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EDUCATIONAL EVENTS

June 16, 2020
Second Victim of Harm: Coping after things go wrong
Webinar

June 16, 2020
Psychological Safety: The Predictive Power of Feeling Supported When Things Go Wrong
Webinar

Governor Evers Announces \$40 Million for Hospital COVID-19 Relief

Governor Tony Evers and the state’s Department of Health Services (DHS) announced June 11 that \$40 million has been allocated for Wisconsin hospitals to help offset some of the costs related to combating the COVID-19 pandemic. The money will be allocated based on Medicaid inpatient and outpatient base payments made to Wisconsin hospitals in the previous year. The state indicates that payments are expected to be made to eligible hospitals in mid-July.



Gov. Tony Evers

WHA has persistently advocated for state and federal relief for the state’s hospitals and health systems, which have suffered unprecedented revenue losses due to preparations made in response to the federal government’s direction to stop non-emergency services and increase hospital bed and equipment capacity in anticipation of a COVID-19 surge.

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Board of Nursing Acts on WHA Proposal to Continue Provisions to Enable Telemedicine

Wisconsin’s Board of Nursing took action today in response to WHA’s request for continuation of provisions enacted under [Emergency Order 16](#) and [2019 Act 185](#).

WHA Vice President Workforce and Clinical Practice Ann Zenk and WHA General Counsel Matthew Stanford offered [targeted recommendations](#) to address issues identified by WHA and WHA members, for which the Board has statutory authority: Temporary Licensing and Temporary Permits.

“The impact of COVID-19 continues to be felt by hospitals and health systems, and our workforce, and the changes we propose are necessary to enable nurses to effectively join the workforce,” Zenk said. Board of Nursing chair Peter Kallio concurred: “We need to go forward with some urgency to consider these recommendations.” Board member and CNO Pam White noted that “we do experience delays in licensure with our border states and need to consider how to best avoid that delay.” Stanford explained that “the rule we propose would be a bridge for out-of-state licensees in good standing while application processing is underway.”

On a parallel track, WHA has also alerted the Board and Wisconsin Department of Safety and Professional Services (DSPS) of a potential issue impacting temporary permits and graduate nurses: a backlog in NCLEX nurse licensure test slots. DSPS has been in contact with the NCLEX vendor and will seek further information to determine if backlogs are resolving at a sufficient pace, or if further action by DSPS and the Board is needed.

