders have the opportunity to attend by registering them today at www.cvent.com/d/ktq19j.

For questions about the annual Physician Leadership Development Conference, contact Jennifer Frank at jfrank@wha.org or 608-274-1820.

Mueller joins WHA Information Center

The WHA Information Center (WHAIC) is pleased to welcome Jennifer Mueller as their new vice president and privacy officer. Prior to joining WHAIC, Mueller spent 19 years at Watertown Regional Medical Center. She most recently served as the vice president, ancillary services; chief information officer and HIPAA privacy officer. Mueller holds a bachelor's degree in health information administration and a master in business administration from the University of Wisconsin-Milwaukee.



Jennifer Mueller

As vice president of the WHA Information Center, Mueller will be responsible for overall direction and oversight, including managing and developing WHAIC's product and service portfolio, guiding staff development, maintaining customer relationships and assisting in the growth and development of the organization.

"We are very excited to have Jennifer lead the WHAIC team. While she is a new employee, she is no stranger to the organization, having previously served on the WHA Information Center Data Advisory Committee. She brings a wealth of knowledge and experience to the organization and will help WHAIC continue to meet the growing data and analytics needs of our members and other data-driven organizations," said Brian Potter, WHA chief operating officer.

Third Stephen F. Brenton Scholarship Award Recipient Announced

Mitchell Running has been selected as the 2017-2018 Stephen F. Brenton Health Policy Scholar, which comes with a financial award that can be applied toward tuition. The scholarship was created in honor of Stephen Brenton (BA '76, Political Science, UW-Madison) to students who are pursuing degrees at the La Follette School of Public Affairs related to health policy. The scholarship is an investment in a hard-working student who is dedicated to improving health outcomes in the state of Wisconsin.



Stephen F. Brenton and Mitchell Running

Running will receive master's degrees in Public Affairs and Public Health from the La Follette School of Public Affairs and the School of medicine and public health at the University of Wisconsin-Madison in August of 2018.

In addition to his studies, Running is currently working part time with the Department of Health Services (DHS) in the state's Food Share program. He also is a project assistant with a professor at the La Follette School who is examining the health and fiscal impacts of various health-related public policies. After he graduates, Running said he plans to pursue an administrative fellowship with a hospital. His interests include studying system and process improvement. He hopes to work in a Wisconsin hospital or health system when he completes his education.

WHA Releases Emergency Preparedness Report: Ready to Respond

Disaster can strike at any time. The local hospital often is the focal point for health care in a community. It is essential that hospitals always be ready to respond—not only by treating the sick and injured but also by coordinating with partners to ensure that medications, supplies and personnel are deployed to meet the demand for medical services.

A new report from the Wisconsin Hospital Association summarizes the role the Wisconsin Healthcare Emergency Preparedness Program (WHEPP) has played in helping hospitals prepare for the unexpected in their communities. Created in 2002 by the Wisconsin Department of Health Services (DHS), WHEPP is funded through a grant from the U.S. Department of Health and Human Services. *(continued on page 5)*

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As administered by DHS in partnership with WHA and other stakeholders, WHEPP's mission is to support the emergency preparedness efforts of hospitals and other health care partners by providing equipment, supplies, resources, training and infrastructure. WHA also supports their member hospitals by providing emergency preparedness information and coordination and communications assistance related to disaster response.

WHA and WHEPP will continue to be resources to hospitals and their partners in the community. To learn more, contact Andrew Brenton, WHA, abrenton@wha.org or 608-274-1820.

See the report at www.wha.org/Data/Sites/1/emergencyprep/WHA-EmergencyPrepBrochure-2-7-2018.pdf.

Grassroots Spotlight

Wisconsin Rural Health Delegation Visits Congress



In conjunction with the National Rural Health Association's Policy Conference, a group of rural health advocates met with Wisconsin's congressional delegation February 7 in Washington, D.C. to discuss several topics of significant concern to rural hospitals and health care providers. The Wisconsin Hospital Association, Rural Wisconsin Health Cooperative, Wisconsin Office of Rural Health, and UW School of Medicine and Public Health emphasized the importance of renewing funding for Medicare Extenders; restoring cuts to the

340B drug pricing program; preventing swing bed reimbursement cuts; reauthorizing and extending the Conrad 30 J-1 Visa Waiver program; and restoring funding for community health centers.



