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## Legislature’s Joint Finance Committee Recommends Permanent Reauthorization of DSH

**Committee action ensures more than \$104 million in Medicaid DSH funding will be built into base budget**

Earlier this week, Wisconsin lawmakers on the state’s budget-writing Joint Finance Committee took action to incorporate a permanent reauthorization of Medicaid Disproportionate Share Hospital (DSH) funding. This top WHA priority for the 2021-2023 budget bill reauthorizes more than \$104 million in additional support to nearly 90 hospitals in Wisconsin. The Committee’s action also makes this additional funding permanent rather than one-time funding, as provided in the last budget.

“In this proposal, we invest in high-quality health care for all Wisconsin residents,” said Assembly Co-Chair Mark Born (R-Beaver Dam). “We make an ongoing \$40 million [state] investment in our hospitals. These hospitals and clinics are key leaders in our high-quality health care system here in Wisconsin; they were significantly challenged in helping us with the COVID pandemic, and we invest in that leadership tonight.”

“Hospitals are the very core of our state’s high-quality health care system. They are always there, always on the front line, for their communities. When patients have nowhere else to go, they go to a hospital. Not just during a global pandemic, but

*(continued on page 4)*

## Supreme Court Rejects Challenge to ACA

Today, the U.S. Supreme Court rejected a challenge by 18 states to the constitutionality of the Affordable Care Act (ACA) in *California v. Texas*. In the 7-2 ruling, the Court held that the plaintiff states do not have legal standing to challenge the minimum essential coverage provision of the ACA as unconstitutional because they have not shown a past or future injury traceable to that provision. Justices Alito and Gorsuch were the two dissenting justices.

Because the plaintiffs lacked standing, the majority ruling authored by Justice Breyer did not address the substantive questions whether the ACA’s minimum essential coverage provision is unconstitutional and, if so, whether the provision is so integral to the ACA that the rest of the ACA is unconstitutional.

The plaintiff states had argued that when Congress reduced the individual mandate penalty to \$0 in 2017, the individual mandate could no longer be construed as a tax, and thus made the mandate unconstitutional based on the 2012 Supreme Court decision originally upholding the constitutionality of the ACA.

More information should be available in the coming days regarding whether the substantive arguments will be resurrected by other plaintiffs that may have standing and potential timelines for such challenges.

The Supreme Court decision comes in the middle of a special open enrollment period for signing up for insurance coverage through the exchange marketplace, and when a new federal law—the American Rescue Plan Act (ARPA)—has enhanced the tax credits available for purchasing exchange coverage.

*(continued on page 2)*

## EDUCATIONAL EVENTS

### June 23

*AP Automation for the Modern Hospital – Part 2: Today’s Trends* Webinar Series

### June 30

*The Winning Race: Diversity, Equity and Inclusion Coaching Clinic – Part 1: A New Referee for Diversity, Equity and Inclusion Implementation* Webinar Series

Visit [www.wha.org](http://www.wha.org) for more educational opportunities

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Typically, open enrollment occurs in November and December of the year prior to the benefit year beginning in January, and a person could only sign up outside of that window if he or she qualified due to a life event, such as losing health coverage or moving. For 2021, a special open enrollment period for anyone wishing to sign up for coverage through the exchange marketplace has been available since Feb. 15 and will continue through Aug. 15.

This week, the Biden administration released the latest figures indicating that 20,701 people in Wisconsin signed up for coverage during this year's special open enrollment through May 31. Of those consumers, 25% have been able to obtain a health insurance plan for \$10 or less per month due to the ARPA enhanced tax credit subsidies which became effective on April 1.

Based on the most recent data available from the U.S. Census Bureau, Wisconsin currently has the eighth-lowest uninsured rate in the country at 5.7%. The uninsured rate in Wisconsin has decreased by about 40% since 2010, the year the Affordable Care Act was enacted.