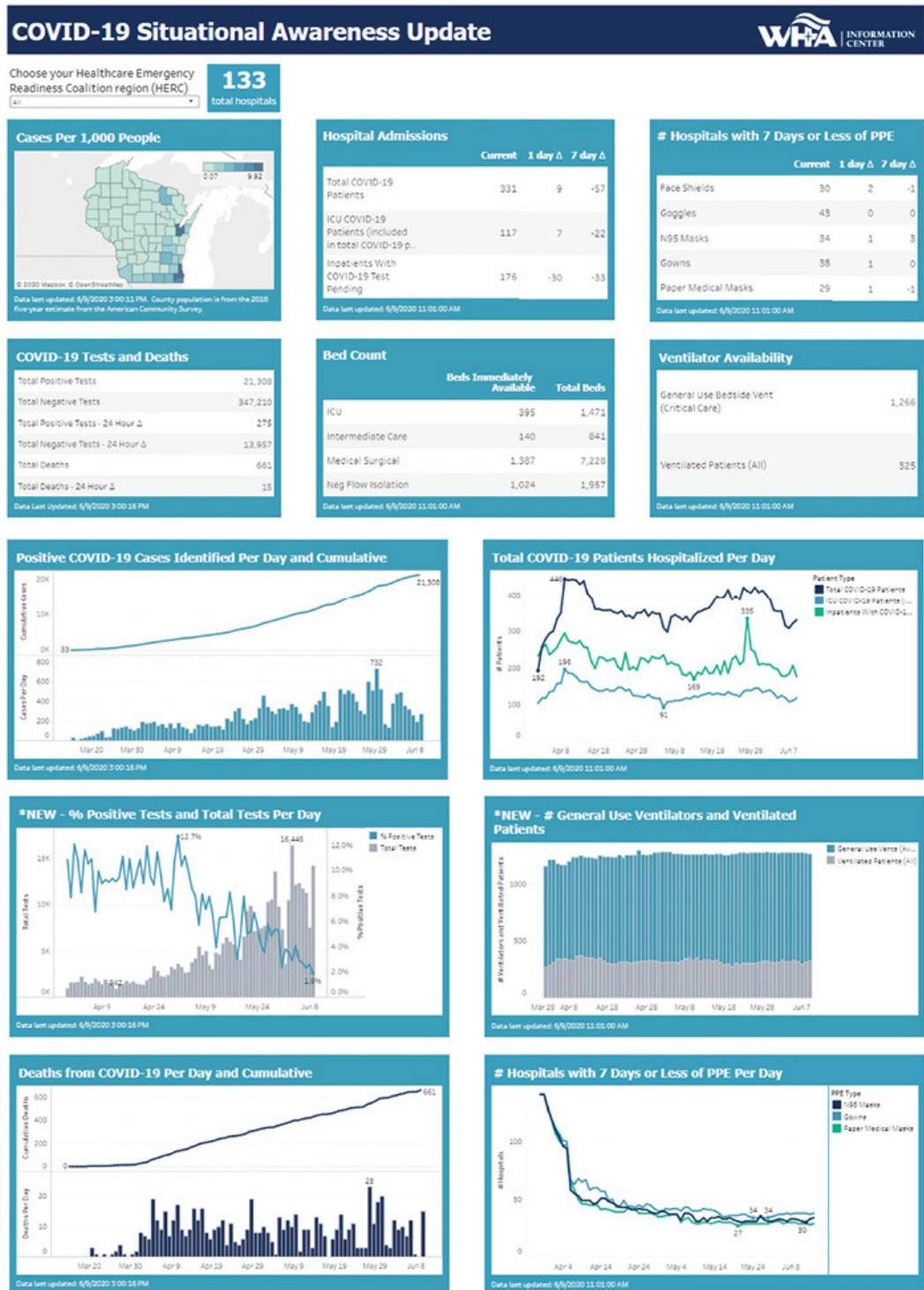
The Board will convene an additional meeting as soon as possible to take further action on WHA’s recommendations.

WHA COVID-19 Dashboard Adds Important New Data & Trend Displays

The WHA Information Center has added three new important COVID-19 related data points and trends to the WHA COVID-19 Situational Awareness Update [Dashboard](#): total negative COVID-19 tests and the change from the day before, a trending graph that also shows daily positive COVID-19 test figures, and a ventilator use and availability daily/trend graph. All are important data discussion points as Wisconsin continues to experience the COVID-19 crisis.

“In adding these new data elements, WHA continues to help inform how the pandemic is affecting hospitals and health systems while providing important information for policymakers as we deal with COVID-19,” WHA President and CEO Eric Borgerding said. “WHA remains dedicated to collecting and reporting relevant COVID-19 data and aid informed decision-making.”

Since first launched in early April 2020, the Dashboard has been a go-to data resource for those seeking the latest important COVID-19 information, with the website visited almost 300,000 times. Working with the state’s Department of Health Services, data are compiled from information received from the state’s seven Healthcare Emergency Readiness Coalitions (HERCs) and COVID-19 case-related data from DHS. The information can display statewide data as well as within each individual HERC.



WHA's COVID-19 Situational Awareness Update Dashboard

Understanding and Addressing Inequities

The events of the past two weeks have shined a new spotlight on racial inequities in our society. The killing of George Floyd in Minneapolis and the nationwide reaction remind us that we must all work hard and together to make significant, tangible improvements in our society.

Health care is not immune from these challenges and has a significant role to play in moving forward. WHA joins our members in recognizing the problems before us all and the obligation to help our nation, our state and our communities improve. This includes working to ensure all citizens, regardless of race or socioeconomic status, have access to high-quality care.

Today, we share powerful and insightful commentary, and a call to action, from one of Wisconsin's many great health care leaders, Damond Boatwright, the President of SSM Health Wisconsin and WHA's 2019 Board Chair.



Damond Boatwright

Stronger Together: A reflection on finding solidarity during difficult times

A message from SSM Health Wisconsin Regional President Damond Boatwright

"I'll send an SOS to the world, I'll send an SOS to the world."

The opening line comes from one of my favorite songs, ironically the name of the band is called The Police. The song is entitled "Message in a Bottle." I hope this message to you stands out among the "hundred billion bottles washed up on the shore."

