State Legislative Action on COVID-19 Awaiting Further Analysis of Federal CARES Act

WHA has been very active in sharing hospital and health system priorities needed to help combat the COVID-19 pandemic at both the state and federal policymaking levels. Three COVID-19 bills have already passed Congress and have been enacted by President Trump, with multiple WHA-pursued regulatory waivers having taken effect.

Activity continues at the state level to pursue government support for hospital efforts. Governor Tony Evers released proposed legislation including funding and state regulatory flexibility on March 28, followed by a second package of proposals April 1.

The initial Evers proposal included more than $700 million in funding, primarily to state and local government agencies, with $500 million specifically allocated to emergency response funds at the Departments of Administration and Military Affairs. In addition, the bill includes an unlimited appropriation for the Department of Health Services to respond to a public health emergency. The second package of proposals includes an additional $274 million in state and federal funding for health care providers, with $75 million targeted specifically to hospitals.

In addition to funding, the legislation would also create new public policies including provisions that would allow DHS to temporarily suspend Medicaid enrollee cost-sharing and other requirements to make Wisconsin eligible for enhanced Federal Medical Assistance Percentage (FMAP) funds.

WHA Updates State Policymakers on Hospital/System COVID-19 Efforts, Needs

WHA has been focused on gathering and sharing data to inform decisions in response to the global COVID-19 outbreak in Wisconsin. To help educate state policymakers on hospital and health system priorities, WHA President and CEO Eric Borgerding sent this memo to the Wisconsin State Legislature on March 31, along with this infographic describing actions hospitals are taking to ensure citizens are cared for during this time.

Both communications pieces highlight the diligent efforts hospitals and systems have made to increase bed capacity, including postponing non-emergency elective surgeries and procedures. These postponements create increasingly difficult financial challenges for a growing number of hospitals, but the health care system takes very seriously the threat of a COVID-19 surge in their communities.
The memo emphasizes the continuing need for personal protective equipment (PPE) to help protect patients from further spread and protect our vital health care workforce from falling victim to the virus. WHA also shared the continued lack of COVID-19 testing kits, including the special elements needed to process tests to determine positive or negative results. As the memo states, “Testing is critical — it allows us to identify and quarantine those who are positive and contagious, communicate with personal contacts and thus mitigate spread.” Better identifying cases through testing also provides valuable data that can help gauge the size and growth of COVID-19 spread and the efficacy of mitigation strategies.

Both communications also emphasize the need for temporary regulatory flexibility to ensure that red tape doesn’t interfere with a hospital’s ability to provide necessary care in extraordinary times. WHA has already successfully received federal regulatory waivers and is pursuing important additional variances at the state level.

Stay tuned to future editions of The Valued Voice for updates on these and other efforts related to WHA’s work supporting hospitals and systems during the current pandemic.

**Special COVID-19 Webinars**

**Complimentary Webinar/COVID-19 and FEMA’s Public Assistance Program for Hospitals**

*April 7: Noon – 1 p.m.*

President Donald Trump on March 12 issued a nationwide emergency declaration in response to COVID-19. This enabled the Federal Emergency Management Agency (FEMA) to respond through the Stafford Act to provide emergency public assistance aid. Join Wipfli’s health care team in a discussion on the opportunities for FEMA assistance available to hospitals and how to navigate the new process created to expedite funding. Other topics to be discussed include the new Medicare Advance Payment program, SBA loan program and payroll protection.

Click [here](https://whima.webex.com/whima/j.php?MTID=mefb1b9481464b38aa29a85732aa23160) to register.

**Complimentary Webinar/Coronavirus ICD-10: CM Coding Applications (No registration required)**

*April 21: 11 a.m. – 12:30 p.m.*

The coronavirus has affected our communities, and our health care teams are facing challenges to locate and understand current directives. Given the unprecedented code addition effective April 1, the Rural Wisconsin Health Cooperative (RWHC) is collaborating with the Wisconsin Health Information Management Association (WHIMA) and the WHA Information Center (WHAIC) to provide a complimentary CM coding session to ensure your coding teams have up-to-date comprehensive reporting guidance to capture and accurately report COVID-19 data.

**Presenter:** Sheila Goethel, RHIT, CDIP, CCS, RWHC Coding Services Senior Manager.

To ensure you get answers to your CM questions, please submit your questions by April 16 using this link: [MY QUESTIONS FOR PRESENTER](https://whima.webex.com/whima/j.php?MTID=mefb1b9481464b38aa29a85732aa23160)

**WebEx instructions on April 21 @ 11 a.m. CT**

Go to [https://whima.webex.com/whima/j.php?MTID=mefb1b9481464b38aa29a85732aa23160](https://whima.webex.com/whima/j.php?MTID=mefb1b9481464b38aa29a85732aa23160)

Meeting number: 968 033 639

Password: BxTGVttU422

Join by phone: +1-415-655-0003 United States Toll

Access code: 968 033 639
The bill includes several insurance related provisions related to COVID-19 as well. Among these are: prohibiting policy cancellation within 90 days of premium non-payment; requiring COVID-19 cost-sharing for health plan enrollees; and requiring telehealth parity with in-person care for commercial health insurance plans. The bill would prohibit balance billing by out-of-network providers during a public health emergency for the duration of the emergency, This would apply to services for the condition causing the emergency or for other services resulting from limited provider availability due to the emergency, with out-of-network providers to be reimbursed at 250% of the Medicare rate.

Consistent with the Governor’s Emergency Order #16, the initial proposal delays renewal requirements for health care providers during the public health emergency and creates a temporary licensure process for former health care providers and health care providers in other states. The legislation also enables certified medical liability coverage in other states to fulfill Wisconsin’s practice liability insurance requirements.