L to R: Chaya Eich and John Eich, Wisconsin Office of Rural Health; Laura Rose, WHA; Heather Erickson, Amery Hospital and Clinic; Dan DeGroot, HSHS St. Clare Memorial Hospital; Mary Beth White-Jacobs, Black River Memorial Hospital; Bob Van Meeteren, Reedsburg Area Medical Center; Representative Mark Pocan; Zach Meyer and Byron Crouse, UW-Madison School of Medicine and Public Health/Wisconsin Academy for Rural Medicine program; and Jeremy Levin, Rural Wisconsin Health Cooperative.

Rural hospital CEOs Mary Beth White-Jacobs from Black River Memorial Hospital and Bob Van Meeteren of Reedsburg Area Medical Center, COO Dan DeGroot from HSHS St. Clare Hospital in Oconto Falls, and Heather Erickson from Amery Hospital and Clinic all provided examples of how savings from the 340B program have been used to supplement other programs such as behavioral health that are essential to the community but for which reimbursement is low. Considering the recent House Ways and Means Committee report that suggested significant swing bed reimbursement cuts as a way to pay for Medicare extenders, both Van Meeteren and DeGroot stressed the importance of retaining current cost-based reimbursement for swing beds, which provide high-level rehabilitative post-acute care for patients in their home communities.

Member News: UnityPoint Health-Meriter Names Erickson CEO



Sue Erickson

UnityPoint Health-Meriter announced Sue Erickson is the new president/CEO for UnityPoint Health-Meriter. Erickson previously served as president/COO for the organization.

Erickson has worked at Meriter for nearly 30 years, starting in the lab and has held many leadership roles, including home health director, vice president of professional services, COO and president/COO. She will now oversee the full senior leadership team.

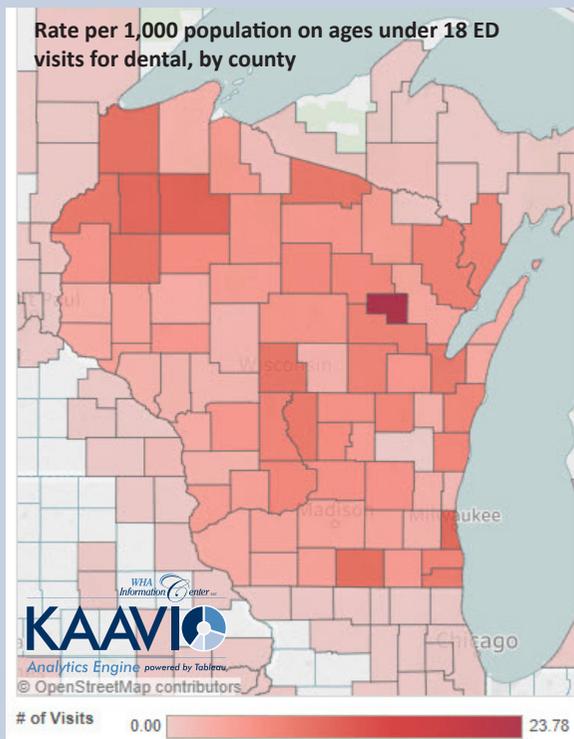
Erickson earned a bachelor's degree in medical technology at the University of Iowa and an master's degree in business administration with an emphasis in management and human resources from Edgewood College. She is past president of the American Diabetes Association in Wisconsin, is a past member of the Wisconsin Association of Medical Equipment and a past member of Monona Chamber of Commerce and Turville Bay Board member.

Former CEO Arthur Nizza will remain with UnityPoint Health as chief operating officer of the three-state system.

Fast Facts from the WHA Information Center

February is National Children's Dental Health Month

The American Dental Association (ADA) sponsors a month-long national health observance that brings together thousands of dedicated dental professionals, health care providers and educators to promote the benefits of good oral health to children, their caregivers, teachers and many others.



