

Please Support Regulatory Flexibility

Federal health care regulatory flexibilities have been a lifeline for patients and hospitals by allowing innovations in health care delivery in the areas of:

- Telehealth
- Hospital at Home
- Rural hospital care
- Drive-up testing, vaccines, and labs

WHA Ask:

Please cosponsor the Hospital Inpatient Services Modernization Act, and ask your leadership to support similar extensions for telehealth, CAH, and EMTALA Waivers

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Permanent Regulatory Flexibility Needed

Important Health Care Innovation in Danger of Ending

Highlights

- The COVID pandemic has been a sort of proof-of-concept for a number of innovations in health care delivery, including telehealth, “Hospital at Home,” CAH waivers, and EMTALA waivers.
- While Congress recently passed a 151-day “glide path” after the PHE expires for Congress to act on telehealth, it does not cover these other important programs.

Wisconsin Hospitals Need Your Help to Keep Health Care Innovations from COVID

The COVID-19 pandemic has been the most difficult challenge our health care system has faced in our lifetime. Yet, the unparalleled regulatory flexibility granted by the federal government was a silver lining that led to key innovations in care. These included:

- **Telehealth** – prior to the COVID waivers, Medicare only reimbursed telehealth for patients located in a rural, health professional shortage area who traveled to a health care facility to receive telehealth. The COVID waivers have unleashed the potential of telehealth which has expanded availability of services and led to more convenient care options for patients and practitioners alike.
- **Hospital at Home** – CMS began a program called the “Acute Hospital Care at Home” program during COVID. It allows patients to receive an inpatient level of care for certain approved services in the comfort of their own home and has been tremendously popular.
- **EMTALA Waivers** – These allow hospitals to offer drive-up testing, vaccination, and labs. They have not only been a more convenient option for patients, but also minimize exposure of sick people to other hospital patients.
- **CAH Waivers** – Critical Access Hospitals were relied on like never before during COVID. Many had to exceed their CMS-imposed 25-bed limit and some saw their average length of stay go beyond 96 hours due to the inability to find open beds to transfer patients in need of a higher level of care. CAHs should be able to keep these flexibilities to deal with surges in demand as a result of COVID, influenza, or other outbreaks.

Without Action by Congress, Patients will Lose Access to these Care Innovations

While the innovations described above were true innovations in how patients consume health care, patients will lose access to them without action by Congress. The Consolidated Appropriations Act, 2022 included a 151-day glide-path after the federal public health emergency expires for Congress to develop a more permanent telehealth policy. Unfortunately, it did not include a similar glide path for any other flexibilities.

Please Cosponsor Legislation and Urge your Leadership to Extend these Flexibilities!

The Hospital Inpatient Services Modernization Act being led by Senators Tom Carper and Tim Scott ([S. 3792](#)) and Representatives Earl Blumenauer and Brad Wenstrup ([H.R. 7053](#)) would provide a glide path allowing the “Hospital at Home” program to continue while Congress contemplates a more permanent extension. Similarly, a number of telehealth bills have already been introduced to allow for permanent telehealth legislation.

However, we should not lose track of the CAH and EMTALA waivers that have also aided millions of patients during this pandemic, and that would continue to benefit them. Please urge your leadership to include a broader glide path for these health care regulatory flexibilities while Congress and/or CMS contemplate more permanent extensions.