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5510 Research Park Drive
P.O. Box 259038
Madison, WI 53725-9038
608.274.1820 | FAX 608.274.8554 | www.wha.org

February 4, 2022

Senator Patty Murray
Chair
Senate Committee on Health, Education, Labor &
Pensions

Senator Richard Burr
Ranking Member
Senate Committee on Health, Education, Labor &
Pension

Re: WHA Comments on PREVENT Pandemics Act Discussion Draft

Dear Chair Murray and Ranking Member Burr

Thank you for taking on the challenge of drafting comprehensive legislation to help the United States better prepare for the next pandemic.

Founded in 1920, the Wisconsin Hospital Association (WHA) is a voluntary membership association. We are proud to say we represent all of Wisconsin's hospitals, including small Critical Access Hospitals, mid, and large-sized academic medical centers. We have hospitals in every part of the state—from very rural locations to larger, urban centers like Milwaukee. In addition, we count close to two dozen psychiatric, long-term acute care, rehabilitation and veterans' hospitals among our members.

On behalf of our more than 150 member hospitals and integrated health systems, we support your work to identify the numerous lessons learned over the course of the COVID-19 pandemic and help ensure our entire health care infrastructure is better prepared to face the many known and unknown challenges that await us in the form of the next pandemic or other health care national emergency.

Wisconsin's hospitals have worked tirelessly for over two years now to combat myriad challenges that have come across many phases of this pandemic, including:

- A lack of adequate supplies such as personal protective equipment at the outset and persistent/sporadic supply chain disruptions.
- The temporary shutdown of non-essential care and surgeries.
- Hesitancy from the public to seek necessary clinical and hospital care.
- A lack of adequate testing supplies during numerous phases of the pandemic.
- Limited initial vaccine supplies followed by later vaccine hesitancy from the public.
- A rise in violence and threats toward health care workers and burnout among health care staff.
- The inability to discharge patients in need of post-acute care due to nursing home staffing challenges.
- Inadequate public health infrastructure for testing, contact tracing, and vaccinations.

While these challenges were numerous, and we appreciate the broad scope of this draft legislation, the discussion draft so far seems to lack meaningful support for the health care system that has been on the frontlines of this pandemic for more than two years now. WHA encourages the HELP committee to include a larger focus of how public health and preparedness efforts must support hospitals, health systems and the

our health care infrastructure as a whole. We offer some targeted suggestions that we believe will most improve our national health care response.

Ensure we are Prepared to Quickly Scale Up Public Health Response

One common thread among many these challenges listed above is that they have required hospitals to take on roles that have traditionally been filled by public health. This pandemic quickly exposed the lack of adequate public health infrastructure to respond to the needs that rapidly escalate during a pandemic. In Wisconsin, local public health offices could not keep up with the demand for testing and contact tracing early on in the pandemic.

As a result, hospitals and health systems dutifully filled the testing void, quickly scaling up drive-thru testing clinics and assisting in coordinating contact tracing with local public health. We quickly partnered with local public health entities to bolster relationships and improve coordination. When the vaccines were made available in late 2020 and early 2021, hospitals and health systems were again asked to be on the frontlines of public distribution efforts.

However, this came at a cost. The health care workforce is finite, and each body a hospital or health system reassigned to testing or vaccination efforts was one less person available to provide direct patient care. While this was easier to absorb during phases of the pandemic when hospitals and clinics saw lower volumes, it had a dramatic impact during the patient surges in fall of 2020 and fall of 2021. As more and more hospitals hit peak census, some had to go so far as to temporarily close down their urgent care clinics and bringing those staff to hospitals that were bursting at the seams.

WHA recommends the HELP committee study the local public health response and set aside adequate emergency funding that will allow the local public health infrastructure work cooperatively with hospitals and health systems to quickly scale up hiring for a pandemic. It is imperative that trained health care practitioners sustain their ability to provide direct patient care and that emergency infrastructure is prepared to absorb the need for increased testing, vaccination, and other traditional public health roles.

Prevent a Repeat of the Post-Acute/Long-Term-Care Systems Failure

Like the previously mentioned item, hospitals and health systems were relied on like never before to provide post-acute and long-term care during this pandemic. According to an internal survey of WHA members during the fall surge of 2021, an estimated 600 patients were stuck in a hospital setting despite being cleared to be discharged into a more appropriate post-acute care setting, such as a nursing home. Or to put it another way, 600 additional hospital beds could have been freed up in one day if a nursing facility had an available bed for them.