According to the WHA Information Center, between January 2016 and September 2017, there were 2,679 dental-related emergency department (ED) visits for children under 18 years of age in Wisconsin. The average total charge of those visits was \$484.

According to the Health Policy Institute (HPI), most dental ED visits are non-traumatic dental conditions. Patients who visit an ED with a non-traumatic dental condition would be better served in a dental office setting due to the availability of definitive care and the likelihood of continuity of care.

WHA is currently engaged in the issue of dental access by working with its members to develop proposals to improve dental care to underserved patients, including those with special needs and those who lack access to preventive dental care.

Data provided by the WHA Information Center (WHAIC). WHAIC (www.whainfocenter.com) is dedicated to collecting, analyzing and disseminating complete, accurate and timely data and reports about charges, utilization, quality and efficiency provided by

Wisconsin hospitals, ambulatory surgery centers and other health care providers.

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Gov. Scott Walker and WHA 2018 Board Chair Bob Van Meeteren

In a statement (<http://bit.ly/2C96PGu>) released following the WHA Board meeting, Walker praised the work of the state's health care leaders and WHA in helping Wisconsin achieve and sustain its high-quality health care. "Wisconsin is a national leader in health care quality in large part because of the work of the Wisconsin Hospital Association," Walker said in the statement.

The Governor also wants to make sure that all residents have access to affordable care by holding the line on premium increases. Walker described his proposal, which relies on a waiver process contained in the ACA, to create a reinsurance program that would help stabilize the individual market. He said about 220,000 people purchase insurance in the marketplace, which this year saw a 36 percent increase in premiums and is now down to 11 plans participating across the state.

"If you look at premiums in the group insurance market, those are increasing at around five percent," Walker said. "I asked the Office of the Commissioner of Insurance to craft an approach to make the premium increases for individual coverage align closer with increases in the group plans."

The Governor's reinsurance program is estimated to cost \$200 million annually, with roughly three-fourths derived from redirected Obamacare dollars already coming to Wisconsin. The rest would come from the state, generated for 2019 by savings from the suspension of the ACA's health insurance tax. Walker believes if the program is successful, it can keep premium increases low and attract new insurers or bring those back who have left the market.

"With Congress looking increasingly unable to repeal and replace the ACA, standing by and watching it fail is not an acceptable Plan B," said WHA President/CEO Eric Borgerding. "For some time we have advocated that the state take matters into its own hands, craft our own solutions. We commend the Governor for using the tools available under the ACA, which is still the law, to put forward a plan aimed at stabilizing premiums, increasing competition in the insurance market and sustaining coverage gains. WHA supports this proposal and will work to see it become law."

Well before Obamacare, Wisconsin took steps to address affordability of insurance by minimizing the impact of high-cost claims, Walker noted in a reference to the state's defunct Health Insurance Risk Sharing Program (HIRSP). While Walker's 1332 waiver is a different approach, and avoids assessments on insurance companies or fee schedules on providers for its funding as under HIRSP, the risk mitigating concept is not new to Wisconsin.

Getting more people into the workforce has been a priority for Walker. He cited the investments that have been included in the state budget to increase training opportunities, across all occupations. He thanked hospitals and health systems for supporting the SEARCH program, which provides training and jobs to people with disabilities.

The Governor also discussed how he is using another type of waiver (a "1115 waiver") to implement eligibility and cost-sharing changes to the Medicaid program. The waivers can be complimentary in an overall strategy aimed at moving more people into the workforce and self-sufficiency, according to the Governor.

"We think inherently most people want to work, and we are willing to try some new things to help them transition over to work, to keep them out of your ERs and reduce uncompensated care," the Governor said. "I recognize the concerns. The goal is still to help those who are able to get into the workforce—employer-based insurance coverage or access to a better individual market—that is our game plan on workforce." *(continued on page 8)*

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Some of the proposals in the 1115 waiver have drawn concern from WHA, which has twice submitted comments to CMS seeking changes to the proposal.

