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Congress Holds Hearing on “Medicare for All”
Proponents hailed the hearing as a first step, while opponents cautioned against putting vital services at risk in a “one size fits all approach”

This past week, “Medicare for All” garnered national attention as the House Rules Committee held a hearing on a proposal for a single-payer health system. Although unlikely to move forward anytime soon, proponents hailed the hearing as a first step, while opponents, including the American Hospital Association cautioned against putting vital services at risk in a “one-size-fits-all approach.”

While there currently exist a number of different Medicare for All type proposals, last week’s House Rules Committee hearing focused on HR 1384, introduced in February by Rep. Pramila Jayapal (D-WA). This 120-page proposal would cover all U. S. residents under a government-run, single-payer system, within two years. Residents would have no premiums or cost-sharing requirements, and the current system of Medicare, Medicaid, and insurance exchanges would be eliminated.

The Congressional Budget Office (CBO), a non-partisan entity that provides budget analyses for Congress, also released a new [report last week](#) outlining considerations for policymakers in designing a single-payer health care system, such as the current Medicare for All proposals. The CBO noted that government spending under a single-payer system would increase substantially because the federal government would be picking up costs that are now spread across private and public sources. However,

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“You have an army.”

By Eric Borgerding, WHA President & CEO

Being the president and CEO of the Wisconsin Hospital Association, being part of a talented and dedicated team representing some of the best health care in the country, is a true honor. I’m reminded of this multiple times throughout each year, whether it be at a WHA Board meeting, spending time with member leaders and their staff, watching legislation that our team crafts and advances become law, writing WHA’s annual year-end report, touting Wisconsin’s latest AHRQ ranking or sharing a stage every year at the WHA rural conference with my friend and close partner Tim Size, CEO of the Rural Wisconsin Health Cooperative. There are many reasons to be proud of WHA, but perhaps no more so than our annual Advocacy Day, [especially this year](#).



Eric Borgerding

About five years ago we hit the 1,000 mark in Advocacy Day attendance (a number that quintupled during the preceding 10 years) and have been able to sustain that level of turnout ever since. The fact that this many people from one industry, and at a single association’s event, continue traveling to Madison for a full day of learning and lobbying is unequalled in Wisconsin, and perhaps the nation. That’s testament to great work by the WHA staff, who seamlessly pull off this premier gathering while crafting relevant programming that draws hospital advocates from across the state. This show of support not only makes an impression, *it has a massive impact*.

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EDUCATIONAL EVENTS

June 12-14, 2019
Wisconsin Rural Health Conference
 Wisconsin Dells, WI

Throughout 2019
Health Care Workforce Resilience
 Free Member Webinar Series

Wisconsin Worker's Compensation Rates – One of the Best in the Midwest WHA is engaging the Department of Workforce Development to protect Wisconsin's effective and unique WC model

In the months ahead, the Wisconsin Department of Workforce Development's (DWD) Worker's Compensation Advisory Council (WCAC) will begin its biennial process of developing a worker's compensation (WC) proposal that goes to the Legislature for discussion. WHA staff are already actively engaging the administration and Legislature to protect Wisconsin's effective and unique WC model. As the data indicates, Wisconsin's WC model compares favorably across the board in terms of declining premium and medical costs, faster return to work, high employee satisfaction, and some of the lowest rates of litigation in the nation.

Every year, DWD compiles WC rates across employment sectors and produces a [Midwest comparison](#). Wisconsin has historically been a leader in the Midwest, and continues to be, as shown in this graphic.



The WCAC reconvenes May 14, and WHA will continue to share legislative updates in *The Valued Voice*. Contact WHA Vice President of Public Policy [Lisa Ellinger](#) with questions.

Trump Administration Issues Guiding Principles to Address Surprise Billing

While Congress continues to debate a number of proposals to address the issue of surprise medical bills, President Donald Trump issued some [guiding principles](#) for addressing the issue. The President said his administration wants to ensure patients are not taken advantage of and have the price information they need to make informed decisions. While the principles do not offer many details, they encompass the following ideas:

- Ensure that both emergency and non-emergency care that patients did not choose do not result in a surprise bill;
- Ensure patients know whether scheduled care is in or out of network, as well as what the cost impact of out-of-network care might be;
- End the practice of balance billing for out-of-network emergency care; and,
- Federal health care expenditures should not increase

When asked, the Trump administration also expressed a lack of enthusiasm for bills that would establish an arbitration process, which have been discussed in the U.S. Senate.

