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**EDUCATIONAL EVENTS**

**February 20, 2020**  
*New State Law on Medicaid Reimbursement for Telehealth*  
 Webinar

**March 13 & 14, 2020**  
*Physician Leadership Development Conference*  
 Kohler, WI

**March 18, 2020**  
*Advocacy Day*  
 Madison, WI

**WHA in D.C. to Advocate for Rural Health Care**

The Wisconsin Hospital Association joined the Rural Wisconsin Health Cooperative and a group of a dozen rural hospital and health care leaders in Washington, D.C. Feb. 12 to advocate for rural health care priorities with members of Wisconsin’s Congressional Delegation.

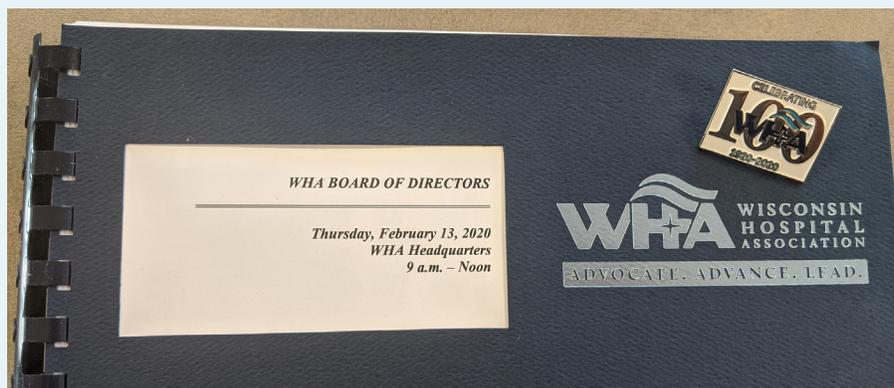
Among the topics covered were surprise medical billing, telehealth, access to behavioral health care, rural workforce challenges and funding for rural hospitals.

The day began with Congressman Ron Kind, who stepped out of his committee markup on legislation to address surprise medical bills with the group. Jim O’Keefe from Mile Bluff Medical Center reiterated how creating a benchmark rate would destroy free market negotiations by creating a ceiling that would allow insurers to tell hospitals to accept a rate below that benchmark or they would keep them out of network. He described why the legislation in the House Ways and Means Committee was a better solution, as it would protect patients while preserving free-market negotiations between insurers and providers. Congressman Kind said he agreed with

*(continued on page 3)*



*WHA and rural health care leaders were in Washington, D.C. Feb. 12 to advocate for rural health care priorities.*



WHA’s Board of Directors met today in Madison - see next week’s *The Valued Voice* for a summary of the meeting’s activities.



# REGISTER TODAY!

Advocacy Day 2020  
**March 18**

## WHO SHOULD ATTEND

- Chief Executive Officers
- Chief Financial Officers
- Chief Quality Officers
- Physician Leaders
- Nurse Leaders
- Hospital Department Managers
- HEAT Members
- Hospital Volunteers
- Partners of WHA Members
- Hospital Trustees
- Any hospital staff interested in helping to shape the future of health care in Wisconsin

## MONONA TERRACE, MADISON

Registration: 8:00 - 8:45 a.m.

Program: 9:00 a.m. - 1:45 p.m.

## LEGISLATIVE VISITS AT THE CAPITOL

2:00 - 3:00 p.m.

## HEALTH CARE QUALITY ADVOCACY SHOWCASE IN THE CAPITOL ROTUNDA

1:30 - 4:00 p.m.

[Register here](#)

*If you haven't registered for Advocacy Day, do so today! Some individuals from the following organizations have already committed to attending Advocacy Day 2020. Make sure you are registered and join your colleagues!*

AdventHealth Durand  
Advocate Aurora Health  
American Family Children's Hospital  
Amery Hospital & Clinic  
Ascension Wisconsin  
Aspirus  
Aurora West Allis Medical Center  
Behavioral Healthcare Providers  
Bellin Health System  
Beloit Health System  
Children's Wisconsin  
Cumberland Healthcare  
Dean Health Plan  
Edgerton Hospital & Health Services  
Flambeau Hospital  
Fort HealthCare  
Froedtert and the Medical College of WI

Gundersen Boscobel Area Hospital & Clinics  
Holy Family Memorial  
Hospital Sisters Health System  
Kaukauna Community Health Associates  
LifePoint Health  
Marshfield Clinic Health System  
Mayo Clinic Health System  
Medical College of Wisconsin  
Memorial Hospital of Lafayette County  
Mercyhealth  
Midwest Orthopedic Specialty Hospital  
Monroe Clinic, a member of SSM Health  
Partners of WHA  
Prairie Ridge Health  
ProHealth Oconomowoc Memorial Hospital

