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**Assembly Health Committee Hears Legislation Impacting Telehealth, Hospital Consent Policies**

During a public hearing before the Assembly Health Committee, [WHA testified](#) in favor of Assembly Bill 296, legislation to protect telehealth from being regulated differently than in-person care by Wisconsin’s professional licensure boards. This legislation is identical to Senate Bill 309, which [WHA spoke in favor of](#) in a May 26 Senate Committee on Insurance, Licensing and Forestry hearing. WHA General Counsel Matthew Stanford again joined Gundersen Health System Clinical Manager of Virtual Care Jessica Easterday to highlight the importance of ensuring state statutes and policies align so that they do not unintentionally hinder the ability of telehealth to continue to flourish as another option for patients and health care providers.



Jessica Easterday of Gundersen Health System provides testimony in favor of Assembly Bill 296.

(continued on page 5)

**Register Now for WHA’s Aug. 6 Post-Acute Care Conference**

WHA will host its fifth annual post-acute care conference this summer virtually.

**[Breaking Barriers to Complex Patient Care](#)**

Aug. 6, 2021  
9 a.m. – 2 p.m.

Too often, barriers to complex patient care have resulted in delayed discharges from hospitals and hindered admissions to nursing homes and other post-acute care settings. The barriers to complex patient care have been identified, examined and debated. But now, with a focused effort by hospitals and their post-acute care partners, some of those barriers are beginning to break. Participants in this complimentary virtual conference will hear from colleagues who have implemented innovative approaches to complex patient care transitions. The session will also feature forward-looking insights from the administrator of the Wisconsin Division of Quality Assurance and a report on federal activity by WHA’s federal lobbying team.

For more information and to register, click [here](#).

**EDUCATIONAL EVENTS**

**August 4**

*EMTALA Update 2021 - Part 1*  
Webinar

**August 6**

*WHA Post-acute Care Conference - Breaking Barriers to Complex Patient Care*  
Virtual

**August 10**

*Where in the World is my Data? Health Care Meets Big Tech*  
Webinar

## Advanced Practice Registered Nurse Legislation Receives Hearing in Senate, Assembly Committees

Earlier this week, the Senate and Assembly Health Committees took [testimony](#) from the Wisconsin Hospital Association, advanced practice nurses, patient advocates, a Wisconsin manufacturer and physicians regarding newly revised legislation creating an umbrella title for advanced practice nurses and making various changes in state law impacting the practice of advanced practice nurses in Wisconsin.

The legislation, Senate Bill 394 and Assembly Bill 396, creates a new umbrella title, Advanced Practice Registered Nurse (APRN), for all four advanced practice nursing roles in Wisconsin and provides better clarity and certainty in Wisconsin law for advanced practice nurses and their employers in Wisconsin.

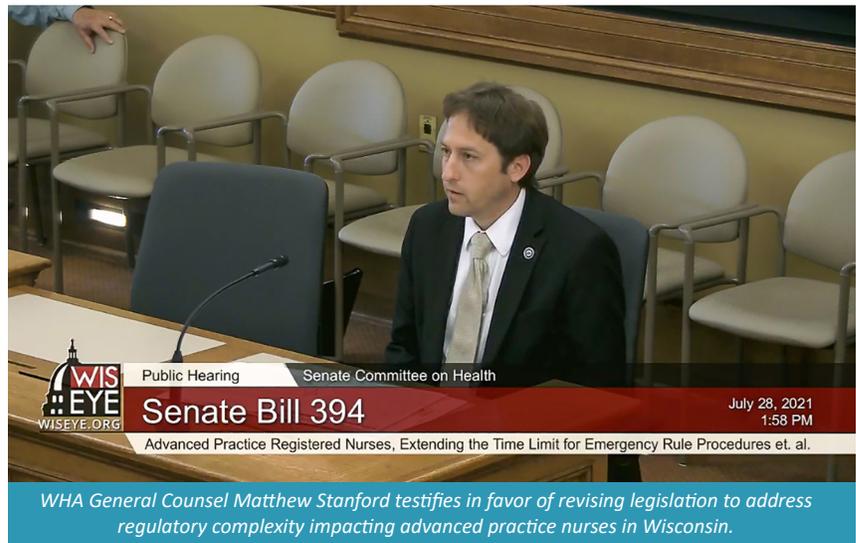
During in-person testimony provided by WHA General Counsel Matthew Stanford, WHA thanked the advanced practice nurse coalition for working with WHA over the last several years to address concerns previously raised by the legislation. The bill's authors, Rep. Rachael Cabral-Guevara (R-Appleton) and Sen. Patrick Testin (R-Stevens Point) highlighted the work that has been done to address WHA's concerns.

