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**EDUCATIONAL EVENTS**

- December 2020**  
*Chargemaster Coding Updates and Implementation for 2021*  
 Self-study module series
- December 2020**  
*Critical Access Hospital Conditions of Participation 2020: Ensuring Compliance*  
 Recorded webinar series
- March 12, 2021 (Virtual)**  
**September 14-15, 2021 (In person)**  
*2021 Physician Leadership Development Conference*

**WHA Board and Wisconsin DHS Leaders Discuss Pandemic Response, Vaccine Distribution Plan**  
*Hospital leaders share experiences, challenges related to COVID care*

WHA’s Dec. 10 board meeting focused largely on the evolving realities facing Wisconsin hospitals and health systems after months of escalating COVID-19 cases and the welcome news of promising vaccinations on the horizon, with updates from WHA leadership on legislative and public education initiatives aimed at relieving the financial and operational strains on hospitals stretched thin by the pandemic.

**DHS Secretary-Designee Andrea Palm thanks WHA members**

Wisconsin Department of Health Services (DHS) Secretary-Designee Andrea Palm joined the WHA board meeting to provide an update on the state’s COVID response. Secretary Palm thanked WHA and its members for their partnership in the ongoing battle against COVID before highlighting the agency’s specific initiatives related to testing, workforce availability and patient discharges to skilled nursing facilities.

WHA President and CEO Eric Borgerding thanked Secretary Palm for the many programs DHS has stood up in short order to help Wisconsin’s health care system adapt to the surging demand COVID has created for care. WHA Board Chair and Aurora BayCare Medical Center CEO Dan Meyer stressed the importance of DHS and the Evers administration continuing to put their trust in hospitals to plan and execute necessary procedures to most effectively respond to local pandemic conditions.

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**WHA Chief Quality Officer Passes Leadership Torch**  
*Beth Dibbert to retire; Nadine Allen named as successor*

WHA Chief Quality Officer Beth Dibbert will retire on Jan. 18, 2020, ending a 46-year nursing career of providing bedside care and helping hospitals plan, execute and measure successful quality improvement programs.



Beth Dibbert

Dibbert was recruited to WHA in 2015 and assumed the chief quality officer role in 2017. She had previously served in a similar role at the Rural Wisconsin Health Cooperative (RWHC), where in 2010 she led the Quality Indicators Program, a quality measure solution for hospital quality data reporting. As a result of her work, RWHC was one of the first organizations in the nation to be certified for meaningful use electronic health record capabilities by the Centers for Medicare & Medicaid Services (CMS).

At RWHC, Dibbert worked with WHA to establish the Wisconsin Quality Residency Program in 2014. The 12-month program teaches health care professionals new to quality improvement specialized industry concepts, leadership essentials, networking resources and other topics as requested by hospital and health system members.

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*(WHA Chief Quality Officer Passes Leadership Torch . . . continued from page 1)*

Dibbert has continued her involvement with the residency program’s planning and administration during her WHA tenure.

WHA has drawn upon Dibbert’s expertise and leadership in CMS’s Partners for Patients Hospital Improvement Innovation Network (HIIN). WHA partnered with hospital associations in Illinois and Michigan to create the Great Lakes Partners for Patients and engaged over 300 hospitals across the region to improve patient outcomes. The Great Lakes model helped form the basis for the Superior Health Quality Alliance, a multi-state organization of quality improvement contractors dedicated to improving health care through innovation, effectiveness and efficiency.

Dibbert’s work with Wisconsin hospitals and health systems to maintain and advance quality assurance initiatives and report on their outcomes through WHA’s CheckPoint website has helped keep both the public and Wisconsin lawmakers informed about the excellent standards of care practiced in the state.

“I am proud to have been a part of WHA’s 100 years of advocacy,” said Dibbert, reflecting on her work on behalf of WHA’s members.

“Beth has been a strong advocate for our members and has made significant contributions to health care quality practices and reporting protocols in the state,” said WHA President and CEO Eric Borgerding. “I appreciate the visibility she has created for the high-quality care Wisconsin hospitals and health systems provide. She has laid a strong foundation for her colleague Nadine Allen to build upon.”