"We understand and support the goal of promoting self-reliance. We ascribe to the notion that the best Medicaid reform is a good job with good benefits, but we also know that this is a very challenged and at-risk population," Borgerding said. "When implementing premiums and co-pays, those challenges become most evident. The concern is both affordability for this very low-income population and how these types of cost-sharing strategies will be implemented. Hospitals must continue serving everyone who comes through their doors, even if they are disenrolled from Medicaid for not paying a premium to the state or cannot make a copayment."

Among other things, in its comments to CMS and lawmakers, WHA has consistently advocated for copayments for Medicaid be made payable to and collected by the state rather than hospitals.

"(WHA) have been good partners. When you raised concerns about Medicaid expansion we partnered to make our approach work, and I think you would agree that it's been a success," the Governor said. "We want the same thing with this proposal. We want to be innovative. Washington is hungry for states that want to be innovative as long as we can deliver tangible results, they might work with us."

On behalf of the Board and WHA's members, Borgerding thanked the Governor for his ongoing commitment to health care access in Wisconsin, noting the \$2.7 billion in new state funding that has been injected into Medicaid, creation of the Disproportionate Share Hospital Program and the millions of dollars in new state funding for medical education programs since the Governor took office.

Borgerding Presents WHA 2018 Strategic Goals and Initiatives

WHA President/CEO Eric Borgerding presented WHA's 2018 goals. He highlighted several key advocacy items, including Medicaid, which remains a top priority. Borgerding said WHA will reconvene the Medicaid Work Group this summer, noting that this group helps set WHA's Medicaid agenda for the next state budget. He indicated WHA again will set several reimbursement priorities that are not confined to within the walls of the hospital and that support the continuum of care.

"We are not only looking forward, but we are realigning, evolving and growing to craft and deliver an agenda that reaches far beyond the hospital walls," Borgerding told Board members. "As one of our member leaders recently said, 'WHA goes to where its members are.' That was a great compliment to our team."

Workforce will continue to be a major area of focus in 2018 on major issues related to licensure, payment, and regulation, including advanced practice clinicians and physicians. Borgerding said WHA is planning a conference for members to understand the laws and regulations that enable the better use of APCs and advanced practice registered nurses (APRNs) in health care settings, a move he said is a "good example of not only passing but implementing legislation."

The Behavioral Health Task Force will also be reconvened in 2018 to set a broader long-term agenda. Integrated physician and clinic engagement continues to be an important space to WHA, as physician practices evolve.

"Our physician agenda is evolving in an advocacy perspective," Borgerding said. "We want to start working to address regulatory burdens at the state and federal level that limit physicians from also practicing at the top of their license."

The work of the Post-Acute Care group and Special Needs Dental Work Groups will both continue in 2018. Borgerding said both efforts are great examples of how WHA is "going where its members are."

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Borgerding referenced the challenge in the Supreme Court to the non-economic damage caps in the Goals. Oral arguments are April 19. WHA filed an amicus brief with the Court of Appeals and the Wisconsin Supreme Court. This is the first serious legal challenge to the current caps, and WHA is monitoring the case very closely. If the caps are struck down this year, a legislative fix would not be possible until the Legislature convenes in 2019.

The goals are aggressive and targeted, but keenly focused on advocating for WHA members to enable high-quality, high-value care for employers and the people who live in our state.

"Our agenda, our work in Madison and in Washington, our focus on quality health care, is driven by, informed by our members," Borgerding said. "What we focus on must be meaningful, must move the needle. We have to go where our members are. That's what keeps WHA highly relevant and what delivers value for our members across the state."

Dan Boston: What to Expect from Washington D.C.

On the heels of the Senate announcing they had reached a budget deal, Dan Boston, president, Health Policy Source, Inc. and WHA's lobbyist in the nation's Capitol, discussed what Wisconsin health care leaders could expect from Washington, D.C. in 2018. The deal that was reached in the Senate, according to Boston, included several important health care provisions, including funding for CHIP, FQHCs and other key WHA priorities like the Medicare Dependent Hospital program and the Low Volume Adjustment. What remains unaddressed is restoration of cuts to the 340B drug program. Several pieces of legislation, both good and bad, are still pending as AHA continues pursuing a legal strategy to the block cuts.

