

**IN THIS ISSUE**

Register Now for the 2021 Wisconsin Rural Health Conference ..... 1

Wisconsin Adjusts DHS Trauma Rules Timeline ..... 1

WHAIC Data Show Effects of COVID-19 on State Hospitals ..... 2

WHA-Championed Permanent Provisional Licensure Process Now Implemented ..... 3

HRSA Warns Drug Companies to Stop Denying 340B Discounts at Community Contract Pharmacies..... 3

Bipartisan Senate Committee Hearing Touts Telehealth ..... 4

Strategic Behavioral Health Plans 72-Bed Hospital in Middleton ..... 4

**EDUCATIONAL EVENTS**

**May 25**  
*Emerging Trends Reshaping Care Delivery In 2021*  
Webinar

**May 26**  
*Strategies to Move the Vaccine Acceptance Needle*  
Webinar

**June 3**  
*Wisconsin Rural Health Conference*  
Virtual

**Register Now for the 2021 Wisconsin Rural Health Conference**

The Wisconsin Hospital Association’s (WHA’s) 2021 [Wisconsin Rural Health Conference](#) will take place virtually on June 3.

Registration is now open for this premier event designed to highlight the many nuances of rural health care. This year, the conference will focus on public policy issues affecting rural populations; coping strategies and resiliency skills of health care staff; and overcoming unconscious biases to provide better patient experiences and outcomes.

The virtual conference will leverage professional learning platform LeaderPass to maximize the attendee experience. For more information and to register, click [here](#).



**Wisconsin Adjusts DHS Trauma Rules Timeline**

Wisconsin’s Department of Health Services (DHS) and the State Trauma Advisory Committee have been working since 2016 to update Wisconsin Administrative Code Chapter 118, the standards used to classify hospitals as to their emergency care capabilities when hospitals voluntarily seek for their trauma services to be certified by DHS or the American College of Surgeons.

A milestone will be reached on May 31, 2021, when the Legislative Reference Bureau publishes the updated standards, which are now consistent with the most recent trauma recommendations developed by the American College of Surgeons. DHS was planning to implement the new standards on July 1, 2021, but will now delay the action due to concerns about the ability of organizations to find required training for their teams, especially advanced trauma life support (ATLS). This is a welcome adjustment for hospitals, health systems and provider groups trying to arrange training for new groups within their workforce that are now required to be ATLS certified.

While the new Chapter 118 standards will be going into effect on Oct. 1, 2021, DHS will be allowing facilities that have a review between Oct. 1 and June 30, 2021, until July of 2022 to meet the ATLS training requirement.

A document comparing the current and the revised Chapter 118, the new pre-review questionnaire and frequently asked questions can be found on the [DHS trauma website](#). WHA members can contact WHA Senior Vice President of Workforce and Clinical Practice [Ann Zenk](#) with questions.

# WHAIC Data Show Effects of COVID-19 on State Hospitals

## Part Four: COVID-19 Case Surge (Oct. 1 – Dec. 31, 2020)

The Wisconsin Hospital Association Information Center (WHAIC) has quantified and documented the impact the COVID-19 pandemic has had on Wisconsin’s health care system in a [new report](#).

This week, *The Valued Voice* focuses on the COVID-19 case surge in Wisconsin in late 2020, when rampant virus spread caused hospitalizations to spike dramatically, straining the entire health system. During this time, health systems were severely stressed and COVID-19 patients supplanted, or “crowded out,” other health care services.

