

IN THIS ISSUE

WHA Advocacy Results in Changes to Costly MEB and Physician Assistant Rules..... 1

New Physician Assistant Licensure Rules Simplified, as Recommended by WHA..... 1

Senate Concurs in Legislation Making Threats of Violence to Health Care Workers a Felony 2

WHA Urges CMS to Improve Prior Authorization and Other Insurer Issues in Proposed Medicare Advantage Rule..... 3

WHA Council on Workforce Development Discusses Strategies to Grow Faster and Bounce Back from Pandemic..... 4

Advocacy Day Speakers and Agenda Confirmed..... 5

REMINDER: Wisconsin Hospitals State PAC & Conduit 2022 Kick-off 5

EDUCATIONAL EVENTS

March 23

WHA Advocacy Day 2022
Virtual

March 29

Wisconsin Hospital Association Health Care Workforce Virtual Forum
Webinar

April 6

Patient Financial Engagement Solutions that Drive the Revenue Cycle
Webinar

WHA Advocacy Results in Changes to Costly MEB and Physician Assistant Rules

MEB shelves current iteration of chaperone rule following \$55M cost estimate

At the Feb. 16 Medical Examining Board (MEB) meeting, Department of Safety and Professional Services (DSPS) staff informed the MEB that their economic impact analysis of a draft proposed Medical Examining Board rule creating new chaperone duties for physical examinations by physicians would result in additional workforce costs of \$55 million annually in Wisconsin. As a result, the MEB began an effort to develop new rule language that would significantly reduce implementation costs. By law, an agency may not promulgate a rule that has implementation costs greater than \$10 million over a two-year period.

The economic impact analysis by DSPS was largely informed by an advocacy effort by WHA to submit estimated workforce impacts and costs to the MEB in November 2021 on the draft rule. Working with WHA, a group of WHA members submitted its own comments as part of the MEB’s 14-day economic impact comment period. Altogether, that sample size alone indicated annual costs in the tens of millions of dollars and hundreds of new employees to implement the proposed rule.

“WHA has received concerns that as currently drafted, the proposed rule would significantly exacerbate current critical health care workforce shortage challenges and substantially increase health care staffing costs, assuming necessary staff could even be hired to fill the new staffing positions contemplated by the rule,” wrote WHA Senior

(continued on page 6)

New Physician Assistant Licensure Rules Simplified, as Recommended by WHA

On Feb. 24, the new [Physician Assistant Affiliated Credentialing Board](#) approved new rules that will go into effect on April 1 implementing [2021 Act 23](#), which removed burdensome direct supervision and physician ratio requirements for physician assistants and added additional clarity to physician assistant scope of practice. The new rules will be formally published and enacted in the coming days.

Both Act 23 and the newly approved rules change the nature of the required affiliation with a physician. Specifically, rather than requiring a supervising physician, both the act and the rule specify that a physician assistant may work either under a collaborative agreement with a physician or may demonstrate that pursuant to the physician assistant’s employment there is a physician who is primarily responsible for the overall direction and management of the physician assistant’s professional activities and for assuring that the services provided by the physician assistant are medically appropriate. In either case, the statute specifies that there is no requirement for the physical presence of a physician at the time and place a physician assistant renders a service.

(continued on page 2)

(New Physician Assistant Licensure Rules Simplified, as Recommended by WHA . . . from page 1)

“During the development of the Act 23 legislation, WHA worked with the Wisconsin Academy of Physician Assistants to have an alternative to a collaborative agreement that enable employers to utilize an administratively simpler oversight process akin to general supervision,” said WHA General Counsel Matthew Stanford. “We believe many organizations will find that the employment oversight option will require little or no changes to their current physician assistant practice policies in order to be compliant with the new law on April 1.”

In January 2020, WHA testified in support of Act 23, describing it as a “good balance of reducing the 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.”

However, an earlier version of the draft rules released in late January 2022 by the Physician Assistant Affiliated Credentialing Board would have added requirements that physician assistants track hours of practice and eliminated the distinction between the collaborative agreement option and employment oversight option. In response, WHA worked with both the Wisconsin Academy of Physician Assistants (WAPA) and the new board to remove these new, last minute policy changes.

“Since the enactment of 2021 Wisconsin Act 23 in March 2021, physician assistants and the hospitals and clinics in which they work, have been preparing to practice based on the clear standards set out in Act 23 statutory language,” wrote WHA and WAPA in a [February 22 joint memo](#) to the Physician Assistant Affiliated Credentialing Board. “We are concerned that some of the emergency rules as drafted...create new standards not specified in the statutory language and will disrupt care delivery transitions for April 1 already established based on the clear standards in statute. At a minimum...we ask you to simply restate the standards as provided in the statute.”