Rural WI Health Cooperative  
Sauk Prairie Healthcare  
Southwest Health  
Spooner Health  
SSM Health  
ThedaCare  
Upland Hills Health, Inc.  
UW Health  
Vernon Memorial Healthcare  
Watertown Regional Medical Center  
Western Wisconsin Health  
Willow Creek Behavioral Health  
Wisconsin Office of Rural Health  
Wisconsin Statewide Health Information Network

*(WHA in DC to Advocate for Rural Health Care . . . continued from page 1)*

these concerns and is happy to support this legislation. He added that he thought it was particularly unfair to pass legislation with a benchmark that would harm Wisconsin's health care environment when Wisconsin already has one of the lowest rates of surprise billing in the country. The legislation passed out of the committee later that day on a unanimous vote (see article below).

The rural hospital leaders also met with Congressman Mike Gallagher and discussed the need for improving how Medicare covers telehealth. Bob Van Meeteren from Reedsburg Area Medical Center mentioned legislation spearheaded by WHA recently passed the Wisconsin Legislature that would require Medicaid to cover all Medicaid telehealth services so long as they are equivalent to a face-to-face visit. The CONNECT for Health Act of 2019 would allow rural health clinics to be originating sites for telehealth services, which would allow his Medicare patients to be connected to psychiatrists in Madison via telehealth without having to make the hour drive.



WHA and rural health care leaders met with Rep. Gallagher (fourth from right) in Washington, D.C. Feb. 12, 2020.



WHA and rural health care leaders met with Rep. Pocan (third from left) in Washington, D.C. Feb. 12, 2020.

The group also advocated for improving Medicare's coverage of behavioral health services. In a meeting with Congressman Mark Pocan, Dan DeGroot and Teresa Lindfors of Stoughton Hospital discussed how their geriatric psychiatric inpatient unit does not receive the same cost-based reimbursement rates as the rest of the hospital. This payment structure means the psychiatric unit ends up losing about half of its operating margin annually, but the unit is doing everything it can to remain open because there is such a need for these services not only in Stoughton, but in the 14 other counties the facility serves. They worry the losses will continue to grow as the need for the services increases, and would like to see CMS extend cost-based reimbursement to these services as well to help stem the loss. Congressman Pocan, who toured the psychiatric unit last year, said he is interested in helping identify a legislative solution that would keep access to this much-needed care in Stoughton and other rural communities.

WHA will return to Washington, D.C. to visit with Wisconsin's Congressional Delegation and to attend AHA's annual meeting April 20-21. Anyone interested in joining should contact WHA Director of Federal & State Relations [Jon Hoelter](#).

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## **Dueling Legislation to Address Surprise Medical Billing Clears Key House Committees**

Activity on legislation to address surprise medical bills heated up this week in Washington, D.C., with both the House Education and Labor and the House Ways and Means Committees passing separate legislation to address surprise medical bills.

The House Education and Labor Committee on Feb. 11 passed [H.R. 5800](#), the Ban Surprise Billing Act. This legislation is very similar to bills previously passed by the Senate Health, Education, Labor and Pensions and House Energy and Commerce Committees that [WHA cautioned lawmakers](#) against in December 2019. It would resolve instances of surprise billing by requiring hospitals to be paid a benchmark rate for surprise medical bills below \$750 while allowing both sides to go to arbitration for bills above that threshold. WHA has opposed this approach because it would create a ceiling for price negotiations, giving insurers undue leverage and potentially forcing some providers out of network. Eventually, the benchmark rates would function as a fee schedule of sorts in the commercial market.

WHA sent out targeted HEAT alerts to constituents of Wisconsin Congressman Glenn Grothman, asking them to urge Rep. Grothman to vote against this legislation in committee. Notably, Rep. Grothman joined 12 of his colleagues from both sides of the aisle in voting against this legislation, which was approved by a vote of 32-13. He and his colleagues noted concerns from WHA and others that a government-imposed benchmark would be very detrimental to the overall health care system. Instead, they cited legislation introduced by the House Ways and Means Committee as their preferred approach.

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On Feb. 12, the House Ways and Means Committee passed its solution to surprise medical billing on a unanimous, bipartisan vote. [H.R. 5826](#), the Consumer Protections Against Surprise Medical Bills Act of 2020, uses independent dispute resolution as the means of resolving disagreements between providers and health insurers. WHA again activated its HEAT network in advance of the vote, and also sent Reps. Ron Kind and Gwen Moore, who both serve on the Ways and Means Committee, a [letter of support](#) noting how this legislation would protect patients while also supporting Wisconsin's nation-leading health care environment. The legislation would create a 30-day period where providers and insurers would be encouraged to resolve surprise billing disputes. If an agreement could not be reached by then, both sides would present their case to an independent mediator who would decide in favor of one or the other.

