

## **Tech Council's Still: WI High-Quality Health Care is a Key Business Advantage** *Staff reports progress on WHA legislative priorities, transparency initiatives at Board meeting*

Wisconsin has a reputation for great health care, but it also excels in the development of high technology and innovation, according to Wisconsin Technology Council President Tom Still.

Speaking at the WHA Board meeting in Madison June 1, Still explained that the Technology Council (<http://wisconsintechcouncil.com>) is the science and technology advisor to the Governor and the Legislature. Launched in 2001, the Tech Council was created by a bipartisan act of the Governor and the Legislature. It is an independent, non-profit and non-partisan board with members from health care tech companies, venture capital firms, higher education, research institutions, government and law.



Tom Still

Still said 17 members of the Tech Council's 52-person board are directly involved in health care either in research, clinical settings, CEOs of health organizations, or in health IT.

"The Tech Council focus is on policy development, communications, networking, advancing best practices and providing hands-on advice," Still said. "Our core mission is policy work, which complements our economic catalyst role." *(continued on page 3)*

## Political Action Spotlight

### **WHA Advocacy Committee Chair Provides 2017 Fundraising Update** *Campaign tops \$140,000; Next contributor list June 9*

Mike Wallace, 2017 WHA Advocacy Committee Chair, provided the WHA Board an update on the 2017 Wisconsin Hospitals State PAC & Conduit fundraising campaign during the Board's June 1 meeting.

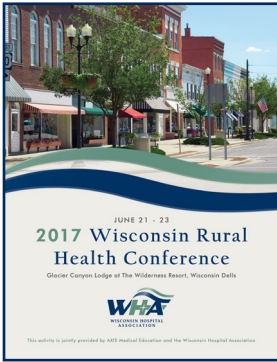
Wallace informed the Board that during the first two quarters of the year, fundraising for the Wisconsin Hospitals State PAC & Conduit is on pace to reach its 2017 goal of raising \$312,500. The campaign hit the \$140,000 mark this week with contributions from 126 individuals. This puts the fundraising campaign at 45 percent of the \$312,500 goal.

Wallace indicated the campaign is averaging well over \$6,000 in contributions each week. The average individual contribution is just over \$1,100.

"Thank you to each individual who has contributed already this year," said Wallace. "Your support is greatly appreciated and is vital to keeping health care strong in Wisconsin."

Reminder: the next full Wisconsin Hospitals State PAC & Conduit contributor list will be in the June 9 edition of *The Valued Voice*. To make sure you are included on the list, contribute today online at [www.whconduit.com](http://www.whconduit.com) or by calling Jenny Boese at 608-268-1816 or Nora Statsick at 608-239-4535.

## Last Chance to Register: 2017 Wisconsin Rural Health Conference June 21-23, Wisconsin Dells



There's still time to register for the 2017 Wisconsin Rural Health Conference, June 21-23 at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. Online registration is available at [www.cvent.com/d/w5qpcq](http://www.cvent.com/d/w5qpcq).

This year's opening keynote speaker is J.D. Kleinke, medical economist and author, who will provide an up-to-the-minute look at the realistic options open to legislators looking to replace the Affordable Care Act and the Senate drafting their own version of the American Health Care Act.

In addition, the 2017 agenda includes a variety of breakout sessions to give attendees the opportunity to examine and discuss models that are changing the delivery of and access to rural health care and ways in which data and technology are improving health care for rural populations. The conference will again include the popular education track focused on governance issues, including succession planning for a new senior leader, a hospital trustee's role in physician recruitment and retention, and understanding CMS and state surveys.

Join your Wisconsin hospital colleagues at this year's conference. **Register by June 7** at [www.cvent.com/d/w5qpcq](http://www.cvent.com/d/w5qpcq).

## 2018 Wisconsin Broadband Expansion Grant Funding Now Available

The Wisconsin Public Service Commission (PSC) is accepting applications for 2018 funding under the state's Broadband Expansion Grant Program. Previous grants under the program have been awarded to consortiums that have included hospitals and health systems to help support telemedicine enabling broadband service in their community.