Republican legislative leaders reacted to the first proposal with caution, citing funding concerns the state’s coffers are likely to experience in at least the next fiscal quarter. At a press event the morning of April 1 (just before Gov. Evers’ second proposal was announced), Senate Majority Leader Scott Fitzgerald (R-Juneau) and Assembly Speaker Robin Vos (R-Rochester) said they would wait to make their own legislative proposals until after they received analysis from the nonpartisan Legislative Fiscal Bureau of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act allocates about $150 billion to the states as part of an overall $2 trillion package, leaving to federal agencies the distribution of funds to the states.

“Certainly we want to know everything that’s in the federal bill before we decide if we’re going to spend precious state resources,” Speaker Vos said at the event.

The LFB released CARES Act analysis later on April 1, but included a significant caveat to its 15-page summary: “It is important to note that although this memorandum describes provisions of the federal legislation based upon materials currently available, the administration of and funding of the Act will be known once guidelines from the federal government have been promulgated.”

The LFB shared similar concerns about the ambiguity in the CARES Act’s $100 billion earmarked for health care. “The Secretary of the Department of Health and Human Services is responsible for developing criteria for distributing funds,” the memo says, “and it is unknown how much funding, if any, Wisconsin healthcare providers will receive from this source.”

WHA continues to work with leading state policymakers on the development of state proposals, stressing the urgent need for regulatory flexibility and funding support.

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**Rep. Gallagher Partners with Brown County Health on PPE Drive**

Congressman Mike Gallagher (R-WI) announced a joint effort with the Brown County Health Department March 30 to collect unused personal protective equipment (PPE) for area health care providers. The drive has already yielded a number of donations, including nearly 28,000 gloves donated the first day.

“Health care workers and first responders across Northeast Wisconsin work around the clock to keep us safe, and we should do all we can to ensure they’re protected from the coronavirus,” Rep. Gallagher said. “I’m proud to team up with the Brown County Health Department to give Northeast Wisconsinites an easy drop-off location that ensures their donations will go directly to the local heroes on the frontlines of this fight.”

Individuals interested in donating PPE have been asked to e-mail WI08donations@gmail.com or call Rep. Gallagher’s office at (920) 301-4500 to schedule a drop-off time and location with staff. Donations of all sizes will be accepted at predetermined times.

via Twitter: @RepGallagher
WHA Cancels Wisconsin Rural Health Conference for 2020, Thanks Sponsors

WHA has canceled the Wisconsin Rural Health Conference, scheduled for June 24-26, 2020. While we are all hopeful the COVID-19 pandemic curve will be flattened by then, there is the understanding and sensitivity that our members will most likely not have capacity to attend such a conference at the end of June. While this was a difficult decision to make, we feel that it is responsible and appropriate to do so. We hope you can join us in 2021 when the Wisconsin Rural Health Conference will be held June 2-4 in Green Bay.

WHA would like to thank the sponsors of the 2020 Rural conference who have supported not only WHA, but also the state’s hospitals and health systems:

- Healthcare Associates Credit Union
- EUA
- Market & Johnson
- CG Schmidt, Inc.

Thank you, sponsors!

Have You Responded to the Census Yet?

Note: This is the fifth in a series of five The Valued Voice articles about the U.S. Census and why it’s important for health care.

February 13: Growing Focus on Complete Census Count is Important for Health Care
March 12: The 2020 Census Series: Decennial Census Timeline and Census Bureau Tools
March 19: How Census Bureau Data is Used by Federal Health Care Programs
March 26: Census Bureau Adjusts to COVID-19 Pandemic
April 2: Have You Responded to the Census Yet?

April 1 was Census Day. This is a key reference date for the 2020 Census – not a deadline. April 1 is used to determine who is counted and where in the 2020 Census. When you complete the census, where you lived as of April 1, 2020 is counted as your residence for census purposes.

As mentioned in the March 26 The Valued Voice, U.S. residents are encouraged to use the available methods that are not face-to-face to complete the Census: internet, phone, or snail mail. The COVID-19 public health emergency is not a barrier to completing the Census in a timely fashion.

For further information on the 2020 Census, contact WHA’s Laura Rose.

April is Donate Life Month

WHA Information Center (WHAIC) reported 1,178 kidney transplants and 199 heart transplants performed over the past three years in Wisconsin hospitals. The map provides the rate of visits per 1,000 population within this timeframe for transplants performed by ZIP code.

National Donate Life Month was instituted by Donate Life America and its partnering organizations in 2003. It features an entire month of local, regional and national activities to help encourage Americans to register as organ, eye and tissue donors, and to celebrate those who have saved lives through the gift of donation.

According to the United Network for Organ Sharing, as of March 27, there were 112,567 people waiting for lifesaving organ transplants in the U.S. Of these, 70,438 people are active waiting list candidates.

Think about registering to be an organ donor. One donor could save up to eight lives.
Nels Hanshus – WHA’s First Paid Employee

For the first 24 years of its existence, the Wisconsin Hospital Association operated with many people volunteering their time and talents. In 1943, Nels Hanshus served as the WHA Secretary. Then at a special meeting of the board in January 1944, he was installed as executive secretary for $50 a month. Hanshus served in that position until the end of the 1950s. He was the first paid staff member of the Association and provided strong leadership in that position.

Nels Hanshus was hospital administrator of Luther Hospital starting in 1928 and served there for 37 years until his retirement. He accomplished many things during his time at Luther as referenced in this article from the Eau Claire Leader Telegram from 1972.

Hanshus received WHA’s Award of Merit in 1952. The Award of Merit recognizes long-time devotion to solving health care problems in Wisconsin. Read about other WHA awards in future “CELEBRATING 100 YEARS” articles.

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