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EDUCATIONAL EVENTS

June 12-14, 2019
Wisconsin Rural Health Conference
Wisconsin Dells, WI

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“You have an army.”

By Eric Borgerding, WHA President & CEO



Eric Borgerding

Being the president and CEO of the Wisconsin Hospital Association, being part of a talented and dedicated team representing some of the best health care in the country, is a true honor. I’m reminded of this multiple times throughout each year, whether it be at a WHA Board meeting, spending time with member leaders and their staff, watching legislation that our team crafts and advances become law, writing WHA’s annual year-end report, touting Wisconsin’s latest AHRQ ranking or sharing a stage every year at the WHA rural conference with my friend and close partner Tim Size, CEO of the Rural Wisconsin Health Cooperative. There are many reasons to be proud of WHA, but perhaps no more so than our annual Advocacy Day, [especially this year](#).

About five years ago we hit the 1,000 mark in Advocacy Day attendance (a number that quintupled during the preceding 10 years) and have been able to sustain that level of turnout ever since. The fact that this many people from one industry, and at a single association’s event, continue traveling to Madison for a full day of learning and lobbying is unequalled in Wisconsin, and perhaps the nation. That’s testament to great work by the WHA staff, who seamlessly pull off this premier gathering while crafting relevant programming that draws hospital advocates from across the state. This show of support not only makes an impression, *it has a massive impact.* (continued on page 4)

340B Hospital Reporting Mandate Removed from State Budget

A proposal that would have required 340B hospitals to file reports with the Office of the Commissioner of Insurance was among the list of items removed from further consideration in the state budget, announced in a [memo](#) released by the Joint Finance Committee (JFC) co-chairs on May 1. WHA had been communicating with the Evers administration and JFC co-chairs since Governor Evers’ budget was introduced to request its removal.

The proposal was included in the budget introduced by Governor Evers at the end of February and would have required 340B hospitals to file reports with the Office of the Commissioner of Insurance on:

- The per-unit margin for each drug covered under the 340B program;
- The total margin for all 340B drugs; and,
- How hospitals use revenues under the 340B program.

The 340B prescription drug program requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to not-for-profit and government-related health care organizations that care for many uninsured and low-income patients. To qualify, hospitals must serve a disproportionate share

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of Medicaid patients. Wisconsin hospitals and WHA have been communicating the value of the 340B program for years at the federal level to show policymakers how it helps hospitals offset losses from Medicare and Medicaid and stretch scarce federal resources, just as it was intended to do when Congress created it. Last year alone, Medicare and Medicaid paid a combined \$3.2 million less than what it cost hospitals to provide care for Medicare and Medicaid patients.

The proposed state mandate would have been burdensome for hospitals to comply with due to the complex nature of the 340B program and the specific ways in which hospitals would have been required to report this information. WHA relayed these concerns to Governor Evers' office and the JFC co-chairs and requested they remove it as a [non-fiscal policy item](#). While WHA will be keeping a close watch on the budget process as it continues, this action makes it very unlikely that this 340B provision will be considered any further in the state budget.

Contact WHA Senior Vice President of Government Relations [Kyle O'Brien](#) or Director of Federal and State Relations [Jon Hoelter](#) for more information.

Will You Be On the First Contributor List for 2019? Contribute to the Wisconsin Hospitals State PAC & Conduit before May 28

The 2019 Wisconsin Hospitals State PAC & Conduit fundraising campaign is off to a strong start thanks to the well-attended kick-off breakfast on April 17, 2019. To-date, \$115,945 has been raised from exactly 100 contributors. *Is your name among them?*



Make your contribution before May 28 to be included on our first contributor list, which will be published in the May 28 edition of WHA's *Valued Voice* newsletter.

"The 2019 fundraising campaign is well underway and has sustained a strong pace throughout the first quarter of the year," said Eric Borgerding, WHA President and CEO. "As the campaign continues on, I believe everyone who values Wisconsin hospitals and health care in our state should participate...better candidates lead to better legislators who craft better laws."

The Wisconsin Hospitals State PAC and Conduit campaign 2019 goal is to raise \$320,000. Contributors can make a one-time contribution or set up a recurring quarterly, monthly, or bi-weekly donation. Donor club levels begin at \$1,500 (annual).

Contribute easily online at www.whconduit.com or contact Kari Hofer at 608-268-1816.

Congress Holds Hearing on "Medicare for All" Congressional Budget Office analyzes various single-payer proposals

This past week, "Medicare for All" garnered national attention as the House Rules Committee held a hearing on a proposal for a single-payer health system. Although unlikely to move forward anytime soon, proponents hailed the hearing as a first step, while opponents, including the American Hospital Association cautioned against putting vital services at risk in a "one-size-fits-all approach."

While there currently exist a number of different Medicare for All type proposals, last week's House Rules Committee hearing focused on HR 1384, introduced in February by Rep. Pramila Jayapal (D-WA). This 120-page proposal would cover all U. S. residents under a government-run, single-payer system, within two years. Residents would have no premiums or cost-sharing requirements, and the current system of Medicare, Medicaid, and insurance exchanges would be eliminated.