The Physician Assistant Affiliated Credentialing Board agreed with the recommendations of WHA and WAPA and made the recommended changes to the draft emergency rule before approving the rules for publication. Prior to being formally published and enacted, the rule requires a formal approval by the governor and the creation of a plain language analysis, both of which are expected to occur in the coming days.

WHA has created a PowerPoint summary of Act 23 that can be found [here](#). Contact WHA General Counsel [Matthew Stanford](#) with questions.

Senate Concurs in Legislation Making Threats of Violence to Health Care Workers a Felony

WHA members can prepare to post model language from Wisconsin DOJ in facilities

On March 8, lawmakers in the Wisconsin State Senate approved a bill making threats of violence against a health care worker a Class H felony in Wisconsin. This action comes following approval of this legislation in the state Assembly. In addition to creating an explicit felony for threats of violence against a health care worker, the bill also expands an existing health care worker battery statute to acts and threats committed towards a family member of a health care worker as well as staff and providers in additional settings, like clinics and nursing homes.

“When health care providers choose to leave the profession for the safety of themselves or their families, we all lose,” said WHA President and CEO Eric Borgerding in a [press release](#) following the Senate’s action on Tuesday. “Our state, like all others across the nation, needs to reverse the troubling trend of increased violence and threats towards health care workers. Today’s action will help reverse this trend in Wisconsin.”

In February, UW Health Chief Nursing Executive Rudy Jackson, DNP, MHA, RN, CENP, and Gundersen Health System Clinical Manager in Medical Oncology Clark Draxler, RN, joined WHA Senior Vice President Workforce and Clinical Practice Ann Zenk to testify in Assembly and Senate public hearings in support of the legislation. Jackson and Draxler both gave firsthand accounts of violence and threats they either personally experienced or witnessed during their careers in health care.

“This bill is necessary even though UW Health goes to great lengths to protect employees from violence in the workplace,” said Jackson. “I believe Assembly Bill 960 will have the intended effect and stem the tide of violence and threats of violence perpetrated against health care workers providing care in health care facilities. I base this assertion on my experience in Texas. In 2013, Texas enacted legislation with a similar goal and after it went into effect, we saw a decrease in violence in my former emergency department. I assume that decrease was due to the media attention the new law garnered and our efforts to inform patients of the enhanced criminal penalties through signage placed strategically around the ED.”

(continued on page 3)

(Senate Concurs in Legislation Making Threats of Violence to Health Care Workers a Felony . . . from page 2)

Before the Assembly committee, Draxler talked about the real impact violence and threats are having on the health care workforce. “This legislation is really about health care workers—RNs, CNAs, MDs—the dietary aide who is too scared to deliver a meal to a patient’s room. These are the professionals who are leaving health care because threats and abuse cannot be washed off with soap and water as you leave the patient room,” said Draxler during his first time testifying before a committee of the state Legislature.

Borgerding commended the bipartisan support of this legislation, which was led by Speaker Robin Vos (R-Rochester) and Senate Majority Leader Devin LeMahieu (R-Oostburg). “Republicans and Democrats agreed on a very important message today—threatening a health care worker in Wisconsin is unacceptable,” said WHA President and CEO Eric Borgerding. “Our state’s hospitals and their thousands of staff thank the legislative leaders for championing this proposal and appreciate support from lawmakers of both parties in the Assembly and Senate.”

Assembly Bill 960 still needs approval by Gov. Evers before becoming law. Following this action, WHA will work alongside the Department of Justice to develop model signage highlighting the law that hospitals may use in their facilities as they educate patients, visitors, providers and staff about the newly established penalties for committing battery or threatening health care workers or their families. WHA will communicate broadly to members when this model language becomes available.

WHA Urges CMS to Improve Prior Authorization and Other Insurer Issues in Proposed Medicare Advantage Rule

The Wisconsin Hospital Association is urging the Centers for Medicare & Medicaid Services (CMS) to minimize the negative care impacts prior authorization has on patients and providers while also improving various other insurer-related issues that have been cropping up in Medicare Advantage (MA).

In a [March 4 comment letter](#), WHA detailed the myriad challenges for patient care that have been increasing in MA over the last few years due to growing insurer red tape. Perhaps most notable was the impact prior-authorization had on the post-acute care crisis that developed over the course of the pandemic. With general acute-care beds filled to capacity and nursing homes experiencing a severe worker shortage, prior authorization created another hurdle that delayed discharges and prevented hospitals from freeing up more beds for patients who needed them.

WHA’s comment letter also called out the added administrative burden MA plans’ prior authorization protocols required, which draw nurses and physicians away from patient care to navigate the complex prior authorization labyrinth. Furthermore, some MA plans require prior authorization even for services that have no evidence of abuse, as shown by a 2018 Office of Inspector General report that found MA plans overturned 75% of their own denials. WHA called on CMS to require MA plans to waive these burdensome processes during a pandemic.

