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Gov. Evers Joins WHA Board, Reflects on Partnership with Wisconsin Hospitals Board Approves 2026–2028 Strategic Plan, Reviews 2026 Organizational Goals



Governor Tony Evers and staff meets with the WHA Board of Directors on Feb. 5

The WHA Board of Directors met Feb. 5 in Fitchburg to hear from Gov. Tony Evers, approve WHA’s 2026–2028 strategic plan, review 2026 organizational goals and receive updates on state and federal policy issues affecting Wisconsin hospitals and health systems.

Governor Evers Reflects on Partnership with Hospitals

Board Chair Brian Stephens thanked the Governor for his collaborative partnership with WHA and Wisconsin’s hospitals, highlighting progress across four state budgets, including investments in Medicaid reimbursement, rural and behavioral health services and support for WHA-led “next of kin” legislation to help address delayed discharges for patients awaiting post-acute placement.

Stephens also emphasized the administration’s support for hospitals during the COVID-19 pandemic, when close coordination helped hospitals secure needed PPE, provider relief funding, licensure flexibility and regulatory relief needed to respond to rapidly evolving patient needs.

Gov. Evers thanked hospital leaders for their continued service to communities statewide and reflected on his personal connection to health care, sharing that his father served as a physician and administrator at a county health facility nearby where Evers grew up.

“Your work as leaders in this world of health care is really important,” Evers said, acknowledging WHA’s ability to work with lawmakers on both sides of the aisle. Reflecting on the pandemic response, he added, “We counted on you, you counted on us... and we’ve been good partners.”

The Governor also noted the increasingly broad role hospitals play in supporting communities, often addressing challenges beyond traditional medical care. He encouraged continued attention to domestic violence prevention and support, urging providers to continue connecting patients to needed resources.

In closing, Evers thanked hospital leaders for their work across Wisconsin communities and expressed confidence that collaboration between hospitals and state leaders will continue into the future, noting the vital role hospitals play in communities throughout the state.

Board Approves 2026–2028 Strategic Plan; Reviews 2026 Goals

The Board approved WHA's new three-year strategic plan, which elevates health care funding and access to care as the Association's top priority, reflecting mounting financial pressures, workforce shortages and service reductions impacting communities across Wisconsin.

Workforce sustainability, maintaining Wisconsin's leadership in quality and value, and ensuring WHA's continued advocacy and organizational excellence round out the strategic priorities.

Aligned with the strategic plan, WHA President & CEO Kyle O'Brien also presented the 2026 organizational goals, outlining proactive and robust initiatives to help our members deliver high value care to Wisconsin communities. Goals focus on strengthening advocacy and communications efforts to protect access to care, advancing workforce solutions, promoting Wisconsin's high-quality and high-value care and continuing to enhance member engagement and advocacy effectiveness.

WHA Foundation Board Appointments Approved

The Board also approved appointments to the WHA Foundation Board of Directors. Newly appointed members include:

- Bruce Roesler, CEO, The Richland Hospital, Inc. (Chair)
- Gail Pasard, Regional VP/Human Resources, SSM Health – WI & Post-Acute Madison (Treasurer/Secretary)
- Michael Bergmann, CEO/President, Ascension Fox Valley Hospitals – Calumet, St. Elizabeth & Mercy Hospitals
- Derek Daly, CEO, Tomah Health
- Theresa Braudt, Administrator, Gundersen Boscobel Area Hospital & Clinics
- Aindrea Lindsay, Chief Clinical Officer, Tamarack Health Hayward Medical Center

The WHA Foundation supports workforce development, quality and patient safety and collaborative community health initiatives benefiting communities across Wisconsin.

State and Federal Policy Updates

O'Brien, along with WHA's General Counsel Matthew Stanford and Vice President Medicaid & Payer Reimbursement Policy Christian Moran, led a discussion with the WHA Board outlining the Association's ongoing and extensive advocacy with state and federal leaders in Wisconsin's Congressional delegation on federal approval of Wisconsin's state directed payment program.

Stanford also provided an update on Assembly Bill 675 and Senate Bill 657, legislation that would prohibit non-compete agreements for employed physicians, physician assistants, APRNs and psychologists after two years of employment.