### A Real Surge:

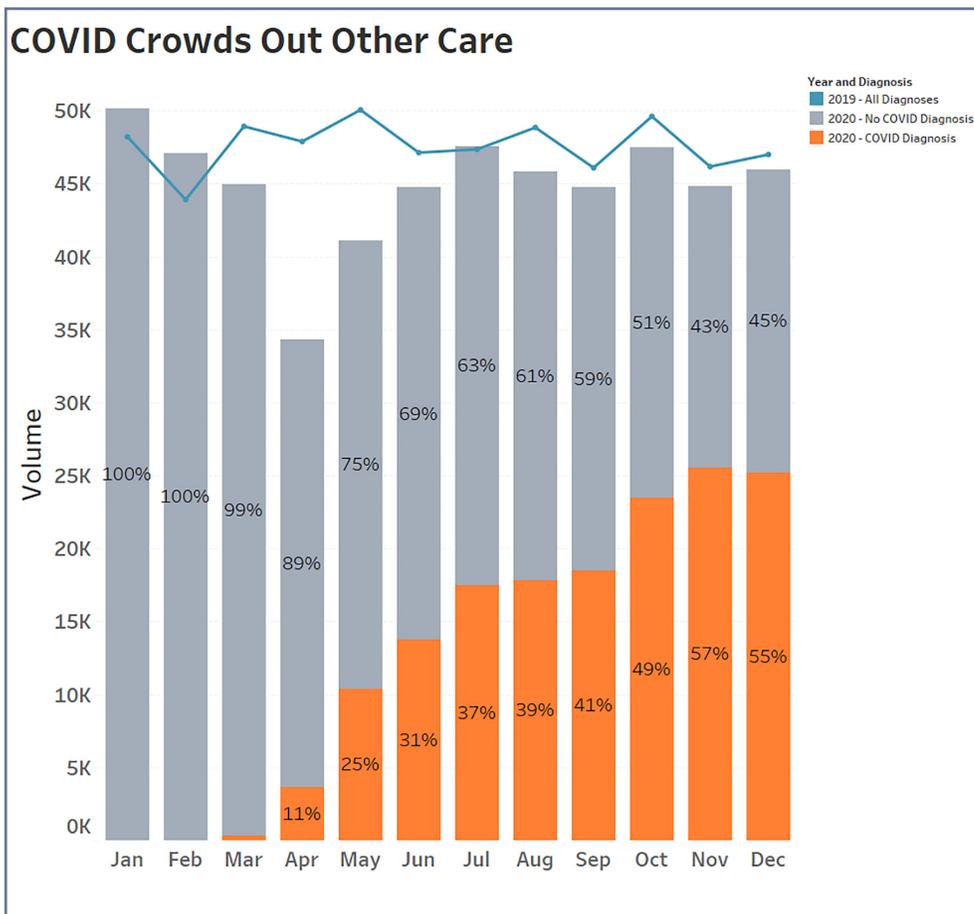
- Health systems severely stressed, with 76 hospitals reaching peak capacity in November
- Hundreds of patents ready for discharge to nursing homes had to remain in hospital beds due to nursing home intake restrictions
- Waiting rooms and ambulance bays converted for patient care in some places
- ICU beds at or near capacity in parts of the state
- Many hospitals experienced serious workforce shortages
- Staff overwhelmed with patient surge

### Non-COVID Care Plummetts, Again:

- Outpatient surgeries and procedures fall 13% compared to 2019
- Emergency department visits fall 20% compared to 2019
- Fear and stigma associated with COVID patients in hospitals deterred patients from seeking regular care

**Health Impact:** As COVID-19 cases climbed, inpatient volume was down 9% and never did return to 2019 levels, again delaying certain kinds of care and increasing long-term health risks.

**Hospital Impact:** Hospital COVID-19 patients requiring inpatient and/or intensive care increased dramatically, which crowded out other non-COVID health care services and created significant staffing challenges.



## WHA-Championed Permanent Provisional Licensure Process Now Implemented

The Wisconsin Department of Safety and Professional Services (DSPS) has now implemented 2021 Act 10 provisions that permanently enable health care professionals licensed in another state to immediately start practice in Wisconsin while they seek approval of their regular license. The Wisconsin Hospital Association (WHA) has advocated for the licensure provision on behalf of its members.

As permanently provided by 2021 Act 10, health care professionals may immediately begin practice in Wisconsin pending approval of their regular license by submitting an attestation to DSPS from the professional and his or her employer that the professional has a license in good standing in another state and has no active investigations or restrictions.

“This permanent, new licensure process is the most impactful licensure reform measure enacted in Wisconsin in decades,” said WHA President and CEO Eric Borgerding. “High-quality physicians, nurses, pharmacists and all other licensed health care professionals recruited to Wisconsin from another state can now immediately start serving Wisconsin communities while DSPS processes their regular Wisconsin license. This cuts regulatory red tape by leveraging the existing credentialing and review that is undertaken by the professional’s employer and prior state of practice.”

This week, DSPS posted on its website the health care professional and health care employer attestation forms that enable practice in Wisconsin under 2021 Act 10.

- [Health Care Provider Form 2021-A101: Application for 2021 Wis. Act 10 Temporary Credential](#)
- [Health Care Employer Form 2021-A102: Health Care Employer Notification for 2021 Wis. Act 10 Temporary Credential](#)

WHA has posted additional information about utilizing the new 2021 Act 10 process to immediately begin practice in Wisconsin on its website with a member login. A recording of a May 5 WHA webinar on the 2021 Act 10 licensure reform is available [here](#). A written summary of the 2021 Act 10 licensure reform is available [here](#).

