Gov. Evers Releases $83 Billion Budget Bill, Includes Medicaid Expansion

Borgerding: “Improving reimbursement and expanding access are bipartisan issues”

Beginning the long and, likely winding, road to enact a biennial state budget, Governor Tony Evers delivered his first budget address to a joint session of the Legislature February 28. Evers’ budget proposal is a $83.4 billion spending plan along with several key policy changes, including an expansion of Medicaid to 82,000 people in Wisconsin, roughly half of whom are uninsured and half that will come off commercial coverage, including heavily subsidized individual health plan coverage in the exchange.

Evers’ full expansion proposal would make Wisconsin eligible for enhanced federal funding to cover some newly eligible individuals and 140,000 childless adults already covered on Medicaid below the poverty line. According to Evers’ budget, this move provides an estimated $320 million in savings to state coffers, offsetting state Medicaid costs through new federal revenue. The Evers budget assumes Medicaid expansion July 1, 2019, less than four months from now.

In its budget-in-brief document, the Administration says, “the Governor recommends that the $300+ million in state savings saved in the 2019-21 biennium through Medicaid expansion be reinvested back to the providers and institutions serving Medicaid recipients.”

(continued on page 3)

Six Reasons to Attend WHA’s Advocacy Day

Advocacy Day is right around the corner, just six weeks away. If you haven’t signed-up yet, go to our website and register now. If you are still on the fence, or have not attended in the past, here are the Top Six Reasons to Attend WHA’s Advocacy Day:

6. Field trip to Madison. Work in the office or at the hospital is important, but sometimes the work you do outside the office, in the field is the most impactful. Spend Advocacy Day in Madison and support the good work you do every day.

5. Free lunch—and Cupcakes! There is no cost to attend Advocacy Day; we kindly ask that attendees pre-register for space and food planning. We not only feed you lunch, but morning refreshments are also provided compliments of The Boldt Company. Lunch dessert is cupcakes, and one of the most memorable parts of Advocacy Day—seriously. Thanks to Quarles & Brady for keeping this tradition alive.

(continued on page 2)
4. **Network with others from around the state who work or volunteer in health care.** We are joined by more 1,000 health care advocates representing all areas of health care delivery:

   - Hospital executives
   - Physician leaders
   - Nurse leaders
   - Health care financial managers
   - Community benefit professionals
   - IT professionals, HR professionals
   - PR and marketing professionals
   - Volunteers
   - Trustees--the list goes on

3. **Listen to dynamic speakers.** We are honored to have a number of great speakers join us for Advocacy Day, including former Governor Tommy G. Thompson, current Governor Tony Evers, and a state legislative panel (to be announced soon!). The decisions made at the Capitol regarding health care have significant impact on our communities, and as someone who works in health care, it’s important to be informed about the issues currently facing our elected officials.

2. **Learn about important health care policy impacting your hospital, then visit the State Capitol and meet with your Legislator.** Wisconsin’s Capitol is one of the country’s most beautiful and this is your opportunity to take a walk through its halls as you visit your home legislator. Don’t worry, WHA staff takes care of the scheduling and directions. Hall Render takes care of the transportation—door to door bus transportation is provided.

1. **Join the team, HEAT, and support high-quality, accessible, and affordable health care in Wisconsin.** You can be a part of an important movement and an effective team. The Hospitals Education Advocacy Team (HEAT) is WHA’s statewide network connecting health care and government. Advocacy Day is HEAT’s showcase. Whether you are officially a member or not, participating in this powerful event makes you part of the team! Start getting the updates now—**sign-up for HEAT today**!

---

**Two Medicare GME Bills Reintroduced in Congress**

**Gallagher/Kind Bill would fix “rotator” issue; Sen. Menendez bill would add 15,000 GME slots**

Two bills aimed at making it easier for hospitals to establish training opportunities for medical residents were recently reintroduced in Congress.

Last week, Reps. Mike Gallagher (R-WI) and Ron Kind (D-WI) reintroduced legislation to fix an issue that has led to artificially low Graduate Medical Education (GME) caps for a handful of hospitals across the country, including two in Wisconsin. Their bill would fix an issue created by Medicare’s 1997 GME cap that froze the number of Medicare-funded training slots for hospitals. The impacted hospitals hosted medical resident “rotators” for very brief periods of time and had their GME cap set at less than 1.0 FTE. The legislation would allow them to establish a new FTE cap and “per resident amount” in order to expand training opportunities and is once again cosponsored by the entire Wisconsin Congressional delegation and supported by WHA.