Because the Ways and Means legislation is so different from legislation passed in other committees, it is unclear how Congress will work to forge agreement on this issue. President Donald Trump [tweeted](#) a note of encouragement shortly after the Ways and Means legislation passed, asking Congress to work out the differences and send him a bipartisan bill he could sign. With a number of health care provisions expiring on May 22, Congress could decide to wrap surprise billing legislation into a package to extend these expiring health care provisions. WHA will continue to advocate strongly for legislation that preserves free-market negotiations in Wisconsin.

For more information, contact WHA's Director of Federal and State Relations, [Jon Hoelter](#).

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## Growing Focus on Complete Census Count is Important for Health Care



Why is achieving the highest participation possible in the 2020 U.S. Census important to health care? Census data is used to distribute more than \$675 billion in federal funds to states. The Medicaid program is by far the largest federal program in which census data is used to allocate matching funds. In 2015, over \$300 billion in federal matching funds for Medicaid was distributed to states using census data. Undercounting people who live in Wisconsin costs the state precious health care and other dollars and can also impact political representation since U.S. Congressional seats are allocated based on state population.

To bolster Wisconsin's participation in the 2020 Census, Governor Tony Evers established the Statewide Complete Count Committee through [Executive Order #55](#). WHA Vice President, Policy Development Laura Rose was appointed to the committee, along with 40 other representatives from organizations across the state. The committee held its first meeting Feb. 11 in the Governor's conference room in the State Capitol. The primary focus of the Complete Count Committee is to heighten awareness of the 2020 Census, encourage participation in the census and ensure fair and equal participation in government for everyone living in Wisconsin.

As the U.S. approaches Census Day on April 1, households will begin receiving official Census Bureau mail with detailed information on how to respond to the 2020 Census online, by phone or by mail. In-person followup will take place in areas in which census participation is low and will continue through late summer.

While Wisconsin overall had a respectable mail participation rate of 85.1% in the 2010 decennial census, many Wisconsin communities are designated as among the hardest to count in the country. [This map](#) shows the areas in Wisconsin most vulnerable to being undercounted. The population groups most likely to be undercounted include young children, rural populations, ethnic and racial minorities, transient individuals, individuals with disabilities, non-English speaking individuals, and those without Internet access.

Local Complete Count committees have been established and are working hard to hire census workers who know their communities and can locate and gain the trust of those living in these communities to encourage them to complete their census forms. The U.S. Census Bureau is aggressively [recruiting census workers](#) who will canvas communities with low participation.

For more information on the Complete Count Committee and the census in general, contact [Laura Rose](#).

## Hospitals Lead During Illness Outbreaks

### POLIO TAKES 26 DEATHS IN STATE UP TO SEPT. 1ST

Paralysis Still Prevalent But Authorities Predict Decrease With Cold Weather

MADISON. — Infantile paralysis continues prevalent in Wisconsin, but health authorities predict its decline with the early advent of cold weather. Neighboring states, especially Minnesota, Iowa and Illinois, also are affected, and Minnesota to a greater degree than Wisconsin, federal reports indicate. In the Wisconsin areas where the disease was exceptionally prevalent during the summer months—Buffalo and Trempealeau counties—it has largely disappeared.

The present area of infection involves Polk, St. Croix, Barron, Dunn and Clark counties, each of which has a few scattered cases. A marked decline is looked for with the coming of killing frosts.

This year’s outbreak of coronavirus and a difficult influenza season remind us how our families and neighbors count on their local hospital to be available should serious illness strike. Helping hospitals prepare for dangerous outbreaks and pandemics has been an all-too-regular Wisconsin Hospital Association action item; in 1952 and again in 2015 it was Zika. In 2014 it was Ebola and Bird Flu.

The early years of WHA featured battles against infamous diseases like polio, whooping cough, diphtheria and tetanus. While hospitals and health systems now combat those historic illnesses more proactively through vaccinations, the 21st century’s emergence of “anti-vaxxers” means today’s hospitals still must prepare for diseases both current and historic.



The first pertussis (whooping cough) vaccine was developed in the 1930s and was in widespread use by the mid-1940s, when pertussis vaccine was combined with diphtheria and tetanus toxoids to make the combination DTP vaccine. In 1954 the polio vaccine was developed and widely administered to American schoolchildren.

In the last 100 years, Wisconsin’s hospitals and health systems have been at their best while preparing for and dealing with the worst.



### PROCEDURE TO SECURE PINICILLIN FOR PATIENTS

An order by the War Production Board (No. M-338) on July 16, 1943 provided that “no supplier should use or deliver pinicillin except as specifically authorized in writing by the War Production Board.”