Allen joined WHA in 2016 from Beaver Dam Community Hospital, where she served three years as director of quality, patient safety and process improvement, during which time she participated in the first cohort of the RWHC-WHA Wisconsin Quality Residency Program. She has been heavily involved in HIIN improvement initiatives and serves as a valuable resource to hospital leaders on topics related to quality improvement strategy development and execution. Allen has also provided leadership to Wisconsin hospitals responding to COVID-19, helping hospital executives connect with state and federal resources. She looks forward to reengaging with WHA members on post-pandemic issues when conditions allow.



Nadine Allen

## Save The Date for WHA’s Virtual Advocacy Day



Mark your calendar now for the Wisconsin Hospital Association’s (WHA’s) Advocacy Day 2021, scheduled for **Wednesday, April 14**. This year, WHA has contracted with the professional virtual event platform [LeaderPass](#) to deliver this event to advocates across the state virtually.

While the day’s virtual format will be a little different than years past, attendees can still expect to hear from a great lineup of speakers, including an opening keynote address by Frank Sesno. Sesno is an internationally recognized journalist with more than 30 years of experience reporting from around the world. Well known as a television anchor, White House correspondent and talk show host with CNN, he is also a nationally renowned moderator who has engaged some of the world’s leading personalities.

Attendees are also encouraged to take advantage of the opportunity to meet with their legislators and/or their staff virtually at Advocacy Day 2021. Specific times, in 30-minute intervals, are set aside on April 14, 15, and 16 for these meetings. WHA will take care of the scheduling and will inform advocates of their meeting dates and times and provide instructions to join the Zoom meetings.

WHA encourages and invites hospital CEOs, CFOs, managers, nurse executives, quality managers, hospital volunteers, hospital trustees, WHA Hospitals Education & Advocacy Team (HEAT) grassroots members, Partners of WHA members, WHA corporate members and any other hospital staff interested in helping to shape the future of health care in Wisconsin communities to attend.

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*(Save The Date for WHA's Virtual Advocacy Day . . . continued from page 2)*

With the continued prevalence of the COVID-19 pandemic and the forecasted long-term effects of the virus on hospital and health system operations, finances and workforce, adding your voice to Advocacy Day this year is more important than ever.

There is no registration fee to participate in Advocacy Day, but pre-registration is required. Stay tuned for more updates on WHA's website, including how to register (after the New Year) and an announcement on the bipartisan legislative panel participants.

WHA members are also encouraged to stay informed of issues affecting Wisconsin's health care system and join thousands of others in making the voice of Wisconsin hospitals heard loud and clear. By [signing up for HEAT](#), you will receive:

- HEAT Alerts on important, timely public policy facing the governor, state Legislature or Congress that could impact Wisconsin hospitals and health care in the state;
- An invitation to WHA's annual Advocacy Day, where you will join more than 1,100 hospital administrators, employees, trustees, volunteers, physicians, patients and others passionate about protecting Wisconsin's high-quality, high-value health care system as they lobby in the state Capitol;
- Periodic public policy updates keeping you informed of the status and progress of legislative priorities; and
- Election resources, so you know where your candidates stand on health care issues.

For sponsorship opportunities, contact Kari Hofer at [khofer@wha.org](mailto:khofer@wha.org)

Be an advocate, speak up!

**SIGN-UP FOR HEAT**



## Wisconsin Attorney General Kaul Joins 27 Attorneys General in Urging HHS to Enforce 340B Discounts

In a Dec. 14 letter to U.S. Health and Human Services (HHS) Secretary Alex Azar and Health Resources and Services Administration (HRSA) Administrator Tom Engels, attorneys general (AGs) from 27 states and the District of Columbia urged the federal government to enforce 340B drug discounts currently being denied by a number of drug manufacturers. Notably, the letter is led by California AG Xavier Becerra, who President-Elect Joe Biden recently announced as his nominee for HHS Secretary.

Wisconsin Attorney General Josh Kaul was among the list of AGs on the letter. WHA, along with the Wisconsin Primary Health Care Association and Vivent Health, had the opportunity to brief his staff on this issue in October.