Under Wisconsin's long-standing non-compete statute, s. 103.465, Wis. Stats., and its accompanying court decisions, agreements between any employer and employee that include non-compete clauses are "illegal, void and unenforceable" unless the restriction is "reasonably necessary for the protection of the employer or principal."

During testimony, Assembly bill author Rep. Adam Neylon (R-Pewaukee) said that he believed all non-compete agreements should be prohibited, and that the current reasonableness standard did not provide enough certainty to employees regarding what is and is not a lawful non-compete agreement.

In WHA's testimony opposing the bill's prohibition of non-compete agreements even when reasonably necessary for the protection of the employer, Stanford agreed with Rep. Neylon that short of a full prohibition, providing additional certainty regarding what is and is not a restriction reasonably necessary for the protection of an employing health care organization could be beneficial to both health care employees and employers.

"WHA intends to work with the bill authors over the course of 2026 to explore options for providing in Wisconsin's non-compete law additional certainty to clinicians and hospitals that also reasonably protects hospitals' interests and investments," said Stanford.

In anticipation of that work, Stanford shared with the Board examples of statutes in other states that could potentially provide additional clarity and certainty defining lawful non-compete provisions while also reasonably protecting hospitals' interests and investments.

As part of WHA's testimony to Senate Health and Assembly Health last month, Stanford also highlighted that just as some non-health care employers have non-compete clauses in contracts while others do not, "likewise, some WHA members' standard contract offers include non-compete clauses and some WHA members' contract offers do not. Further, some WHA members' standard contract offers include non-competes for some provider or specialty types but not for others."

In the highly competitive market for clinicians, not including a non-compete clause in an offer of employment can be a recruiting advantage for an organization, noted Stanford.

Stanford also discussed level-playing field implications of the proposed legislation for non-profit health care organizations versus for-profit health care organizations.

The proposed bill would prohibit non-compete agreements in employment agreements for physicians, APRNs, physician assistants and psychologists with non-profit organizations, but would not similarly prohibit non-compete agreements with such clinicians in partnership agreements, shareholder agreements, or other non-employment or equity-related arrangements with for-profit organizations.

That distinction in the bill prohibiting non-compete clauses in non-profit employment agreements but allowing them in for-profit ownership arrangements reflects the contradictory position taken by the American Medical Association (AMA) in June 2023 to oppose non-compete contracts for physicians employed by hospital, health system and staffing companies, but intentionally excluding "owners of private practices" from AMA's opposition to non-competes because they "often invest heavily when hiring and training physicians."

WHA also provided an update on the "Next of Kin" legislation that the Association has been spearheading, Assembly Bill 598 and Senate Bill 578. This legislation, introduced by Representatives Snyder (R-Weston) and Lisa Subeck (D-Madison) as well as Senator Eric Wimberger (R-Gillett), aims to remove restrictions in current law that make it difficult for patients who have been found to lack the medical capacity to access appropriate post-acute care.

The bill authors and WHA worked with the Wisconsin Counties Association to introduce two amendments to the bill prior to passing the Assembly Committee on Health, Aging, and Long-Term Care by a vote of 12-3 on Jan. 21. WHA and the bill authors are also working with the WI State Courts on some technical amendment language aimed at helping register in probate offices operationalize portions of the bill that would give them a role in the process, namely the collecting and distributing of forms filled out by physicians and the next-of-kin before a patient can be discharged to a nursing home or community-based-residential facility under the new process laid out in the bill.

WHA has been working with legislators in the State Assembly and State Senate to have the bill scheduled for a vote on the Assembly and Senate floor in the coming weeks.

If you or others in your organization would like to contact your legislator in support of this "Next of Kin" legislation, please click the button below to respond to a Hospital Education & Advocacy Team (HEAT) Alert asking state lawmakers to support the legislation.

[Respond to HEAT Alert](#)

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- First Intern Begins Under Eric Borgerding Health Care Advocacy Scholarship
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- WHA 2026 Wisconsin Health Care Workforce Webinar Series – Part 1: Annual Workforce Report

EDUCATION EVENTS

Feb. 23, 2026

Nursing Services Conditions of Participation

Feb. 25, 2026

2026 Advocacy Day

Mar. 5, 2026

Operational Vacancy: An Effective Tool for Workforce Planning