In addition to prior authorization, WHA urged CMS to improve accountability for health insurers participating in MA. Recent insurer policies such as “white bagging” and requiring “designated diagnostic providers” have highlighted insurers’ willingness to pull health care providers out of network, thereby disrupting patient care, during the middle of a benefit year for patients and without transparency for their enrollees. WHA encouraged CMS to beef up applicable network adequacy standards to improve oversight and urged greater transparency in the calculation of medical loss ratio reporting to guard against insurers sheltering profits.

Contact WHA Senior Vice President of Public Policy [Joanne Alig](#) with questions.

WHA Council on Workforce Development Discusses Strategies to Grow Faster and Bounce Back from Pandemic

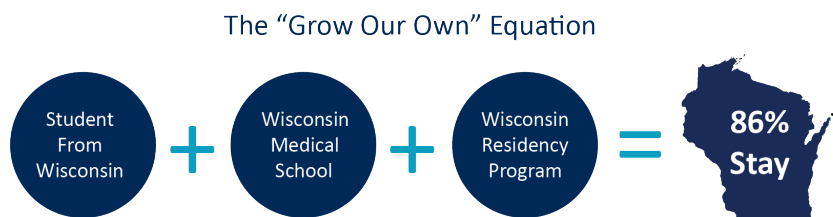
In a virtual meeting on March 3, members of WHA’s Workforce Council discussed both their own internal workforce strategies and efforts as well as resources available and work taking place at a state level to strengthen and grow Wisconsin’s health care workforce.

With the surge in COVID-19 hospitalizations on the decline, hospital and health system leaders are not pausing for breath in their committed work build and sustain the health care workforce necessary to meet not just the demands of the pandemic, but all the health care needs of their communities. At the same time, hospitals are working to provide health care teams some much-needed and well-earned time to pause for recuperation from their relentless battle with successive surges of COVID-19.

Partners from the Wisconsin Department of Health Services (DHS) Offices of Policy Initiatives and Budget joined the Council to provide an update on the opening of the latest round of DHS Grow Our Own grant applications. Policy Analysts Randy McElhose and Donna Wong provided council members key information on four WHA-crafted workforce grants: Graduate Medical Education (GME) Creation Grants, GME Expansion Grants, Allied Health Profession (AHP) Training Grants and Advanced Practice Clinician (APC) Training Grants.

McElhose noted, “These grants are about scouting ahead to prepare for where shortages might occur and address that through additional training opportunities.”

The training grants are matching grants, creating valuable public-private partnerships that have spurred more than \$40 million in investment in additional health care training opportunities, in programs designed to take advantage of WHA’s 86% equation. Data show that if you put a Wisconsin student through a Wisconsin medical school and place them in a Wisconsin residency, there’s an 86% chance that new physician will stay in Wisconsin to practice.



The GME grants currently awarded are projected to create an additional 136 GME residency positions in Wisconsin by 2023. Once this pipeline is full, Wisconsin will have 47 additional physicians each year thanks to the grant program.

One workforce member summed up the value of the DHS workforce grant program for rural hospitals and encouraged others to apply, noting, “Once you get them here, they love it and want to stay—but you have to get them here.”

Grow Our Own applications are open now and can be accessed via the following links: [New GME RFA](#), [AHP RFA](#) and [APC RFA](#). Funds for these three grants will begin to be distributed in July. Applications for the fourth grant, GME expansion, open in July for distribution beginning in September.

The WHA Council on Workforce Development also heard from WHA staff about regulatory barriers WHA is breaking down to help grow the health care workforce faster in order to allow health care teams to reach their full potential and to relieve staff from unnecessary regulatory burden.

WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk provided an update on WHA’s work with the Wisconsin Department of Safety and Professional Services (DSPS) to prioritize processing of health care licensure. Zenk related, “Every delay WHA members alert us to—over 300 individual licenses to date—has helped provide insight into causes for delay; insight that can lead to solutions to streamline licensure and better welcome health care professionals to Wisconsin.”

WHA General Counsel Matthew Stanford highlighted another segment of WHA’s ongoing work with DSPS and Wisconsin’s professional licensing board for physicians and affiliated professions, the Medical Examining Board (MEB). Stanford shared with the council how recent efforts have put up a caution flag on a new MEB rule that would result in at least \$55 million in additional costs for health care employers, but perhaps of even greater concern, create a bottleneck in access when sufficient certified medical assistants and other frontline staff couldn’t be found to meet the requirements of this new rule.

The council closed with a discussion by workforce members of their strategies to address the needs of their workforce and the health care demands of the communities they serve as Wisconsin emerges from this latest surge of COVID-19 cases and hospitalizations. Council members shared short-term strategies, such as recruitment and retention bonuses, and long-term strategies, such as new in-house childcare programs, internal training for in-demand positions and ways to provide staff with ongoing respite and rewards. All agreed that workforce shortages are hampering recovery efforts and that frontline technical positions continue to be the greatest pressure point.