If you would like more information about the licensure provisions in 2021 Act 10, contact WHA General Counsel [Matthew Stanford](#).

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## HRSA Warns Drug Companies to Stop Denying 340B Discounts at Community Contract Pharmacies

In what could be a major victory for 340B hospitals, the federal Health Resources & Services Administration (HRSA) announced on May 17 that it intends to start fining drug manufacturers that illegally deny 340B discounts at contract pharmacies.

HRSA sent [letters to six drug manufacturers](#) putting them on notice that their policies restricting 340B discounts to covered entities is in direct violation of the 340B statute, that these actions must cease and that the drug manufacturers must credit or refund any overcharges to covered entities that resulted from these policies. Continued failure to provide 340B discounts may subject drug companies to civil monetary penalties of up to \$5,000 per violation, in addition to paying back overcharges.

Last October, [WHA was joined by more than 70 Wisconsin health care leaders](#) in expressing concerns to the U.S. Department of Health and Human Services (HHS) and requesting it immediately enforce the requirements of the program prohibiting drug manufacturers from denying 340B discounts. In December, HHS wrote an [advisory opinion](#) concluding that drug manufacturers must offer 340B discounts to community contract pharmacies acting as agents of hospitals and other covered entities. However, the advisory opinion did not carry the force of law, and drug companies decided against following it. They have instead filed lawsuits challenging the opinion.

It is not yet clear if the new actions by HRSA will change drug manufacturers’ actions or if they will continue denying discounts while pursuing legal actions. HRSA requested the drug companies provide an update on their plans to conform to the law by June 1, 2021.

WHA will continue to closely follow this issue and advocate on behalf of 340B hospitals. Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.

## Bipartisan Senate Committee Hearing Touts Telehealth

Bipartisan support to continue telehealth flexibilities continues to build in the U.S. Congress, with the Senate Finance Committee holding a May 19 [hearing](#) to explore health care flexibilities granted under COVID.

The hearing comes less than a month after bipartisan members of the House Ways and Means Health Subcommittee also expressed support for continuing telehealth flexibilities, as covered in a [recent edition](#) of *The Valued Voice*.

Dr. Narayana Murali, executive vice president of care delivery and chief strategy officer of the Marshfield Clinic Health System (MCHS), noted how telehealth visits skyrocketed from 3% of overall patient visits in March 2020 to 42% of visits in April 2020 as hospitals were instructed to temporarily halt non-emergency in-person care. Since returning to more normal patient volume levels, telehealth has made up anywhere from 11% to 20% of visits for MCHS, clearly showing that patients and health care providers believe it is here to stay.



*Dr. Narayana Murali of MCHS testifies at a virtual Senate Health Finance Committee expressing support for continuing telehealth flexibilities on a permanent basis.*

Despite its success, Dr. Murali noted that inadequate rural broadband infrastructure has limited patients' ability to obtain reliable video connections, showing the need for Medicare to continue covering audio-only telehealth visits while broadband access expands into communities currently lacking such service.

Dr. Murali also noted that MCHS was an early adopter of the Centers for Medicare & Medicaid Services' (CMS's) Acute Care at Home program, allowing the system to provide a hospital-level of care directly in patients' homes during the COVID pandemic. This program has been another opportunity for telehealth to shine, in conjunction with in-home face-to-face care, and is something Dr. Murali and other panelists urged CMS to continue beyond the expiration of the public health emergency. WHA recently helped enact legislation at the state level clarifying that these hospital-at-home programs would not be subject to additional regulations by the Medicaid program.

In addition to Dr. Murali, other panelists and committee members expressed widespread support for extending telehealth flexibilities on a permanent basis, including removing geographic site restrictions for telehealth. WHA has long made this a top advocacy priority and continues to press the importance of this service with federal lawmakers.

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

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## Strategic Behavioral Health Plans 72-Bed Hospital in Middleton

Memphis, Tennessee-based Strategic Behavioral Health plans to open a 72-bed inpatient psychiatric hospital in Middleton in July. The company opened a similar facility—Willow Creek Behavioral Health—in Green Bay in 2017.

Middleton's Miramont Behavioral Health, as the hospital is called, will provide comprehensive inpatient and outpatient mental health services to individuals suffering from acute mental health and chemical dependency challenges. Services will include 24/7 assessments, direct admissions and full-day programming. Facilities will include an open courtyard, gym, classrooms and on-site pharmacy.

For more information, visit [www.miramontbh.com](http://www.miramontbh.com).

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