As covered in a [recent \*The Valued Voice\* article](#), the issue stems from drug manufacturers denying discounts to 340B hospitals that utilize community contract pharmacies. Despite warnings from HRSA, drug manufacturers have continued this practice; in fact, Novo Nordisk became the sixth drug maker to announce this month it would follow suit beginning in 2021.

In the [letter](#), the AGs noted, "HHS has the authority to issue civil monetary penalties, and to issue guidance articulating the statutory responsibilities of drug manufacturers. The illegal actions of drug manufacturers during this time of urgent need compel HHS to utilize its authority to maintain and support the purpose and execution of the 340B Drug Pricing Program."

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*(Wisconsin AG Kaul Joins 27 Attorneys General in Urging HHS to Enforce 340B Discounts . . . from page 3)*

In related news, HRSA announced last week a long-awaited final rule establishing an administrative dispute resolution process between 340B-covered entities and drug manufacturers. Disappointingly, the process does not directly address this issue. In response, the American Hospital Association, 340B Health and other hospital and pharmacy groups filed a [federal lawsuit](#) requesting HHS enforce these requirements of the 340B statute. WHA continues to advocate on behalf of its members to ensure this issue is resolved expeditiously.

Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.

## Children’s Wisconsin Presented with WHA 100th Anniversary Values Award

On Dec. 16, Children’s Wisconsin was awarded the Wisconsin Hospital Association (WHA) 100th Anniversary Values Award by WHA President and CEO Eric Borgerding.



Borgerding acknowledged the outstanding application that Children’s Wisconsin submitted. A notable element he highlighted was the health system’s Our Family Partners Program.

“This program exemplifies communication and transparency so that parents and caregivers can openly and safely discuss their experiences and make suggestions for improvement, which ultimately improves care,” said Borgerding.

Borgerding also mentioned the tremendous advocacy work that Children’s Wisconsin does. “The employees, volunteers, board members and patient families who are a part of the Children’s Action Network show tremendous commitment to influencing positive change. WHA and Children’s both share this core value of advocacy, which makes our partnership strong,” he said.

Congratulations to Children’s Wisconsin, to its leadership and frontline staff and to its entire team for receiving this very well-deserved recognition and honor.

## HHS to Begin Distributing Another \$24.5 Billion in Provider Relief Funding

On Dec. 16, the U.S. Department of Health and Human Services (HHS) announced details on Phase 3 of the CARES Act Provider Relief Funding (PRF) originally announced in early October, as covered in an [earlier issue of \*The Valued Voice\*](#).

According to the [announcement](#) by HHS, approximately \$24.5 billion will be distributed to more than 70,000 health care providers. The funding will cover up to 88% of COVID-related losses reported by providers on their applications. More than 105,000 providers applied, but 35,000 were denied funding due to their applications showing they had either “experienced no change in revenues or net expenses attributable to COVID-19, or because they have already received funds that equal or exceed reimbursement of 88 percent of reported losses.”

[According to HHS](#), 893 Wisconsin health care providers will receive a total of \$255 million in funding from this tranche, though no breakdown of provider type was shared in this distribution. HHS has not yet announced plans for the approximately \$20-\$30 billion that will remain in the Provider Relief Fund after this tranche goes out.

WHA continues to advocate for more flexibility in how hospitals can spend CARES Act funds received through the Provider Relief Fund.

Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.

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## Surprise Billing Resolution in Sight as Congress Inches Toward COVID Package

As Congress has been working toward finding agreement on an end-of-year spending deal that includes a \$900 billion COVID relief package, bipartisan leaders from the major U.S. House and Senate health committees announced agreement on legislation that would put an end to so-called “[surprise billing](#).” Their goal is to have it included in such a package.

Notably, the committee leaders settled on a mechanism that WHA has long requested as the way to resolve billing disputes— independent dispute resolution. This comes after a number of senators, including Wisconsin Senator Ron Johnson, [sent a letter](#) to Senate leaders advising them against choosing another mechanism WHA has long opposed that would rely on paying providers a government-set rate.