In April, WHA met with Wisconsin's Congressional Delegation and [voiced support for improving health care transparency](#) and reducing surprise medical bills, noting its [PricePoint](#) and [CheckPoint](#) websites that have allowed consumers to access meaningful cost and quality data on Wisconsin hospitals for 15 years. WHA is also reconvening its Transparency Task Force to compile new industry advancements and best practices pertaining to price transparency.

Contact WHA Vice President of Public Policy [Lisa Ellinger](#) or WHA Director of Federal and State Relations [Jon Hoelter](#) for more information.



("You have an army." . . . continued from page 1)

Again this year some of the state's top elected officials, including Governor Tony Evers and four members of the powerful Joint Committee on Finance, looked out on this sea of hospital and health care champions with awe and admiration. "Wow, you have a heck of a lot of people here," Governor Evers said to me as he took the stage to deliver the lunch keynote. "You have an army," Rep. Even Goyke said as he settled into his chair for the legislative panel.



The crowd at WHA's 2019 Advocacy Day

But Advocacy Day is about more than numbers. It has become a can't miss opportunity for leading state politicians and personalities to share their opinions and debate, in a respectful and substantive way, some of the most pressing matters facing Wisconsin health care. This year it was a mix of present and past, the latter including relevant reminiscences from former Governor and Health and Human Services Secretary Tommy Thompson. More than a walk down memory lane, his comments were timely lessons in leadership, bipartisanship and seeking and achieving common ground.

And when it came to the issues of today, the legislative panel (always a favorite element of the program) was one of the most informed and substantive issue dialogues we've had, and there have been some good ones. Whether Medicaid expansion, access to and reimbursement for care, mental health, dental therapy, or opioids, each panelist clearly explained their views and concerns ... *and we pushed them to find common ground*. We were also pleased to welcome Governor Tony Evers who, in addressing his first WHA Advocacy Day, took the opportunity to do some advocacy of his own around the health care initiatives in his state budget.

After an issue briefing from the WHA staff, whose command of the policy and political aspects of Wisconsin health care is unequalled, the newly dubbed "WHA Army" descended on the State Capitol to become lobbyists for a day, armed with information and knowledge. They met with 130 (out of 132) legislators or their staff, delivering a unified hospital message on key issues, boosted by their proud and unique stories of high-quality health care from every corner of the state.

Yes, Advocacy Day was a huge hit this year, but don't just take my word for it. Hundreds of attendees responded to our request for feedback (I read every single comment), with 98.84% indicating they were very satisfied/satisfied with the day. Despite those highest ever satisfaction ratings, with your help, we will make 2020 Advocacy Day even better!

Which brings me to my real point ... ***none of this would be possible without the support and dedication of our members. None of it.*** We know it's not easy to find time to come to Madison for an entire day. But you do. You make the time to get here, and even more importantly, you make the commitment to be an advocate and a champion for Wisconsin hospitals and health care.

Advocacy Day is a 1,000-person partnership, fostered by a deepening and expanding relationship with our members that continues to flourish, and is NEVER taken for granted.

On behalf of the entire WHA team, THANK YOU for your support and making WHA's 2019 Advocacy Day one of the best ever. See you next year!

whether total overall spending on health care would increase depends on factors such as covered services, provider payment rates, and patient cost-sharing requirements.

For example, the report states that if provider rates are set at current Medicare rates, both government spending and total national spending on health care would be lower. However, this could also reduce supply and quality of care. Under HR 1384, health care providers would operate under a global budget for services, established each year through negotiations between the provider and a regional director, newly created under the proposal. According to CBO, other countries with single-payer systems have set rates using global budgets with mixed results.

A single-payer system also must address the role of insurers. The federal bill would essentially replace private insurance as private insurers would be prohibited from selling, and employers from offering, coverage that duplicates the benefits in the system. Insurers could, however, sell coverage for additional benefits not covered under the federal program.

The CBO also covered the topic of hospital ownership and employment of providers under a single-payer system. About 70% of U.S. hospitals are currently privately owned, but the CBO says that under a single-payer system the government could have greater control over the delivery system if it moved to more government ownership. HR 1384 does not appear to address changes to the ownership of hospitals and employment of providers.

With the Senate currently controlled by Republicans who have long opposed single-payer proposals, and House Democratic leadership also concerned about the politics of these proposals, HR 1384 and other Medicare for all proposals are unlikely to move forward anytime soon. However, Senate Republicans have also expressed a desire to stage a Senate floor vote on the Medicare for All proposal introduced by Senator Bernie Sanders in order to get Democrats on the record in advance of the 2020 elections. WHA will continue to follow all these proposals as they progress in this current Congress.