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Thursday, June 12, 2025

Lawmakers Circulate State-Level Hospital Price Transparency Legislation

WHA releases data showing Wisconsin hospitals already ranked no. 1 nationally for price transparency

Despite Wisconsin hospitals ranking best in the nation for price transparency, a group of four lawmakers including Sen. Bradley (R-New Berlin), Sen. Felzkowski (R-Tomahawk), Rep. Wittke (R-Caledonia) and Rep. Donovan (R-Greenfield) circulated legislation on June 5 to create state-level, hospital-only price transparency regulations, while ignoring federal price transparency requirements for health insurance companies and third-party administrators.

During a press conference to introduce the legislation, authors incorrectly claimed that the Centers for Medicare & Medicaid Services (CMS) were “not enforcing” federal hospital price transparency regulations. Proponents of the previously failed state legislation, which targets only hospitals, have also argued that Wisconsin hospitals are ignoring federal regulations, paying fines and walking away from federal regulations. WHA developed its *Truth on Transparency* campaign to combat these false claims and provide credible information to lawmakers.

In response to the release of this legislation, WHA sent a memo to members of the Legislature correcting these false claims, reminding lawmakers that no Wisconsin hospital has been fined for noncompliance and asking state lawmakers to oppose the legislation.

“Wisconsin hospitals and CMS have done far more to advance price transparency in the last year alone than the handful of groups in Wisconsin that will be echoing the tired call to do ‘more on hospital price transparency,’ while conspicuously ignoring compliance with federal price transparency requirements for health insurers, TPAs and other middlemen,” stated WHA in their June 5 memo to the Legislature.

The bill circulated last week among lawmakers for co-sponsorship would create state regulations related to hospital price transparency, when comprehensive federal regulations, being rigorously enforced by the Trump Administration, already exist.

Wisconsin’s hospitals are committed to compliance with federal price transparency regulations, yet data on enforcement and compliance by insurance companies and TPAs is nearly non-existent. Similar legislation introduced in May 2023 (2023 Senate Bill 328) failed to pass the Legislature, due to strong objections from WHA, member hospitals and health systems along with the realization by state lawmakers that state-level transparency efforts should be focusing on insurance companies, not hospitals.

When the state bill was released last week, WHA Senior Vice President of Government Relations Kyle O’Brien said, “Advocates for state-level price transparency legislation continue to ignore the outstanding record Wisconsin hospitals hold in complying with federal price transparency regulations.” He continued, “Thankfully, most lawmakers have not ignored this reality. We are grateful to the many state lawmakers who recognize the hard work of hospitals and have come to their own realization that this legislation is truly a solution in search of a problem.”

Since Senate Bill 328 was introduced in May 2023, federal price transparency regulations have changed multiple times. In fact, only a few months ago, President Trump issued a new executive order on price transparency, with new directives to implement and enforce hospital and insurer price transparency regulations.

“State legislation based even loosely upon federal rules will become obsolete with the inevitable next federal rule change or update,” said WHA in its memo to the Legislature.

Wisconsin hospitals have long been national leaders on price transparency. Over two decades ago WHA launched PricePoint, which provides patients easy access to hospital charge information, estimates for professional fees and ancillary services. WHA encourages Wisconsin lawmakers to explore the WHA Price Finder tool or visit their local hospital website to learn how patients can access pricing information.

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The crowd at the 2025 Wisconsin Rural Health Conference

From June 4-6, more than 300 WHA members gathered in Wisconsin Dells for the annual Wisconsin Rural Health Conference. The conference started with the annual golf outing, held this year at Wild Rock Golf Course, followed by a welcome reception. There, WHA members had the opportunity to network with one another and to visit a record number 67 exhibitors.

On the first day of the conference, health care futurist and economist Nate Kaufman talked about current realities and probable future climate of the health care industry. The morning session was rounded out by President and CEO of the Wisconsin Hospital Association Eric Borgerding and Executive Director of the Rural Wisconsin Health Cooperative Tim Size presenting their annual message on the current state of health care in Wisconsin. During the afternoon, attendees had the opportunity to attend a variety of breakout sessions, which were hand selected by WHA's Council on Rural Health.

Day two included speakers Brian Uridge and Dr. Katherine Meese. Uridge's presentation, "Achieving a Culture of Zero Violence," explored strategies to reduce workplace violence and strengthen safety and security in care settings. Dr. Meese explored "The Human Margin: Building Foundations of Trust." She shared how rehumanizing health care work can help leaders support and retain their teams.

A big THANK YOU to this year's corporate member sponsors and exhibitors. This event would not be possible without their support.

See more about this year's conference in next week's In Review document.

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WHA Expresses Continued Concerns over Low Payment Updates in 2026 Proposed Medicare Inpatient Rule

On June 10, WHA expressed its concerns with the continued trend of the Centers for Medicare & Medicaid Services (CMS) updating its Medicare inflationary adjustment at levels that do not account for the true level of cost increases hospitals are facing.