If pinicillin is necessary for treatment of civilians, the following procedure should be followed:

Write, wire, or telephone, as the circumstances may require, to Dr. Chester F. Keefer, Evans Memorial Hospital, 65 E. Newton Street, Boston, Massachusetts. Dr. Keefer, or his assistant, Dr. Donald G. Anderson, will determine from information given by the attending physician, whether or not the treatment is indicated. If it is, he will wire the drug supplier a release and the supplier will promptly fill the order.

It is important that the physician give a complete history of the case and it is recommended that communications be made by telephone in order to be definitely sure that there will be no delay. It is also advisable to get the name of the supplier.

Then immediately wire the supplier that the release is forthcoming. Should a delay be occasioned by Dr. Keefer, the supplier should be asked to follow it up, which will then be done if the next release does not include your order. (This procedure is verified.)

## WHA Offering Webinar on New Medicaid Telehealth Act

WHA members can [register here](#) for a free 45-minute webinar on Thursday, Feb. 20 at 10 a.m. that will review Wisconsin’s new telehealth law, [2019 Wisconsin Act 56](#).

The new telehealth act was WHA-developed legislation resulting from the recommendations of WHA’s Telehealth Work Group to better align Wisconsin’s Medicaid statute with past, current and future advancements in telehealth.

The telehealth act webinar will highlight coverage changes in Wisconsin’s Medicaid statute regarding telehealth services, including when these changes take effect and special provisions regarding the delivery of behavioral health services via telehealth. The webinar will also discuss next steps regarding implementation of the statute, including discussions between the Department of Health Services and the WHA Telehealth Work Group.

Hospital and health system telehealth leaders, reimbursement leaders and managers, behavioral health leaders, physician leaders, legal and compliance directors, chief operating officers and others involved in developing and overseeing telehealth delivery models are invited to join the webinar. For registration questions, contact [Allison Taylor](#).

# Physician Leadership Development Conference, Kohler, WI - Register Today!

WHA is once again proud to be offering the Physician Leadership Development Conference in Kohler, WI on March 13 & 14, 2020. Check out this outstanding lineup:



- Dr. David Nash headlines Friday morning. Dr. Nash is an amazing speaker, and to some, the leading expert on the role of physician leaders in providing value-based care.
- Dr. Scott Rathgaber, Gundersen Health System CEO, will discuss his physician leadership journey from clinician to the CEO suite.
- Dr. Jay Bhatt, AHA CMO, and Elisa Arespacochaga, vice president of the AHA's Physician Alliance, will lead a session on physician burnout titled "Regular or Extra Crispy? Lessons from the Field in Addressing Burnout."
- Bill Benjamin, a scientist at the Institute for Health and Human Potential, will discuss emotional intelligence.
- Marty Martin, Director of DePaul University's Health Sector Management MBA Program, will discuss physician performance management.
- Eric Borgerding, WHA president & CEO, will give an advocacy update during Friday's lunch focused on key issues impacting care delivery.

In response to attendee feedback, we have added additional speakers on Friday. Saturday morning will feature two educational tracks – one for developing physician leaders and another for senior physician leaders.

Please take a few moments to review the [conference brochure](#). [Register](#) and secure your hotel room today!

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## WHA Foundation Simulation Lab Scholarships Available



WHA is pleased to share that the WHA Foundation has partnered with four clinical simulation labs across the state to once again award scholarships to interdisciplinary teams. Scholarships are available to WHA members who want to participate in clinical simulation training focused on stroke, severe sepsis/septic shock or high-risk OB delivery.

We invite you to encourage a team from your hospital to apply for a scholarship. Your team is welcome to attend as a full team (8-10 members) at one full day of training or to divide into two teams, with each participating in a half-day of training.

### Scholarship Details:

- Each scholarship has a maximum value of \$1,500.
- Each scholarship covers the expense of one full day or two half days of clinical simulation training at one of the four identified training labs.
- Your team's preferred training focus – stroke, sepsis/septic shock or high-risk OB delivery – must be designated on your scholarship application, and the training can only focus on one of the topics.
- No more than one scholarship will be awarded to any one individual hospital.
- Actual training must take place between April 15 and Nov. 30, 2020.
- Training date(s) must be scheduled and submitted to the WHA Foundation by April 15, 2020 or scholarship may be forfeited.
- Each team must identify a training facilitator who **must be present** at the training session(s).

### To Apply:

- Review the information on [scholarship eligibility and criteria](#).
- See the list of [participating simulation training labs](#).
- Complete the 2020 [Clinical Simulation Training scholarship application](#).

### Deadline:

A maximum of 20 scholarships will be awarded, so hospitals are encouraged to apply ASAP.

- **Submission deadline for scholarship applications is 5 p.m. Friday, Feb. 28, 2020.** Notification will be made by Friday March 13, 2020.

If you have questions about the training, the scholarship or the application process, contact WHA Foundation Executive Director [Leigh Ann Larson](#) at 608-274-1820.