The new legislation is very similar to legislation [WHA endorsed](#) in February 2020 in that it gives health care providers and health insurers 30 days to attempt to work out disagreements in out-of-network billing disputes. After this time period, either party can request taking the issue to a neutral third party that would make a binding decision about payment. Throughout the process, the patient is protected from receiving a bill in excess of the amount they would pay if the provider had been in-network.

While this is a significant win for hospitals and other health care providers, the [draft legislation](#) also contained various other provisions in its more than 370 pages of text. WHA alerted Wisconsin’s congressional delegation to concerns over a number of issues that, while well intended, could create significant challenges for hospitals should they be required to operationalize them. This includes a requirement that hospitals be responsible for consolidated billing of professional fees in addition to facility fees, even when they do not employ that health care professional. Additionally, WHA raised concerns that requiring bills to be issued in 90 days can be outside of a hospital’s control when they are awaiting information from the insurer or resolving coordination of benefits for patients with multiple layers of insurance. Lastly, WHA noted that its members are already preparing to comply with a Centers for Medicare & Medicaid Services Hospital Price Transparency Rule requiring them to display a list of shoppable services, and yet this legislation would create a separate mandate requiring up-front patient estimates, which would create additional work and be of questionable benefit to patients and consumers.

As of press time, leaders on Capitol Hill appear close to a deal, but have not announced details of a final package. With funding for federal programs slated to run out on Dec. 18, Congress seems poised to pass another short-term funding extension as leaders continue to negotiate.

Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.

## Registration Open for Wisconsin Quality Residency Program

The Wisconsin Hospital Association (WHA) and Rural Wisconsin Health Cooperative (RWHC) have confirmed dates for the upcoming 2021 Wisconsin Quality Residency modules. [Registration is open](#) for the January modules:

### MODULE E – VIRTUAL WORKSHOP

**Data Analytics, Measurement and Analysis | Wednesday, January 13, 2021 | 9:00am – 4:00pm**

- How to collect good data
- Types of data
- Outcome vs. process measures
- How to design a new measure
- Likely data sources
- Sources of quality indicators
- Benchmarking
- Using analytics software



### MODULE F - VIRTUAL WORKSHOP

**Using Data to Make Decisions | Thursday, January 14, 2021 | 9:00am – 4:00pm**

- Work with your data (run charts, pareto charts, control charts)
- Review principles of descriptive statistics
- Examine days since measures for rare events
- Understand the importance of measuring and documenting key processes for outcome measure improvement
- Explore ways to display and present your improvement efforts to your audience

The modules are designed for new or novice quality leaders as well as experienced leaders looking for a “refresher” in a specific topic area. Each module requires completion of pre-work related to the module topic, which is announced well ahead of time. Active participation is also highly encouraged.

Cost: \$250 per module. To register, [click here](#). For more information, email WHA Clinical Quality Improvement Advisor [Jill Lindwall](#).

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## WHA Offers Stroke Systems of Care Collaborative Virtual Webinar Series

WHA is hosting a virtual Stroke Systems of Care (SSoC) Collaborative to help rural and critical access hospitals across Wisconsin develop stroke systems of care that meet standards for achieving Acute Stroke Ready Hospital criteria and achieve better outcomes for stroke care.

Each session will be led by subject matter experts actively working in the field, with demonstrated success implementing innovative processes. Networking sessions will be offered for participants to partner with SSoC experts and peers.

The collaborative will launch on Jan. 21, 2021, and continue to meet regularly on most Thursdays from 10:30 a.m. - 12:00 p.m. through April 8, 2021.

Stroke Systems of Care Collaborative Meeting Schedule:

January 21	February 11	March 4	March 25
January 28 – No Meeting	February 18	March 11 – No Meeting	April 1
February 4	February 25	March 18	April 8

This collaborative is open at no cost to Wisconsin hospitals, with a focus on SSoC for rural and critical access hospitals serving rural communities. Hospital stroke teams are encouraged to participate. This may include hospital leadership, providers, nursing staff, Emergency Medical Service (EMS), emergency department, stroke team leaders and representatives from all departments who provide care to stroke patients.