Despite overall inflation growing by 14.1% from 2022 through 2024, Medicare reimbursement for hospital inpatient care has increased by only 5.1% during the same time—almost one-third less than true inflation. Add this to the impact that trends in Medicare Advantage (MA), such as longer observation stays and significantly more prior authorization requests, are having on the Medicare population Wisconsin serves, and it is clear why hospitals are facing increasing financial pressures. CMS proposes to continue this trend with an overall payment update of 2.4% in its proposed Inpatient Prospective Payment System (IPPS) rule.

As an aging state, Wisconsin has seen considerable changes in its payor mix, with Wisconsin currently the 11th oldest state in the country in terms of the percentage of its population on Medicare. From 2016 to 2023, the average payor mix for a Wisconsin hospital has seen Medicare grow from 45% to 55%, while commercially insured patients have shrunk from 37% of the payor mix to only 28% concurrently, according to claims data analyzed by WHA's Information Center. It's no wonder that nearly one-third of Wisconsin hospitals operated with a negative margin in WHA's most recent fiscal survey of 2023.

WHA expressed its support for the Trump Administration's request for proposals to decrease unnecessary regulations on hospitals. It advocated for permanently removing geographic and site restrictions in telehealth and permanently authorizing the Hospital at Home program. Both initiatives allow for more efficient use of hospital space and the health care workforce. WHA also urged CMS to crack down on unnecessary prior authorizations in Medicare Advantage and to bring back flexibility for the SNF three-day stay policy and CAH 96-hour rule, two regulations that were waived during the COVID-19 public health emergency.

WHA also commented on the significant changes proposed across multiple CMS quality reporting and value-based payment programs. Understanding these proposals is critical for hospitals to maintain compliance, optimize reimbursement and prepare for future shifts in quality measurement and data reporting expectations:

- The Hospital Inpatient Quality Reporting (IQR) Program remains a pay-for-reporting initiative with penalties for noncompliance. CMS proposes adding MA data to complication and mortality measures, shortening performance periods and lowering submission thresholds for hybrid measures. WHA supports including MA data for a more complete picture, but warns that demographic and clinical differences, plus prior authorization issues, may skew results. WHA also supports removing four structural measures that lacked consensus endorsement and urges CMS to retain the current 90-day Extraordinary Circumstances Exception (ECE) request window instead of shortening it to 30 days.
- In the Medicare Promoting Interoperability Program, CMS proposes maintaining a minimum 180-day EHR reporting period, which WHA supports for its flexibility. WHA raises concerns about requiring "yes" attestations for both Security Risk Analysis and SAFER Guides, citing difficulty for small hospitals with limited IT staff. While the goals of better cybersecurity and system reliability are shared, WHA recommends optional implementation, technical support and adequate lead time. WHA supports the optional TECCA bonus measure and urges CMS to maintain it as voluntary due to varied readiness across hospitals.
- The Hospital Readmissions Reduction Program (HRRP) will add MA data, shorten the performance period and remove COVID-19-related exclusions starting in FY 2027. WHA supports removal of COVID-related adjustments but opposes including MA data in payment calculations at this time and recommends a preliminary data collection phase to allow hospitals to understand and adjust to MA patient trends. WHA is concerned that immediate use of this data could penalize hospitals due to insurer-related coverage issues.
- In the Hospital-Acquired Condition (HAC) Reduction Program, CMS proposes updating benchmarks using the CDC's 2022 infection baseline. WHA supports the updated statistical methods, which reflect modern clinical practices and infection control, however, we note challenges hospitals have faced with data uploads and reporting changes in the NHSN system. WHA urges CMS to allow

hospitals time to understand and adapt to the new baseline without penalty.

- The Hospital Value-Based Purchasing (VBP) Program will remove the Health Equity Adjustment in FY 2026 and implement technical updates to complication and mortality measures. WHA supports the updates and encourages clear, consistent approaches to recognize hospitals serving high-need populations in future policy. Updates to coding methods and COVID-related adjustments are also supported. WHA appreciates CMS's attention to aligning quality metrics with evolving care standards.
- For the Transforming Episode Accountability Model (TEAM), CMS proposes using patient-reported outcomes for quality, refining pricing methodology and expanding SNF waiver eligibility. WHA supports efforts to improve care coordination but is concerned about the model's mandatory nature. Hospitals may lack the infrastructure to manage financial risk across episodes. WHA recommends CMS provide flexibility and resources to ensure equitable participation and success.

You can read WHA's full comment letter [here](#).

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WHA-led Coalition Requests Board of Nursing to Allow an Expanded Faculty Role for BSNs

Nurse employers, nursing schools and nurses aligned on urgent action needed

The Wisconsin Board of Nursing (BON), at their June 12, 2025 meeting, heard from associations representing hospitals, nursing homes, nurse leaders, nurses and nursing schools, all in support of modifying Chapter N1, the BON administrative rule chapter guiding approval of nursing schools, to allow an expanded role for experienced bachelor's-prepared registered nurses (BSNs) to serve as clinical faculty.