In the midst of a very difficult pandemic response, many members of our community are facing renewed fear and anger following multiple high-profile racial incidents in our country. The latest, the death of George Floyd, has sparked riots in Minneapolis and protests for racial

justice across our country. Including right here in Wisconsin close to our homes.

In addition to both peaceful and violent protests over the past several days, many leaders across our country are speaking out against the racial inequalities, injustices, and police brutality incidents that continue to happen. Cardinal Sean P. O'Malley of the Boston Diocese shared his thoughts on the moral dimensions of George Floyd's death [in this statement over the weekend](#).

These incidents bring into stark reality the now prophetic words of Dr. Martin Luther King, Jr., who commented on the deep, troubling racial and economic divides that exist in our country. In 1967 he directly addressed the disparity in existence in our country in his ["The Other America" speech](#).

Although I know this will seem very naïve and overly aspirational, I still believe that we should all strive to mend these two Americas into one. Whether we live in an urban city or a rural one, whether we are black, white or in between, rich or poor, Republican, Democrat or Independent, we are all Americans endowed by our Creator with the same inalienable rights. All lives *must* matter, and no life can be neglected if we are to achieve this vision! While we affirm the value of every life, the recent events call each of us to face the reality that black men and women have not been equally afforded safety, security, and opportunity.

The time has now come that we must challenge ourselves and one another to truly discern on this one ageless question: "Am I my Brother's keeper?" Genesis 4: 8-10

Although it may be easy for some of us to believe that we are spiritually and humanly connected to one another, for others it is more difficult to accept. To those in our society who might not share this belief, then for the simple fact that we all co-exist together on this planet we should try our very best to resist the ugliness, evil and injustice of treating another human being as anything less than equal... Again, all lives must matter if we are to simply co-exist in relative peace!

Because SSM Health's core values lead us to have a special concern for those who suffer injustice, as an organization we are invested in promoting health equity. We are already doing work to reduce racial disparities in health outcomes and address social determinants. Although we are committed to this work, there is much more that needs to be done. We will continue to grow these efforts.

I hope you will join me in solidarity for all of our sisters and brothers in working towards a more peaceful and just society. Working towards social justice includes looking within ourselves to discover and learn more about our own biases. For SSM Health employees and providers, we offer self-guided resources through our intranet. For those outside

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(Understanding and Addressing Inequities . . . Continued from page 3)

of the SSM Health organization, I would urge you to reflect not only on the words shared above from Cardinal O’Malley and Martin Luther King, Jr., but to also seek out resources and learnings from black leaders. In Madison, Nehemiah and Justified Anger have collected a [list of resources for non-black allies](#) to deepen their understanding and education. Many of these resources are accessible to any non-black ally, as are widely available resources like [Ibram X. Kendi’s Antiracist reading list](#).

I ask you to virtually join me in praying for the coming together of our communities with this prayer of solidarity:

Heavenly Father, we know that You are the Source of the peace that passes understanding. In these troubled times, give us understanding minds and hearts as we listen to the cries of the oppressed, the wounded, the confused, and even to the voices of those with whom we disagree. Give us the wisdom to respond with Your Truth, offering words and actions that build up instead of tear down.

Across the nation, racism casts a long shadow. We believe that all life is sacred and worthy of our deepest reverence. Give us the courage to stand up for racial justice and reconciliation. As individuals, as a ministry, and as a nation, help us to see when we have missed the mark and empower us to do better.

Root up any violence or malice within our hearts and minds and transform it into love, a love of neighbor and a rightly ordered love of self. Let us work for peace and be peace to one another and the people we serve. Amen.

{From St. Dominic’s Antiracism Team (St. DART), St. Dominic’s/Franciscan Missionaries of Our Lady Health System}

In closing I leave you with the same plea from the opening song, “I hope that someone gets my message in a bottle.”

Wisconsin Hospitals State PAC & Conduit: 2020 Campaign Season Underway

See the 2020 Contributor List

Wisconsin Hospitals State PAC & Conduit efforts have ramped up as the 2020 campaign season is well underway. As of June 11, the Wisconsin Hospitals State PAC & Conduit has raised \$146,717 from 93 individuals. That is an average of over \$6,100 contributed each week with an average contribution per individual of \$1,578.

“Individuals who gave last year are among the first contributors for 2020,” said WHA Vice President of Advocacy Kari Hofer. “The leadership and continued commitment of these individuals have set a strong foundation for this year’s campaign.”