“WHA continues to champion efforts to fill Wisconsin’s workforce shortage, with targeted policies at the state level that address the failure of Washington to act on this issue at the federal level,” said Eric Borgerding, WHA President and CEO. “We know that 86% of Wisconsin students who attend a medical school and residency in Wisconsin will stay and practice in Wisconsin, making local residency programs a key tool in attracting talent to Wisconsin hospitals. I want to thank Representatives Kind and Gallagher for leading this effort and look forward to the new Congress taking up this technical fix, as well as more expansive efforts to modernize the federal GME program.”

In addition to this bill, Sen. Robert Menendez (D-NJ) has reintroduced legislation that would increase the number of Medicare-funded GME slots by 15,000 over five years. The legislation would prioritize slots for new medical schools or those that have opened additional locations and branch campuses after January 1, 2000.

Subsequent priority would be given to hospitals training over their cap, hospitals affiliated with the VA, hospitals that train in community-based settings or hospital outpatient departments, and hospitals that operate a rural training track. Additionally, half of all new slots received would have to be used for shortage specialty residencies.

*(continued on page 3)*
Help Wisconsin ‘Grow Our Own’ Physicians

WHA, in partnership with the Wisconsin Department of Health Services (DHS), is seeking rural hospitals and other health organizations to develop new graduate medical education (GME) programs. This new round of funding will support several three-year grants up to $750,000 for planning and implementing new GME programs in family medicine, general internal medicine, general surgery, pediatrics, and psychiatry.

WHA’s research-based ‘grow our own’ formula—a student of a WI high school or with other connections to the state graduates from a Wisconsin medical school and completes a Wisconsin residency—significantly increases the odds of the new physician remaining in Wisconsin to practice.

Grants cover the majority of development costs, including, but not limited to:

- Program staff, e.g., program director, education coordinator, etc.
- Curriculum development
- Recruitment of rural clinical sites and rural faculty
- Rural faculty engagement and development, including honoraria
- Accreditation fees and site visits
- Medical Resident recruitment and marketing

DHS will host a Question & Answer conference call Thursday, March 14, 2019, for potential applicants. See the application request for details.

Applications for funding are due Thursday, April 18, 2019. Contact Linda McCart, DHS Policy Chief, with questions.

Over the last four months, the Wisconsin Hospital Association has been calling on lawmakers to use any savings realized from Medicaid expansion to reinvest in health care access and offset additional Medicaid losses for hospitals resulting from an expansion of Medicaid coverage.

The Governor’s budget bill, according to the Evers Administration, includes $365 million in hospital reimbursement increases by doubling the Medicaid Disproportionate Share Hospital program, making childless adults eligible for Medicaid access payments, doubling the recently-enacted Rural Critical Care supplement and creating other supplemental payment programs. The Governor’s budget also includes various other proposals designed to improve access to care for Medicaid populations, including $69 million in behavioral health provider reimbursement increases and a designated funding pool for services provided to patients with physical or intellectual disabilities in need of dental care.

In a statement, WHA President/CEO Eric Borgerding said the Association is “pleased Governor Evers has included reimbursement increases for hospitals in his state budget bill, and is targeting areas of greatest need, such as urban and rural safety net hospitals and improving access to behavioral health services, dental care for special needs patients and primary care.”

“Improving Medicaid reimbursement and expanding access to care are bipartisan issues that WHA has worked successfully with both parties to address, and we look forward to doing so again in the coming months,” continued Borgerding.

WHA also noted the Governor’s budget includes full funding for the Wisconsin Healthcare Stability Plan, a WHA-backed, bipartisan reinsurance program enacted last year aimed at stabilizing what had been sky-rocketing health insurance premiums on Wisconsin’s

(continued on page 4)
individual insurance market. Wisconsin has experienced 4.2% reduction in individual health insurance premiums since the reinsurance legislation was passed into law. Overall, Wisconsin has seen a 41% reduction in the uninsured rate since 2013.

“WHA has been a strong advocate of increasing coverage for the uninsured and stabilizing and reducing premiums for the insured, and Wisconsin has effectively leveraged state and federal policy to achieve both aims,” Borgerding said in a statement. “WHA is committed to engaging Governor Evers and the Legislature to build on what Wisconsin has accomplished and work toward solutions to further stabilize the market and expand coverage.”

The budget bill now heads to the state Legislature’s Joint Finance Committee. Republican leaders in the Legislature have signaled their general opposition to Evers’ Medicaid expansion proposal.