This free webinar series is sponsored in part by the Wisconsin Coverdell Stroke Program at the Wisconsin Department of Health Services. Funding for the stroke program is made possible by the Paul Coverdell National Acute Stroke Prevention Program at the Centers for Disease Control and Prevention. Click [here](#) for more details.

Registration for WHA’s SSoC Collaborative is available [here](#). For questions, contact WHA Clinical Quality Improvement Advisor [Jill Lindwall](#).

## Focus on Quality

In the 20 years after the Institute of Medicine published *To Err is Human: Building a Safer Health System*, Wisconsin hospitals and health systems have made great progress, working together to create a safer and more valuable health care system. This progress was not spontaneous. It required focused leadership by the WHA Board of Directors, leaders and staff and determined effort by the association's members.



In 2004, the work to improve the quality and safety of health care went into high gear. Wisconsin, through WHA's [CheckPoint](#) website, became the [first state in the nation](#) to voluntarily report hospital and quality measures. Although CheckPoint is significantly more advanced today than it was at its inception, now including over 50 clinical measures, 128 hospitals, and sweeping changes in 2020, the hard work of quality improvement did not begin and end there.

The Wisconsin Quality Residency Program, which is presented through a partnership between WHA and the Rural Wisconsin Health Cooperative, provides a comprehensive curriculum of core quality improvement concepts and leadership essentials instructed by experts in the field. The program was designed to build a solid foundation in the field and a support network for new quality leaders. It is now part of Wisconsin's history of growing strong health care leaders and equipping its quality professionals with the skills needed to support and promote patient safety and quality of care.



QUALITY RESIDENCY PROGRAM



### GREAT LAKES PARTNERS FOR PATIENTS

WHA has also for more than three years supported more than 80 Wisconsin hospitals as a member of the Great Lakes Partners for Patients (GLPP). Through the GLPP, WHA helped member hospitals share experiences and knowledge, driving significant improvement in some of the most challenging quality areas. The hospitals participating in the GLPP have improved sepsis care, saving an estimated 500+ lives; substituted alternatives to opioid medications, avoiding more than 1,550 harm events; and implemented best practices to prevent health care associated infections, saving more than \$18 million.

WHA also played a key role in the creation of Superior Health Quality Alliance (SHQA), contributing WHA's skills to support SHQA's collaborative efforts to drive quality improvement. WHA is present on each of SHQA's workgroups and its board of directors.

And there have been many other efforts led by WHA or designed and implemented by member hospitals aimed at improving the quality and value of health care in Wisconsin. The list of successes and recognition for this work is long.

The Centers for Medicare & Medicaid Services (CMS) has recognized the strong performance of Wisconsin hospitals as they deliver high-quality, safe care. CMS's hospital Value-Based Purchasing program (VBP) gathers results from four categories of quality care and applies monetary incentives and penalties to hospitals based on their performance. Wisconsin's hospitals consistently perform well in the program. Wisconsin ranked third in the nation in CMS's Overall Hospital Star Ratings in 2019. The ratings are intended to give consumers an "at-a-glance" indicator of a hospital's quality and safety.

The federal Agency for Health Research and Quality (AHRQ) issues State Snapshot rankings, which consistently rank Wisconsin among the top five states in the nation overall for health care quality. Wisconsin's critical access hospitals have been recognized for outstanding quality performance by the federal Health Resources and Services Administration.

Reflecting on WHA's and its members' dedication to health care quality improvement, WHA President and CEO Eric Borgerding said, "High-quality care certainly benefits patients and our communities by keeping our families and neighbors healthy. We also know that high-quality care, including preventing costlier care, translates into positive direct and indirect effects on the workforce by keeping employees healthy, on the job, and productive. Taken together, that's a Wisconsin advantage." Borgerding emphasized, "Wisconsin is fortunate to have so many health care professionals dedicated to improving what is already nation-leading care. Always, but this year especially, WHA is proud to represent the hospital and health system community."



*(WHA Board and Wisconsin DHS Leaders Discuss Pandemic Response, Vaccine Distribution Plan . . . from page 1)*

Board member feedback to Secretary Palm centered on continued challenges related to discharging patients to skilled nursing homes, with one hospital leader noting that 24 patients at one facility in acute-care beds were awaiting discharge to nursing homes.