Contributors to the Wisconsin Hospitals PAC & Conduit include people across the state who care about hospitals in their own communities. Hospital employees, community leaders, members of hospital boards and all health care professionals can help shape who will be making decisions in the State Capitol next year and beyond by participating in the Wisconsin Hospitals State PAC & Conduit.

You can look at the full 2020 Contributor list on page 10 to see who made the list.

To make sure your name is on future contributor listings, make your personal contribution today at www.whconduit.com or by contacting [Kari Hofer](#) at 608-268-1816 or [Nora Statsick](#) at 608-239-4535.

DHS Publishes Guidance on Post-Acute and Long-Term Care COVID-19 Testing and Transfers

The state’s Department of Health Services (DHS) issued three guidance documents on June 10 relating to COVID-19 testing of hospitalized patients, and transfer of patients to and from post-acute and long-term care (PALTC) settings during the pandemic.

For the past three years, WHA’s Post-Acute Work Group has addressed the difficulties involved with discharging complex hospital patients to PALTC settings. The COVID-19 pandemic has aggravated this situation. In early March, WHA began hearing from members about increased difficulty in placing ready-to-discharge patients into PALTC facilities due to COVID-19 concerns.

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WHA conveyed these issues to DHS and made several requests for state-level guidance. In response, the State Disaster Medical Advisory Committee (SDMAC) created a Long-Term Care Subcommittee to develop documents addressing this situation. The subcommittee included WHA Vice President of Policy Development Laura Rose, as well as stakeholders from hospitals and health systems, post-acute and LTC settings, advocates, and infectious disease experts.

The three documents address the following topics:

- [The role of COVID-19 testing](#) in decisions around transfers from acute care hospitals to post-acute and long-term care facilities.
- Guidance on the [transfer of hospitalized patients](#) infected with COVID-19 to post-acute and long-term care facilities.
- Guidance on the [disposition](#) of medically stable post-acute and long-term care residents with confirmed or clinically suspected COVID-19 infection.

WHA will continue to address the need for access to PALTC for hospital patients, both during and after the COVID-19 pandemic. If you have questions about this issue or the documents above, contact [Laura Rose](#).

CMS Director Verma Touts Telehealth as WHA Continues Advocating for Extending Medicare Flexibility

The Director of the Centers for Medicare & Medicaid Services (CMS) Seema Verma signaled further support from the Trump administration in continuing Medicare coverage of expanded telehealth services in a [June 9 virtual event with STAT](#).

“I can’t imagine going back,” Verma told attendees. “People recognize the value of this, so it seems like it would not be a good thing to force our beneficiaries to go back to in-person visits.” According to Verma, telemedicine visits increased from 12,000 per week pre-COVID-19 to more than 1 million per week since CMS expanded Medicare flexibilities. Verma acknowledged that Congress will need to play a role in permanently expanding some areas that CMS cannot do by rule while also noting that CMS is evaluating areas it can expand on its own.



Seema Verma

Verma is not the first HHS official to remark on the Trump administration’s desire to continue telehealth flexibility. In [prepared remarks](#) from late April, HHS Deputy Secretary Hargan lauded the administration’s efforts to expand telehealth and followed up during a question and answer comment period that the Trump administration was “all in” on telehealth and exploring ways to make as many flexibilities permanent as made sense.

WHA has made [expanding telehealth under Medicare](#) a key advocacy priority even before COVID-19. In a [letter to Wisconsin’s Congressional Delegation](#) last November, WHA President and CEO Eric Borgerding provided a number of examples of how expanding telehealth coverage under Medicare could improve care. For example, Medicare’s pre-COVID rules required patients to physically travel back to the hospital or a clinic for post-discharge follow-up care. “Imagine if Medicare could cover these follow-up home care services via telehealth,” Borgerding said. “It would actually save Medicare dollars by allowing providers to deliver this care in a more cost-effective setting, and in a more convenient manner for patients.”

In a number of virtual events with lawmakers and weekly calls with the Wisconsin congressional delegation’s health care staff, WHA and its members have continued to advocate for telehealth, noting that it has been a lifeline for patients and providers during COVID-19 and reiterating that patients do not want to lose the ability to utilize telehealth after current emergency declarations end.

