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EDUCATIONAL EVENTS

February 20, 2020
New State Law on Medicaid Reimbursement for Telehealth
 Webinar

March 13 & 14, 2020
Physician Leadership Development Conference
 Kohler, WI

March 18, 2020
Advocacy Day
 Madison, WI

WHA in D.C. to Advocate for Rural Health Care

The Wisconsin Hospital Association joined the Rural Wisconsin Health Cooperative and a group of a dozen rural hospital and health care leaders in Washington, D.C. Feb. 12 to advocate for rural health care priorities with members of Wisconsin’s Congressional Delegation.

Among the topics covered were surprise medical billing, telehealth, access to behavioral health care, rural workforce challenges and funding for rural hospitals.

The day began with Congressman Ron Kind, who stepped out of his committee markup on legislation to address surprise medical bills with the group. Jim O’Keefe from Mile Bluff Medical Center reiterated how creating a benchmark rate would destroy free market negotiations by creating a ceiling that would allow insurers to tell hospitals to accept a rate below that benchmark or they would keep them out of network. He described why the legislation in the House Ways and Means Committee was a better solution, as it would protect patients while preserving free-market negotiations between insurers and



WHA and rural health care leaders were in Washington, D.C. Feb. 12 to advocate for rural health care priorities.

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Two WHA-Supported Bills Signed into Law

Governor Tony Evers signed two WHA-supported bills into law Feb. 5, continuing WHA’s successful advocacy for proactive, bipartisan health care legislation during the 2019-20 state biennial session.

Utilization of Advanced Practice Providers to Activate Patient Advance Directives-Based Care (Act 90)

Developed and advanced by WHA, [Assembly Bill 287](#) addresses a regulatory bottleneck in Wisconsin’s health care workforce that results in unnecessary delays in acting upon a patient’s advance directive wishes for treatment. The new law, which was enacted as [2019 Wisconsin Act 90](#), helps address these delays by recognizing the education and training of nurse practitioners and physician assistants to make the medical diagnoses necessary to activate the patient’s written medical wishes. Under the law, a physician must still confirm the diagnosis, and a patient retains the option of requiring two physicians to complete any needed assessments.

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(Two WHA-Supported Bills Signed into Law . . . continued from page 1)



Governor Tony Evers shows newly-signed Act 90, a WHA-led bipartisan policy success.

“Removing outdated regulatory barriers and allowing our advanced practice clinicians to help patients with their treatment wishes makes good sense,” WHA President and CEO Eric Borgerding said in a statement thanking Governor Evers and legislative authors for the new law. “This legislation is good for Wisconsin families, patients and providers, and it’s another in a growing list of examples of health care and elected officials working together in Wisconsin to enact sound health care policy,” Borgerding said.

The bill had bipartisan support from its inception, including Reps. Patrick Snyder (R-Schofield) and Steve Doyle (D-Onalaska) and State Sens. Howard Marklein (R-Spring Green) and Janis Ringhand (D-Evansville). The bill passed both legislative houses on bipartisan voice votes.

Harm to a Health Care Worker – Maximum Possible Criminal Penalty (Act 97)

Governor Evers signed into law as [2019 Wisconsin Act 97](#) a bill increasing the possible maximum penalty for intentionally harming a health care worker from a Class A misdemeanor to a Class H felony. Introduced as [Senate Bill 163](#) by State Sens. Dale Kooyenga (R-Brookfield) and Tim Carpenter (D-Milwaukee), and Reps. Gae Magnafici (R-Dresser) and Cindi Duchow (R-Town of Delafield), the bill was originally drafted to cover harm involving nurses. At WHA’s urging the proposal was amended to apply to acts committed against any licensed health care professional working in a hospital. The bill passed both houses on bipartisan voice votes.



Governor Tony Evers signs SB 163 into law as WI 2019 Act 97

“In the face of increasing violence against health care workers, it is encouraging that a large bipartisan group of legislators and the Governor are coming together and agree that such actions are unacceptable,” Borgerding said in a statement following the bill signing, “especially when perpetrated against the dedicated women and men who care for our families and loved ones.”

Register Today for WHA’s Physician Leadership Development Conference

WHA is once again proud to be offering the Physician Leadership Development Conference in Kohler, WI on March 13 & 14, 2020. Check out this outstanding lineup:

- Dr. David Nash headlines Friday morning. Dr. Nash is an amazing speaker, and to some, the leading expert on the role of physician leaders in providing value-based care.
- Dr. Scott Rathgaber, Gundersen Health System CEO, will discuss his physician leadership journey from clinician to the CEO suite.
- Dr. Jay Bhatt, AHA CMO, and Elisa Arespacochaga, vice president of the AHA’s Physician Alliance, will lead a session on physician burnout titled “Regular or Extra Crispy? Lessons from the Field in Addressing Burnout.”
- Bill Benjamin, a scientist at the Institute for Health and Human Potential, will discuss emotional intelligence.
- Marty Martin, Director of DePaul University’s Health Sector Management MBA Program, will discuss physician performance management.
- Eric Borgerding, WHA president & CEO, will give an advocacy update during Friday’s lunch focused on key issues impacting care delivery.