"If you are a health care facility and you would like the collaborating physician role to be in your facility, then you have that right. If you are a hospital system and you want your nurse practitioners to be under that role, then we can put that in place," said Rep. Rachael Cabral-Guevara regarding one change that was made in the legislation to address stakeholder concerns raised in previous years.

"We have worked with WHA and others who, in the past, have expressed concerns with the bill as it was written, to address those concerns," said Sen. Patrick Testin (R-Stevens Point) about this session's version of the legislation.

In testimony before the committee, Stanford outlined nearly two-decades-worth of advocacy work WHA has done to improve the practice environment for advanced practice nurses in Wisconsin and remove regulatory burdens that impact patient care and provider workflow. For more information on WHA's position on the legislation, read the [testimony](#).

"WHA has prioritized addressing regulatory complexity regarding APRN practice because it impacts not only APRNs, the hospitals and clinics they work in, and our patients, but in many cases adds unnecessary regulatory burden on physicians," said Stanford. "Similarly, impacts on physician administrative tasks and documentation burden—including documentation of a collaborative relationship—has been a key consideration in WHA's evaluation of the APRN Modernization Act."



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## Wisconsin Doctors and Nurses Share Personal Vaccination Reflections in DHS Campaign



In a statewide multimedia campaign that brings together health care professionals across the state to share their confidence in COVID-19 vaccines, the Wisconsin Department of Health Services (DHS) is encouraging Wisconsinites who may be hesitant to get vaccinated to start a conversation with their own family doctor about the vaccines.

WHA worked with DHS to identify spokespersons for the "Our Doctors" campaign, putting the agency's team in touch with SSM Health and Aspirus Medford Hospital, who are featured (including WHA Board member Dr. Mark Thompson from SSM Health) along with other providers in the series now running across the state on television, radio and billboards, in local newspapers and on social media.

*(continued on page 3)*

*(Wisconsin Doctors and Nurses Share Personal Vaccination Reflections in DHS Campaign . . . from page 2)*

WHA invites members to share these the videos with their audiences to spark dialogue with patients and staff who have not yet been vaccinated. “Our Doctors” videos are available on the [DHS YouTube](#) page. Examples of how WHA is amplifying these messages can be found [here](#) and [here](#).

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## Wisconsin Hospitals State PAC & Conduit Fundraising Approaches \$200,000

### See 2021 Contributor List

The 2021 Wisconsin Hospitals State PAC & Conduit campaign has raised \$193,227 from 136 contributors. That is 59% of its goal of raising \$325,000 in 2021. See the complete list of 2021 contributors on page 7.

Participating in the political process is important to protect high-quality, high-value health care. The Wisconsin Hospitals State PAC & Conduit supports candidates who understand the important role Wisconsin hospitals and health systems have, both as leaders in care delivery and as essential employers within the communities they serve.



The fundraising campaign runs through the 2021 calendar year. Personal contributions can be submitted at any time online at [www.whconduit.com](http://www.whconduit.com) or by contacting WHA Vice President of Advocacy [Kari Hofer](#) at 608-268-1816.

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## WHA Invites Community Benefits Stories for 2021 Report

WHA is beginning the process of publishing its *2021 Community Benefits Report*, which will include a calculation of costs Wisconsin hospitals incur through charity care provision and financial losses resulting from administering public health programs as well as investments made in community health improvement services, cash and in-kind donations and other community-building activities.