On April 1, 2025, WHA and a coalition of nurse employers sent a letter to BON. The coalition of nurse employers led by WHA included the Medical Group Management Association, Leading Age Wisconsin, the Rural Wisconsin Health Cooperative and the Wisconsin Organization of Nurse Leaders. The coalition wrote to BON: "We are reaching out with an opportunity for the Board of Nursing (BON) to better align state minimum standards for nursing schools to accreditation standards, to break down barriers to individuals wanting to pursue a nursing career, and to offer experienced baccalaureate nurses (BSNs) an opportunity to pursue an expanded role in education."

Nurse leaders from across the state joined WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk to share with the Board the impact of the nursing shortage on their nurses, their organizations and the communities they serve and their support for the proposal. Leaders from Beloit Health System, Children's Wisconsin, Emplify Health and SSM Health described their partnerships with nursing schools, the clinical rotations they provide and the key contributions their experienced registered nurses already make to the education of future nurses. In addition to creating more clinical sites and allowing for expanded enrollment, the hospital leaders explained that allowing their experienced BSNs this opportunity would be a source of satisfaction for nurses and would help expand clinical hours in non-traditional times, such as evenings and weekends. Leaders from the Rural Wisconsin Health Cooperative (RWHC) and Leading Age Wisconsin weighed in also, letting BON know rural hospitals and long-term care will lend every support possible.

Organizations representing nurses and nursing schools also weighed in on the topic at the June BON meeting. On June 3, 2025, the Wisconsin Nurses Association sent BON a memo titled "Considerations in Allowing Baccalaureate Degree in Nursing (BSN) to serve as Clinical Instructors in Wisconsin's Nursing Education Programs" that outlines WNA's work with the Administrators of Nursing Education in Wisconsin (ANEW) to consider the utilization of BSNs to serve in the role of a clinical instructor. WNA and ANEW note, "Allowing BSNs to serve as clinical instructors for all pre-nursing licensed nursing students helps expand clinical teaching capacity without compromising quality." Adding her support as co-chair of the ANEW legislative committee, Kerri Kliminski, Dean of the School of Nursing at Madison Area Technical College, provided public comment to BON noting, "Experienced BSN nurses provide exceptional clinical experience for nursing students."

WHA's Zenk closed out the coalition's presentation to the Board, expressing appreciation for the partnerships between hospitals, health care employers, nurses, nursing schools and the Board of Nursing to expand BSNs role as clinical faculty. WHA's workforce expert asked BON to take urgent action to address a nursing shortage that will continue to be exacerbated by the aging of the large baby boom generation that is increasing health care demand; a trend Zenk noted will continue through 2040 and beyond.

Following their discussion with WHA, the BON requested DSPS staff to draft a Scope Statement for a review of N1 and to look to the Emergency Rules procedure to address the rules regarding BSNs as clinical faculty as expeditiously as possible.

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WHA Leads Healthcare Innovation Through Superior Health Quality Alliance's Expanded CMS Contracts

The Wisconsin Hospital Association (WHA) is one of the eight founding members of the Superior Health Quality Alliance, a coalition dedicated to improving health care quality across multiple states. The alliance brings together organizations with extensive experience in Medicare quality improvement initiatives, ensuring a collaborative approach to enhancing patient care.

The eight member organizations of Superior Health Quality Alliance are:

- Wisconsin Hospital Association
- Illinois Health and Hospital Association
- MetaStar, Inc.
- Michigan Health & Hospital Association
- Midwest Kidney Network
- Minnesota Hospital Association
- iMPROve Health
- Stratis Health

Superior Health Quality Alliance operates as a Quality Innovation Network–Quality Improvement Organization (QIN-QIO), focusing on patient safety, post-hospital care coordination and clinical quality improvements. The alliance was awarded the 12th Scope of Work (SOW) by the Centers for Medicare & Medicaid Services (CMS), a five-year contract supporting data-driven health care enhancements that benefit Medicare beneficiaries and the broader community.

As the 12th Scope of Work wrapped up, Superior Health Quality Alliance can continue this work and was awarded two contracts for the 13th Scope of Work (SOW) by CMS so that they can continue this important work. This expansion allows Superior Health to support Medicare providers across 14 states through a five-year contract running from May 28, 2025 through May 27, 2030. WHA's involvement ensures that Wisconsin hospitals can engage in these improvements through collaborative efforts.

For more details, visit the Superior Health Quality Alliance website.

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2025 Global Vision Community Partnership Award – Nominations are Open

The WHA Foundation is proud to once again offer the opportunity for WHA member hospitals to apply for the annual Global Vision Community Partnership Award.

Application Deadline: Friday, August 15, 2025

The Global Vision Community Partnership Award was established in 1993 by the Wisconsin Hospital Association (WHA) Foundation. The Award's goal is to provide recognition, financial support and public awareness of a community health initiative or project, created in partnership with a WHA member, that successfully addresses a documented community health need. Partnerships must reach across the community or population served and the program must be an active ongoing enterprise at the time of the nomination.

In addition to a plaque of recognition, the two winners also receive an unrestricted grant of \$2,500 each to continue to fulfill their work and mission.

To access this year's program description and nomination form flyer, [click here](#).

Thank you to Derek, Aindrea and Gail for volunteering to be on the selection committee this year.

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