Boston also said it's uncertain whether the ACA is imploding or just slowly fizzling out, but despite the CSRs remaining unfunded, a shortened enrollment period and the individual mandate being repealed in 2019, sign ups remained nearly identical to last year. While a full repeal of the ACA remains unlikely, he said Congress could potentially revise the rules for essential benefits, enrollment periods, and age bands, while increasing the use of 1332 waivers. He indicated House Republicans are not expected to make another attempt to repeal/replace Obamacare before the 2018 election cycle.

Boston, who has been named by The Hill as one of D.C.'s top lobbyists for 14 of the last 15 years, has worked with WHA for over two years. Via teleconference from Washington, DC, he was making his first appearance at a WHA Board meeting.

"Dan and his team at HPS are a tremendous WHA partner asset for us and our members," Borgerding told the Board. "They will be an increasingly important part of our D.C. strategy going forward."

State advocacy update: ACA enrollment, 1332 waiver, workers comp and legislative issues

WHA's Joanne Alig updated the Board on the status of Wisconsin's 1332 waiver and provided the current state of the insurance exchange.

Enrollment on the insurance exchange in Wisconsin was down about seven percent, less than was anticipated, according to Alig. Nationally, enrollment was down about five percent.

While Wisconsin has more insurers participating in the exchange than other states, Alig noted there are several counties that now have only one insurer, and overall Wisconsin has fewer insurers participating across the state compared to 2017. Alig also noted the average premium increase for the individual market in 2018 was 36 percent.

"It's not a crisis yet, but we are moving toward more market instability," Alig said. "The individual mandate is effectively gone in 2019. Estimates are that premiums would go up about 10 percent, according to the CBO." *(continued on page 10)*

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Alig said states are using the 1332 waiver to stabilize the market. The state Legislature would need to pass legislation to enact the provisions in the waivers.

When the Governor introduced his reinsurance plan, WHA released a statement that supported the state in its decision to “strike its own path and take steps to stabilize the market, using the tools available to all states under the ACA.”

Alig summarized the reinsurance proposal, which if approved at the state and federal levels would be in place for benefit year 2019. Alig also noted that the Insurance Commissioner’s office is analyzing other options for stabilizing the markets for benefit year 2020 and beyond and will be working on these options through the coming calendar year.

WHA will continue to be actively engaged with OCI as it reaches out to stakeholders for feedback and comment on the 1332 waiver proposals.

WHA Senior Vice President Kyle O’Brien briefed Board members on the status of a proposed bill that will add a fee schedule for medical care provided to injured workers through the state’s worker’s compensation program. WHA, along with the Association’s members and coalition partners, have been lobbying against the change for months and have met with lawmakers across the state, asking them to oppose the proposal. O’Brien reported that the Senate Labor Committee chairman has stated this bill will not move out of his Committee if it includes a medical fee schedule and no lawmaker in the Assembly is even interested in formally introducing the bill in that house.

O’Brien said WHA has been working with Rep. Joe Sanfelippo, Sen. Alberta Darling and Rep. Jessie Rodriguez on legislation that would provide \$1.5 million annually to reimburse hospitals and health systems for care coordination programs. He said floor action in both houses is expected as early as February 15 on this legislation, designed to better manage care for Medicaid enrollees who frequent hospital emergency departments. In 2016, over 10,000 Medicaid enrollees presented to a hospital emergency department seven or more times. The bills have been introduced as Assembly Bill 871 and Senate Bill 742.

Work continues on emergency detention reform legislation that would align Wisconsin’s emergency detention statutes with the obligations that currently exist for hospitals and health care providers under federal law. In addition, this legislation provides necessary clarification and liability protection to health care providers when they feel an obligation to warn about someone they believe is a harm to themselves or others. Assembly Bill 538 passed out of the state Assembly unanimously in November 2017 and was unanimously approved by the Senate Health Committee February 7, 2018. WHA expects this bill to be available for scheduling on the Senate floor as soon as February 20.

O’Brien also reported to the Board on several bills that WHA publicly opposed, including legislation mandating the use of cameras in hospital operating rooms and legislation that would prohibit hospitals from using specialty/board certification as a condition for receiving medical staff privileges. O’Brien said he expects neither bill will move forward this legislative session.