The WHA Telemedicine Work Group, which was responsible for the recommendations that resulted in comprehensive Medicaid telehealth reforms culminating in [Wisconsin Act 56](#) will meet again on Monday, June 22. The group will discuss progress made under telehealth to help inform policymakers on the need to extend telehealth flexibilities, as well as determine what more needs to be done to further expand patient access to telehealth.

For more information, contact WHA Director of Federal and State Relations [Jon Hoelster](#) or VP of Policy Development [Laura Rose](#).

HHS Announces \$35 billion in Additional CARES Act Distributions

On June 9, the U.S. Department of Health and Human Services (HHS) [announced](#) three new pots of funding totaling \$35 billion that will be going out from the Provider Relief Fund authorized in the [CARES Act](#). So far, it appears this funding will have minimal impact on Wisconsin hospitals and health systems.

The announced funding is divided into three pots, focused on funding Medicaid and CHIP health care providers and professionals, certain safety-net hospitals, and more “hot spot” or high-impact areas. It includes:

- \$15 billion to health care providers that participate in state Medicaid & CHIP programs but did not receive anything from the previous \$50 billion general distribution tranche.
- \$10 billion to safety-net hospitals with a Medicare Disproportionate Payment Percentage of 20.2% and up, a per-bed uncompensated care level of \$25K and up, and a margin of 3% or less in its most recent cost report.
- \$10 billion for another round of “hot spot” funding based on the number of COVID-19 patients admitted as of June 10.

While few details are available, it seems most of this funding will miss Wisconsin hospitals and health systems. Because most, if not all, Wisconsin hospitals and health systems received a distribution from the original \$50 billion tranche that was issued in April, they will be ineligible for any of the \$15 billion Medicaid and CHIP distribution. However, HHS estimates these funds will go to approximately 275,000 health care providers, including pediatricians, obstetricians, substance use and behavioral health providers, assisted living facilities, and providers who receive funding under home and community-based service waivers. Additionally, the \$10 billion tranche will go to 758 hospitals, but only four meet the criteria in Wisconsin, [according to HHS](#).

For the “hot spot” funding, HHS has said it will analyze submitted information on COVID-19 admissions before it decides about allocating this funding. Hospitals who wish to apply must submit information by 8 p.m. CST on Monday, June 15 into the same [teletracking portal](#) HHS used during the initial round of “hot spot” funding. Two Wisconsin hospitals received funding from that distribution, for a total of \$32 million. In its [FAQs document](#) on the topic, HHS says it will take that past “hot spot” funding into account in making payments under the new round.

With the \$35 billion announced on June 9, upwards of \$60 billion remains available for HHS to distribute from the \$175 billion authorized in the Provider Relief Fund from the CARES Act and subsequent federal legislation. In a phone call last week, senior HHS officials announced they are planning to have hospitals submit COVID-19 expense and lost revenue information to inform what they anticipate to be another large general distribution going to hospitals and health systems; however, no formal details have yet been announced.

Congress has yet to agree on whether it will pass another COVID-19 stimulus package. While the [U.S. House voted on May 15](#) to send another \$100 billion into the Provider Relief Fund as part of a \$3 trillion package, the U.S. Senate is not expected to take up that legislation, and is instead pausing to evaluate how past stimulus funds have been spent. The Senate is expected to work on its COVID-19 package during the summer and will likely spend far less than was passed in the U.S. House. WHA continues to advocate for additional needed state and federal relief for Wisconsin hospitals and health systems, noting that most continue to project revenue losses and great uncertainty going forward due to the pandemic.

For additional details, contact WHA Director of Federal and State Relations [Jon Hoelster](#).

New U.S. Poll Shows Pandemic Hasn't Moved Public's Health Care Opinions

A new national poll's results show that the COVID-19 pandemic hasn't significantly changed people's preferences on whether the private sector or the government should drive changes on health care innovation, quality improvement or providing coverage.

The [study](#), conducted by the University of Chicago Harris School of Public Policy and the Associated Press-NORC Center for Public Affairs Research, compared polls of adults from February 2020 – just after the country's first diagnosed case of COVID-19 – and May 2020. The poll found that people are more likely to trust private entities rather than the government on driving innovation in health care (70% to 28%), improving quality (62% to 36%) and providing insurance coverage (53% to 44%).