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## **Wisconsin Hospitals State PAC and Conduit Fundraising Reaches Half-Way Mark**

### ***See full contributor list***

The Wisconsin Hospitals State PAC and Conduit passed the half-way mark of its 2021 goal of raising \$325,000. To date, more than \$170,000 has been contributed by 118 individuals, putting the campaign at 53% of its goal. Of the 118 contributors to date, 9 are brand new supporters, giving for the first time in 2021.



"We are on pace for another great fundraising year. I want to personally thank all 2021 contributors for helping get us to this point," said WHA Advocacy Committee Chair Mike Wallace. "But the work is not done. We need everyone's participation, so please make your 2021 contribution now. When you do so, you join your peers across the state and me in helping keep health care in Wisconsin moving forward."

Contribute today at [www.whconduit.com](http://www.whconduit.com) or call WHA's [Kari Hofer](mailto:kari.hofer@wha.org) at 608-268-1816 or [Nora Statsick](mailto:nora.statsick@wha.org) at 608-239-4535 to make a contribution.

See the full contributor list on page 5.

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## **WHA Physician Leaders Council Discusses Vaccine Acceptance, APRN Bill, Kohler Event**

The WHA Physician Leaders Council met on June 9 and discussed topics including WHA's physician leader education programming, vaccine acceptance strategies, top challenges facing Wisconsin chief medical officers (CMOs), proposed advanced practice nurse licensure changes and other public policy impacting physicians and clinical practice.

The meeting was led by WHA Chief Medical Officer Chris Green, MD, and Aspirus Riverview Chief Medical Officer and WHA Physician Leaders Council Chair Tom Voelker, MD.

The Council discussed WHA's May 26 webinar [Strategies to Move the Vaccine Acceptance Needle](#), including initiatives to promote acceptance of the COVID-19 vaccine among hospital staff and members of the community. Council members also discussed steps their organizations are taking to implement evolving Centers for Disease Control and Prevention standards.

Dr. Green and WHA Vice President of Education and Marketing Leigh Ann Larson highlighted part-two of the 2021 WHA Physician Leadership Conference coming up on Sept. 14 and 15. As a follow-up to the virtual portion of the program in March, WHA's premier physician leader-focused event is returning in fall 2021 to the American Club in Kohler as an in-person conference. The in-person program will include Gundersen Health System CEO Scott Rathgaber, MD, who will speak about his leadership journey from clinical physician practice to CEO.

Dr. Green presented results of a WHA survey of CMOs on the top issues and concerns they are facing. Key issues included provider wellness, resiliency and burnout, recruitment and retention, discharge planning, improving behavioral health care, reducing the burden of the EHR, opioid abuse impacts, quality improvement and telehealth.

Much of the agenda focused on updates and guidance on several areas of WHA public policy advocacy impacting physician leaders.

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WHA General Counsel Matthew Stanford provided a detailed review of current and proposed state and federal law governing advanced practice registered nurse (APRN) practice. Stanford reviewed WHA's prior advocacy on advanced practice nursing statutes and regulations as well as what has and has not changed since a proposed APRN licensure reform bill was first introduced five years ago by a coalition of APRN associations.

The Council discussed current utilization and oversight of APRNs at their organizations. The Council also reinforced the importance of preserving hospitals' and clinics' ability to establish their own quality and oversight requirements for APRNs that are above any minimum professional licensing standard.

The Council also discussed WHA advocacy on regulatory burden issues impacting physician practice. Topics included WHA's advocacy to create and implement Act 10 licensure reforms to enable out-of-state licensed providers to immediately start practice in Wisconsin, potential follow-up reforms to speed up the licensure process of other physicians such as new medical residents, a draft proposed administrative code Med 10 chaperone rule and the Wisconsin Department of Health Services rulemaking impacting buprenorphine prescribers.

Finally, the Council thanked Tom Voelker for his leadership as the chair of the Physician Leaders Council. Dr. Voelker will be retiring this summer. The next meeting of the WHA Physician Leaders Council will be Sept. 22.

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## **DQA Encourages Hospitals to Update Contact Information and Subscribe to Division's Email Lists**

The Wisconsin Department of Health Services' Division of Quality Assurance (DQA) often sends notices, memos and updates to hospitals and other DQA-regulated facilities via the email address for the contact person provided to DQA by the regulated facility. In order to avoid missing key information and compliance dates from the regulatory body, DQA is stressing the importance of notifying DQA when the name, email address or postal address changes for the contact person.