Advocacy Day Speakers and Agenda Confirmed

Less than two weeks until Advocacy Day

WHA's Advocacy Day 2022 is right around the corner, with less than two weeks until nearly 1,000 grassroots advocates gather virtually for a day of learning and advocating on important health care issues facing Wisconsin. View the Advocacy Day [agenda](#).



The event's keynote presentation will feature Dr. Scott Gottlieb, physician and former Commissioner of the U.S. Food and Drug Administration, in a moderated discussion with WHA President and CEO Eric Borgerding.

Gottlieb's work focuses on advancing public health through developing and implementing innovative approaches to improving medical outcomes, reshaping health care delivery and expanding consumer choice and safety. Gottlieb serves on the boards of Pfizer Inc. and Illumina, Inc., and is a resident fellow at the American Enterprise Institute and a partner at the venture capital firm New Enterprise Associates.

Gottlieb is widely published in leading medical journals and periodicals, including *The Wall Street Journal*, *The New York Times* and *The Washington Post*. He has held editorial positions on the *British Medical Journal* and the *Journal of the American Medical*

Association and is a regular contributor to CNBC. *Fortune Magazine* recognized him as one of the "World's 50 Greatest Leaders" in 2018 and again in 2019. In 2018, 2019 and then again in 2020, *Modern Healthcare* named Dr. Gottlieb the "Most Influential Physician Executive and Leaders" in its annual survey of 50 physician executives, and Time magazine named him one of its "50 People Transforming Healthcare in 2018." Dr. Gottlieb is also the author of New York Times Bestseller *Uncontrolled Spread: Why COVID-19 Crushed Us and How We Can Defeat the Next Pandemic*.

Read Dr. Gottlieb's full [biography](#).

Advocacy Day will also feature an outstanding legislative panel. Confirmed panelists include lawmakers from both parties who serve on the powerful budget-writing Joint Committee on Finance: Sen. Joan Ballweg (R-Markesan), Sen. LaTonya Johnson (D-Milwaukee), Rep. Tony Kurtz (R-Wonewoc), and Rep. Evan Goyke (D-Milwaukee). As always, the panel will provide attendees in-depth insight into the state budget and issues facing health care providers and patients in our state. Advocacy Day attendees will also hear special guest remarks from Gov. Tony Evers.

Advocacy Day will be held virtually on March 23. There is still time to register individuals or hospital contingents for this event and participate in the all-important legislative appointments taking place March 23-24. A complete program and online registration are available [here](#).

A [program and online registration](#) are available [here](#). For Advocacy Day questions, contact WHA Vice President of Advocacy [Kari Hofer](#) at 608-268-1816.

REMINDER: Wisconsin Hospitals State PAC & Conduit 2022 Kick-off

Contribute before March 23

The Wisconsin Hospitals State PAC & Conduit 2022 Contributor Kick-off Reception will be held virtually March 23 at 8:00 a.m. (immediately prior to Advocacy Day). Individuals who contribute \$250 or more before March 23 are invited to attend.

The Wisconsin Hospitals State PAC & Conduit has set a goal of raising \$340,000 in 2022, plus a goal of recruiting 315 individual contributors. Both goals are a 5% increase over 2021 fundraising and individual contributor goals.

"2022 goals are aggressive, but supporting candidates for state office who value hospitals and health systems is crucial," said WHA Vice President of Advocacy Kari Hofer. "Campaigns are already starting to ramp up, and everyone's participation this year will be needed," Hofer added.

Contribute early and join your peers at the Wisconsin Hospitals State PAC & Conduit Kick-off Reception on March 23. Individuals can make their personal contribution online at www.whconduit.com or contact [Kari Hofer](#) at 608-274-1820.



(WHA Advocacy Results in Changes to Costly MEB and Physician Assistant Rules . . . from page 1)

Vice President of Workforce and Clinical Practice Ann Zenk in a November comment letter to the MEB. “It is important to note that Wisconsin and the United States are currently experiencing severe health care workforce challenges. Creating an additional widespread need for ancillary health care staff to provide the contemplated chaperone services will further exacerbate health care workforce shortages.”

WHA also noted in its November comment letter that the rule could be revised to drastically reduce its staffing and cost impact and offered to work with the board to discuss potential modifications.

“We believe that the draft proposed rule could be revised to address the board’s goals and intents more precisely, and address much of the staffing and cost concerns,” wrote Zenk. “As the board develops its economic impact analysis and moves into the next steps in the rulemaking process, WHA welcomes further discussion with the board, including potential modifications of the proposed rule.”

Follow Us



[@WIHospitalAssociation](#)



[@WIHospitalAssn](#)



[@Wisconsin Hospital Association](#)