An important component of WHA’s *Community Benefits Report*, in addition to the tabulation of Wisconsin hospitals’ financial contributions to community development initiatives, are stories submitted by WHA members highlighting the many ways they are making a difference within their service areas, over and above providing excellent health care.

These stories will appear not only in WHA’s printed report, which will be shared with legislators and other health care stakeholders and decision-makers throughout the state, but also online, providing individual hospitals an opportunity to draw attention to their report submissions. Last year’s report and hospital stories can be viewed [here](#).

The following types of new stories are welcome:

- 1. Charity Care/Free Clinics:** Stories about how your hospital provides health care to medically underinsured or uninsured persons are especially powerful. Did you provide free care for someone who cannot afford it? Does your hospital fund a free community clinic? (Please note: Donations of time or money from staff or the public do not qualify as charity care.)
- 2. Hospital-Supported Initiatives:** Identify a priority from your community health needs assessment and explain how the hospital/health system led an effort to address it.
- 3. COVID-19 Efforts:** Highlight how your hospital/system worked for your community despite unprecedented pandemic conditions, what challenges you faced and how you overcame those challenges while continuing to provide safe and high-quality care to your communities.
- 4. Health Equity:** How is your hospital or health system helping to ensure that your services are equally accessible to all members of your community, specifically populations exhibiting health disparities?

Each hospital may submit one story in each area above for consideration. The goal is to include a story from every WHA member hospital in the report.

Stories can be submitted using an [online form](#). Submitters are encouraged to include a photo with their stories whenever possible to increase visibility and impact with legislators, the media and the public. The deadline to submit stories is Aug. 16.

Questions can be directed to WHA Communications Manager [Shannon Nelson](#).

## Help Wisconsin “Grow Our Own” Physicians

The Wisconsin Department of Health Services (DHS) is [seeking applicants](#) for a new round of funding aimed at growing our own physicians by expanding existing Graduate Medical Education (GME) program class size and creating new rural clinical training sites.

DHS anticipates making awards to several hospital and GME programs in this latest round of funding. Grant recipients will receive \$75,000 per year per new resident position for a maximum of three full-time DHS-supported positions at any one point in time, or \$225,000 per year per hospital and program.

WHA spearheaded the creation of these GME grants based on its research-based “grow our own” formula: A student of a Wisconsin high school (or with other connections to the state) who graduates from a Wisconsin medical school and completes a Wisconsin residency has a significantly greater likelihood of remaining in Wisconsin to practice.



Wisconsin’s strategic investment—over \$20,000,000 in expansion grants and matching funds to date—and the public-private partnerships formed as a result of the GME grant program are paying off. The “grow our own” equation works. Since DHS implemented these grants in 2013, the expansion grants have supported eight existing GME programs to increase capacity by 32 residency positions. 70% of the physicians completing these residencies have remained in Wisconsin to practice.

GME Residency Expansion Grant applications will be accepted until noon on Aug. 31, 2021. Applications can be found on the [DHS website](#).

Wisconsin hospitals currently hosting GME residents are encouraged to work with their GME program partners to expand residency slots and grow much-needed physicians for Wisconsin.

Contact WHA Senior Vice President of Workforce and Clinical Practice [Ann Zenk](#) with questions.

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### WHA Resource Spotlight

#### WHA Resources Available on Act 10 Interstate Licensure Application

The Wisconsin Department of Safety and Professional Services (DSPS) has 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) developed and advocated for the licensure provision on behalf of its members to help streamline Wisconsin’s health care professional licensure application process.

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.

WHA has additional information about utilizing the 2021 Act 10 process to immediately begin practice in Wisconsin on its website with a member login. A recording of the May 5 WHA webinar on the 2021 Act 10 licensure reform is available [here](#) in WHA’s [On-Demand Learning Center](#). Additionally, a written summary of the 2021 Act 10 licensure reform is available [here](#), including links to the relevant DSPS Act 10 licensure application forms.

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

## GUEST COLUMN: New Physician Recruiting Incentives Report

*By Kurt Mosley, Vice President of Strategic Alliances, AMN Leadership Solutions/Merritt Hawkins*

Merritt Hawkins, a WHA Corporate Champion Partner, has published its *2021 Review of Physician and Advanced Practitioner Recruiting Incentives*. An infographic showing the report's key findings is available [here](#).