The grant program provides reimbursement for equipment and construction expenses incurred to extend or improve broadband telecommunications service in underserved areas of Wisconsin. For 2018, \$1.5 million in grant funds are available. As previously reported in *The Valued Voice*, Gov. Scott Walker and legislators are proposing legislation to significantly increase the amount of funding for the Broadband Expansion Grant Program.

Application instructions, FAQs, summaries of previous grant awards, and other information can be found at: <https://psc.wi.gov/Pages/Programs/BroadbandGrants.aspx>. Applications for the 2018 Broadband Expansion Grants are due June 30, 2017.

### **WHA Hospital Emergency Preparedness Conference: *Ready to Respond*** ***Sheraton Madison Hotel \*\*\* September 20, 2017***

Full agenda and online registration available at [www.cvent.com/d/b5qw08](http://www.cvent.com/d/b5qw08)

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L to R: WHA Past Chair Mike Wallace, WHA President/CEO Eric Borgerding, Chair Cathy Jacobson, Chair-Elect Bob Van Meeteren

The strength of the Tech Council is in its strong communication capabilities and its ability to create sustainable partnerships, according to Still. He provided several examples of successful coalitions that were created through the Tech Council. An example of the Tech Council's policy and analysis work includes a well-researched and highly regarded report on the economic impact of Wisconsin's higher education system and the benefit it has on the state's economy. See at: <http://wisconsintechcouncil.com/publications/higher-education-report>.

The Tech Council can serve a similar role within health care.

Still believes Wisconsin's high-quality health care is an asset to the state's economy, a point he emphasized in his remarks to the Board. He said high-quality, accessible health care is a key factor in an employer's decision on where to locate a new facility or expand an existing one.

"Wisconsin's high-quality health care is a business advantage worth touting," Still said.

See Still's Guest Column from a previous issue of *The Valued Voice* at [www.wha.org/pubarchive/valued\\_voice/WHA-Newsletter-4-15-2016.htm#7](http://www.wha.org/pubarchive/valued_voice/WHA-Newsletter-4-15-2016.htm#7).

### **President's Report: WHA on track to meet 2017 goals**

In his update to the Board, WHA President/CEO Eric Borgerding said he was pleased to report much progress has been made toward meeting WHA's 2017 goals. The federal and state advocacy agendas are advancing, in spite of the challenging political environments in both Washington, D.C. and Madison. In the staff reports on Medicaid and the Affordable Care Act (ACA) repeal and replacement, Borgerding said Board members will see how much analysis and work has gone on behind the scenes. Borgerding also noted the WHA physician agenda related to helping physicians step into their role as quality improvement leaders moved forward with the convening of the first cohort participating in the WHA Physician Quality Academy.

WHA now owns its headquarters building and has successfully leased out all the available tenant space, a credit to WHA COO Brian Potter and his team, Borgerding said. Physician Compass, a WHA subsidiary jointly owned with the Wisconsin Collaborative for Healthcare Quality, will soon be housed in WHA's building as well.

In other business, the Board approved the roster of nominees for the WHA Nominating and Awards Committee.

### **WHA advocacy at work in Madison, D.C.**

The state budget process is far from over, but an important milestone was reached May 25 when the Joint Finance Committee (JFC) approved several significant WHA legislative priorities that demonstrated their continued and strong support for Wisconsin hospitals and health systems.

At their June 1 meeting in Madison, the WHA Board heard progress reports on WHA-supported legislative proposals from the WHA advocacy team, who expressed their appreciation to the dozens of senior executives who wrote letters to or met with their legislators and/or testified at one of the JFC public hearings.

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In his report to the Board, WHA Senior Vice President Kyle O'Brien said the JFC added \$25 million in state resources to the Medicaid Disproportionate Share Hospital (DSH) program (\$62 million counting federal funds) over the biennium and provided an additional \$1.2 million for a new Rural Critical Care supplement, two of WHA's top priorities. In total, the proposed budget bill would now provide \$137 million over the two-year budget period for Medicaid DSH and Rural Critical Care supplement hospitals if the JFC version of the budget bill becomes law.