Other interesting results from the two polls:

- People are more concerned about other's access to high-quality health care (62%) than their own access (46%). This gap has increased by 1% from February to May.
- Since the COVID-19 outbreak, those polled are less concerned about losing their health care (28% in February vs. 19% in May), the amount they spend on health care (from 44% to 35%) and having access to high-quality care when they need it (58% to 46%).
- About two-thirds of Americans (64%) want to pay less for prescription drugs, even if it means fewer drugs coming to market in the future.

You can read the questions asked and a deeper breakdown of the results [here](#).

Member Quality Spotlight: Marshfield Medical Center

Improving Sepsis Care Through Strong Multidisciplinary Collaboration

Special Note: Many WHA members proud of their quality improvement efforts had prepared special poster presentations that were to be displayed in the Capitol Rotunda during WHA's Advocacy Day 2020, which was cancelled due to the COVID-19 pandemic. WHA is pleased to highlight these efforts in today's and future editions of The Valued Voice.

Marshfield Medical Center's strategic plan calls for putting quality and safety first. While sepsis is a life-threatening condition, it is well known that early recognition and treatment of sepsis saves lives. To improve outcomes for patients presenting with severe sepsis or septic shock, Marshfield Medical Center has taken a collaborative, multidisciplinary and continuous improvement approach to implement evidence-based care.

Reaction from Local State Legislators:



Sen. Kathy Bernier

"I am proud to recognize Marshfield Medical Center for their hard work improving care through this project. Wisconsin's reputation for high-quality health care is a result of hospitals like Marshfield working

together in collaboration to share innovative practices, which is clearly evident in this successful work."

– State Senator Kathy Bernier (R-Chippewa Falls)

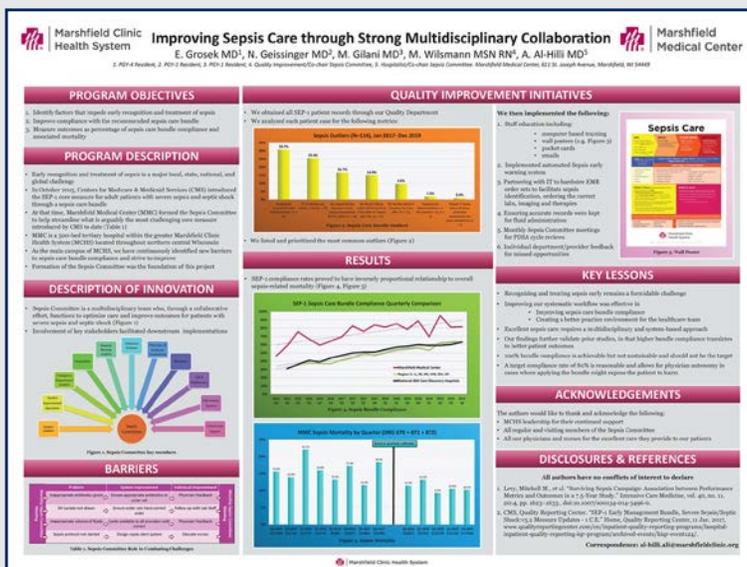


Rep. Bob Kulp

"Marshfield Medical Center continues to shine as a leader in quality health care in Wisconsin. Understanding the challenges of early recognition and effective treatment of patients who have

sepsis is no easy task. The work Marshfield Medical Center is doing will help support patients in their local community and care teams at hospitals across the rest of the state."

– State Rep. Bob Kulp (R-Stratford)



Click on image to enlarge this poster presentation

Dr. Ali Al-Hilli, hospitalist, and Michaela Wilsmann, RN, MSN, clinical quality nurse, co-lead a system-wide sepsis improvement team that meets monthly. This team consists of dedicated and action-oriented members from the emergency department, hospitalists group, ICUs, pharmacy, quality improvement, resident physicians and general floor leaders.

Early in the sepsis improvement work, the team partnered with Information Technology to ensure sepsis care is hardwired into order sets. The team also developed education for hospital staff, including pocket cards, posters and computer-based training. On an ongoing basis, the sepsis improvement team reviews every opportunity to improve. There is great engagement and discussions, which supports continuous improvement.

The efforts of the sepsis improvement team have paid off. The work of the team has exceeded the state and national averages for bundle compliance. Given research has shown that compliance with sepsis care leads to reduced mortality, Marshfield Medical Center's sepsis improvement team efforts will continue.