Each year, Merritt Hawkins, the nation's leading physician search firm, releases a report showing the starting salaries, signing bonuses and other incentives used to recruit physicians and advanced practice professionals. Now in its 28th year, the report provides benchmark data that is widely referenced by health care administrators, health care professionals, policy makers and media members nationwide.

If you would like a copy of the review, or if you would like to discuss your current recruiting needs, please contact Merritt Hawkins Director of Marketing [Nathan Piller](#).

Be safe!

*[Kurt Mosley](#) is vice president of strategic alliances for Merritt Hawkins (an ANM Healthcare company), the nation's leading physician search firm and a gold-level corporate member of the Wisconsin Hospital Association.*



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### *(Assembly Health Committee Hears Legislation Impacting Telehealth, Hospital Consent Policies . . . continued from page 1)*

Stanford noted that WHA's telehealth workgroup members had recently participated in a public hearing with the Wisconsin Department of Safety and Professional Services (DSPS) Occupational Therapists (OT) Credentialing Board in which members voiced concerns about numerous proposed policies that would create additional hurdles for telehealth OT services that do not exist for in-person services. Easterday, who is also a member of WHA's telehealth work group, expressed concerns that other boards could also create new regulations that lead to a patchwork quilt of inconsistent and differing standards that produce barriers to timely patient care. The two noted that work continues on an amendment to the legislation that would provide a common standard among all DSPS health care licensing boards to guard against this, while still retaining those boards' lawful ability to apply the same requirements for in-person services to telehealth.

In addition, the Assembly Health Committee heard testimony on Assembly Bill 128, legislation that would require hospitals to have and enforce a policy requiring written and verbal consent to be obtained before any person may perform a pelvic examination on a patient who is under general anesthesia or unconscious. WHA, along with the state's two medical colleges and the Wisconsin Section of the American College of Obstetricians and Gynecologists provided [written comments](#) to the committee, outlining the current process in Wisconsin hospitals and expressed concerns with the legislation as drafted.

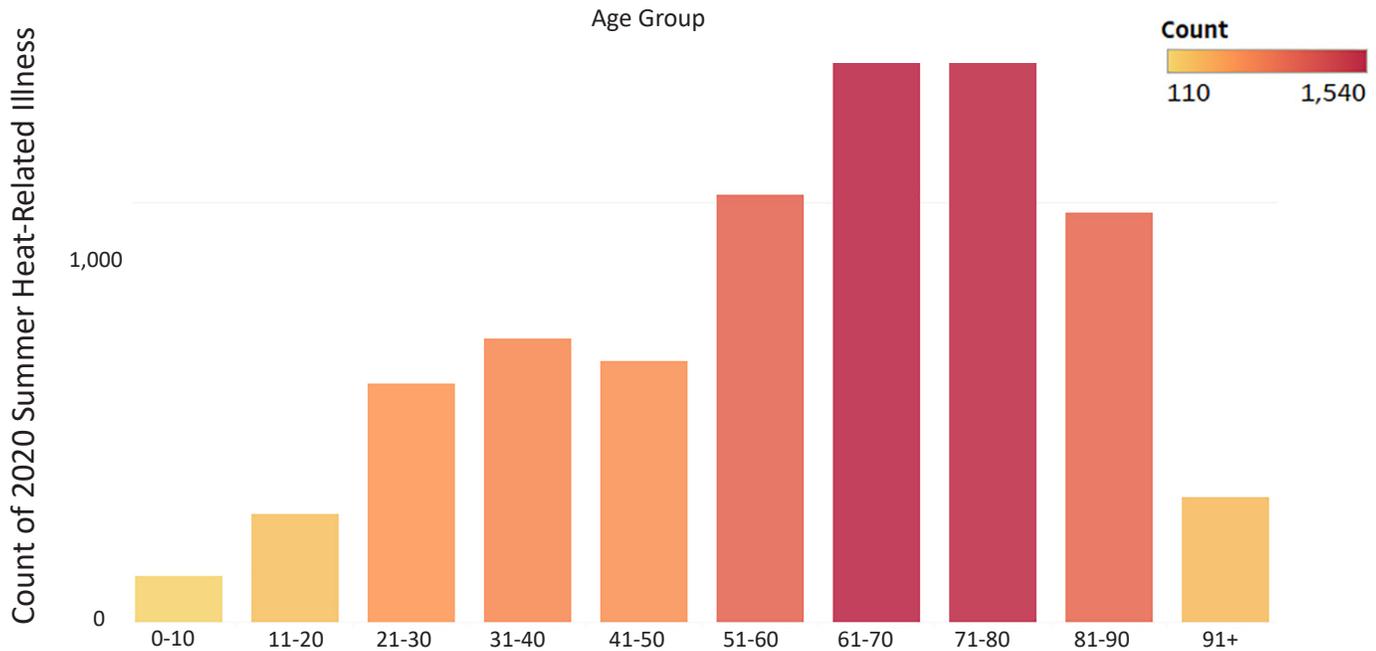
The provider and medical school coalition stated it will work with the legislative author of AB 128 and committee members to "ensure the bill is consistent with informed consent practices in Wisconsin and that the legislation does not cause unintended consequences for hospitals, care providers, health care student learners and patients."