O'Brien said WHA encouraged the JFC to increase Wisconsin's graduate medical education (GME) grant program by \$1.5 million, which was included in the JFC version of the state budget. This funding would provide matching grant funds, up to \$750,000, to establish new GME programs in Wisconsin in high-need specialties including family medicine, general surgery and psychiatry. To date, the program has already created seven new residency programs and will train at least 79 new residents in Wisconsin—a \$22 million public and private investment in GME since 2013.

The JFC incorporated into the budget two proposals that provide training grants for advanced practice clinician training rotations and allied health professional training consortia. WHA worked with several rural state lawmakers as part of the Rural Wisconsin Initiative to develop these innovative workforce development proposals. The proposed budget amendment provides \$1 million annually for these new training programs.

Finally, the JFC also budgeted \$2.25 million in state and federal funds to implement an intensive care coordination pilot program in Medicaid, providing payments to hospitals and health systems that implement care coordination programs for super-utilizers of a hospital emergency department. This budget item was a Medicaid reform proposal discussed by over 600 hospital supporters as part of WHA's 2017 Advocacy Day, along with Medicaid DSH, the Rural Critical Care supplement program and all of the workforce initiatives above. (See details in *The Valued Voice* article at [www.wha.org/pubarchive/valued\\_voice/WHA-Newsletter-5-26-2017.htm#1](http://www.wha.org/pubarchive/valued_voice/WHA-Newsletter-5-26-2017.htm#1).)

Borgerding conveyed his appreciation to the WHA staff who worked many hours behind the scenes setting up in-district meetings with legislators and working with members of the Legislature on the legislative package that was ultimately included in the JFC's budget bill.

In other state news, WHA Senior Vice President Joanne Alig briefed the board on the State's efforts to self-fund the state employee health insurance program. At their May 24 meeting, the Group Insurance Board considered options for the 2018 state employee group health insurance program if their proposal to move to a self-funded structure is not approved by the Legislature. Alig noted the JFC has approval over the contracts, and at the time of the meeting had not yet scheduled a meeting to review the proposal. (Note: later in the day, the Committee announced it would meet June 13.) Alig noted a new Legislative Fiscal Bureau analysis that estimated lower savings from the proposal compared to the initial budget proposal. (Read more at: [www.wha.org/pubarchive/valued\\_voice/WHA-Newsletter-5-26-2017.htm#3](http://www.wha.org/pubarchive/valued_voice/WHA-Newsletter-5-26-2017.htm#3).)

Alig also provided an update on the state's Medicaid waiver proposal for the childless adult population. On May 19, WHA submitted comments ([www.wha.org/pdf/2017WHA-Comments-Section-1115-CLA-Waiver-Amendment5-19.pdf](http://www.wha.org/pdf/2017WHA-Comments-Section-1115-CLA-Waiver-Amendment5-19.pdf)) to the Department of Health Services (DHS) on its draft amendment to the state's Medicaid childless adult demonstration project. The new proposal includes several new policies, such as imposing premiums, emergency department copayments, work requirements and drug testing. The proposal also includes a change to the federal policy that limits services in Institutes for Mental Disease.

Alig said the original waiver for providing services to the childless adult population was approved in late 2013 and allowed the state to expand eligibility to childless adults with income up to the poverty line

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(100 percent FPL). This was considered a "partial expansion" by the previous federal administration, and thus Wisconsin was not eligible for the higher federal funding that was given to states that expanded coverage to adults with income up to 133 percent of the federal poverty level (FPL). WHA has for months advocated that Wisconsin's partial Medicaid expansion should be funded in an equitable manner compared to states that took the full Medicaid expansion under the ACA.