Wisconsin Governors – Bipartisan Partners with WHA



August 24, 1990: It's not often that a hospital patient has a chance to meet the governor, but that's how things worked out for 13-year-old Junior Valez of Hales Corners after being injured when he slipped on a dock at Camp Flambeau in the Lakeland area. Junior wound up as a patient at Howard Young Medical Center (HYMC) in Woodruff. On August 24, 1990, during Governor Tommy Thompson's visit to northern Wisconsin, the Governor visited HYMC and stopped to say hello to Junior. Also shown, left to right, Junior's



nurse, Christie Semmerling, RN; Debbie Kivi-Tupper, RN; and Paul Miller, far right, president and COO of HYMC, and presiding chairman of WHA in 1990. The final payoff for Junior, after his discharge the following day, was a ride back to Milwaukee in the Governor's plane.

Fast forward to 2020: Former Wisconsin Governor and U.S. Department of Health and Human Services Secretary Tommy G. Thompson has joined WHA in its campaign reminding the public that Wisconsin's hospitals and clinics remain safe, clean and ready to help people get the important regular care and services they need. He is also encouraging the public to continue taking proper precautions to minimize the spread of COVID-19.



"I am proud of how the people of Wisconsin have responded to the COVID-19 pandemic," Gov. Thompson says in the 30-second public service announcement, which has been shown by television stations around the state. "Now we need to keep up the good work! Social distancing is still important; wash your hands – and don't put off getting necessary medical care," Gov. Thompson says.

The PSA was produced by WHA and can be viewed [here](#).



1965: Gov. Warren Knowles is seen with 1965 WHA Chair Sr. Mary Josephine, DC, St. Mary's Hospital, Milwaukee



1976: Participants in the ceremony that brought the State of Wisconsin into the Wisconsin Hospital Rate Review Program partnership included Gov. Pat Lucey (front row, center), WHA Chairman Bill Johnson (front row, right) and WHA President Warren Von Ehren.



1978: Gov. Lee S. Dreyfus is shown presenting the president of the Wisconsin Hospital Association Auxiliaries, Elly Bieber of Madison, a proclamation recognizing the contributions of auxiliaries in Wisconsin hospitals. Leo Bargielski, chairman of WHA and executive director of Watertown Memorial Hospital was also present during the signing ceremony.



1984: Gov. Tony Earl attends a meeting at WHA Headquarters on Odana Road in Madison.

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(Celebrating 100 Years . . . Continued from page 8)



March 17, 2008: In a big victory for hospitals and the patients they serve, Governor Jim Doyle signs Senate Bill 487, a WHA-backed bill facilitating the development of interoperable electronic medical records systems.



March 30, 2016: WHA applauds Gov. Scott Walker for signing into law the bipartisan Health Care Data Modernization Act at WHA's 2016 Advocacy Day in Madison with more than 1,000 hospital supporters in attendance.



2002: Gov. Scott McCallum attends a WHA Board Meeting. Left to right: WHA Chair Rexford Titus III, Waukesha Memorial Hospital; McCallum; WHA President Steve Brenton



Feb. 5, 2020: Gov. Tony Evers signs two WHA-supported bills into law, continuing WHA's successful advocacy for proactive, bipartisan health care legislation during the 2019-20 state biennial session. Bills signed this day addressed patients' advance directives and enhancing penalties for harming a health care worker.

(Governor Evers Announces \$40 Million for Hospital COVID-19 Relief . . . Continued from page 1)

“Our hospitals have been doing more with less throughout the COVID-19 pandemic, caring for vulnerable Wisconsinites and keeping our communities healthy and safe,” Gov. Evers said in a statement announcing the funding. “This support is critically needed as we continue to battle this virus and ensure high-quality care for Wisconsinites.”

“The work of Wisconsin’s hospitals is life-saving work, whether during a pandemic or not,” DHS Secretary-designee Andrea Palm said in the statement. “But due to the COVID-19 pandemic, we know hospitals are stretched thin. This funding will help alleviate the financial strain felt by these hospitals and make it possible for them to continue their essential work.”

“Today’s announcement from Governor Evers is very welcome news as hospitals continue recovering from the financial impacts of COVID-19,” WHA President and CEO Eric Borgerding said. “We appreciate this assistance and his recognition of the ongoing challenges facing hospitals and health systems across the state. We look forward to continuing our collaboration with Governor Evers, his administration and state and federal policymakers to address the pandemic while ensuring our hospitals and health systems can resume addressing the broader health care needs of Wisconsin patients and families.”