## Fast Facts from the WHA Information Center: Heat-Related Illnesses

Summers in Wisconsin are known for long, sun-filled days spent outdoors. However, the sun can become too powerful for human bodies, resulting in heat-related illnesses. These illnesses are some of the most dangerous weather-related conditions that occur during the peak heat months of July and August. According to the Centers for Disease Control and Prevention (CDC), each year an average of about 658 people succumb to extreme heat, despite the fact that all heat-related deaths and illnesses are preventable (Heat-Related Illness, 2017). Heat syncope, heat exhaustion and heat stroke are among the most severe and fatal heat-related illnesses.



Count of Visits by Age Group, 2020



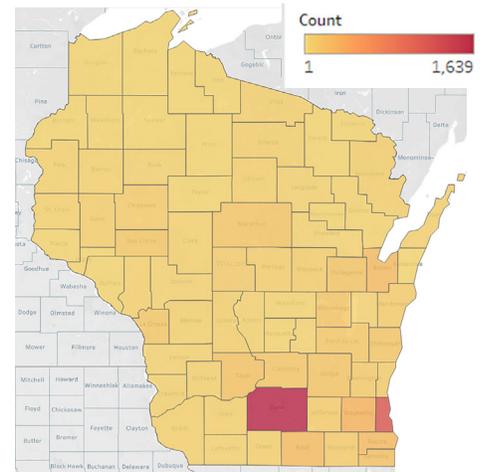
WHA Information Center data from 2020 show patients aged 60-80 years old had the highest visit counts due to a heat-related illness. The average age of patients suffering heat-related illness that year was 60. Those aged 61-70 years old had the largest total charge amount of any age group. Males accounted for 59% of all heat-related visits that year. Dane County registered the highest visit counts for heat-related illnesses.

The CDC also notes that extreme heat causes more deaths each year than hurricanes, lightning, tornadoes, earthquakes and floods combined (CDC Climate Change and Extreme Heat Infographic). At-risk individuals include those 65 or older, children under the age of four, people without air conditioning and people with existing medical conditions like heart disease.

The CDC recommends the following safety practices to prevent heat-related illness:

- During heat waves, frequently check on people at risk for heat-related death, such as the elderly and disabled or homebound people.
- Never leave children alone in cars, and ensure that children cannot lock themselves in an enclosed space, such as a car trunk.
- Limit sun exposure during midday hours and in places of potential severe exposure, such as beaches or lakes.
- Drink plenty of nonalcoholic fluids, and replace the body's salts and minerals, which sweating can release. Do not take salt tablets unless under medical supervision.
- Dress infants and children in cool, loose clothing and shade their heads and faces from the sun with hats or an umbrella.
- Provide plenty of fresh water for pets, and leave the water in a shady area.

Map of Visit Counts by County, 2020



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