In response to attendee feedback, we have added additional speakers on Friday. Saturday morning will feature two educational tracks – one for developing physician leaders and another for senior physician leaders.

Please take a few moments to review the [conference brochure](#). [Register](#) and secure your hotel room today!

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providers. Congressman Kind said he agreed with these concerns and is happy to support this legislation. He added that he thought it was particularly unfair to pass legislation with a benchmark that would harm Wisconsin's health care environment when Wisconsin already has one of the lowest rates of surprise billing in the country. The legislation passed out of the committee later that day on a unanimous vote (see article below).

The rural hospital leaders also met with Congressman Mike Gallagher and discussed the need for improving how Medicare covers telehealth. Bob Van Meeteren from Reedsburg Area Medical Center mentioned legislation spearheaded by WHA recently passed the Wisconsin Legislature that would require Medicaid to cover all Medicaid telehealth services so long as they are equivalent to a face-to-face visit. The CONNECT for Health Act of 2019 would allow rural health clinics to be originating sites for telehealth services, which would allow his Medicare patients to be connected to psychiatrists in Madison via telehealth without having to make the hour drive.



WHA and rural health care leaders met with Rep. Gallagher (fourth from right) in Washington, D.C. Feb. 12, 2020.



WHA and rural health care leaders met with Rep. Pocan (third from left) in Washington, D.C. Feb. 12, 2020.

The group also advocated for improving Medicare's coverage of behavioral health services. In a meeting with Congressman Mark Pocan, Dan DeGroot and Teresa Lindfors of Stoughton Hospital discussed how their geriatric psychiatric inpatient unit does not receive the same cost-based reimbursement rates as the rest of the hospital. This payment structure means the psychiatric unit ends up losing about half of its operating margin annually, but the unit is doing everything it can to remain open because there is such a need for these services not only in Stoughton, but in the 14 other counties the facility serves. They worry the losses will continue to grow as the need for the services increases, and would like to see CMS extend cost-based reimbursement to these services as well to help stem the loss. Congressman Pocan, who toured the psychiatric unit last year, said he is interested in helping identify a legislative solution that would keep access to this much-needed care in Stoughton and other rural communities.

WHA will return to Washington, D.C. to visit with Wisconsin's Congressional Delegation and to attend AHA's annual meeting April 20-21. Anyone interested in joining should contact WHA Director of Federal & State Relations [Jon Hoelster](#).

WHA's Support of Physician Assistant Reform Bill Helps Move Legislation Forward



WHA's Matthew Stanford joins WHA's Ann Zenk in testifying on Assembly Bill 575

The Assembly Health Committee held a public hearing Feb. 5 on legislation reforming Wisconsin's statutes and regulations pertaining to the licensure of physician assistants. The legislation, [Assembly Bill 575](#), has already received action in the State Senate with a public hearing held earlier this year, and is expected to receive bipartisan approval in Assembly Health next week.

Assembly Bill 575 creates a new physician assistant licensure statute and addresses inconsistent physician assistant delegation provisions that are currently a barrier to efficient team-based care. Under the bill, physician assistant staffing ratios and physician presence licensure requirements would be eliminated, while retaining physician oversight of individual physician assistant practice either through employment or a written collaborative agreement.

WHA provided in-person testimony to the committee, in addition to [written comments](#).

"WHA has had a history of developing and pursuing legislation to reduce unnecessary regulatory complexity and burden impacting modern, team-based care models while also preserving safeguards to preserve Wisconsin's high-quality care, including legislation that removes outdated regulations limiting physician assistant and nurse practitioner practice," WHA General Counsel Matthew Stanford and WHA Vice President, Workforce and Clinical Practice Ann Zenk said in remarks to the committee.

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Stanford and Zenk continued by saying the final version of the legislation is “a good balance of reducing regulatory burden on physician assistants, physicians, hospitals and health systems, while also preserving the important role of physicians in a team-based care delivery model and other safeguards to preserve high-quality care in Wisconsin.”

In testimony to the committee, Representatives of the Wisconsin Academy of Physician Assistants publicly commended the “much-appreciated cooperation from the Wisconsin Hospital Association” to achieve consensus on final bill language.

WHA expects Assembly Bill 575 to be amended, with WHA's support, during the committee's executive action on the bill next week. The State Assembly is set to act the week of Feb. 17, in what many expect to be the last floor period for the Assembly before adjourning the 2019-20 legislative session.

Hospitals Lead During Illness Outbreaks

POLIO TAKES 26 DEATHS IN STATE UP TO SEPT. 1ST

Paralysis Still Prevalent But Authorities Predict Decrease With Cold Weather

MADISON. — Infantile paralysis continues prevalent in Wisconsin, but health authorities predict its decline with the early advent of cold weather. Neighboring states, especially Minnesota, Iowa and Illinois, also are affected, and Minnesota to a greater degree than Wisconsin, federal reports indicate. In the Wisconsin areas where the disease was exceptionally prevalent during the summer months—Buffalo and Trempealeau counties—it has largely disappeared.