Secretary Palm noted that in addition to incentive payments DHS is making to skilled nursing facilities for patient intake, the agency is working with health care systems to identify new spaces for appropriate post-acute patient care.



**Vaccine distribution**

Joining Secretary Palm from DHS was Deputy Medicaid Director Anna Benton, who provided an update on the state’s vaccine distribution plan, reviewing the “hub and spoke” model necessary to accommodate the ultra-cold storage requirements for Pfizer’s product and outlining the timing and prioritization of vaccinations. Unlike the Pfizer vaccine, the Moderna product, Benton explained, will be able to be delivered directly to providers upon approval.

Benton also detailed a federal long-term care pharmacy partnership program that will run concurrently with general vaccine allocations in which the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention will partner with CVS and Walgreens pharmacies to offer on-site COVID-19 vaccination services to residents of nursing homes and assisted living facilities once vaccination is recommended for them.

Benton cautioned approved vaccinators in Wisconsin to be conservative in their dosage projections, so as not to waste vaccine. “[The federal government] will be tracking carefully how much Wisconsin has requested and how much actually was used in any given week,” she said. “If suddenly there is a gap between those two numbers, they will start withholding our allocation from us.”

**WHA’s advocacy strategy in action**

Borgerding provided an update on WHA’s advocacy philosophy, tying the association’s recent work to its renewed vision of serving as a unifying voice for Wisconsin’s hospitals and health systems and acting as a trusted and influential health policy advocate. His remarks highlighted specific examples of WHA influencing public behaviors and public policies to the benefit of its members and the health of the state and the communities they serve.

WHA’s leadership in the development and expansion of the [“Stop the COVID Spread!” coalition](#) has resulted in significant amplification of public health messaging focused on curbing virus spread. Since its launch in October, the “Stop the COVID Spread!” coalition has grown quickly to include more than 125 of Wisconsin’s leading health care, business and advocacy organizations. The coalition has to-date produced six public education announcements to encourage safe behaviors reaching an estimated audience of 24-23 million statewide viewers on television and logging more than 8.5 million digital impressions. The campaign’s reach has been extended by significant earned media, adding credibility to coalition messages through news media amplification.

WHA’s public policy influence has been seen in the adoption of coalition messaging by elected leaders on both sides of the political divide, many of whom have expressed support for or otherwise shared “Stop the COVID Spread!” messages in public remarks and on social media.

More directly, WHA called on elected leaders to unify on legislation that allocates significant resources to fight COVID-19. WHA Senior Vice President of Government Relations Kyle O’Brien shared details of a [letter](#) sent to Governor Evers and the state’s legislative leaders on Nov. 19 highlighting the stress placed on the state’s hospitals and health systems by uncontrolled COVID-19 community spread across Wisconsin and suggesting specific legislative action to combat the pandemic.

WHA also hosted a virtual “incident command” briefing on Nov. 20 to provide Wisconsin legislators and the Evers administration, as well as their respective staffs, a direct-from-the-source report of how COVID-19 threatens to overwhelm our health care system and its workforce in Wisconsin. COVID response leaders from five member hospitals and health systems across the state briefed more than 70 attendees on various challenges they are facing in both rural and urban settings.

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O'Brien provided board members an update on leadership positions within the Legislature and summarized proposed COVID packages put forth by Governor Evers and Assembly Republicans, which include several policies advocated for by WHA. He also outlined the state's budget challenges, which include a projected \$2 billion budget gap over the next two years, as reported by the Wisconsin Policy Forum.

***A federal perspective***

WHA's federal contract lobbyist Dan Boston of Health Policy Solutions briefed the board on prospects for more federal COVID legislation and provided a general forecast of expected health care initiatives expected from the Biden administration, including instituting a new COVID action plan while inheriting a pandemic response plan midstream.

Boston foresees support from the Biden administration for continued transparency, telehealth and value-based care, with workforce retention and expansion programming initiatives likely to be pro-union.

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