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Testimony Before the Assembly Committee on Health 2021 Assembly Bill 148

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March 9, 2021

Chairman Sanfelippo, Ranking Member Subeck and members of the Committee thank you for the opportunity to testify today on the important proactive initiatives included in Assembly Bill 148 and for supporting our state's hospitals, health systems, providers, staff and most importantly, the patients they all serve. We want to thank all of you who have already, in one way or another, publicly expressed your support of these provisions and/or voted for them as part of Assembly Bill 1. We also want to thank Representative VanderMeer for authoring Assembly Bill 148.

Our state's hospitals, who have been both the front line of the fight and the last line of defense during the pandemic, have served as the COVID safety net for all Wisconsin. They also understand, very well, that this pandemic has been stressful for families, businesses, customers, constituents, patients and health care providers. WHA is mindful of the impacts COVID has had on everyone. In fact, we had the honor of being invited to brief both Assembly caucuses on COVID, and are well aware of the differing opinions, policies and politics permeating nearly everything COVID-related. Yet, we have worked extremely hard to find balance and common ground wherever possible, with the goal of moving forward and putting COVID safely behind us as soon as possible. AB 148 is an example of this common ground.

With that in mind, we are pleased to note that all five provisions in Assembly Bill 148 have previously received support by Republicans and Democrats in the legislature and Governor Evers. And for good reason – they are proactive ideas largely born out of, or highlighted by, the pandemic, they leverage and apply lessons learned, and enable better utilization of resources by improving care.

One of the underappreciated silver linings of the pandemic has been expediting certain regulatory reforms. As time has passed, there has been a realization that many of these reforms are working well and should either be made permanent or become the basis or next steps for more changes.

As we entered the pandemic, WHA was pleased to work with the Evers Administration and the state legislature to propose and adopt licensure processes that allowed providers, licensed in good standing in another state, to begin treating patients in Wisconsin while that provider also applied for licensure in Wisconsin. The process leverages the work of other states' licensing agencies, as well as robust credentialing processes already conducted by hospitals/health systems, while an applicant's licensure is being approved in Wisconsin. When patients need care, both during a pandemic and in normal times, regulatory processes should not delay a community's access to a high-quality health care provider.

Another example of regulatory relief experienced during COVID-19 comes from the federal Centers for Medicare and Medicaid Services (CMS), which on November 25, 2020 announced new Medicare regulatory flexibilities allowing hospitals to continue providing hospital-level care in a patient's home, prior to discharge from an inpatient service. CMS believes that their *Acute Hospital Care at Home* program works well for more than 60 different acute conditions which can be treated safely at home with proper monitoring and treatment protocols.¹

While CMS' adoption of this program was moved up to create additional capacity options for our nation's hospitals during COVID, Wisconsin hospitals have been leading with this type of care model for years. Marshfield Clinic, for one example, has been operating a home recovery program since 2016 with strong care outcomes and high patient satisfaction. Mayo Clinic Health System had similarly developed an advanced care at home pilot program in Northwest Wisconsin before CMS' announcement. Both Marshfield Clinic and Mayo have already received CMS approval to implement an *Acute Hospital Care at Home* program.

Some Wisconsin hospitals and health systems have been hesitant to implement this federal program due to perceived uncertainty in related state law, and they are eagerly awaiting clarification provided in AB 148. The legislation before you provides that clarity, assuring that as hospitals seek innovative ways to expand and improve care that they will not be in conflict with any other state laws or regulations, specifically those associated with home health care agencies. This program is not a replacement or substitute for home health care. The program's requirements and quality review processes are extensive, akin to inpatient hospital care, far broader in scope and depth than traditional home health.

While many of you know WHA from our advocacy work and partnership with you here in the Capitol, since COVID many more have become familiar with our work in health care data. The Wisconsin Hospital Association Information Center (WHAIC) has been a trusted source for health care data and analytics, and a partner with the state, for nearly two decades. WHAIC is the organization that brought us the nationally-acclaimed WHA COVID-19 dashboard; a resource that many of you, like me, check daily to help make informed decisions about COVID and to track and share information with your constituents.

The WHAIC dashboard team collects, proofs and uploads 12 separate data elements from 155 hospitals into the dashboard ... every single day, including Thanksgiving, Christmas and New Year's Day. Entirely staffed and funded by WHAIC, the COVID dashboard has now been viewed nearly one million times and has become a trusted, "go to" daily information staple for legislators and many others monitoring the status and impact of COVID in Wisconsin.

WHAIC is regulated under Ch. 153 of the Wisconsin statutes and for over 18 years has collected and disseminated all Wisconsin hospital and ambulatory surgery center discharge data and has done so under a contract with the state executed in 2003. WHAIC initiated, created and runs the transparency websites PricePoint and CheckPoint, which have both now been replicated in several other states, with the help of WHAIC. WHAIC has received no state or federal dollars, has been entirely self-sufficient since day one, and is an excellent example of public-private partnership.

Further, in the summer of 2016, only four months after enabling legislation was signed into law, the WHA Information Center quickly stood-up the state's inpatient mental health bed tracker, an initiative advanced by WHA and that has proven a critical tool in improving access for patients in need of inpatient mental health care.

¹ Centers for Medicare and Medicaid Services. (2020, November 25). *CMS Announces Comprehensive Strategy to Enhance Hospital Capacity Amid COVID-19 Surge* [Press Release]. Retrieved from: <https://www.cms.gov/newsroom/press-releases/cms-announces-comprehensive-strategy-enhance-hospital-capacity-amid-covid-19-surge>

The legislation before you today includes an important new data tool for the Information Center known as Medicaid claims data. Like it has done with the COVID dashboard, the WHA Information Center can use Medicaid claims data to improve care for the Medicaid population inside and outside the walls of the hospital.

I want to thank two members of this committee, Representative Sanfelippo and Representative Riemer who, in 2016, worked together to enact the Health Care Data Modernization Act, greatly improving the ability of the WHA Information Center to use data to improve care. This legislation was a critical step for the Information Center to use data to help providers “put water where the fire is”, to quote Rep. Sanfelippo, as we all strive to improve population health, deliver better care outcomes and lower Medicaid costs.

Assembly Bill 148’s provision on Medicaid claims data is the next critical step to help better understand the care patients receive across the continuum, better understand social determinants of care, direct resources where needed most, and improve care outcomes in all circumstances, including during a pandemic. It will better inform strategies to prevent birth complications, reduce hospital readmission rates for patients discharged to post-acute care facilities and reduce the number of patient’s using a hospital emergency department as their primary mental health care provider, to name a few examples.

Finally, it should be noted that the federal Medicare program has already recognized the value of sharing its claims data with other organizations to foster collaboration and improvement, and in October 2019, WHAIC was named a Medicare Qualified Entity for the purpose of receiving Medicare claims data. It is now time for the state to do the same with Medicaid data.

Again, thank you for holding this hearing and for working together to help move Wisconsin forward. I also want to thank the many WHA members who have submitted their testimony in support of this legislation. WHA joins them in respectfully requesting your support of Assembly Bill 148 and we would be happy to answer any questions.