The present area of infection involves Polk, St. Croix, Barron, Dunn and Clark counties, each of which has a few scattered cases. A marked decline is looked for with the coming of killing frosts.

This year's outbreak of coronavirus and a difficult influenza season remind us how our families and neighbors count on their local hospital to be available should serious illness strike. Helping hospitals prepare for dangerous outbreaks and pandemics has been an all-too-regular Wisconsin Hospital Association action item; in 1952 and again in 2015 it was Zika. In 2014 it was Ebola and Bird Flu.

The early years of WHA featured battles against infamous diseases like polio, whooping cough, diphtheria and tetanus. While hospitals and health systems now combat those historic illnesses more proactively through vaccinations, the 21st century's emergence of “anti-vaxxers” means today's hospitals still must prepare for diseases both current and historic.

The first pertussis (whooping cough) vaccine was developed in the 1930s and was in widespread use by the mid-1940s, when pertussis vaccine was combined with diphtheria and tetanus toxoids to make the combination DTP vaccine. In 1954 the polio vaccine was developed and widely administered to American schoolchildren.

In the last 100 years, Wisconsin's hospitals and health systems have been at their best while preparing for and dealing with the worst.



PROCEDURE TO SECURE PINICILLIN FOR PATIENTS

An order by the War Production Board (No. M-338) on July 16, 1943 provided that “no supplier should use or deliver pinicillin except as specifically authorized in writing by the War Production Board.”

If pinicillin is necessary for treatment of civilians, the following procedure should be followed:

Write, wire, or telephone, as the circumstances may require, to Dr. Chester F. Keefer, Evans Memorial Hospital, 65 E. Newton Street, Boston, Massachusetts. Dr. Keefer, or his assistant, Dr. Donald G. Anderson, will determine from information given by the attending physician, whether or not the treatment is indicated. If it is, he will wire the drug supplier a release and the supplier will promptly fill the order.

It is important that the physician give a complete history of the case and it is recommended that communications be made by telephone in order to be definitely sure that there will be no delay. It is also advisable to get the name of the supplier.

Then immediately wire the supplier that the release is forthcoming. Should a delay be occasioned by Dr. Keefer, the supplier should be asked to follow it up, which will then be done if the next release does not include your order. (This procedure is verified.)

CELEBRATING 100 YEARS

Physicians Attend Polio Short Course

State physicians attending the second annual polio short course at the Medical School and State of Wisconsin General Hospital in Madison, June 28 through July 3, co-sponsored by the Medical School of the University of Wisconsin and the Wisconsin County Chapters of the National Foundation for Infantile Paralysis.





REGISTER TODAY!

Advocacy Day 2020
March 18

WHO SHOULD ATTEND

- Chief Executive Officers
- Chief Financial Officers
- Chief Quality Officers
- Physician Leaders
- Nurse Leaders
- Hospital Department Managers
- HEAT Members
- Hospital Volunteers
- Partners of WHA Members
- Hospital Trustees
- Any hospital staff interested in helping to shape the future of health care in Wisconsin

MONONA TERRACE, MADISON

Registration: 8:00 - 8:45 a.m.

Program: 9:00 a.m. - 1:45 p.m.

LEGISLATIVE VISITS AT THE CAPITOL

2:00 - 3:00 p.m.

HEALTH CARE QUALITY ADVOCACY SHOWCASE IN THE CAPITOL ROTUNDA

1:30 - 4:00 p.m.

[Register here](#)

If you haven't registered for Advocacy Day, do so today! Some individuals from the following organizations have already committed to attending Advocacy Day 2020. Make sure you are registered and join your colleagues!

AdventHealth Durand
Advocate Aurora Health
American Family Children's Hospital
Amery Hospital & Clinic
Ascension Wisconsin
Aspirus
Aurora West Allis Medical Center
Behavioral Healthcare Providers
Bellin Health System
Beloit Health System
Children's Wisconsin
Cumberland Healthcare
Dean Health Plan
Edgerton Hospital & Health Services
Flambeau Hospital
Fort HealthCare
Froedtert and the Medical College of WI

Gundersen Boscobel Area Hospital & Clinics
Holy Family Memorial
Hospital Sisters Health System
Kaukauna Community Health Associates
LifePoint Health
Marshfield Clinic Health System
Mayo Clinic Health System
Medical College of Wisconsin
Memorial Hospital of Lafayette County
Mercyhealth
Midwest Orthopedic Specialty Hospital
Monroe Clinic, a member of SSM Health
Partners of WHA
Prairie Ridge Health
ProHealth Oconomowoc Memorial Hospital

Rural WI Health Cooperative
Sauk Prairie Healthcare
Southwest Health
Spooner Health
SSM Health
ThedaCare
Upland Hills Health, Inc.
UW Health
Vernon Memorial Healthcare
Watertown Regional Medical Center
Western Wisconsin Health
Willow Creek Behavioral Health
Wisconsin Office of Rural Health
Wisconsin Statewide Health Information Network