For example, at the end of February, DQA-regulated facilities received a notice and instructions for submitting the four-year renewal of licensee background check information, which was due May 3, 2021. Hospitals that have not provided the required information will receive a mailed notice. In August, hospitals will receive notice of the required annual hospital report and bed fee, which will be due in October.

In addition to the hospital contact person, DQA invites hospital staff and others to join its email lists to receive notices, memos and updates by signing up for its [subscription email service](#).

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## **Nominations Invited for 2021 Global Vision Community Partnership Award**

Nominations are now being accepted for the WHA Foundation Global Vision Community Partnership Award.



The award, established in 1993, provides recognition, financial support and public awareness of a community health initiative or project created in partnership with a WHA member that successfully addresses a documented community health need. Partnerships must reach across the community or population served, and the program must be an active, ongoing enterprise at the time of the nomination.

The deadline for nominations is July 30. Two Global Vision Community Partnership Awards will be given to deserving recipients in 2021.

For more information on the Global Vision Community Partnership Award, including eligibility, the selection process and nomination form, [click here](#).

If you have questions, contact WHA Foundation Executive Director [Leigh Ann Larson](#).

*(Legislature’s Joint Finance Committee Recommends Permanent Reauthorization of DSH . . . from page 1)*

every minute of every day, thousands of people in Wisconsin depend on hospitals to take care of them,” said WHA President and CEO Eric Borgerding in a statement following the Joint Finance Committee’s action.

Borgerding continued, “That is why WHA applauds the Joint Finance Committee’s action yesterday on the Medicaid Disproportionate Share Hospital program by providing an ongoing investment in our health care delivery system that will improve and sustain access to care for patients in all corners of the state at all times.”

Committee members discussed their experiences with our state’s hospitals throughout the last year as hospitals, providers and staff served on the front lines of the COVID-19 pandemic.

“I can’t say enough for our hospitals,” said Joint Finance Committee member Rep. Tony Kurtz (R-Wonewoc). “If it wasn’t for those hospitals and their preparedness, the loss [of life] would have been much more. This motion is an opportunity to tell our hospitals that we appreciate what they did.”



*“ I can’t say enough for our hospitals. If it wasn’t for those hospitals and their preparedness, the loss [of life] would have been much more.”*

**- Rep. Tony Kurtz**

“A year ago at this time, our hospitals were essentially empty—not because they wanted to be, but because they were told to shut down,” said Senate Co-Chair Howard Marklein (R-Spring Green). “It was a rough year for our hospitals as well, so I’m happy we can continue to fund our hospitals with DSH payments.”

As [108 WHA member leaders](#) told the Committee in an open letter in April, DSH funding was important pre-pandemic and will remain important following the pandemic, as Wisconsin’s Medicaid reimbursement rates remain among the lowest in the country and create a \$1.2 billion cost shift onto other payers of hospital care each

year. Since 2013, the state Legislature has used the Medicaid DSH program to invest more state support in Wisconsin hospitals to improve access to care and reduce the Medicaid cost shift burden onto Wisconsin families and businesses.

“I want the hospitals that serve my community—whether it is Beloit, Janesville or Elkhorn...they are all DSH hospitals—I want them to be financially healthy enough to continue to operate in my community so that my neighbors and I can have quality access to quality care and choices,” said Assembly Vice-Chair Amy Loudenberg (R-Clinton) as she described the impact of poor Medicaid reimbursement rates on hospitals and patients.

The proposed budget bill is expecting to be wrapped up in committee on June 17, with action slated in each chamber of the Legislature by the end of the month. Following passage of the budget, Gov. Evers can sign in-whole, veto in-part or veto in-whole the budget bill presented to him by the Legislature.

*“In this proposal, we invest in high-quality health care for all Wisconsin residents.”*

**- Rep. Mark Born**



Rep. Mark Born

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