The Congressional Budget Office (CBO), a non-partisan entity that provides budget analyses for Congress, also released a new [report last week](#) outlining considerations for policymakers in designing a single-payer health care system, such as the current Medicare for All proposals. The CBO noted that government spending under a single-payer system would increase substantially because the federal government would be picking up costs that are now spread across private and public sources. However, whether total overall spending on health care would increase depends on factors such as covered services, provider payment rates, and patient cost-sharing requirements.

For example, the report states that if provider rates are set at current Medicare rates, both government spending and total national spending on health care would be lower. However, this could also reduce supply and quality of care. Under HR 1384, health care providers would operate under a global budget for services, established each year through negotiations between the provider and a regional director, newly created under the proposal. According to CBO, other countries with single-payer systems have set rates using global budgets with mixed results.

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A single-payer system also must address the role of insurers. The federal bill would essentially replace private insurance as private insurers would be prohibited from selling, and employers from offering, coverage that duplicates the benefits in the system. Insurers could, however, sell coverage for additional benefits not covered under the federal program.

The CBO also covered the topic of hospital ownership and employment of providers under a single-payer system. About 70% of U.S. hospitals are currently privately owned, but the CBO says that under a single-payer system the government could have greater control over the delivery system if it moved to more government ownership. HR 1384 does not appear to address changes to the ownership of hospitals and employment of providers.

With the Senate currently controlled by Republicans who have long opposed single-payer proposals, and House Democratic leadership also concerned about the politics of these proposals, HR 1384 and other Medicare for all proposals are unlikely to move forward anytime soon. However, Senate Republicans have also expressed a desire to stage a Senate floor vote on the Medicare for All proposal introduced by Senator Bernie Sanders in order to get Democrats on the record in advance of the 2020 elections. WHA will continue to follow all these proposals as they progress in this current Congress.

Borgerding Named to Board of UW's La Follette School of Public Affairs



Eric Borgerding, WHA President and CEO, is one of three new members on the University of Wisconsin La Follette School of Public Affairs Board of Visitors.

“We are thrilled to welcome these new Board members,” said Director and Professor Susan Webb Yackee. “Their knowledge, perspective, and love of the university and state will be a tremendous asset to the La Follette School with our new certificate

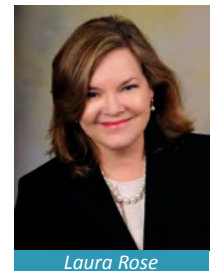
program for undergraduates, upcoming strategic planning exercise, and efforts to recruit the most competitive students.”

Board members help the La Follette School identify resources that can enhance its stature and standing, provide assistance in fundraising, provide career advice and assistance to students, and act as goodwill ambassadors for the School.

The members of the Board are Eric Borgerding, Curt Culver, Michael W. Grebe, Mike Hamerlik, Carolyn Heinrich, Leslie Howard, Senator Herb Kohl, JoAnne Anton, Bob Lang, Katharine Lyall, David Lubar, Charles Pruitt, Eric Schutt, and Michael Youngman.

WHA's Rose Joins 2-1-1 Wisconsin Board

Laura Rose, WHA Vice President for Policy Development, will represent WHA on the 2-1-1 Wisconsin Board of Directors. 2-1-1 Wisconsin is a statewide service that provides access to information about local community resources from both government and nonprofit organizations simply by calling 2-1-1 or accessing the [website](#). The Board's membership includes representatives from WHA and other associations, as well as state agency and at-large appointees.



Laura Rose

WHA Workforce Council Weighs in on the Value of Salary and Workforce Surveys

Robust and accessible data key to building an adequate health care workforce



WHA's Workforce Council meeting, April 26, 2019

WHA's Council on Workforce Development invited guests from the Wisconsin Healthcare Human Resources Association (WisHHRA) to their April 26 meeting for a demonstration of the Iowa Hospital Association's (IHA's) compensation, benefits and salary survey process.

