

Please Support Continued Regulatory Flexibility

Federal health care regulatory flexibilities have been a lifeline for patients and hospitals by allowing innovations in health care delivery.

With the pending expiration of the public health emergency, Congress must pass legislation creating a glide path that extends vital waivers, for:

- Telehealth
- Hospital at Home
- Nursing home 3-day rule
- CAH 96-hour rule

WHA Ask:

Please work to make these key hospital regulatory flexibilities permanent before the public health emergency expires.

WHA Staff Contact

Jon Hoelter
VP Federal & State Relations
jhoelter@wha.org

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Permanent Regulatory Flexibility Needed

Important Health Care Innovation in Danger of Ending

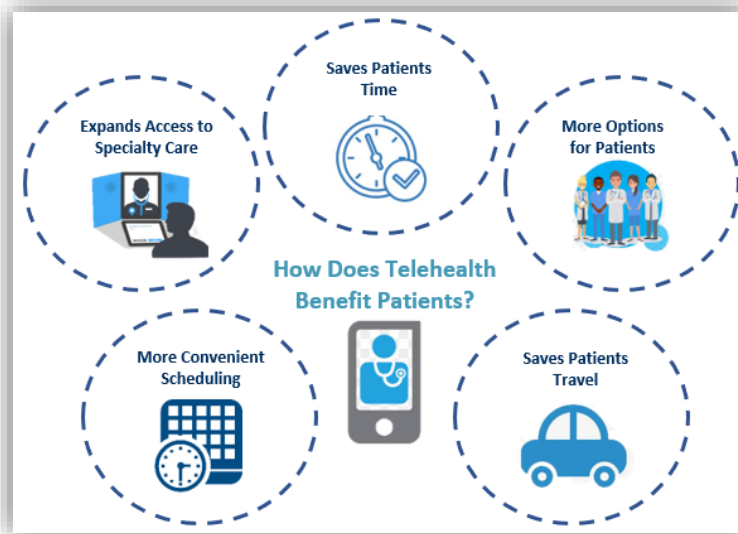
Highlights

- Patients continue to benefit from the PHE waivers that allow hospitals to expand access to care and are expected to remain at least through mid-April.

Wisconsin Hospitals Need Your Help to Keep Health Care Innovations from COVID

With the COVID-19 PHE slated to expire eventually, there remains uncertainty whether key innovations in health care will be allowed to continue under Medicare.

- **Telehealth** – prior to the COVID waivers, Medicare only reimbursed telehealth for patients located in a rural, health professional shortage area who traveled to a health care facility to receive telehealth. The House has passed a 2-year extension of telehealth waivers, but the Senate still needs to act.
- **Hospital at Home** – CMS began a program called the “Acute Hospital Care at Home” program during COVID. It allows patients to receive an inpatient level of care for certain approved services in the comfort of their own home. There are currently 5 Wisconsin-based health systems and 5 other health systems with a Wisconsin presence approved for this program.
- **Nursing home 3-day stay rule waiver** – CMS normally requires patients to have a 3-day hospital stay prior to Medicare paying for a nursing home stay. The waiver of this rule has helped hospitals free up space for patients who need hospital care by helping them get patients to a more appropriate care setting in a nursing home sooner.
- **Critical Access Hospital (CAH) 96-hour rule** – CMS normally requires physicians admitting patients into a CAH to certify the patient will be discharged within 96 hours. The overall average length-of-stay (ALOS) for CAHs must be under 96 hours as well. Many hospitals cannot currently meet this due to very tight health system capacity.



Please Work to Extend These Flexibilities Permanently!

While it is unclear when the public health emergency that authorizes these regulatory flexibilities will end, they have been essential in supporting a health care system that continues to be overburdened in the wake of the COVID-19 pandemic and the immense fiscal pressures and workforce challenges that hospitals are facing.

Please work to get these key hospital flexibilities made permanent in a year-end or early 2023 legislative package, to provide hospitals certainty that they will not go away when the PHE expires.