The reasons for this are many and complex, but oftentimes it was because nursing homes were unable to adequately staff their facilities due to either worker shortages or COVID outbreaks and staff exposures.

WHA has worked proactively with multiple stakeholders in the long-term-care industry and the State of Wisconsin to develop a decompression effort led by Wisconsin's National Guard to augment nursing home staffing with the goal of getting patients who are ready for discharge out of hospitals and into a more appropriate post-acute care setting. Importantly, the service members are being trained up to receive the appropriate certified nurse assistant (CNA) credentials, rather than siphoning already trained CNAs from existing facilities. This model has underscored the importance of being able to quickly train and onboard CNAs.

We urge the HELP Committee to look at the flexibilities in CNA training and skills adopted during the pandemic that helped with efforts to staff facilities and consider extending those and adopting additional flexibilities to help to prevent a similar breakdown in the post-acute care system in the future.

Provide Additional Short-Term and Long-Term Hospital Workforce Support

The two items described above have had a significant impact on staffing levels in Wisconsin hospitals and health systems. Diverting such significant hospital staff and resources to care for post-acute care patients or fill the public health void of operating testing and vaccination clinics strained already stressed hospitals and their workforce nearly to the breaking point. The health care workforce has been severely strained during this pandemic, and our workforce challenges are expected to persist well into the future.

The Bureau of Labor Statistics (BLS) is showing a sharp and concerning increase in the cost of labor for hospitals across the country. According to BLS data, the hospital workforce experienced an over 30% increase in its quit rate in the five months following the 2020 fall surge – a workforce that was burned out and needs to be replaced. The American Association of Critical Care Nurses found 2 of 3 nurses they surveyed feel their experiences during the pandemic have caused them to consider leaving nursing altogether.

Nearly all hospitals have turned to nurse staffing agencies to fill employment gaps but this is not without its own challenges. Recently, nearly 200 members of Congress wrote to White House COVID-19 Response Team Coordinator Jeffrey Zients expressing concern over the conduct of traveling nurse staffing agencies. There are significant concerns that these agencies are engaging in anticompetitive behavior, driving up health care costs and exacerbating a workforce shortage they are supposed to be alleviating.

We have heard numerous instances of these staffing agencies recruiting Wisconsin nursing staff from one hospital only to deploy them at a hospital in the same community, but with markedly higher costs that the staffing agency skims a significant profit from. To an extent, these cost increases are supported and inflated by federal and state COVID-19 relief funding.

WHA has released an annual workforce report warning for years about the “silver tsunami” that is coming for our health care workforce – where our age 75+ population keeps growing and requiring more services while our health care workforce simultaneously shrinks. Despite hospitals actively advertising about the great growth and earnings potential in a health care career, and intense focus on expanding training opportunities for in-demand health care professions, our health care workforce cannot grow fast enough to keep pace with the escalating demands of an aging population. This was accelerated and exposed during the great resignation that occurred throughout 2021.

Fortunately, Congress already has proposals it can draw from to help accelerate our ability to fill health care positions, such as these examples below:

- **Funding Graduate Medical Education:** Congress generously supported 1,000 new graduate medical education positions in the bipartisan Consolidated Appropriations Act of 2021. However, this equates to only about 200 slots per year, or 4 slots per-year per-state. We strongly support [S. 834 – the Resident Physician Shortage Reduction Act of 2021](#) which would add another 2,000 slots per year (40 per-state per-year) to help grow our physician workforce.
- **Loan Repayment Programs:** Legislation such as the [BIO Preparedness Workforce Act](#) led by HELP member Senator Tammy Baldwin would incentivize the training of infectious disease and emergency planning clinicians and bolster hospitals’ ability to add these important clinicians with vital knowledge of how to prepare for and respond to pandemics and health care emergencies.
- **Special Immigrant Visas:** the CONRAD State 30 J-1 Visa Waiver Program should be considered for a temporary expansion. These programs that help states obtain qualified physicians from foreign countries could help alleviate some of the more immediate shortages we face while we bolster our long-term training pipelines. Additionally, the committee should explore expanding the types of health care professionals eligible for special immigrant visas.

Thank you for the opportunity to comment on this discussion draft. We look forward to working with the committee as the legislation progresses.

Sincerely,

A handwritten signature in black ink that reads "Eric Borgerding". The signature is fluid and cursive, with a small triangle at the end of the last stroke.

Eric Borgerding
President & CEO