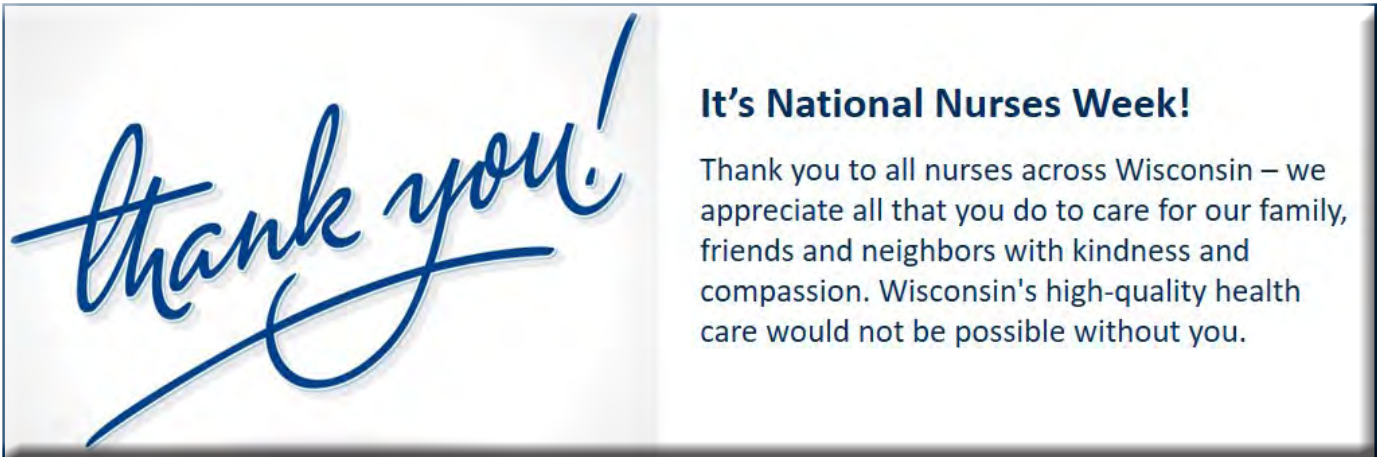
Both WisHHRA and WHA collect workforce data, and IHA's process may offer a platform to combine the expertise and information gathering of each. WHA's Council was

supportive of further exploring the opportunity IHA's platform could provide. One Council member noted, “I'm willing to submit data and participate in the surveys because I use them all,” adding, “If we can partner to get consistent, valuable data, that's even better.”

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The Council also discussed the pros and cons of a legislative proposal to reduce Wisconsin's minimum requirements for training and clinical hours for certified nursing assistants to mirror federal requirements. Wisconsin requires 120 hours of training with at least 32 of those hours being supervised clinical hours. Federal regulation requires 75 hours with 16 of those hours being supervised clinical hours. The Council agreed that regardless of whether training hours are changed, it would be helpful to monitor the success of training programs by following metrics like certification pass rates.

Readers interested in growing segments of their workforce, better utilizing their existing workforce, or reducing regulatory burden on health care teams can contact WHA Vice President of Workforce and Clinical Practice [Ann Zenk](#) or any member of WHA's Government Relations team at 608-274-1820.



(President's Column: "You have an army." . . . continued from page 1)

Again this year some of the state's top elected officials, including Governor Tony Evers and four members of the powerful Joint Committee on Finance, looked out on this sea of hospital and health care champions with awe and admiration. "Wow, you have a heck of a lot of people here," Governor Evers said to me as he took the stage to deliver the lunch keynote. "You have an army," Rep. Even Goyke said as he settled into his chair for the legislative panel.



The crowd at WHA's 2019 Advocacy Day

But Advocacy Day is about more than numbers. It has become a can't miss opportunity for leading state politicians and personalities to share their opinions and debate, in a respectful and substantive way, some of the most pressing matters facing Wisconsin health care. This year it was a mix of present and past, the latter including relevant reminiscences from former Governor and Health and Human Services Secretary Tommy Thompson. More than a walk down memory lane, his comments were timely lessons in leadership, bipartisanship and seeking and achieving common ground.

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And when it came to the issues of today, the legislative panel (always a favorite element of the program) was one of the most informed and substantive issue dialogues we've had, and there have been some good ones. Whether Medicaid expansion, access to and reimbursement for care, mental health, dental therapy, or opioids, each panelist clearly explained their views and concerns ... *and we pushed them to find common ground.* We were also pleased to welcome Governor Tony Evers who, in addressing his first WHA Advocacy Day, took the opportunity to do some advocacy of his own around the health care initiatives in his state budget.



After an issue briefing from the WHA staff, whose command of the policy and political aspects of Wisconsin health care is unequalled, the newly dubbed "WHA Army" descended on the State Capitol to become lobbyists for a day, armed with information and knowledge. They met with 130 (out of 132) legislators or their staff, delivering a unified hospital message on key issues, boosted by their proud and unique stories of high-quality health care from every corner of the state.

Yes, Advocacy Day was a huge hit this year, but don't just take my word for it. Hundreds of attendees responded to our request for feedback (I read every single comment), with 98.84% indicating they were very satisfied/satisfied with the day. Despite those highest ever satisfaction ratings, with your help, we will make 2020 Advocacy Day even better!

Which brings me to my real point ... ***none of this would be possible without the support and dedication of our members. None of it.*** We know it's not easy to find time to come to Madison for an entire day. But you do. You make the time to get here, and even more importantly, you make the commitment to be an advocate and a champion for Wisconsin hospitals and health care.

Advocacy Day is a 1,000-person partnership, fostered by a deepening and expanding relationship with our members that continues to flourish, and is NEVER taken for granted.

On behalf of the entire WHA team, THANK YOU for your support and making WHA's 2019 Advocacy Day one of the best ever. See you next year!