In its comments, WHA recommends to DHS that it now seek enhanced federal matching funds for the partial expansion. In doing so, WHA describes Wisconsin as a model for avoiding gaps in coverage and notes other states are now considering changes to their programs that align with Wisconsin. In Arkansas, for example, recently passed legislation requires the state modify its current Medicaid waiver to reduce the income threshold for coverage from 133 percent FPL to 100 percent FPL, like Wisconsin's program. Arkansas is an expansion state and has asked the federal government to maintain the higher match it currently receives. See previous *Valued Voice* article at [www.wha.org/pubarchive/valued\\_voice/WHA-Newsletter-5-19-2017.htm#1](http://www.wha.org/pubarchive/valued_voice/WHA-Newsletter-5-19-2017.htm#1).

### ***AHCA raises WHA's concerns about exchange subsidies, stability***

Alig said the Congressional Budget Office's revised analysis of coverage and spending impacts under the U.S. House-passed version of the American Health Care Act (AHCA) was not very different from initial estimates and projects that over 10 years, 23 million individuals will lose coverage, and Medicaid funding will be reduced by \$834 billion. Alig described some key differences in the final version of the AHCA as passed by the House and earlier versions of the bill. The latest version of the AHCA, which passed the House in early May, would allow states to seek waivers from the essential health benefits enacted under the ACA. The ACA requires insurers to cover 10 categories of benefits. As a result, concerns have been that some younger and healthier individuals won't enroll in coverage because the benefit packages are too broad for the services they need resulting in higher premiums. However, the prospect of waiving the essential health benefits has raised other concerns about whether people would be able to purchase coverage for needed services. Alig said Wisconsin has a list of state mandated benefits, and more work needs to be done to delineate what can be waived, what the state mandates are and what the implications might mean if Wisconsin were to seek a waiver.

In addition, Alig said that under the AHCA as passed by the House, states could also seek a waiver to allow insurers to rate health insurance policies on health status. The provisions of the AHCA would only allow such rating for individuals who do not maintain continuous coverage and only for up to 12 months. The AHCA also would not allow insurers to deny coverage. States could also seek waivers to expand the age bands for rating, to charge more for those in higher age categories compared to younger enrollees.

Alig noted concerns about these waivers have led to discussions and headlines about reinstating high risk pools. WHA recognizes Wisconsin's previous high risk pool has received attention for being well run and addressing critical needs of individuals who were denied coverage in the commercial market. The high risk pool (called HIRSP) was no longer necessary once the insurance exchange was operational, as individuals could obtain coverage under guaranteed issue provisions through the insurance exchange.

"There are some key distinctions between the market pre-ACA and under the AHCA as passed by the House," Alig said. "These differences must be better understood as we consider whether high risk pools can address the concerns being raised, and how they might be structured to help stabilize the market."

### ***WHA (and its members!) go to Washington***

Jenny Boese, WHA vice president, federal affairs and advocacy, provided the Board an update on recent activities on the AHCA, including current actions in the U.S. Senate on the legislation. She briefed the Board on WHA's recent trip to Washington, D.C. and alerted them to another planned trip in the coming weeks. Finally, Boese discussed and reminded the Board of the many other federal issues WHA is

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engaged in, including expiring Medicare extenders, CHIP funding and several others of interest to WHA members.

### ***Board previews new PricePoint website***

Jean Doeringsfeld, vice president, WHA Information Center, walked the Board through the new PricePoint website, which is in preview mode. The new version of PricePoint, WHA's price transparency resource, is more consumer friendly and expands the amount of information that was available in previous releases. Board members offered insightful comments and suggestions, which will be incorporated into the design and function of the site before it goes live.



### ***WHA State PAC & Conduit Report***

WHA Advocacy Committee Chair Mike Wallace, president/CEO, Fort HealthCare, informed the Board that during the first two quarters of the year, fundraising for the WHA State PAC & Conduit is on pace to reach its 2017 goal of raising \$312,500. The campaign hit the \$140,000 mark this week with contributions from 126 individuals. This puts the fundraising campaign at 45 percent of the \$312,500 goal. (See full article in this issue on page 1.)